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Awareness of Menopausal Symptoms Among Women Attending Medical Out-Patient Clinic in A Selected General Hospital, Lagos State

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Abstract: *Menopause is a significant transitional phase in a woman's life, marked by the cessation of menstrual cycles and accompanied by a range of physical, emotional, and psychological symptoms. This study aimed at assessing awareness and coping strategies on menopausal symptoms among women attending medical outpatient clinic in selected general hospital Lagos State. This study objective focused on level of awareness, common menopausal symptoms, coping strategies and factors influencing choice of coping strategies among menopausal women. Quantitative descriptive study design was adopted as primary data were gotten through the administration of questionnaire to selected 220 menopausal women using simple random sampling technique. The data collected were collated into Microsoft Excel and analysed using Statistical Package for Social Sciences (SPSS) software version 27. Descriptive analysis is done mainly using frequency tables and percentage. Inferential statistics using Chi-Square analysis was conducted to determine the hypothesis. This study revealed that awareness of menopause and its symptoms*

is relatively high among respondents as majority 58.2% strongly agreed that menopause is a natural phase of a woman's life and not a disease while 41.8% agreed. Common menopausal symptoms included hot flashes, night sweats, irregular periods, mood changes, and fatigue. Additionally, weight gain, joint/muscle pain, and sleep disturbances were prevalent, though vaginal dryness was less commonly reported. Many engaged in relaxation techniques, maintained a balanced diet, and participated in social activities. Also, there is a significant relationship ($p<0.05$) between educational status of women and level of awareness on menopausal symptoms. These findings highlight the role of education, professional guidance, and cultural factors in shaping menopause management approaches and increased awareness on hormone replacement therapy as alternative treatment options.

Keywords: awareness, menopausal symptoms, outpatient clinic, menopausal women

INTRODUCTION

Menopause is a significant transitional phase in a woman's life, marked by the cessation of menstrual cycles and accompanied by a range of physical, emotional, and psychological symptoms (Ojo et al., 2022). Despite being a natural biological process, menopause can severely impact the quality of life and overall well-being of women. The prevalence of menopause is estimated to be about 50 million cases worldwide among women experiencing menopause annually. The prevalence of menopausal symptoms differ in women according to areas and countries that they lived in, with the ranges from 74% of women in Europe, 36-50% in North America, 45-69% in Latin America and 22-63% in Asia (Muchanga et al., 2022). The prevalence of menopause among women in Africa varies widely due to differences in genetic, environmental, lifestyle, and socio-economic factors. Studies provide varied insights into the age of onset and the percentage of women experiencing menopause across different regions (Alwi et al., 2021). The average age of natural menopause in African women tends to be slightly younger compared to women in Western countries. Studies have reported an average age of menopause around 48-50 years in several African countries (Abd Allah et al., 2024; Martelli et al., 2021) but in Nigeria, a study found that about 46.6% of women aged 45-54 were postmenopausal (Ojo et al., 2022), in Saudi, the prevalence of menopause among women aged 45-49 was reported to be approximately 22% (Abdel-Salam et al., 2021). Research in Pakistan indicated that around 26.4% of women aged 40-49 years had reached menopause (Asad et al., 2021).

In Lagos State, Nigeria, many women attending medical outpatient clinics experience menopausal symptoms, yet there is a concerning gap in awareness and coping strategies. Research indicates that a substantial number of women in Lagos State are not adequately informed about menopause and its associated symptoms (Ojo et al., 2022). Consequently, many women do not recognize menopausal symptoms or attribute them to other health issues, resulting in delayed or inappropriate management (Kamińska et al., 2023). The absence of educational programs and resources tailored to this demographic exacerbates the problem, leaving many women without the necessary

knowledge to navigate menopause effectively. This lack of awareness leads to misconceptions, anxiety, and inadequate preparation for this inevitable life stage.

Medical professionals at outpatient clinics may not be sufficiently trained to address menopausal issues, leading to inadequate support and guidance for women experiencing these symptoms (Erdelyi et al., 2024). This situation underscores the need for targeted educational programs for healthcare providers to enhance their ability to support menopausal women effectively. Additionally, there is a lack of comprehensive health policies focused on menopause management, contributing to the inconsistency in care provided across different healthcare facilities. Cultural and socioeconomic barriers further complicate the situation. In many parts of Lagos State, menopause is viewed through a lens of stigma and taboo, preventing open discussion and seeking of appropriate care (Thapa & Yang 2021). Socioeconomic challenges, including limited financial resources, restrict access to healthcare services and information, making it difficult for women to manage their symptoms adequately (Labunet et al., 2025). These barriers not only hinder effective symptom management but also contribute to the overall health disparities experienced by menopausal women in the region.

