

Awareness of Menopausal Information amongst Disabled Women of Awka South Lga

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ABSTRACT

Menopause is a significant phase in a woman's life, often accompanied by physical, emotional, and psychological symptoms that can impact quality of life. For women with disabilities, this stage presents compounded challenges due to existing impairments, limited access to health information, and systemic healthcare barriers. This study assessed the level of awareness of menopausal information among disabled women in Awka South Local Government Area (LGA) of Anambra State, Nigeria. Using a census survey method, data were collected from 52 registered disabled women aged 45–55 through a structured questionnaire. Findings revealed that while 69% of the respondents had heard about menopause and 75% were aware of its symptoms, only a small proportion rated their understanding as “very good.” Health workers were the most trusted information source (53.8%), though many women rarely or never received information. Key challenges identified included lack of disability-friendly materials (25%), inaccessible health facilities (21.2%), and low comprehension of available information (17.3%). Alarming, 34.6% found existing information sources neither accessible nor easy to understand. The study, grounded in the Health Belief Model, underscores the urgent need for inclusive health communication strategies tailored to the unique needs of disabled women. It recommends the training of health workers in disability-sensitive communication, the development of accessible educational materials, and community-based campaigns to improve awareness and health outcomes for this marginalized group.

Keywords: Awareness, menopause, menopausal information, Disabled women, Awka South

INTRODUCTION

Menopause is the permanent stopping of menstruation and fertility, which occurs in women between the ages of 45 and 55 years (WHO, 2024). It is diagnosed after one year of amenorrhea, confirming the exhaustion of ovarian function in a woman's body. The stage in the female life cycle referred to as perimenopause, it can occur one to several years before the last menstrual cycle and brings several attendant symptoms that can be physical, emotional, and psychological in nature (Amin, 2023).

These symptoms include hot flushes, sweats at night, interrupted sleep, irritability, and dryness of the vagina. These symptoms may disrupt women's quality of life, particularly when intense or persistent (Avis & Crawford, 2022). Furthermore, many chronic diseases are more common in women after menopause because estrogen levels drop and cannot be restored: osteoporosis, cardiovascular diseases, and metabolic disorders (Adewunmi, Oghenejode, & Balogun, 2021). Even though the experience of menopause is prevalent in all women, the genetic, environmental, and socio-cultural factors define this experience (Gold & Avis, 2020).

However, many women do not have easy access to health information that can provide scientific information about menopause, available remedies, and lifestyle changes that can help ease its effects. Such gaps mean that many women continue to spend more time trying to treat menopausal symptoms, stressing the need to escalate everybody's awareness about menopausal health (Harlow, Gass, & Hall, 2019).

Since menopause is important to women, it is even more important for women with disability as they require knowledge on their health. Some of the disabled women may experience more complications associated with their disabilities, particularly with movement, communication, and access to health facilities, and may be at a

higher risk of suffering the effects of menopause. Disability and menopausal symptoms have adverse effects on enhancing health problems and diminishing independence and quality of life (Banks & Mather, 2020). For example, women with mobility impairment can easily report more symptoms like hot flashes, which may need constant clothes changing or alteration in temperature, than women with other disabilities (Smith, Connor, & Hinde, 2022).

Furthermore, Patil, George, & Pillai (2023) observed that disabled women are mostly excluded from most healthcare discussions, and there is scarce health information made specifically for such persons. Literature suggests that disabled women may face difficulties in getting access to health services because of environmental, financial, and attitudinal barriers (Matin, Williamson, Karyani, Rezaei, Soofi and Soltani 2021). Disabled women during menopause may receive a poor level of care due to providers' lack of training in how to meet the particular needs of these women (Moore, Reidy, & Foran, 2023).

Lack of information on disability and disabled women specifically regarding menopause also causes delayed treatment or management of the condition, hence deteriorating the effects of menopause (Moore et al, 2023). These women might also experience cultural prejudice regarding both disability and menopause, which limits their capacity to discuss diseases (Hall, Callister, Berry, & Matsumura, 2007). Therefore, awareness and putting into place, effective and easy-to-comprehend information must be available to improve the health of disabled women during menopause.

