

EXPLORING THE FORMS OF SUPPORT PERIMENOPAUSAL WOMEN RECEIVED FROM SPOUSES

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Abstract: The transition into menopause represents a crucial biological phase in a woman's life, often accompanied by various challenging symptoms. The level of support provided by partners can greatly impact a woman's ability to manage the difficulties associated with menopause. This research utilized a cross-sectional descriptive survey methodology, conducted in two selected churches within the Enugu metropolis in Nigeria. A total of 58 women who met the inclusion criteria were chosen for the study through purposive sampling. Data collection was carried out using structured questionnaires designed by the researchers to identify the types of support received from spouses during the menopause transition. The reliability of the instrument was tested through a pilot study using a test-retest method, resulting in a reliability coefficient of 0.84. Additionally, both face and content validity were confirmed. Ethical approval for the study was granted by the Health Research Ethics Committee of the Enugu State Ministry of Health. Data analysis was performed using descriptive statistics, including frequency and percentage. Findings revealed that a small percentage of the women (17.2%) received adequate support. The most common forms of assistance included inquiries about their needs and offers of help (44.8%), demonstrating empathy for their feelings (36.2%), effective communication and problem-solving discussions (32.8%), reminders of their positive attributes (32.8%), and recognizing their struggles as a shared concern (31.0%). The study advocates for greater awareness among male partners regarding the menopause transition and the types of support women require during this period to facilitate a smoother experience.

Keywords: Forms of support, perimenopause, spousal support, menopause.

1. INTRODUCTION

The perimenopause phase, often referred to as the menopause transition, represents a crucial biological period in a woman's life, usually lasting several years leading up to the end of menstruation (World Health Organization, 2024). This stage is marked by varying hormone levels, particularly estrogen and progesterone, which can result in a range of physical, psychological, and social changes (Delamater & Santoro, 2018). These changes may manifest as vasomotor symptoms such as hot flashes and night sweats, sleep issues, mood fluctuations, cognitive challenges, alterations in sexual function, and musculoskeletal pain. The severity and duration of these symptoms can differ widely among women, profoundly affecting their quality of life, daily activities, and relationships (Huang et al, 2018 & Peacock et al, 2023).

Traditionally, the menopause transition has been predominantly examined from a biomedical perspective, emphasizing hormonal changes and medical treatments. Nonetheless, an increasing amount of research highlights the important influence of psychosocial factors on a woman's experience during this phase (Gibbons, 2025). Social support, particularly from spouses, is a vital resource that can buffer the negative impacts of menopausal symptoms and contribute to a woman's overall well-being (Cowell et al, 2024).

Spouses are often primary sources of emotional, instrumental, informational and appraisal support for women (Irawan et al, 2022). During the menopause transition, this support can manifest in various forms, such as providing emotional understanding and empathy, assisting with household tasks when physical symptoms are debilitating, seeking information about menopause, and offering encouragement and positive reinforcement. The quality and nature of this support can significantly influence a woman's ability to cope with the challenges of menopause, impacting her mental health, relationship satisfaction, and overall adjustment to this life stage (Moghani *et al.*, 2021).

While the significance of spousal support during the menopause transition is increasingly recognized (Moghani *et al.*, 2021; Kling et al., 2019), there is a notable gap in the in-depth understanding of the specific forms of support that women receive from their intimate partners during this period. Current research often broadly assesses the presence or absence of support without delving into the nuances of how this support is manifested in daily interactions. This lack of specificity limits the ability to identify the most helpful and effective types of partner support.

Without a clear understanding of the specific forms of support women receive from their intimate partners during the menopause transition, it is difficult to develop targeted interventions aimed at enhancing partner support and improving women's well-being during this phase and Educating partners on the specific ways they can effectively support their spouses or partners experiencing menopausal symptoms. Therefore, this study seeks to address this gap by investigating the specific forms of support that women received from their spouses during the menopause transition.

2. METHODS

Study design and setting

This study employed a cross-sectional descriptive survey approach. The research was conducted in two selected churches located in the Independence Layout of Enugu metropolis: Holy Trinity Church and Cathedral Church of the Good Shepherd. These churches were purposively chosen due to their significance as primary places of worship for a substantial majority of residents in the study area. The selection of these venues allowed for efficient access to the target population, thereby enhancing the feasibility of data collection.

