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BENEFITS OF FACE TO FACE AND MOBILE COUNSELLING STRATEGIES TO COPE WITH MENOPAUSAL AGE AS PERCEIVED BY WOMEN TEACHERS IN NIGER STATE: COUNSELLING IMPLICATIONS

SUSSANA ZUBAIRU
Minna Institute Of Technolagy & Innovation, Minna, Niger State

Abstract

This study investigated benefits of face to face and mobile counselling strategies to cope with menopause as perceived by women teachers in Niger state. The choice of teachers was found through their responses to a questionnaire coined "Benefits of Face to Face and Mobile Counselling to Cope with Menopause Age" (BFFMCCMA).It was validated by 3 experts with reliability coefficient of 0.86. Simple random sampling technique was used. 170 primary and secondary school teachers were finally selected from rural an urban schools. One research question and two hypotheses were formulated and tested at 0.05 level of significance. The data were analysed using mean scores whose mean scores are up to cut-off point of 2.05, as positive response. T-test analysis was used to decide on the formulated hypotheses. Results of the mean scores showed that all the teachers accepted the items as benefits of face to face and mobile counselling to cope with menopausal symptoms. However, the result of the t-test analysis showed significance difference between primary and secondary school teachers. Some of the perceived benefits of face to face counselling include; physical contact, establishment of rapport, possibility of questioning, probing and immediate feedback, group counselling is possible, medical intervention at local level is possible when discussing symptoms of menopause. Benefits of mobile include; multi-media communication is possible, leaning takes place and experience is gathered from other clients through mobile learning such as phone, radio, TV, to mention a few. Recommendations such as posting counsellors to health centres, collaborative effort of counsellors and health workers to enlighten adult women, the adoption of community-based counselling to enlighten the public exploring m-learning or e-health counselling as complementary to face to face counselling

and the use of local language to enlighten community members on symptoms of menopause.

Keywords: Face to Face Counselling, Mobile Counselling, Menopause, Benefits, Women Teachers, Counselling Strategies.

Introduction

Many women after about 35 years of age, find that the time between their menstrual periods becomes shorter, from about every twenty-eight days at age 35 to twenty-five days at age 40, to twenty-three days by the mid-40s. (Witbourne, 1985). Then, toward the end of the 40s, periods become erratic with some coming fairly close together, and others being missed entirely. Sometimes between her late 40s and early 50s (the average age is 51), a woman reaches menopause, as ovulation and menstruation stop and the production of the hormone estrogen drops considerably. Strictly speaking, menopause is dated one year after a woman's last menstrual cycle.

The term "menopause", and the misnomer "change of life", are also sometimes used to refer to the time, lasting about three years, during which the woman's body adjust to much lower levels of estrogen, a drop that causes a variety of physical changes. A more inclusive term for these years is the climacteric, which refers to all the various biological and psychological changes that accompany menopause. The most obvious symptoms of the climacteric are hot flashes (suddenly feeling hot), hot flushes (suddenly looking hot), and cold sweats (feeling cold and clammy). Vasomotor symptoms, sleep disturbances, alteration, depression, urinary tract infection, vaginal atrophy, osteoporosis, cardiovascular disease and loss of cognitive function (Malik, 2008). These symptoms are all caused by vasomotor instability.That is, a temporary disruption in the body mechanisms that constrict or dilate the blood vessels to maintain body temperature. Lower estrogen levels produce many other changes in the female body, including drier skin, less vaginal lubrication during sexual arousal, loss of some breast tissue, more brittle bones, and an increased risk of heart attack. Many women also find that, during the climacteric, their moods change inexplicably from day to day. Despite these changes, however, the prevalent conception of menopause as a time of difficulty and depression is largely myth. For most women, the anticipation of menopause is usually worse than the actual experiencing of it. (Berger, 2010).