Awka South LGA is in the Anambra state, the southeastern part of Nigeria. It covers both the urban and the semi-urban areas, with Awka, the state capital, being the central area of operation. The LGA has a predominantly civil service, petty business, and farming population (National Population Commission [NPC], 2022). As with most parts of the country, this area also has both formal and informal healthcare service delivery. But as stated earlier, the availability of, particularly specialized health services such as those for women going through the menopausal stage, and uptake of these services may be wanting in rural and semi-urban areas (Ogu, Ogbuji, & Achike, 2020).

There may be some barriers for people with disability in accessing healthcare facilities in Awka South, including inadequate Infrastructure, health system-related prejudice, and poverty (Okeke, 2021). Unfortunately, women with disabilities in this region may even be worse off because the healthcare facilities and community-based healthcare services that might be easily accessible for women without disabilities are not always fully equipped for managing cases of women with disabilities (Ezeokana & Okonkwo, 2022). Also, some cultural beliefs about disability and menopause can add to the challenges that disabled women encounter when trying to get proper healthcare information.

In addition, campaigns, such as health education for reproductive health conditions, including menopause, are rarely appropriate for disabled women. This exclusion also drastically hampers the way disabled women of Awka South can comprehend or negotiate their menopausal changes. Therefore, it is crucial to raise awareness and provide health information specific to disabled women in this area.

It is against this backdrop that this study seeks to bridge the perceived knowledge gap by assessing the awareness of menopausal information among disabled women from the Awka South LGA.

Statement of Problem

Menopause is a natural biological process marking the cessation of menstruation and fertility in women, typically occurring between the ages of 45 and 55. This transition is accompanied by various physical and emotional changes, including hot flashes, mood swings, and sleep disturbances. Many women do not seem to have adequate knowledge and awareness about this menopausal information, hence a lot of misconceptions follow menopausal symptoms. For women with disabilities, these menopausal symptoms can be further complicated by their existing health conditions, necessitating specialised support and information.

In Nigeria, there is a notable scarcity of research focusing on menopause awareness among women with disabilities. While general studies on menopause exist, they often overlook the unique challenges faced by disabled women during this life stage.

The absence of targeted research and support mechanisms for disabled women experiencing menopause in Nigeria highlights a critical gap in healthcare provision. This gap is particularly evident in regions like Awka South Local Government Area (LGA), where local data on this demographic is limited. Without region-specific studies, healthcare providers may lack the necessary insights to offer appropriate care, leading to potential health disparities.

Therefore, this study becomes imperative to find out the awareness level of menopausal information among disabled women in Awka South LGA.

Objectives of the Study

The specific objectives for this study are;

1. to assess the awareness level of menopausal information among disabled women in Awka South LGA.
2. to identify sources of this information available to disabled women in Awka South LGA;
3. to ascertain the challenges faced by disabled women in accessing menopausal information in Awka South LGA.

Research Questions

1. What is the level of awareness of menopausal information among disabled women in Awka South LGA?
2. What are the sources of menopausal information available to disabled women in Awka South LGA?
3. What are the challenges faced by disabled women in accessing menopausal information in Awka South LGA?

LITERATURE REVIEW

Overview of Menopause

Menopause is a natural process of ageing defined as a definitive cessation of ovarian follicle activity and, consequently, the end of menstruation. Menopause is said to have occurred when a woman misses her period for 12 months consecutively; it is usually a retrospective diagnosis. Menopause is a physiological process where a woman stops seeing her menses permanently. Menopause usually signifies the end of a woman's reproductive life (Igwe, Edeh, Ekwebene, Anagwu, Agbo & Abalihe, 2023). Menopause signifies the cessation of menstruation and fertility in women, typically occurring between the ages of 45 and 55. This transition is characterized by a decline in ovarian function, leading to decreased production of hormones such as estrogen and progesterone. The reduction in these hormones results in the end of menstrual cycles and the onset of various physiological changes, which pose a lot of challenges to women in various ways as aptly captured by Ibraheem, Oyewale, & Olaseha, (2015), that the transition from reproductive age to menopausal age is not without its problems. As women get older and advance to menopause, they may experience certain symptoms. These symptoms may be very disturbing and sometimes unpredictable, especially when the affected person does not know that they are related to menopause and what to do (Malik, 2017). This range of symptoms can vary in intensity and duration among women. Common symptoms include:

