

Perceived Influence of Menopausal Symptoms on Quality Of Life among Market Women Traders in a Semi-Urban Town, Osun State, Nigeria

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Abstract

Background: Menopause is a natural part of a woman's life, in this phase; body begins to produce progressively, lesser progesterone and estrogen, leading to eventual menstrual cycles' cessation with associated psychological, somatic, vasomotor, sexual symptoms which negatively affect quality of life. Quality of life is the degree to which a person is healthy, comfortable and able to participate and enjoy life events. This study assessed the perceived influence of menopausal symptoms on quality of life of menopausal women traders in a semi-urban town, Osun state.

Materials and Method: This study adopted concurrent mixed method design (Qualitative and Quantitative methods). 421 respondents were selected for the Quantitative and 10 women were selected from each market for the Qualitative Method. Structured Interview that was piloted and validated was used to collect data. Quantitative data were analyzed using the statistical package for the social sciences (SPSS) version 23 and p value was set as 0.05. Qualitative data obtained from Focus Group Discussion guide were analysed using Atlas.ti. recorded messages was transcribed verbatim.

Results: Findings showed that Menopause symptoms rating scale indicates less than half (47.3%) of the respondents experience moderate symptoms like hot flushes, vaginal dryness, sadness and headache (Mean \pm SD 14.67 \pm 1.35) Hypotheses results showed that there was significant relationship between symptoms of menopause and quality of life (p = 0.001) Qualitative findings revealed that majority (75%) of the respondents experienced symptoms of menopause which have slowed down their activities which depicts that their quality of life is affected.

Conclusion: Menopausal symptoms like hot flushes, joint and back pain, mood changes and altered sexual life impairs quality of life of menopausal women. It was therefore recommended that public health practitioners need to embark on comprehensive sexuality education for menopausal women to improve their quality of life.

Keywords: Menopausal symptoms, Menopausal women, Quality of life, Women Traders.

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I. Introduction

Menopause is a universal and physiological event in a woman's life occurring around the age of 50 years in developed countries ^[1]. This has been documented to occur earlier in developing nations, especially less industrialized and under developed nations. There is a considerable variation among women regarding age and manifestation of menopausal signs and symptoms. Worldwide, the estimates for the median age of menopause, range from 45 to 55 years with the average age of onset about 50 years ^[2]. The World Health Organization (WHO) defines quality of life (QoL) as "an individual's perception of their position in life, in the context of the culture and value system in which they live, and in relation to their goals, expectations, standards, and concerns" ^[3]. Menopause related symptoms have a negative impact on the QoL of menopausal women.

The deficiency of these hormones (progesterone & estrogen), elicits various somatic, vasomotor, sexual, and psychological symptoms that impair the quality of life (QoL) of menopausal women. Some of the symptoms experienced by women may include; hot flushes; night sweats; osteoporosis, vaginal dryness, thinning of pubic, axillary and head hair; inability to sleep and mood swings. Some women reported forgetfulness, feelings of panic, weight gain, irritability and dyspareunia (discomfort during intercourse) ^[4]. There is also increased risk of overweight and cognitive disorders ^[5]. Increased vaginal pH (acidity or

alkalinity) predisposing the women to bacterial infections and atrophic vaginitis. Studies have shown that many women experience minimal distress during the transition period. Menopause can have negative impact on the overall quality of life of women [6,7,8].

Morbidity issues associated with the transition include; osteoporosis and fractures due to decreased estrogen levels which ordinarily help to build and maintain bones and increased risk of cardiovascular disease. Hence, women approaching climacteric transition phase of life, often present concerns about their health based on a possible family history of osteoporosis, cancer and/or heart diseases [9]. It is upon this background that this study assessed the perceived influence of menopausal symptoms on quality of life among menopausal women traders in a semi urban town, Osun State. To:

1. identify the symptoms experienced by women during the menopause transition;
2. assess the quality of life of respondents;
3. determine the relationship between symptoms of menopause in respondents and their quality of life

II. Material and Methods

This study used Concurrent mixed method design. Purposive Sampling Technique was used to select menopausal women age 45-60 years proportionately from the four selected markets. A total of 421 menopausal women were purposively selected for the quantitative study.

For the qualitative sample, 10 women were selected from each market, to make a total number of 40 respondents. Maximum Variation Purposive Sampling Technique was used to recruit respondents (i.e. all ages were represented). **Study Design:** Concurrent mixed method design involving quantitative and qualitative data collection at the same time or in parallel

Study Location: This was in four selected markets Osogbo. Namely; Orisumbare, Oluode, Oja Oba and Saabo

Study Duration: November 2018 to December 2019

Sample size: 421 respondents for quantitative, 40 respondents for qualitative.