Traditionally, child bearing was particularly important for women, since most women attained social status directly from their role as mother: indeed the more

children a couple had, the more fortunate they were considered to be. In these circumstances, the psychological impact of declining fertility and menopause may have been substantial. Especially if a couple had only one or two children, menopause may have been greeted with considerable sorrow as the final "closing of the gates" of reproduction. However, historical changes have meant that the end of childbearing is now determined less by age than by personal factors, such as the number of children a couple already has or the couple's financial situation. In fact, for the most part, the end of childbearing occurs through a conscious decision that is usually made when a woman is in her 30s, long before reproduction becomes biologically impossible. Menopause, then, as the time when sexual activity is no longer accompanied by fear of pregnancy, and the inconveniences and risks of contraception are a thing of the past, is more often welcomed than regretted (Luria and Mead, 1984). Physiologically in man, there is no "male menopause" but could be referred to as "testosterone" referring to when a man becomes sexually inactive as a result of low testosterone level. This might happen when an adult man is faced with psycho-social problems, serious illness, because the levels of sexual desire and speed of sexual responses are likely to change and could affect sexual virility of man. (Katchadourian, 1987, and Berger, 2010).

A perception of the menopause as a positive event varies in different countries between 60%-90% (Kowalcek, Rotte, Banz and diedrick, 2005; Sallam, Galal&Rashed, 2006; Leon, Chedraui, Hidalgoland Ortiz, 2007). This is also observable in Nigeria. Menopausal symptoms are found to be less common in societies where menopause is viewed as positive rather than negative event. In Nigeria, women hardly discuss menopause. Some dislike the word, even if it is casually pronounced; while some pretend, not expressing their feeling about it. (Mustafa and Sabir, 2012).

Some women in Nigeria also make use of their phones to access learning materials on the internet, or take advantage of mobile learning (m-learning) counselling resources in privacy on the internet. This is part of benefit of m-learning. Its main advantage is to provide access to health care across time, social, and cultural barriers (Standberry, 2000). E-health encompasses a broad range of possibilities ranging from diagnosis, treatment, education, and research (Dyer, 2001). Some women in Nigeria are making use of this approach to increase their awareness on Menopause. This study is therefore meant to investigate women teachers in primary and secondary schools in Niger state on the benefits of face-to-face and mobile counselling strategies to cope with women menopausal symptoms.

Technological advancements have brought many positive changes in the way we learn and the manner of service delivery. The m-learning stands for Mobile learning and it simply means facilitation and delivery of knowledge content using mobile (portable) communication devices and wireless digital connectivity (mobile computing). It is a flexible learning approach that provides education through internet, using personal digital devices like Smart-phones, Tablets, iPad, etc. With technological innovations and affordability, medical service can take place through mobile devices. This will enable clients or patients get immediate service and save time wasting. In the mobile age, phones are carried everywhere, banks are accessed from holes in the wall (Automated Teller Machine), cars are becoming travelling offices, airplane seats are entertainment centres, computer games are handheld, and advertising is ubiquitous. We now have the opportunity to link people in real and virtual worlds, to provide expertise on demand, and to support a "lifetime of satisfaction". (Adebagbo, Enamudu, and Olugbenro, 2017). Mobile counselling is a technology enhanced counselling that uses one-to-one text-based or video-based counselling, via the internet; in real time, to provide session times, when counsellors are available. This is an alternative to the traditional 'face-to-face' counselling. The face-to-face counselling is conducted in physical contact session by the counsellor with the counselee(s), at a particular time in the same geographical location. However, in this era of computer technology advances, the amount of information, encouragement and support that can be conveyed to individuals during face-to-face consultations or through traditional media such as leaflets is limited, but mobile technologies like mobile phones and portable computers have the potential to transform the delivery of health messages. These are increasingly popular technologies – a large percentage of the world's population now owns a mobile phone, iPad, digital tablet, palmtop – which can be used to deliver health messages to people anywhere and at the most relevant times. (Stanberry, 2000 and Dyer, 2001).

Statement of the Problem

It has been reported like other women in other parts of the world that Nigerian women experience most of the common menopausal symptoms. (Agwu, Umeora and Ejikeme, 2008). Although, some socio-cultural factors have been reported to enable some Nigerian women with mild and moderate menopausal symptoms to cope without medical treatment, other women are also known to have severe symptoms that require effective medical treatment (Nkwo&Onah, 2008). In a study of Nigerian women, Southin (2010) reported that average age of menopause among this set of people was 49 years, slightly lower than the typical

age of menopause experienced by women from North America, Australia and Western Europe. Agwu, Umeora and Ejikeme(2008) reported that menopausal women who received treatment for their menopausal symptoms from the hospitals considered such treatments ineffective. They suggested that the ineffective hospital-based treatment of menopausal symptoms might be one of the reasons why many Nigerian women believe that menopausal symptoms are not amenable to orthodox medical treatment.