Addressing this problem requires a multifaceted approach, including enhancing education on menopause, improving healthcare provider training, and developing accessible support systems to ensure women can manage menopausal symptoms effectively and maintain their quality of life (Aljunaid et al., 2024). Without targeted interventions, the quality of life for many women experiencing menopause will continue to be compromised, leading to broader public health implications.

The main objective of the study is to assess the awareness of menopausal symptoms among women attending medical outpatient clinic in a selected General Hospital, Lagos state.

Specifically, it

i. assessed the level of awareness of menopausal symptoms among women attending medical outpatient clinic in a selected General Hospital, Lagos state.
ii. identified the common menopausal symptoms experienced among women attending medical outpatient clinic in a selected General Hospital, Lagos state.

The research questions generated were

i. What is the level of awareness of menopausal symptoms among women attending medical outpatient clinic in a selected General Hospital, Lagos state.
ii. What are the common menopausal symptoms experienced by women attending medical outpatient clinic in a selected General Hospital, Lagos state.

The hypothesis generated was

i. There is no significant relationship between educational status of women and level of awareness on menopausal symptoms.

METHODOLOGY

A quantitative descriptive study design was used to conduct the study on between 40 to 55 years women attending Medical out Patient Clinic in Alimosho General Hospital, Igando, Lagos state. Only women experiencing menopausal symptoms that are within 40-55 years and consent for the study were included while those who are not within the age bracket were excluded. The clinic operates on a bi-weekly basis, with services available on Tuesday and Thursdays. On average, the clinic attends to approximately 80 patients each clinic. A significant proportion of these patients are women, with 60% of the attendees being female. Taro Yamane's formula was used to calculate the sample size of 220. Systematic random sampling technique (every 4^{th} client that visited the clinic) was used to select the respondents. A total number of 220 women were selected randomly. Self-Administered questionnaire was used to collect data; collection of data was over 8 visits. The instrument that was used for the data collection is a self-structured questionnaire that was developed by the researcher through literature review based on specific objective of the study. The questionnaire consist of three sections A, B, and C. Section A is on socio-demographic data, section B is on awareness on menopausal symptoms while section C is common menopausal symptoms experienced among women. Face and content validity was ensured by expert in test and measurement

In other to ensure that the instrument measured for what it is, it was carefully designed by the researcher based on the literature review and the core objectives of this study. The questionnaire was given to the researcher's supervisor who is an expert in medical researches to look through for face and content validity. The instrument was scrutinized, corrected and approved by the supervisor for adequacy and appropriateness before administration. The results of the pilot study at Isolo General Hospital indicated that the questionnaire is both reliable and valid for the intended purpose. The responses were consistent across the sample, demonstrating strong internal consistency, as evidenced by a Cronbach's alpha score of 0.72. The data was collected over eight visits, descriptive and inferential statistics (Chisquare) was used to analyse the data using SPSS version 24. Ethical approval was collected from Lagos State University Teaching Hospital (LASUTH) Health Research Ethics Committee (HREC). A letter of introduction was obtained from the school and presented in Alimosho General Hospital, Lagos State for permission to collect data. The researcher ensured that the information that was gotten through the questionnaires were treated with utmost confidentiality. An informed consent was obtained from the respondents and each participant were informed of the right to refusal or withdraw from the research.

RESULT OF FINDINGS

Table 1: Socio-demographic Data of Respondents

Variables	Options	Frequency N= 220	Percentage%
Age	40-45 years	4	1.8
	45-50 years	56	25.5
	50-55 years	160	72.7
Ethnic Group	Yoruba	166	75.5

	Igbo	54	24.5
	Hausa	0	0
	Others	0	0
Religion	Christianity	146	66.4
	Islam	74	33.6
	Others	0	0
Marital Status	Single	0	0
	Married	208	94.5
	Widow	12	5.5
	Divorced	0	0
Educational Level	No-formal education	6	2.7
	Primary education	26	11.8
	Secondary education	86	39.1
	Tertiary education	102	46.4

Source: Field Work 2025

Table 1 explained the socio-demographic information of respondents as a significant proportion 160(72.7%) were between the 50-55 years age category, while 56(25.5%) were between 45-50 years. A higher proportion 166(75.5%) were Yoruba, while 54(24.5%) were Igbo. The majority 146(66.4%) believed in Christianity, while 74(33.6%) believed in Islam. Almost all 208(94.5%) were married, while 12(5.5%) were widowed. A significant proportion 102(46.4%) undergone tertiary education, while 86(39.1%) had secondary education, 26(11.8%) reported primary education, and 6(2.7%) had no formal education.