Sample size calculation: The quantitative sample size was determined using Kish formula [10]. 383 was actually obtained, 10% attrition rate was added to make 421. For the qualitative sample, 10 women were selected from each market, to make a total number of 40 respondents.

Subjects & selection method: Purposive Sampling Technique was used to select menopausal women age 45-60 years proportionately from the four selected markets for the quantitative sample.

Orisumbare Market was $260/923 \times 421 = 118$

Oluode Market was $216/923 \times 421 = 99$

Oja oba Market was $227/923 \times 421 = 104$

Sabo Market was $220/923 \times 421 = 100$

Ten women were selected from each market for the qualitative sample, making a total of 40.

Instrumentation

Two Instruments were used for data collection; Structured Interview and Focus Group Discussion Guide. The Structured Interview consists of three sections.

Section A: This section focused on the demographic characteristics (such as age, marital status, educational qualification, number of children, occupation and income).

Section B: This elicited information on symptoms of menopause from the respondents, it is an 18 items scale, using "Yes" and "No" format, Yes was graded 1, and No was graded 0. The lowest score for a respondent is 0 while the highest score is 18. Score of 0-6, was translated to mild symptoms, score of 7-12, was moderate symptoms while score of 13-18, was regarded as severe symptoms.

Section C: This elicited information on quality of life, adapted Menopause specific Quality of Life Questionnaire (MENQoL) by Moravcová et. al., [11] was used.

It is Likert type scale on a 4 point of "I am never like this" – "0", "I am rarely like this" – "1"; "I am often like this" – "2" and "I am always like this" – "3" that assesses the quality of life of menopausal women. The MENQoL has 7 different domains to indicate whether they have experienced the problem over the last month. The items were 47 in number and the maximum possible score is 141, Lower score 0-35 represents excellent quality of life, 36-71 represents good quality of life, 72-107 represents fair quality of life, while 108-141 represents poor quality of life.

Focus Group Discussion Guide: This consists of two sections; the first section is the introductory aspect, the second section used open ended questions to elicit information on their age at onset of menopause, their experiences during this period, how the experiences affects their daily activities (House chores, work, relationship with spouse) and how the experience affects their quality of life

Inclusion criteria:

1. The woman must be willing to participate after gaining verbal consent.
2. She must have reached menopause i.e experience amenorrhea for at least 12 months.
3. Must be between 45 and 60 years and have shop/stall or work in any of the selected market.

Exclusion criteria:

1. Any woman with chronic diseases like diabetes, hypertension, congestive cardiac failure, liver disease, kidney disease and any forms of cancer that can interfere with menopausal experience.

Procedure methodology: Ethical approval for this study was obtained from Babcock University Health Research and Ethical Committee (BUHREC) with approval reference number 275/19 on march 27, 2019. Babcock University Ref. NHREC/24/01/2018. Letter of introduction to the local government management was secured from the Head of the Nursing Science Department, Babcock University, Ilisan Remo, Ogun State. An approval was taken from the local government head office and meeting was arranged with the market heads and gate keepers, where the purpose and procedure of the study was explained to them in details. The researchers booked an appointment with the market head in order to be around on their general meeting days and their convenient time. Verbal consent of respondents’ was obtained before the data collection. All respondents were assured of no harm, strict confidentiality and the grace to withdraw from the study when they feel like Afterwards, shop - to - shop visitation was done to meet with the women, those who are in the menopausal stage and were willing to participate in the study were recruited. Data collection was done over a period of eight weeks, 2 week in each market, the women were asked the questions in the structured interview in either English or Yoruba language, and it was filled by the researchers and two trained research assistants and was kept by researcher immediately to ensure completeness.

Statistical analysis

Firstly, the entire Structured Interview Guide were checked for completeness. Data generated were coded and entered into Epi data, the statistical analysis program used for data analysis purpose was (Statistical package for service solution (SPSS), version 23. Descriptive statistics such as frequency counts, percentage, tables, mean score and standard deviation were used to analyze demographic data of respondents and research objectives. Inferential Statistics of (Chi-square, was used to test the hypothesis at 0.05 level of significance. The qualitative data collected with audio recorder from the Focus Group Discussion was transcribed verbatim and analyzed with the aid of Atlas ti, using Thematic and Content Analysis, and was reported concurrently with the quantitative results.

III. Result

Table no 1 reveals the socio-demographic distribution of the respondents. Above one-third of the respondents (36.2%) were between 55-59 years with a mean of 48.45±3.78, above two third of the respondents (67.9%) were married, below half (48.7%) were secondary school holders, 45.6% were traders, above one third (35.4%) monthly income were between 10,000- 50,000 Naira, above half of the respondents (56.8%) last menstruation were 12 month.