In contemporary Nigeria, some literate women use phones to access internet for mobile learning (m-learning) to increase their awareness on menopause. (Stanberry). Some use GSM phones for diagnosis, treatment, education, and health (Dyer, 2001). According to Adebagbo, Enemudu, and Olugbenro (2017) the face-to-face counselling is the physical contact conducted between the counsellor and the client during consultations. Women clients fail to open up to counselors because they are shy of disclosing menopausal signs and symptoms and health issues on face-to-face counselling. (Agwu, Umeora and Ejikeme, 2008). Adebagbo, Enamudu and Olugbenro (2017) asserted that mobile learning (m-learning) is more promising to some women in terms of confidentiality than the face-to-face counselling. This study is therefore meant to investigate the perception of women teachers in Niger State on benefits of the two approaches and as devices to manage menopausal symptoms and treatment among menopausal age-group.

Purpose of the Study

Based on the tittle of the study, the purpose of the study are as follows:

- To investigate the perception of women teachers on benefits of face-to-face and mobile counselling in order to cope with menopausal symptoms among women in primary and secondary schools in Niger State
- To discover the perception of women teachers on benefits of face-to-face and mobile counselling in order to cope with menopause symptoms among women in rural and urban areas in Niger State

Research Question

- What are the benefits of face-to-face and mobile counselling strategies to cope with menopausal age as perceived by women teachers in primary and secondary schools in rural and urban areas in Niger State.

Hypotheses

Hypothesis One: There is no significant difference between the perception of women teachers on benefits of face-to-face and mobile learning counselling strategies to cope with menopausal age on the basis of school status.

Hypothesis Two: There is no significant difference between the perception of women teachers on benefits of face to face and mobile learning counselling strategies to cope menopausal age on the basis of school location.

Methodology

The survey descriptive design was adopted for this study. The population of the study consists of all primary and secondary school women teachers in Niger State. Random sampling of 170 respondents were selected for the study. The research instrument used for the study was a self-designed questionnaire by the researcher titled "Perception of Women teachers on Benefits of Face-to Face and Mobile Counselling to Cope with Menopausal Age" (BFFMCCMA). The questionnaire consists of 20 items section a Consists of information on respondents bio data, section B and C consist of 20 items on benefits of face-to-face and mobile counselling strategies to address women menopause age. Four Likert scale was used as rating scale. That is, Strongly Agree, Agree, Strongly Disagree and Disagree in order of 4,3,2 and 1. The questionnaire was subjected to screening.Therefore, the validity of the questionnaire was considered by giving it to three experts in the area of measurement and evaluation and social sciences. The corrections, restructuring and all adjustments made were effected and adjudged that the instrument was valid enough. To establish the reliability of the instrument, a test retest method was adopted. The questionnaire was administered on twenty (20) respondents twice at interval of three (3) weeks. The two set of sources were subjected to the Spearman Product Movement Correlation Coefficient, of which the results yielded 0.86 at 0.05 alpha level of significance. The result was considered high enough for the study.
The data were analyzed using mean whose mean scores were up to cut-off point of 2.50 as positive response. T-test analysis was used to decide on the formulated hypotheses.

Result

Research Question

- What are the benefits of face-to-face and mobile counselling strategies on menopausal age as perceived by women teachers of primary and secondary schools in Niger State?