- (a) **Hot Flashes and Night Sweats:** This is the sudden feeling of warmth, often accompanied by sweating, which can disrupt daily activities and sleep patterns (Jividen, 2025).
- (c) **Vaginal Dryness:** This occurs when the estrogen level is reduced leading to decreased vaginal lubrication, causing discomfort during sexual activity, and increasing the risk of urinary tract infections (Molly, 2025).
- (d) **Mood Swings and Depression:** Fluctuating hormone levels can affect mood stability, leading to irritability, anxiety, and depression (Kaye, 2024).
- (e) **Sleep Disturbances:** Hot flashes and night sweats can interfere with sleep quality, leading to fatigue and decreased quality of life (Jividen, 2025).
- (f) **Cognitive Changes:** Some women report memory lapses and difficulty concentrating during menopause (Kaye, 2024).

In addition to these symptoms, menopause is associated with long-term health concerns, according to Kaye (2024), they include:

Osteoporosis: The decline in estrogen increases the risk of bone density loss, leading to osteoporosis and a higher risk of fractures.

Cardiovascular Health: Post-menopausal women have an increased risk of cardiovascular diseases due to changes in lipid profiles and vascular function.

Metabolic Changes: Metabolism may slow down, leading to weight gain and an increased risk of type 2 diabetes.

Menopausal Awareness and Knowledge

Research indicates women globally do not have adequate knowledge about menopause symptoms, along with its health impacts when they experience it. An International Menopause Society (IMS) multinational survey showed that women in different income levels worldwide do not have sufficient preparedness or reliable information about menopause (Panay et al., 2019).

A similar study done by Cinthura and Sethu (2017) indicates that awareness about how menopause is caused and when it occurs was very vague among women, with the majority having incorrect knowledge that menopause is the time when menstruation stops for a particular time. The most common reason for lack of awareness, according to Cinthura and Sethu (2017), was their inability to relate their symptoms to menopause and their common notion that these symptoms experienced by them were due to some other illness in their body, which may lead to complications after menopause.

This failure to identify menopausal symptoms can be a result of low health literacy. Health literacy affects how women perceive and manage menopausal symptoms. According to Nutbeam et al. (2020), limited health literacy is associated with lower engagement in healthy lifestyle practices and reduced likelihood of seeking professional help.

In the case of women with disabilities, the awareness level remains critical, particularly in low and middle-income countries where women with disabilities often lack access to essential health information, including information related to menopause, due to systemic barriers in healthcare delivery and social stigma. According to Bright, Wallace, & Kuper (2018), Limited health literacy among this population is compounded by factors such as low educational attainment, communication challenges, and discriminatory attitudes from healthcare providers; hence, health literacy is of the essence to this particular population.

More complicating is the stigma surrounding both disability and menopause, which has further restricted open discussions about symptoms and management. In many cultural contexts, disability is still associated with shame or dependence, and menopause is viewed as a private or taboo subject, leading to a double marginalisation effect (Ahumuza et al., 2014; Mutswanga, 2021). For example, a study in rural Uganda found that disabled women faced significant challenges accessing reproductive health services due to physical inaccessibility, provider bias, and lack of inclusive communication formats (Ahumuza et al., 2014).

Sources of Menopausal Health Information

Disabled women receive information about menopause to different degrees because of the various health education sources available to them. These health information sources can be even more complicated in terms of format, access, and inclusivity. Some of these common sources include healthcare providers, mass media, peer groups, and digital platforms, which often fail to meet the specific communication and accessibility needs of women with disabilities. For instance, printed materials may be inaccessible to visually impaired women, while audio content is not always captioned for those with hearing impairments (Bright et al., 2018). Additionally, according to WHO (2022), healthcare workers frequently lack training in disability-inclusive communication, limiting the effectiveness of clinical interactions as a reliable source of information.