Table 2: Level of Awareness on Menopausal Symptoms

Variables	Options	Frequency	Percentage
Menopause is permanent cessation of menstruation for 12 months consecutively.	Strongly Disagree	86	39.1%
	Disagree	40	18.2%
	Agree	56	25.5%
	Strongly Agree	38	17.3%
Menopause can begin before the age 40 years	Strongly Disagree	14	6.4%
	Disagree	30	13.6%
	Agree	116	52.7%
	Strongly Agree	60	27.3%
Menopause is a natural phase of a woman's life and not a disease	Strongly Disagree	0	0%
	Disagree	0	0%
	Agree	92	41.8%
	Strongly Agree	128	58.2%
I am aware of the different stages of menopause (perimenopause, menopause and post menopause)	Strongly Disagree	0	0%
	Disagree	0	0%
	Agree	94	42.7%
	Strongly Agree	126	57.3%
Menopause can lead to abrupt change in mood	Strongly Disagree	0	0%
	Disagree	0	0%
	Agree	120	

	Strongly Agree	100	54.5%
			45.5%
Women experiencing	Strongly Disagree	0	0%
menopause can have	Disagree	0	0%
complains or issues with	Agree	104	47.3%
their bones and joints	Strongly Agree	116	52.7%
Menopausal symptoms	Strongly Disagree	0	0%
can present with other	Disagree	0	0%
medical condition	Agree	64	29.1%
	Strongly Agree	156	70.9%
Do you know that	Strongly Disagree	0	0%
menopause can affect	Disagree	0	0%
sexual health (e.g.,	Agree	116	52.7%
vaginal dryness,	Strongly Agree	104	47.3%
decreased (libido).			
Hot flashes and night	Strongly Disagree	34	15.5%
sweats are the most	Disagree	46	20.9%
common symptoms of	Agree	74	33.6%
menopause.	Strongly Agree	66	30%

Source: Field Work 2025

Table 2 presented respondents' level of awareness of menopausal symptoms. A notable proportion 86(39.1%) strongly disagreed that menopause is the permanent cessation of menstruation for 12 months consecutively, while 56(25.5%) agreed. More than half 116(52.7%) agreed that menopause can begin before age 40 while 60(27.3%) reported strongly agree. majority 128(58.2%) strongly agreed that menopause is a natural phase of a woman's life and not a disease while 92(41.8%) agreed. Similarly, 126(57.3%) strongly agreed that they are aware of the different stages of menopause while 94(42.7%) agreed. Over half 120(54.5%) agreed that menopause can lead to abrupt mood changes while 100(45.5%) agreed. Additionally, 116(52.7%) strongly agreed that menopause can cause bone and joint issues while 100(45.5%) reported strongly agree. A significant proportion 156(70.9%) strongly agreed that menopausal symptoms can present with other medical conditions, while 64(29.1%) agreed. Regarding sexual health, 116(52.7%) agreed that menopause can lead to vaginal dryness and decreased libido while 104(47.3%) reported strongly agree. Higher proportion 74(33.6%) agreed that hot flashes and night sweats are the most common symptoms while 66(30%) reported strongly agree.