Population, Sample, and Sampling Techniques

The study population comprised 61 women aged between 45 and 60 years who are currently in the menopausal transition phase. Given the relatively small size of the target population, a sample size determination process was not deemed necessary. Consequently, all 61 women were considered for inclusion; however, only 58 met the established inclusion criteria. Participants were selected using a purposive sampling technique, ensuring that those chosen had relevant experiences related to the study's focus.

Inclusion criteria

Participants were required to meet the following criteria to be included in the study:

- Women aged 45-60 years old who are experiencing the menopausal transition, characterized by:
 - Irregular menstrual cycles or the absence of menstruation for a minimum of three months or the presence of at least one of the following symptoms: hot flashes, night sweats, sleep disturbances, low libido, mood swings, dyspareunia (pain during sex), or vaginal dryness.
- Willingness and availability to participate in the research.

Data collection instrument

Data were collected using a structured questionnaire developed by the researcher. Prior to the main study, a pilot test was conducted employing a test-retest method to assess the reliability of the instrument. The reliability coefficient was computed using Pearson Correlation statistics, yielding a score of 0.84, indicating good reliability. To establish face and content validity, the questionnaire was reviewed by three experts in the fields of nursing and research.

The questionnaire comprised two sections:

- Section A: Includes five questions pertaining to the socio-demographic characteristics and reproductive history of the participants.
- Section B: Contains 20 questions designed to assess the forms of support received from spouses during the menopause transition. Respondents indicated their experiences by selecting "yes" or "no" for each form of support.

Data Collection Process

Ethical approval for the study was obtained from the Health Research Ethics Committee of the Enugu State Ministry of Health. Informed consent was secured from all participants prior to the administration of the questionnaire. The study upheld principles of voluntary participation, anonymity, and confidentiality throughout the research process. An administrative permit was also obtained from the respective churches before data collection commenced. Participants were briefed on the purpose of the study and given clear instructions on how to complete the questionnaire. Data were collected in real-time through direct administration of the questionnaires, facilitated by two trained research assistants.

Data Analysis

Data analysis was performed using descriptive statistics, including frequency counts and percentages. An overall form of support score was calculated for each respondent by summing the scores of the various forms of support received. Participants were categorized based on their support scores into two groups: "good support" (scores above 50%) and "poor support" (scores of 50% or below).

3. RESULTS

Table 1: Demographic Characteristics of the Respondents

n = 58

Demographic characteristic		Female		
		N	%	M±SD
Age	≤ 50	39	67.2	49.69±2.87
	≥51	19	32.8	
Level of Education	Primary	6	10.3	
	Secondary	18	31.0	
	Tertiary	34	58.6	
Occupation	Trading	23	39.7	
	Civil servant	31	53.4	
	Retired	2	3.4	
	No occupation	2	3.4	
Parity	0	1	1.7	
	1-3	17	29.3	
	4 +	40	69.0	

Table 1 presents the demographic characteristics of the respondents. Their age ranged from 45-57 years with mean and standard deviation of 49.69±2.87 and modal age group, 50 years and below (67.2%). All are married. More than half of them had tertiary education (58.6%) and were civil servants (53.4%). Majority (69.0%) had 4 and above parity.

Table 2: Forms of support perimenopausal women receive from their spouses

n = 58

	Yes (%)	No (%)
He shows empathy towards my feelings	21(36.2)	37(63.8)
**He does not bother to educate himself about menopause	54(93.1)	4(6.9)
He asks what I need and offers ways to help me	26(44.8)	32(55.2)
**He has never encouraged me to visit the hospital	36(62.1)	22(37.9)
He accompanies me to see a doctor	8(13.8)	50(86.2)