In many developing countries, disabled women rely heavily on informal networks such as family members, caregivers, and community health volunteers for health information (Ahumuza et al., 2014). However, these intermediaries often have limited knowledge about menopause themselves, which can lead to misinformation or the complete absence of menopausal education. Furthermore, culturally rooted taboos around menstruation and ageing discourage open discussion about menopause, reducing the reliability of informal sources (Upapai, Rana & Batta 2023).

Challenges that hinder access to menopausal information among women with disability

Disabled women may encounter multiple interconnected barriers in receiving correct and timely information about menopause, often resulting in limited awareness and poor health outcomes.

These challenges include;

- **Inaccessible healthcare infrastructure:** which, according to (WHO 2022), includes a lack of physical access to clinics, the absence of disability-friendly educational materials, and inadequate communication tools for women with sensory impairments. For instance, healthcare environments may lack ramps, braille pamphlets, or sign language interpreters, making it difficult for disabled women to obtain or understand menopausal information during clinical visits.
- **Health workers' biases and lack of training** also contribute to misinformation or neglect in discussions around menopause with disabled clients. Many health professionals mistakenly assume that disabled women are asexual or not in need of reproductive health education, which further marginalizes this group from mainstream health campaigns (Rugoho & Maphosa, 2017).
- Additionally, **socioeconomic factors** such as poverty, low educational attainment, and limited access to digital technologies disproportionately affect disabled women, especially in rural areas like Awka South LGA. These limitations reduce exposure to formal health education programs or online information sources (Rugoho & Maphosa, 2017). Cultural taboos surrounding both disability and menopause further silence open dialogue, compounding the invisibility of disabled women in health communication strategies (Upapai, Rana & Batta 2023).

Theoretical Framework

This study is anchored on the Health Belief Model (HBM). Originally developed by Rosenstock in the 1950s and later refined by Becker and others, the HBM posits that individuals are more likely to engage in health-promoting actions when they perceive themselves to be susceptible to a health issue, recognize the severity of its consequences, and believe that a particular action will reduce their risk with minimal barriers (Champion & Skinner, 2008).

In the context of menopausal awareness among disabled women, the HBM can help to assess how this population perceives menopause, its symptoms, and the value of seeking information or care. Perceived susceptibility and severity are often influenced by the extent of health literacy, which may be lower among disabled women due to limited education, communication challenges, and societal neglect (Bright et al., 2018). Perceived benefits of learning about menopause, such as symptom management, improved mental health, or timely medical interventions, can be diminished if healthcare systems are not accessible or inclusive. Meanwhile, perceived barriers may include physical inaccessibility of clinics, lack of adapted information formats (e.g., braille or sign language), and stigma from healthcare providers or the community (WHO, 2022; Mutswanga, 2021).

The HBM also incorporates cues to action, such as health campaigns, peer education, or advice from health workers, which are often lacking or ineffective for disabled women. Lastly, self-efficacy, a person's belief in their ability to take action, is particularly relevant, as disabled women may feel disempowered or overlooked in health-related decision-making.

METHODOLOGY

This study adopted the survey method. The population comprises all adult females with disabilities (physical-sensory, visual or hearing, intellectual, or multiple disabilities) who reside in the communities within Awka

South LGA, aged 45-55 years. These are women who may have been experiencing premenopausal signs or at the verge of entering menopause. According to the National Association of Persons Living with Disability (NAPLD), the population of this group, those who are registered with them, is 52 persons. Since this population is small and manageable, a census was employed to collect data for the study. Census is a method of collecting data from the entire population when the population is small and of manageable size. A questionnaire containing 15 questions (open-ended and closed-ended) was used as the instrument for data collection. Data gathered were presented and analysed using SPSS 19 data analysis software.

Data Presentation and Analysis

Research Question One: What is the level of awareness of menopausal information among disabled women in Awka South LGA?