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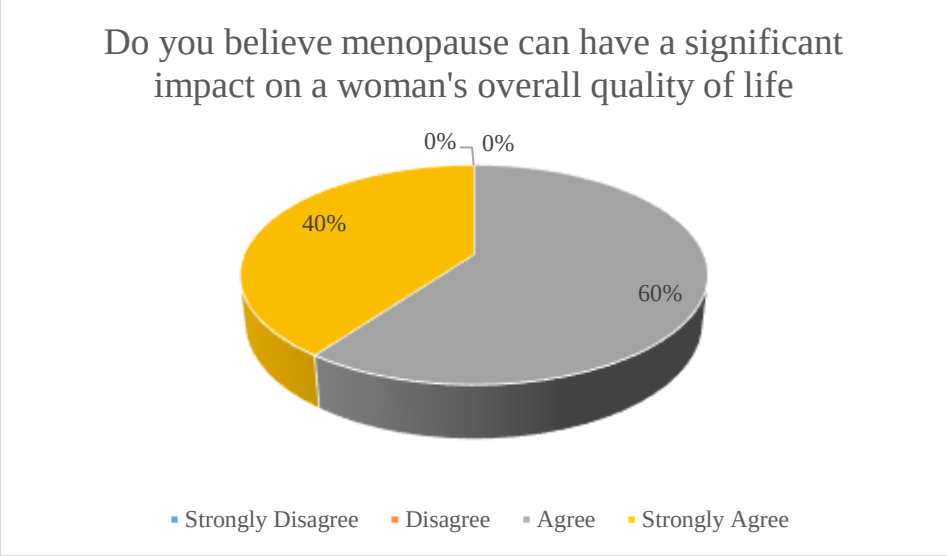

Fig. 1: Responses on if menopause can have significant impact on women's quality of life

Fig. 1 shows that higher proportion 132(60%) agreed that menopause significantly affects a woman's quality of life while 88(40%) reported strongly agree

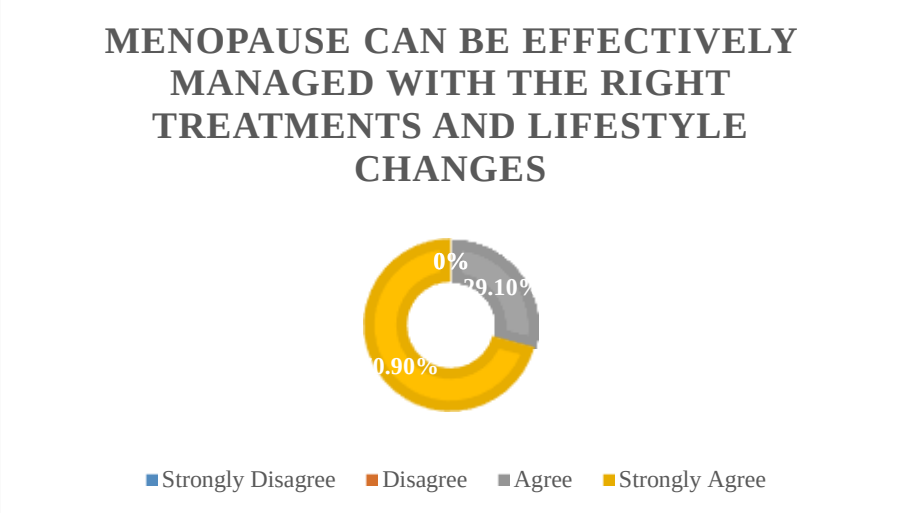

Fig. 2: Responses on effective management of menopause

Fig. 2 shows that most respondents 156(70.9%) strongly agreed that menopause can be effectively managed with treatment and lifestyle changes, while 64(29.1%) agreed.

Table 3: Common Menopausal Symptoms Experienced Among Women

Variables	Options	Frequency	Percentage
Have you experienced hot flashes (sudden feelings of heat or warmth) during menopause?	Yes	140	63.6%
	No	80	36.4%
Have you experienced night sweats (excessive sweating during sleep) during menopause?	Yes	176	80%
	No	44	20%
Have you experienced irregular or missed periods as part of your menopausal symptoms?	Yes	176	80%
	No	44	20%
Have you experienced vaginal dryness or discomfort during intercourse?	Yes	40	18.2%
	No	180	81.8%
Have you noticed mood changes such as irritability, anxiety, or depression since menopause?	Yes	178	80.9%
	No	42	19.1%
Have you experienced weight gain or difficulty losing weight since menopause began?	Yes	170	77.3%
	No	50	22.7%
Do you experience joint or muscle pain that you associate with menopause?	Yes	186	84.5%
	No	34	15.5%
Have you experienced heart palpitations (irregular or rapid heartbeats)	Yes	58	26.4%
	No	162	73.6%

since menopause began?	