Table no 1: Socio-demographic Characteristics of Respondents

Variables	Category	Frequency N= 421	Percentage (%)
Age: Mean=48.45±3.78	45-49	132	31.4
	50-54	128	30.4
	55-59	161	38.2
	Total	421	100
Marital status	Single mother	14	3.3
	Married	286	67.9
	Separated/Divorced	52	12.4
	Widowed	69	16.4
	Total	421	100
Number of children	1	40	9.5
	2	58	13.8
	3	92	21.9
	4	126	29.9
	Above 4	105	24.9
	Total	421	100
Educational qualification	No formal education		
	Primary	32	7.6
	Secondary	205	48.7
	Tertiary	98	23.3
	Total	86	20.4

		421	100
Occupation	Civil/public servant	9	2.1
	Retiree	46	10.9
	Farming	30	7.1
	Artisan	144	34.2
	Trader	192	45.6
	Total	421	100
Monthly income	<10,000	103	24.5
	10,000 – 50,000	149	35.4
	50,001 – 100,000	105	24.9
	Above 100,000	64	15.2
	Total	421	100
When did you menstruate last	12 months	239	56.8
	13-18 months	172	40.8
	19-24 months	10	2.4
	Total	421	100

Table no 2 shows the level of menopause symptoms among the market women traders. Above one- third of the respondents (40.1%) had a mild symptom of menopause while (47.3%) had moderate symptom and (12.6%) experienced severe symptoms of menopause.

Table no 2: Menopause Symptoms Rating

Variable	Frequency (N)	Percentage (%)
Mild	169	40.1
Moderate	199	47.3
Severe	53	12.6
Mean±SD	14.67±1.35	

Qualitative findings revealed “At times I cannot explain myself, my legs and my hands sweats a lot, I feel tired always, hampering me from going to places. Likewise I get angry easily and forget things. I have stopped having sex with my husband since my menses stopped, moreover my husband has married another woman. He said that since I am not seeing my menstruation again it might lead to storage of spermatozoa in my body, which he thinks is not good”

“The body temperature fluctuates and it is irregular, I feel internal heat and sometimes cold,”

“The changes are even difficult to explain atimes, tiredness, body weakness, heaviness of the body, increase in my weight, dryness of my skin and especially my vagina. These, I have been experiencing with the changes.”

“Some of the changes I experienced, like the hotness of the body, and forgetiveness”

“Some of what im experiencing is that my body doesn’t agree with the surrounding temperature anymore, body ache and sweatiness of the body and legs occurs frequently. Also, I have not been having sex with my husband because it is painful sometime”

“I feel tired and get angry easily with people over little things, initially I do work very well on my own, but now I ask for help when I am doing certain things.”

“I do experience reduced vaginal secretion and lack of sexual desire. My husband make jest of me that I can not be using lubricant before intercourse, this make me to stay without several months. I don’t really like these changes in my body because, for marriage to be strong and sweet, one need to be sexually active, please is anything that can be done to correct these?”

“The menopause changes have really caused me bone and joint pains and reduced my hours of sleep”

Table no 3 reveals that many of the women defined correctly what menopause is, all the respondents experienced a physical sign and symptoms of menopause like perspiration (hot flushes), joint pain, and body weakness, all of the respondents experienced internal body heat, likewise, they experienced changes in mood, concentration and memory . Majority of the respondents said menopause affected their interactions towards family members, friends, colleagues at work, neighbors and personally their sexual life.

Table no 3: Themes and Subthemes emerging from FGD amongst Respondents

Themes and sub-themes	
What does menopause mean to you When the reproductive cycles of a women stop	+++
Physical kinds of signs and symptoms of menopause that you experienced Joint pain Back pain Sweating	++++ ++ ++++
Experience changes internally in your body? Hot flush	++++

Sweating	++++
Changes like mood change, concentration changes, memory changes and mood changes? Experience	++++
Interaction towards family members, friends, colleagues at work, neighbors Affected	++++
Sexual life, any changes in terms of altered pleasure, libido. Experience	+++
Affected your sexual life generally Personally experience	++++
Changes/experiences in any way affected your health status Personally experience	+++

Key: - = None, + = One, ++ = Half, +++ = Above half, ++++ = All

Table no 4 reveals that below one quarter of the respondents (19.2%) had excellent quality of life, below one fifth (17.6%) had good quality of life, slightly above half (53%) had fair quality of life and (10%) had poor quality of life.