Table 1: Responses on Benefits of Face to Face and Mobile-Counselling on menopausal age

Section B

S/N	Benefits of face to face counselling	Mean	SD	Decision
1.	Face to face involves direct physical contact which allows free discussions with the counselors	4.45	.480	Agreed

2.	Rapport can be established	4.16	.443	Agreed
3.	Allows for immediate probing and questioning without waiting for network service	4.10	.620	Agreed
4.	Body language can be comprehended	3.88	.762	Agreed
5.	Symptoms identification and progress report can be discussed in details	3.11	.910	Agreed
6.	Group counselling and workshop can be conducted	3.99	.733	Agreed
7.	Specific referral within the locality can easily be made for medical attention	3.12	.660	Agreed
8.	Counsellors and clients don't wait for electricity power supply before operations	3.67	.554	Agreed
9.	It is relatively cheaper strategy than mobile-learning	4.15	.633	Agreed
10.	Feedback is easily obtainable by using face to face counselling	4.15	.999	Agreed

Section C:

S/N	Benefits of face to face counselling	Mean	SD	Decision
1.	Communication and counselling is through electronic device which can be done during session periods	3.01	.491	Agreed
2.	There is high cause of confidentiality as the client and the counsellor don't know each other	4.90	.841	Agreed
3.	Clients can open up more during questioning and probing as they don't know themselves	2.71	.911	Agreed
4.	It reduces the burden of logistics or movement to the counsellor	3.01	.781	Agreed
5.	It is cost effective since the client is free to discuss any issue at the time of every session	4.72	.920	Agreed
6.	It saves time of clients	2.99	.448	Agreed
7.	Many clients using mobile counselling at the same time don't know the identify of others.	2.69	.631	Agreed

8.	Clients can gain more experience from other clients during the session because of inter connectivity.	2.88	.593	Agreed
9.	Clients can learn from many counsellors at the same time through the use of internet	3.98	.698	Agreed
10.	Mobile phones, iPad, digital tablet, palm top radio and videos are multiple devices to deliver health messages to make health life style choices and to manage diseases and illness of individuals	4.44	.534	Agreed

Table 1 above reveals that the responses on face to face and mobile-learning strategies are positive. All the items under face to face counselling recorded mean scores ranging from 3.11-4.45. Items 1,2,3,9 and 10, particularly have mean scores above 4.00. In respect of section B, mobile counselling, all the items recorded mean scores ranging from 2.69 to 4.90. All the items have mean scores above the criterion mean score of 2.50. Therefore, all the items were accepted as the women teachers perception on benefits of face to face and mobile counselling strategies to address menopause age were positive on the basis of school status (primary and secondary school women teacher).

Hypothesis One: There is no significant difference between the perceptions of women teachers on benefits of face to-face and mobile-learning counselling strategies to cope with menopausal age on the basis of school status.

Table 2: T-test Analysis on Responses of Primary and Secondary School Women Teachers on Face to Face and Mobile Counselling to address Menopause Age on the Basis of School Status

Group X	SD	t-cal	t-table	Decision
Primary	41.13	38.91		Rejected
123	16.11	1.96		
Secondary	47	67.1	58.19	

The Table reveals that the t-cal, 16.11 is greater than the t-table, 1.96. Therefore, hypothesis one which says that there is no significant difference between the perceptions of women teachers on benefits of face to face and mobile learning counselling strategies to address menopause age is rejected. This implies that

there is significant difference in the perception of women teacher of primary schools and those of women teachers of secondary schools in Niger State.

Hypothesis Two: There is no significant difference between the perceptions of women teachers on benefits of face to face and mobile-learning counselling strategies to address menopause age on the basis of school location

Table 3: T-tests Analysis on Responses of Rural and Urban Women Teachers on Face to Face and Mobile Counselling to Address Menopause Age on the Basis of School Location

Group X	SD	t-cal	t-table	Decision
Rural	54.01	36.21	120	
	4.68	1.96		Rejected
Urban	85.01	82.11	50	

The table shows that the t-cal, 4.68 is greater than the t-table, 1.96. Therefore, hypothesis one that which says that there is no significant difference between the perceptions of women teaches on benefits of face to face and mobile learning counselling strategies to cope with menopausal age is rejected. This implies that there is significant difference in the perception of rural women teachers and those of urban women teachers of secondary schools in Niger State.