Source: Field Work 2025

Table 3 explained the common menopausal symptoms experienced among women. A majority 140(63.6%) reported experiencing hot flashes, while 80(36.4%) did not. A higher proportion 176(80%) experienced night sweats, and 176(80%) also reported irregular or missed periods. However, only 40(18.2%) experienced vaginal dryness or discomfort during intercourse. A significant proportion 178(80.9%) reported mood changes such as irritability, anxiety, or depression. More than three-quarters 170(77.3%) reported weight gain or difficulty losing weight. Joint or muscle pain was experienced by 186(84.5%) of respondents. Additionally, 58(26.4%) reported heart palpitations.

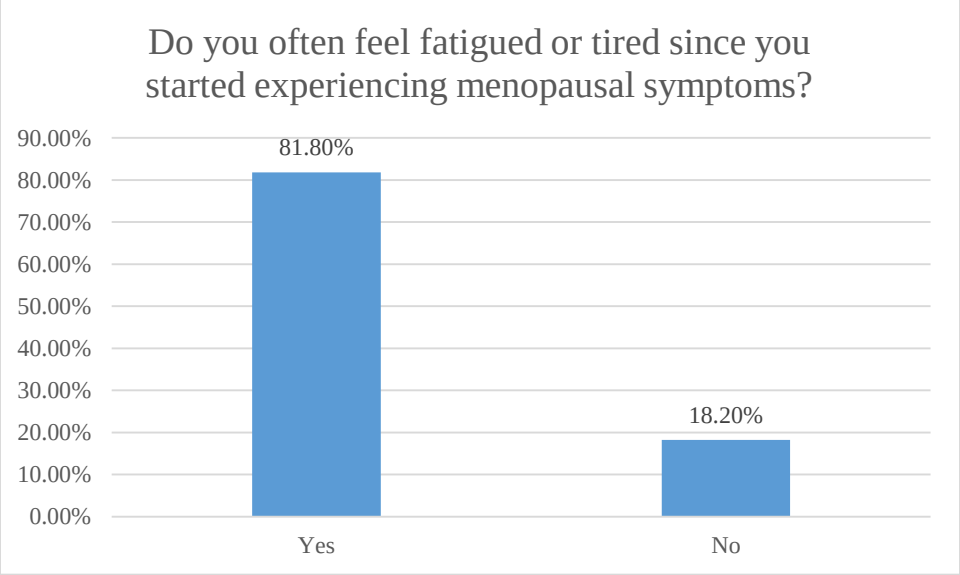

Fig. 3: Responses on fatigue experience as part of menopausal symptoms

Fig. 3 shows that significant proportion 180(81.8%) often felt fatigued.

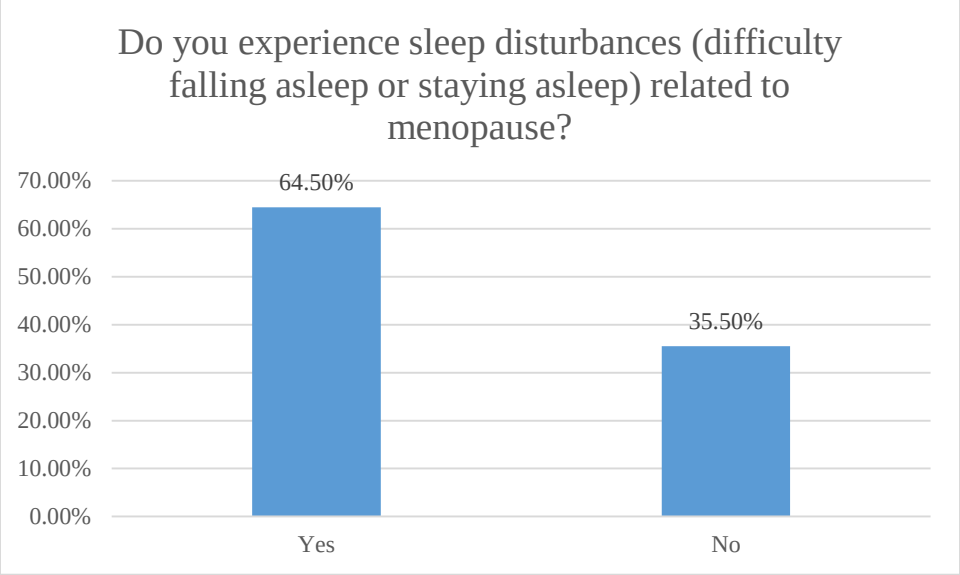

Fig. 4: Responses on sleep disturbance experienced related to menopause

Fig. 4 shows that higher proportion 142(64.5%) experienced sleep disturbances.