Table 1: Level of awareness of menopausal information among disabled women in Awka

Variables	Response	Frequency	Percentage (%)
Have you heard about menopause before now?	Yes	36	69
	No	16	31
How would you rate your understanding of what menopause is?	Very good	8	15
	Good	14	27
	Fair	18	35
	Poor	9	17
	I do not understand it at all	3	6
Are you aware that menopause comes with certain symptoms?	Yes	39	75
	No	13	25
	Total	52	100
Which of the following symptoms do you associate with menopause? (Select all that apply)	Hot flashes menstruation	35	67
	Irregular	31	60
	Mood swings	28	54
	Joint pain	24	46
	Vaginal dryness	17	33
	I don't know any Symptoms	7	14

Source: field survey, 2025

Responses to Table 1 above showed that the majority of the Respondents 69% have heard about menopause. On their understanding, 35% said they understand fairly what menopause is. 75%. Awareness of symptoms, the majority 75% have some knowledge of menopausal symptoms. The majority selected mostly hot flashes 67%, irregular menstruation 60% and Mood swing 54% as symptoms they can associate with menopause.

Research Question Two: What are the sources of menopausal information available to disabled women in Awka South LGA?

Table 2: The sources of menopausal information available to disabled women in Awka South

Variables	Response	Frequency	Percentage (%)
Have you ever received any information about menopause?	Yes	27	52
	No	25	48
Which of the following sources have provided you with information about menopause?	Health workers	16	30.8

	Electronic media	10	19.2
	Print media	4	7.7
	Internet/social media	6	11.5
Friends or family members never received information from any source		9	17.3
		7	13.5
Which of these sources do you trust the most for menopause-related information?	Health professionals	28	53.8
leaders			
	Friends/family	8	15.4
	Community	3	5.8
	Media (TV, radio, internet, print)	10	19.2
	None	3	5.8
How often do you receive information about menopause from these sources?	Often	6	11.5
	Occasionally	14	26.9
	Rarely	17	32.7
	Never	15	28.9
Do you feel that the information sources available to you are easy to understand and accessible for someone	Yes	15	28.8
	No	18	34.6
	Sometimes	12	23.1
with your type of disability?	Not Sure	7	13.5
	Total	52	100

Source: field survey, 2025

Responses from Table 2 above revealed that the majority 52% of the respondents have received information about menopause, however, this number was almost equaled with the number of women who have not received any information. The majority of women 30.8% said that they receive information about menopause from Health workers, also the majority 53.8% said they trusted information that came from the health professionals. Worrisome is the fact that the majority 32.7% of the respondents who receive information about menopause does that rarely. Also majority 34.6% of the respondents admitted that the information sources are not easy to understand and accessible

Research Question Three: What are the challenges faced by disabled women in accessing menopausal information in Awka South LGA?

Table 3: The sources of menopausal information available to disabled women in Awka South

Variables	Response	Frequency	Percentage (%)
Have you ever faced any difficulty in getting information about menopause because of your disability?	Yes	29	56
	No	15	29
	Not sure	8	15
Which of the following challenges have you faced in accessing menopausal information?	Inaccessible health facilities	11	21.2
	Lack of disability-friendly information materials	13	25.0
	Lack of understanding of the information	9	17.3

Stigmatization or discrimination these challenges		7	13.5
	Financial barriers	6	11.5
	I have not faced any of	6	11.5
How often do you avoid seeking menopausal information or care due to these barriers?	Always	8	15
	Often	11	21
	Sometimes	18	35
	Never	15	29
Do you feel that health workers should be trained to meet the communication needs of women with disabilities?	Yes	50	96
	No	2	4
	Total	52	100

Source: field survey, 2025

Responses from Table 3 above indicated that the majority 56% have faced one challenge or the other in seeking for information about menopause, lack of disability friendly information material 25 % was revealed to be the predominant challenge faced by disabled women in seeking menopausal information. The majority, 35% of the respondents, sometimes avoided seeking menopausal information due to these barriers. In what seems like a unanimous opinion, 96% of the respondents felt that health workers should be trained to meet the communication needs of women with disabilities

DISCUSSION OF FINDINGS

The purpose of the first research question was to determine the level of awareness of menopausal information among disabled women in Awka South LGA. The data from Table 1 revealed that the majority of respondents have heard about menopause and are aware that menopause comes with symptoms. Most respondents correctly associated menopause with hot flashes, irregular menstruation, and mood swings. However, understanding varied, with only 15% describing their understanding as "very good", and 6% admitting they "do not understand it at all". The implication here is that disabled women in Awka South have a moderate level of awareness about menopause and its associated symptoms, although proper understanding is still vague.