Discussion

The study revealed that the mean for both primary and secondary schoolsare above 2.50. It also showed that the respondents accepted all the items as benefits of face-to-face and mobile counselling which could be used to manage menopause age of women. Table I revealed that all the 20 items are attractive enough to address menopause problems. The mean scores from items 1-20 have means scores ranging between 2.69 to 4.46. this answers the research question that there are benefits of face-to-face and mobile counselling which could be used as strategies to cope with women menopause as perceived by women teachers in primary and secondary schools in Niger State. Some of these benefits of face-to-face counselling that were perceived as positive include; direct contact of client and counsellor, establishment of rapport, interaction, probing, questioning, answering ad medical intervention and feedback are attainable. The finding also revealed that in section C, benefits of mobile counselling were also accepted by the respondents. These include one-way telecommunication and information to clients, on line, by the use of media such as phone, radio, television, journals,

focus, free lancers and marketers etc. the finding revealed that the responses of the items under section C have mean scores above 2.50 which was the cut-off point. This connotes that all the women teachers who constituted respondents from primary and secondary schools accepted the benefits of mobile counselling as strategy to be used to manage menopausal symptoms of menopausal age of women in Niger State.

The result also revealed that hypothesis one which stated that there is no significant difference between the perception of women teachers on benefits of face-to-face and mobile-counselling strategies to address menopause age on the basis of school status was rejected. The t-calculated, 16.11 is greater than the t-table, 1.96. This result could be interpreted that women teachers in secondary schools particularly in urban areas could have privilege of enjoying face-to-face-counselling as well as mobile counseling. This result is in line with Stanberry (2000), Dye (2001), Kowalcek, Rotte, Banz and Diedrick (2005) SallamGalal and Rashed (2006) whose studies revealed that women who have access to media are more on both face to face and mobile counselling to address menopause age

Furthermore, hypothesis two, which stated that there is no significant difference between the perceptions of women teachers on benefits of face-to-face and mobile counselling strategies to address menopause age of women on the basis of school location was rejected. That t-calculated, 4.69 is greater than the t-table, 1.96. this result could be interpreted that women teachers in urban centres or school in urban centres are more accessible to counsellors to enjoy face-to-face counselling and are also at more advantages of using electricity and tele-communication gadgets like computers, telephone, radio, television, films as mobile counselling device so as to cope with menopause symptoms that are manifested during their menopause age. The result is in line with age, uneora and Ejkeme (2008), NKWO and Onah (2008) and Mustafa and Sabir (2012) whose studies revealed that symptoms of menopause among women of menopause age manifest but are interpreted in different ways depending on culture, society or environment. Adebayo, Enamudu and Olugbeno (2017) explained that in Nigeria, women hardly discuss menopause, some according to him, dislike the word, even if it is usually pronounced; while some pretend, not expressing their feelings about it. However, in the age of globalization, enlightened women especially those in urban centres could discuss their menopausal symptoms with counsellors, medical practitioners and can as well use tele-communication to cope with their physiological problems.

Conclusion

The finding in this study has revealed face-to-face counselling between client and counsellors or other psycho-therapists in respect of managing symptoms of menopause among women has a lot of advantages or benefits. In the same vein, mobile learning or counselling also facilitate precautionary measures to take to address menopause age of women, though it is not as practical as the former. Nonetheless, they are complementary counselling strategies in modern times. As Berger (2010) observed, examination of all the available data makes it clear that successful aging persons are those who made a decision to stay in training in the major areas of their lives. That is abiding by prescriptions diagnosis and instructions of psycho-therapists and physiotherapists, particularly during assertive training. In particular, they have decided to stay in training physically, socially, emotionally, and intellectually, which will help to improve the quality of life of menopause age woman in later years.

Recommendations

Based on the findings of this study, the following recommendation are preferred:

- Counsellors should be posted to both primary and secondary schools in rural and urban centres to guide and counsel women by using face to face and mobile-learning devices to enable women to cope with menopause manifestations.
- Counsellors and health workers should organize seminars, workshops and conferences for women on face-to-face and mobile-counselling strategies to help women cope with menopause age.
- Regular and interrupted power supply should be ensured in both rural and urban centre to enable women use their telecommunication gadjets to seek more knowledge on coping with menopause.
- Women should embark on regular medical check-up in health centres and hospitals so as to enable than manage the bio-physical changes in their bodies.
- More health centres with adequate medical facilities should be provided in rural and urban centres to satisfy the medical needs of women in general.
- Women should endeavor to have smart phone to enable than access counsellors and health personnel on line for necessary guidance and counselling regarding women health issues in terms of prevention, protection and treatment.

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