Hypothesis Testing

There is no significant relationship between educational status of women and level of awareness on menopausal symptoms.

Table 5: Chi-Square Analysis of relationship between educational status of women and level of awareness on menopausal symptoms

	Value	df	p-value	Remarks
Pearson Chi-Square	66.261	3	0.001	Value is Significant
Likelihood Ratio	71.823	3	0.001	
Linear-by-linear association	65.137	1	0.001	
Number of Valid Cases	220			

Table 5 tested the relationship between educational status of women and awareness of menopause using chi-square analysis. The Pearson Chi-Square value equals 66.261, with a p-value of 0.001 which is lesser than statistically significant value 0.05, suggesting a statistically significant

relationship. The result implies that educational status significantly influences awareness of menopausal symptoms among menopausal women. The result confirmed that null hypothesis was rejected and alternate hypothesis was accepted.

DISCUSSION OF FINDINGS

The demographic characteristics of respondents revealed that the majority of women who participated in this study were within the middle to late adulthood age range. This finding is expected, as menopause typically occurs within this stage of life, when hormonal changes naturally begin to manifest. The age distribution is consistent with Abdel-Salam (2021), who conducted a survey among women aged 40–60 years and similarly found that menopausal concerns were most common in this age group. Likewise, Mary et al. (2022) also reported that women aged 45–60 years represented the highest proportion of those experiencing menopausal symptoms, thereby reinforcing the finding that the transition into menopause is strongly associated with midlife. Ethnically, the majority of respondents in this study were Yoruba, while a smaller proportion were Igbo. This reflects the geographical context of the study, which was carried out in a predominantly Yoruba-speaking environment. Religious affiliation was primarily Christian, followed by Islam. These patterns highlight the cultural and religious dynamics that may influence health perceptions, awareness, and reporting of menopausal experiences. Marriage was the dominant marital status among the respondents, with very few widowed participants. This aligns with Ande et al. (2011), who similarly reported that the majority of menopausal women in their study were married. The marital status of respondents is important, as it often affects women's coping mechanisms, social support, and sexual health during the menopausal transition. Educational attainment among the respondents was notably high, with most having attained either secondary or tertiary education. This finding corresponds with earlier studies by Ande et al. (2011), who found that menopausal women often had at least some formal education, although literacy levels varied widely depending on the location. The higher level of education reported in the present study may explain the greater awareness and understanding of menopause among respondents. Education has been consistently shown to improve health literacy, including awareness of reproductive health transitions such as menopause, and it equips women with the knowledge to recognise symptoms and seek appropriate care.

Awareness of menopause and its symptoms was generally high among participants. Most respondents acknowledged that menopause is a natural phase of a woman's life and not a disease, while many also recognised the existence of different stages of menopause. The finding that respondents associated menopausal symptoms with other medical conditions suggests a deeper level of awareness, as women were able to link their physiological experiences with potential co-morbidities. Furthermore, many acknowledged that menopause has a significant impact on women's quality of life, particularly in relation to physical and emotional well-being. Sexual health awareness was also notable, as respondents identified vaginal dryness and decreased libido as common consequences of menopause. The high levels of awareness in this study contrast with findings from Asad et al. (2021), who reported poor awareness of menopause among women in their survey. The disparity could be explained by differences in literacy levels and healthcare

access between the populations studied. Women with higher educational backgrounds, as represented in the current study, are more likely to be exposed to health information through formal education, health campaigns, and clinical interactions. These findings reinforce the conclusion that education is a strong determinant of menopause awareness, a relationship confirmed by several studies, including Abdel-Salam (2021).

In terms of symptoms, respondents reported a wide range of common menopausal experiences. Hot flashes, night sweats, irregular periods, mood changes, and fatigue were among the most prominent. Musculoskeletal complaints such as joint and muscle pain, alongside weight gain and sleep disturbances, were also prevalent. These symptoms are consistent with findings by Aljuinaid et al. (2024), who reported high frequencies of hot flashes, joint pain, and fatigue among menopausal women. Similarly, Asad et al. (2021) documented hot flashes, heart discomfort, and joint pain as leading complaints. Interestingly, vaginal dryness was less frequently reported in this study. This finding may be attributed to cultural stigma surrounding discussions of sexual health, as highlighted by Asad et al. (2021). In many African societies, sexual concerns are often considered private or taboo, particularly among older married women. Consequently, symptoms that directly affect sexual intimacy may be underreported or minimised. This has significant implications for healthcare, as untreated sexual health concerns can adversely affect marital relationships, quality of life, and overall well-being.