Table no 4: Levels of Menopause-Specific Quality of Life

Overall Quality of Life	N	%	
Excellent 0-35 Points	81	19.2	24.078±10.262
Good 36-71 Points	74	17.6	
Fair 72-107 Points	223	53.0	
Poor 108-141 Points	43	10.2	
Total	421	100	

Table no 5 showed the Chi-square test that was used to establish the significant association between symptoms of menopause in respondents and their quality of life. From the result, there was a statistically significant association between symptoms of menopause in respondents and their quality of life ($\chi^2 = 28.243$, $df=6$, $p<0.05$).with the higher number of women who had a moderate and mild symptoms of menopause

Hypothesis : There is no significant relationship between symptoms of menopause in respondents and their quality of life.

Table no 5: Hypothesis

Quality of life	Symptom of menopause			Chi Square χ^2	Df	p value
	Mild F (%)	Moderate F (%)	Severe F (%)			
Excellent	52(64.2)	24(29.6)	5(6.2)	28.243	6	0.001
Good	58(78.4)	14(18.9)	2(2.7)			
Fair	35(15.7)	143(64.1)	45(20.2)			
Poor	24(55.8)	18(41.9)	1(2.3)			
Total	169(40.1)	199(47.3)	53(12.6)			

IV. Discussion

The top four common symptoms experienced by the market women are hot flushes, vaginal dryness, sadness and headaches, others symptoms are; sleep difficulties, night sweating, loss of urinary control, anger, palpitation, loss of urination control, numbness, loss of sexual desire, fatigue, aching muscle and joints, depressive disorders and irritability.

In the Focus Group Discussion, some women reported thus; “Sometimes I feel internal heat and sometimes cold” “Tiredness, body weakness, heaviness of the body, increase in weight, dryness of my skin and vagina” I now have a “no go” area, because of the pain I usually feel, I am usually not interested in love - making again. Because of the dry vaginal, I don’t enjoy sex again”). Again they explained that, “the heat and sweatiness always make me to change my clothes frequently and bath frequently to avoid body odour.” “The menopause changes have really caused me bone and joint pains and reduced my hours of sleep” “The pain has made me to accomplish less task than I used to do” “ I am always angry, irritable, even when I am not offended and will sometimes ask myself, why am I angry. This anger usually gives me headache” “

The findings support previous study in United Kingdom, where menopausal women experienced a vasomotor disturbance commonly known as hot flushes. They explained that the hot flushes are often accompanied by sweats and sleep disturbances. These episodes may occur as often as 20 to 30 times a day and generally lasts between 3 to 5 minutes, they also found that hot flushes is reported as the most common symptom of menopause, affecting around 70% of women and persisting on average for 2 – 5 years, although some 20% continue to flush into their 70s and 80s.^[12]

Furthermore, this finding corroborates the results of ^[13], they identified menopausal symptoms such as hot flushes, night sweats, insomnia, vaginal dryness, loss of sexual desire, weight gain, hair loss, fatigue, major depression, anxiety, or mood disorders (including episodic mood disorder and/or mood swings. Also according to ^[14], in their study where they found high frequency of menopausal women being impatient with others.

The findings of this study are in agreement with the submissions of ^[14, 15, 16], that most women reported lack of energy, decrease in physical strength, aching in muscles and joints, feeling of tiredness, sleeping difficulties and dry skin.

This study findings however are not in tandem with that of ^[17] who submitted that Indian women reported low degree of moderate problems in vasomotor and psychosocial domains, though average degree had mild to severe sexual symptoms. This study revealed that about average degree of the respondents have moderate menopausal symptoms, above on third, had mild symptoms while just little had severe symptoms. The prevalence of menopausal symptoms is different among the respondents may be as a result of different biological make up and hormonal changes, inadequate knowledge about menopause, wrong diet and sedentary lifestyle, it may also be due to cultural norms and undetermined biological factors.

Also, findings showed that a little above average of the respondents have fair quality of life. The Focus Group respondents said that they experienced changes that have slowed down their activities which depicts that their quality of life is affected, this is further confirmed by the responses of some of the subjects in the qualitative data “I can say that my general well being is fairly okay and I am satisfied with my life at the moment” “ I have no regret with my life. In fact, I am fairly satisfied and pray to God to let my old age be a blessing to others. Again, God has helped me to achieve a lot, I have no regret when I look at where I am coming from”

This finding is synonymous with ^[18], who also noted that, natural events in life like menopause can alter the individual’s quality of life. Consequently, health-related quality of life (HRQoL) as opined by ^[6], as a dimension of QoL that deals with the effects of physical, psychological, social and spiritual factors on the overall QoL of individuals. In other words, the QoL identifies four (4) domains (physical well-being such as sleep, social well-being such as family distress, psychological well-being such as depression and spiritual well-being such as hopelessness) that define an individual’s QoL, each of the domains is stated to act singly or in combination with the other domains and ultimately has an impact on the QoL.