**He snaps back at me at every given opportunity	12(20.7)	46(79.3)
He says he understands the way I feel	14(24.1)	44(75.9)
**He does not create time for intimacy	42(72.4)	16(27.6)
He sees what I am going through as a problem for both of us	18(31.0)	40(69.0)
**He acts furiously and impatiently towards me	11(19.0)	47(81.0)
He communicates effectively and discusses how to solve my problems	19(32.8)	39(67.2)
**He blames me for the way I act and feel	20(34.5)	38(65.5)
**He desires to control the fan or air conditioner irrespective of how I feel	30(51.7)	28(48.3)
**He does not offer compliments and appreciation to me	35(60.3)	23(39.7)
He reminds me of my good qualities	19(32.8)	39(67.2)
**He frowns or acts furiously at my lack of desire for sex	40(69.0)	18(31.0)
He encourages or joins me in exercising and healthy dieting	14(24.1)	44(75.9)
**He body shames me (says things like I am putting on so much weight, my skin looks bad or my hair is thinning)	8(13.8)	50(86.2)
**He gaslights or diminishes my experiences and feelings	29(50.0)	29(50.0)
He is optimistic that this period will pass and things will get normal again	15(25.9)	43(74.1)
Overall forms of support	Freq.	%
Good (<i>forms of support</i> > 50%)	10	17.2
Poor (<i>forms of support</i> ≤ 50%)	48	82.8

Negative items (supports) are double asterisked

The forms of support listed in Table 2 received by the perimenopausal women from their spouses were only received by fewer proportion of the women (17.2%). The support most received was majorly that of asking what they needed and offering ways to help (44.8%). Other supports included: showing empathy towards their feelings (36.2%), communicating effectively and discussing how to solve their problems (32.8%), reminding them of their good qualities (32.8%) and seeing what they were going through as a problem for both of them (31.0%).

4. DISCUSSION OF FINDINGS

The result of this study revealed that prior to the intervention, only a small percentage of women received support from their spouses as they navigated through menopausal changes. The researcher proposed that this lack of support could be attributed to men's inadequate understanding of menopause and the support women require during this time (Nair & George, 2021). Erbil and Gumasay (2018) posit that some men could not show concern and support to their perimenopausal partners because they did not understand what menopause entails. Additionally, Hassan et al. (2019) reported that some men were unwilling to have contact with their wives and showed negative attitudes and poor support towards their wives experiencing menopause transition.

Menopause presents significant challenges for numerous women, often resulting in both physical and emotional transformations that can be hard to manage. Engaging with a partner to inquire about their needs and providing assistance during this transitional phase can foster essential support and empathy (Yarehali et al., 2021). However, in this study the most common forms of support women received from their spouses was asking what they needed and offering assistance (44.8%), showing empathy towards their feelings (36.2%), effective communication and problem-solving discussions (32.8%), reminding them of their positive qualities (32.8%), and acknowledging that menopausal changes affected both partners (31.0%). Similarly, Zhang et al. (2020) reported that some spouses helped their wives to cope with menopausal symptoms through positive strategies, including trying to be sensitive to their wife's needs, being active listeners, and providing instrumental support.

Considering how physically and emotionally impacting the transition through menopause can be, having the presence of a spouse can offer vital emotional support and comfort during medical consultations. Furthermore, having a reliable partner can be advantageous in posing questions, retaining crucial information, and making informed decisions regarding treatment alternatives. More so joint attendance at medical appointments fosters a mutual understanding of the woman's health condition and the proposed treatments. Nevertheless, it is noteworthy that 86.2% of perimenopausal women affirmed their spouses failed in this crucial role. This failure could stem from men's lack of awareness on the need to accompany their partners to visit the hospital. Comparably, Eze et al. (2023) noted that male partners had poor perception regarding accompanying their pregnant partners for antenatal care.

Also, 93.1% of perimenopausal women reported that their partners did not take the initiative to learn about menopause. This resonates with the findings of Eze et al. (2023) which indicated that men often possess inadequate perceptions regarding the benefits of educating themselves on maternal health, thereby limiting their involvement in women's health issues. It is crucial for husbands to educate themselves about menopause to effectively support their wives during this challenging life stage. By gaining knowledge about menopause, a husband can develop a deeper understanding of the symptoms and difficulties his wife may encounter. This understanding enables him to offer emotional support and empathy during this period.

Moreover, being informed about menopause equips a husband to better address potential changes in their relationship such as shifts in libido, intimacy issues, and changes in communication patterns that may arise due to menopause (Khalesi et al., 2020). By anticipating these challenges, a husband can collaborate with his partner to sustain a robust and healthy relationship throughout the menopause transition.

5. CONCLUSION

This research aimed to identify the types of support that perimenopausal women receive from their spouses. It is recommended that male partners receive education on the various forms of support they can offer to assist their wives in navigating the menopausal transition more smoothly and with reduced stress.

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