The psychological and emotional implications of menopausal symptoms also emerged strongly from the findings. Mood changes, fatigue, and sleep disturbances were highly prevalent, suggesting that menopause extends beyond physiological changes to affect mental and emotional health. Studies by Ande et al. (2022) and Abdel-Salam (2021) similarly emphasised that menopausal symptoms are closely associated with psychological distress, which can reduce work productivity, strain personal relationships, and diminish overall quality of life. The findings of this study therefore support the growing recognition that menopause should not only be managed as a biological event but also as a multidimensional experience requiring comprehensive care strategies.

Implication of Findings

The findings of this study have significant implications for midwifery practice, particularly in the education, counseling, and management of menopausal women. Midwives play a crucial role in women's health across the lifespan, and as frontline healthcare providers, they can bridge the gap in awareness, symptom management, and emotional support for menopausal women. One key implication is the importance of health education. Since this study found that educational status significantly influences menopause awareness, midwives should actively integrate menopause education into routine maternal and reproductive health services. By doing so, they can empower women with accurate knowledge about the natural aging process, common symptoms, and effective coping strategies.

Furthermore, the high prevalence of menopausal symptoms such as hot flashes, mood changes, fatigue, and joint pain highlights the need for holistic symptom management. Midwives should be

trained to assess, counsel, and provide evidence-based recommendations, including lifestyle modifications, dietary adjustments, and mental health support. Since many women reported doing nothing to manage their symptoms, midwives should proactively offer personalized care plans, emphasizing non-pharmacological interventions such as exercise, relaxation techniques, and social support networks.

The study also underscores the role of psychosocial support in menopause care. Since many women lacked emotional and social support, midwives should create safe spaces for discussions, encourage peer support groups, and integrate mental health screening into routine consultations. Additionally, addressing cultural and religious influences on coping strategies is essential. Midwives should provide culturally sensitive counseling, ensuring that women receive guidance aligned with their beliefs and values, while promoting scientifically sound interventions.

Lastly, midwives can advocate for policy changes to improve access to affordable menopause care, including hormone replacement therapy (HRT) awareness, specialized clinics, and community outreach programs.

CONCLUSION

The findings of this study highlight a high level of awareness of menopause and its symptoms among women attending a medical outpatient clinic. Most respondents recognized menopause as a natural phase of life, were familiar with its different stages, and understood its potential impact on overall health and quality of life. However, awareness of sexual health-related symptoms, such as vaginal dryness and decreased libido, was comparatively lower, suggesting a need for more targeted education and open discussions on this aspect of menopause.

Menopausal symptoms were highly prevalent, with hot flashes, night sweats, mood changes, and fatigue being the most commonly reported. Additionally, joint/muscle pain and sleep disturbances significantly affected many women, further emphasizing the physical and emotional burden associated with menopause. Despite this, some women did not actively manage their symptoms, indicating potential gaps in access to care, knowledge, or available support systems. The strong influence of education and healthcare professional guidance reinforces the importance of structured health education programs to enhance knowledge and empower women to make informed health decisions.

In conclusion, while menopause awareness was generally high, gaps remain in symptom management, emotional support, and access to effective coping strategies. Addressing these challenges through comprehensive health education, increased access to medical interventions, and culturally sensitive support systems is essential in improving the well-being and quality of life for menopausal women. The study further revealed there is a significant relationship ($p<0.05$) between educational status of women and level of awareness on menopausal symptoms.

Recommendations

1. Health Education programs should be strengthened to ensure that women receive accurate and comprehensive information about menopause. This will help women better understand

the symptoms, available treatments, and effective coping strategies, including hormone replacement therapy (HRT), lifestyle modifications, and mental health support.

2. Easy access to healthcare services should be improved to ensure that menopausal women receive the care they need. The study found that a considerable proportion of women did not actively manage their symptoms, which could be due to limited healthcare access, lack of awareness, or financial constraints.
3. Policymakers should work toward affordable healthcare services, subsidized treatments, and specialized menopause clinics, particularly for underserved populations. This will encourage more women to seek professional medical guidance rather than endure their symptoms without seeking for help.

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