This is consistent with the findings of ^[19], that couples were found to be aware of menopause; however, the symptoms arising as consequence of it, seems to be accepted as natural age-related changes. This could possibly account for above average that claimed they have fair quality of life due to the cultural belief that women should be silent on the matters that affect their sexuality. This is because they feel it is not moral to discuss such. Some women were observed to be shy to discuss issues surrounding their sexual life. One possible explanation for this, may be due to age, (highest number of respondents are between 55-59), biological, psychological, social economic, genetic and cultural factors which probably shaped the perception and attitude of these women. It can be attributed to the high value placed on female independence in the women’s culture and greater exposure within their family groups, religious groups and friends as regards the realities of climacteric transition and the ageing process, and many of the respondents accepts symptoms of menopause as natural age-related changes.

This findings validates the discovery that the presence of menopausal symptoms significantly reduces the quality of life. It was concluded that menopause related symptoms had a negative effect on quality of life of Indian, Pakistan and Malaysian women respectively ^[20, 14, 16]. It was also discovered that the level of education and increase in age are also known to indirectly affect the severity of symptoms, which is demonstrated in a study conducted in Bhavnagar and Surat in India, which concluded that as the education level and age increased, awareness toward menopause and its related problems also increased, leading to better QOL ^[21]. In this study, majority of the respondents are secondary school certificate holders, and they have fair quality of life as a result of the menopausal symptoms, yet they think it is a normal sign of aging, without seeking medical care, and they responded that they are satisfied with their lives.

Analysis of relationship between symptoms of menopause experienced by respondents and their quality of life

The null hypothesis is rejected which indicates that there is a significant relationship between symptoms of menopause and respondents quality of life.

This findings is in tandem with the findings of ^[12] where they found that presence of Menopausal Symptoms, significantly reduces Women’s Quality of Life. Furthermore, the researchers explained that the severity of the symptoms worsens the quality of life.

These findings also support the findings of ^[5], they found that symptoms of menopause can be distressing, particularly as they occur at a time when women have important roles in society, within the family and at the

workplace. They concluded that menopausal symptoms have a substantial effect on the quality of life of women and on performance at workplace.

Focus Group Discussion Findings

The respondent from the focus group discussion 35(87%) revealed that they enter into menopause at around 49-52 years, majority of them 26(75%) did not know that they have reached menopause.

They also experience internal heat which makes them to bath several times during the day, the changes has affected their memory, as 32(80%) of them report forgetfulness, mood swing and feels like staying alone, some of these symptoms causes body pain and sleeplessness, because of these symptoms interaction between family members, friends, co-traders, neighbors have been affected.

According to the respondents 33 (82%) said their sexual life is not as before. They reported that they don't have any strong desire for sex, according to some of them;

"I do experience vaginal dryness and lack of sexual desire. I can remain like that without sex for two to three months. I don't really like these changes in my body because, for marriage to be strong and sweet, one need to be sexually active."

"I don't have interest for love-making is again; it weakens my body and my libido is low. In fact, I can't remember love making any more and I don't even have power for it. In fact, the changes kill my sexual life and it disturbs my family relationships."

34 (85 %) have been experiencing these unpleasant symptoms ranging from one to six years. The symptoms experienced has affected their life style, well being and quality of life and they said they would be happy if medical attention is drawn towards alleviating this unpleasant symptoms.

V. Conclusion

The common symptoms experience by the respondents are hot flushes, vaginal dryness, sadness and headaches, as well as change in mood, decrease concentration and memory which affected their interaction towards family members, friends, colleagues at work, neighbors and also affected their sexual life.

VI. Recommendations

As a general rule, the most successful man in life is the man who has the best information. Therefore, based on the findings from the study, these are recommended:

- Awareness should be created about signs and symptoms associated with menopausal phase so as to prepare them for the imminent changes of life and to ensure good quality of life.
- Need for regular medical check-up which should include blood sugar level and bone density check as well as blood pressure-monitoring.
- Family support at this crucial time is recommended, especially, support from husband.
- Health related program on comprehensive sexuality education to include menopause should be promoted by government and non-governmental agencies, because women approaching menopause usually need time and knowledge not medicine.
- Public health practitioners and nutrition experts need to embark on sensitization program on food requirements for pre, peri and post menopausal women as this will help them to reduce menopausal symptoms and risk for chronic non communicable diseases.

Compliance with ethical standard

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