This finding aligns with the assertion from the studies of Panay et al. (2019); Cinthura & Sethu (2017) that while general awareness of menopause exists, deep, accurate understanding remains limited, especially among marginalised groups.

The research by Bright, Wallace, & Kuper (2018) gives reason for this disparity or inequality in understanding, stating that it is general among women and is even greater for women with disabilities. This is because disabled women often face challenges such as difficulty understanding health information (low health literacy), problems communicating their needs, and a lack of attention to their specific healthcare education requirements. According to there is need to escalate everybody's awareness about menopausal health, especially women with disability.

The second finding showed that the majority of respondents had received information about menopause, which was nearly equal to the number who had not. Health workers were identified as the primary and most trusted source of menopausal information. However, 32.7% said they rarely received this information, and 28.9% never did. Notably, 34.6% felt that the information available to them was not accessible or understandable, largely due to the format and delivery of content. This shows that a large portion of the disabled women are making health decisions without adequate or accurate information, increasing the risk of mismanagement of menopausal symptoms.

The result highlights a problem where healthcare systems frequently do not communicate effectively with women who have disabilities. This lack of inclusive communication aligns with the statement from the World Health Organisation (2022) that lack of physical access to clinics, the absence of disability-friendly educational

materials, and inadequate communication tools... for instance, healthcare environments may lack ramps, braille pamphlets, or sign language interpreters, making it difficult for disabled women to obtain or understand menopausal information during clinical visits. Furthermore, this was echoed in the study by Moore et al. (2023) that lack of information on disability and disabled women specifically regarding menopause also causes delayed treatment or management of the condition, hence deteriorating the effects of menopause.

The Health Belief Model (HBM) suggests that if people perceive significant obstacles (like information being in a difficult format or unsupportive surroundings), they are less likely to actively seek ways to improve their health.

The third finding showed that more than half of the respondents (56%) confirmed experiencing difficulty in accessing menopausal information due to their disability. The most cited challenge was lack of disability-friendly information materials (25%), followed by inaccessible health facilities (21.2%) and lack of understanding of the information (17.3%).

Additionally, 35% sometimes avoided seeking information due to these barriers. This finding is consistent with research (Rugoho & Maphosa, 2017; Matin et al., 2021; Upapai, Rana & Batta, 2023) that identifies environmental, attitudinal, and informational exclusion as significant obstacles for disabled women trying to access reproductive healthcare. The near-unanimous agreement (96%) that health workers should be trained to meet the communication needs of women with disabilities highlights how important it is to have inclusive training programs and communication approaches that consider the needs of people with disabilities to ensure everyone has fair and equal access to healthcare.

CONCLUSION

The study concludes that disabled women in Awka South Local Government Area have some general knowledge about menopause. However, they still lack important information and face difficulties accessing resources. They often encounter obstacles like inaccessible buildings and materials designed without considering disabilities, preventing them from getting the menopause-related information they need. These limitations make it harder for disabled women to recognise and manage their health symptoms. This also worsens existing health disparities for this group. The study emphasises the need to create health communication strategies that are specifically designed to meet the unique needs of disabled women, particularly in areas with limited resources and diverse cultural factors.

RECOMMENDATIONS

Following the findings from this study, these recommendations were made;

1. There should be aggressive launching of disability-inclusive health campaigns in Awka South LGA and of course the entire 21 local government of the state, using trusted community channels like faith groups, women's associations, radio programs and disabled persons organisations like the commission in charge of disabled persons in co-creating content to ensure cultural sensitivity and relevance
2. That there should be massive production of menopausal information in multiple formats: audio, braille, pictograms, sign language videos, and simple text, and to ensure these materials are available in health centres, community gatherings, and via local media.
3. That the government at all levels should organise capacity-building workshops for healthcare providers on disability-inclusive health communication, including the use of braille, sign language, pictorial aids, and simplified language. Also, make a state-level health policy that mandates the inclusion of disabled women's health education in primary healthcare programming and support routine data collection on the reproductive health experiences of disabled women to inform planning and evaluation.

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