QUALITY OF LIFE OF WOMEN IN CLIMACTERIC TRANSITION IN DELTA STATE, NIGERIA

By

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FACULTY DISCLOSURE

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GOALS AND OBJECTIVES

❑ **Session Goal**

- To provide additional information on climacteric transition symptoms and quality of life (QoL) of midlife women.

❑ **Session Objectives**

- To itemize the specific symptoms experienced by midlife women during climacteric transition

- To describe the quality of life of midlife women in climacteric phase of life

BACKGROUND TO THE STUDY

❑ Climacteric transition is often accompanied with a lot of distressing symptoms often resulting in decrease quality of life (QoL) (Avis et al , 2009).

❑ Globally, almost 400 million women are already in their climacteric phase of life

❑ By 2015 to 2020, nearly 500 million will be entering this phase (USA Census Bureau, 2010).

❑In Nigeria, 2.9 to 4.7 million are already in the phase and about 0.3 million in Delta State (Population & Housing Census, 2006 and NPC, Asaba, Delta State office, August, 2013).

SIGNIFICANCE OF THE STUDY

❑ Understanding the effects of climacteric transition symptoms on midlife women's overall QoL will assist

✓ clinicians including nurses

✓ administrators

✓ policy makers

❑ In developing and implementing interventions such as;

➢ health teaching

➢ exercise programs

➢ active self-management programs

STUDY OBJECTIVES

✓ To ascertain the age range of Delta State women at the onset of menopause;

✓ To identify the specific symptoms experienced by these women during climacteric transition;

✓ To assess the quality of life of the women in climacteric phase; and

✓ To examine the relationship between the women's quality of life and selected demographic variables (age, income and educational level)

METHODOLOGY …1

❑ **Study design:** Descriptive study (mixed method – qualitative and quantitative)

❑**Research setting:** Delta State in Nigeria (Otovwodo, Eku, Umutu, Kwale, Kiagbodo and Ode-Itsekiri communities)

❑**Target population:** 306,470 midlife women within 45 to 60 years

❑**Sample size:** 420 women determined using Cochran's formula

❑ **Sampling technique:** Multistage sampling technique which involved five (5) stages

METHODOLOGY …2

❑ **Instrument for data collection:**

❑ Three "Pidgin English" translated instruments were used –

1. A modified Menopause-Specific Quality of Life questionnaire (MENQoL)

2. A modified Utian Quality of Life questionnaire (UQoL)

3. A self developed semi-structured interview guide

METHODOLOGY …3

❑ **Ethical consideration:**

➢ Necessary permission and approval were obtained before conducting the study

➢ Respondents right to participate or not was respected

❑ **Data collection:**

➢ Data collected from January to May, 2015; 420 questionnaires administered, 405 retrieved (96.4% return)

➢ 12 participants were interviewed on one-on-one basis

❑ **Data analysis:** Descriptive statistics was used to compute the results of the study

RESULTS

❑ **socio-demographic characteristics of the respondents**

❖ **Thirty eight percent** were between the ages of **55-60 years**

❖ **67.9%** were married

❖ **52.3%** have tertiary education

❖ **47%** were employed by the government

❖ **39.2%** earn between **#41,000 and #125,000** monthly with a mean and SD of **#59,776.73±#4,734.92**

IDENTIFIED SYMPTOMS OF CLIMACTERIC TRANSITION

- **Vasomotor symptoms:** 67.9% sweat profusely during the day; 62.2% experienced hot flushes etc

- **Psychosocial symptoms:** 67.7% accomplished less work than they used to be; 57.0%) poor memory etc

- **Physical symptoms:** 75.1% reported decrease in stamina; 64.4% difficulty sleeping; 60.5% had weight gain etc

- **Sexual symptoms:** 71.6% experienced changes in their sexual desire, 66.9% vaginal dryness etc

DISTRIBUTION OF RESPONDENTS ON DOMAINS OF THE MENQOL

Domains	Range	Mean ± SD
Vasomotor Domain (VD) No problem - Very severe problem	0-174	**50.3±5.04** **Moderate**
Sexual Domain (SD) No problem - Very severe problem	0-174	**46.3±5.69** **Moderate**
Psychosocial Domain (PsyD) No problem - Very severe problem	0-174	**38.0±7.11** **Mild**
Physical Domain (PhyD) No problem - Very severe problem	0-174	**36.9±7.52** **Mild**

DISTRIBUTION OF RESPONDENTS ON DOMAINS OF THE UQOL

Domains	Range	Mean ± SD
Occupational Domain (OD) Poor QoL – Excellent QoL	23-115	**84.2 ± 3.86** **Good**
Emotional Domain (ED) Poor QoL – Excellent QoL	23-115	**83.9 ± 4.88** **Good**
Health Domain (HD) Poor QoL - Excellent QoL	23-115	**75.0 ± 6.07** **Good**
Sexual Domain (SD) Poor QoL - Excellent QoL	23-115	**66.3 ± 9.54** **Fair**

QUALITATIVE RESPONSES

- Most reported symptoms include:
- Excessive sweating both night and day

"... the heat and sweating always make me to change my clothes frequently..." (Mrs. A.V, 57 years).

- Forgetfulness

"... I forget a lot, I have to write down in a diary to remember things" (Mrs. O.E.A., 58 years).

- Vaginal dryness and lack of sexual desire

"I do experience vaginal dryness and lack of sexual desire..." (Mrs. E.J.E., 48 years).

- Being satisfied with life even with the symptoms

" ... my work have not been affected in any way with the changes... " (Mrs. M.O., 51 years).

Relationship between the women's QoL and selected demographic variables (age, income and educational level)

Model (Predictor or independent variables)	Unstandardized coefficients		Standardized Coefficient	T	Sig	Remark
	Beta (□)	Std error	Beta (□)			
Constant	37.120	4.309		8.614	0.001	
Age	1.920	1.086	0.112	1.768	0.078	NS
Highest educational qualification	**2.538**	**0.734**	**0.271**	**3.456**	**0.001**	**S**
Monthly income	0.899	0.863	0.082	1.042	0.298	NS

F-statistic= 8.369, df=5, P < 0.001

DISCUSSION…1

❑ The study established **40 – 60 years** as the age range of onset of menopause

❑ This agrees with the findings among Australian women (Burns et al, 2010)

❑ Though contrary to that of Turkish women (Ayranci et al, 2010).

DISCUSSION…2

❑ **Identified specific symptoms include;**

➢ Hot flushes, forgetfulness which agrees with that of Pakistan and Turkish women (Nusrat & Nisar, 2009 and Ayranci et al, 2010).

➢ Feelings of being anxious and depressed were averagely reported. Supported by Nusrat and Nisar (2009) report among Pakistan women.

➢ Though parallel with Ayranci et al (2010) findings of very high frequency of nervousness among Turkish women.

DISCUSSION…3

➢ High records of changes in sexual desire and dryness in vaginal during intercourse were revealed.

➢ Consistent with findings of Ande et al (2008) among Benin women in Nigeria.

➢ Contrary with findings of Arounassalame (2013) and Syed et al (2009) among India and Malaysia women respectively.

DISCUSSION…4

❑ **Quality of life**

➢ Findings revealed that respondents have positive quality of life.

➢ This agrees with Finland women rating (Moilanen et al, 2012)

➢ Though contrary to that of Malaysian women (Syed et al, 2009).

DISCUSSION…5

❑ **Relationship between QoL and selected demographic variables**

➢ Highest education qualification attained was the best predictor of overall QoL.

➢ This is in line with findings among Iran women(Abedzadeh et al, 2011).

CONCLUSION…1

❑ The study concluded that the highest level of education attained and symptoms of sexual domain had strong relationship with the women's overall QoL.

CONCLUSION…2

❑ Even with the moderate problems the women experienced, they did not necessarily find the symptoms bothersome.

❑ This can be attributed to:

✓ the general attitude of the women towards ageing and its associated changes

✓ cultural background

✓ greater exposure within their family, religious groups and friends.

THANK YOU SO MUCH FOR LISTENING