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Perceived Influence of Menopausal Symptoms on Social and Cognitive Dispositions of Female Lecturers in Universities in Anambra State, Nigeria: A Comparison by Age Group

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ABSTRACT

Background: Menopause represents a significant biological transition that may influence social interactions and cognitive functioning, potentially affecting the professional effectiveness of female lecturers. This study described the self-reported influence of menopausal symptoms on the social and cognitive dispositions of female lecturers aged 45–58 years and 59–70 years.

Methods: This descriptive cross-sectional study included 463 menopausal female lecturers from public and private universities in Anambra State, Nigeria. Data were collected between December 2025 and February 2026. A structured questionnaire adapted from the Menopause Rating Scale assessed social (13 items, $\alpha = 0.87$) and cognitive dispositions (15 items, $\alpha = 0.84$). Independent t-tests with effect sizes were used ($p < 0.05$).

Results: Of 463 participants, 216 were aged (45–58 years; mean age 51.2 ± 3.4 years) and 247 were aged (59–70 years; mean age 63.5 ± 4.1 years). The older group reported higher perceived influence on social dispositions (3.12 ± 0.36 versus 2.79 ± 0.31 ; $p < 0.001$, $d = 0.98$) and cognitive dispositions (3.14 ± 0.30 vs. 2.84 ± 0.34 ; $p < 0.001$, $d = 0.93$). Descriptively, younger participants reported more depression, mood swings, hot flashes, and sleep-related attention problems, whereas older participants reported higher more weight gain, body image shame, forgetfulness, and multitasking difficulties.

Conclusion: Older female lecturers reported greater perceived influence of menopausal symptoms on social and cognitive dispositions. Longitudinal studies are needed to distinguish aging effects from time since menopause.

Keywords: Menopause, social dispositions, cognitive dispositions, female lecturers, age groups, Nigeria.



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INTRODUCTION

Natural menopause is a condition that all women undergo, marked by twelve months of non-menstruation, or the end of the reproductive years¹, and it has significant psychological and social aspects that influence the experiences and quality of life of women². Social disposition is the natural inclinations and patterns of the interaction of an individual with others and the social environments³. In relation to female lecturers, social dispositions play a significant role in ensuring that they have effective collegial relationships, interact with students and engage in academic communities. Hot flushes, night sweats, weight gain, and mood changes are menopausal symptoms that can interfere with these interactions, making them uncomfortable, embarrassing, fatigued, and irritated, which may result in social withdrawal^{4,5}.

Cognitive disposition is the overall tendencies of thought that affect the way people process information, make decisions, and solve problems in academic contexts⁶. Some of the cognitive functions that are affected by menopause include memory, attention, executive functioning and processing speed and the symptoms of menopause, including hot flushes, night sweats, and sleep disturbances, may also exacerbate cognitive functions^{7,8}.

Although it has been established that menopausal symptoms affect functioning, there is minimal research that has investigated the differences in perceived influence among younger and older women in universities in Anambra State. The majority of the current research has focused on general health outcomes, as opposed to professional functioning in academia.^{9,10}

Thus, the purpose of the study was to explain the perceived relationship between menopausal symptoms and social and cognitive dispositions of female lecturers in Anambra State, Nigeria, in comparison between women aged 45-58 years and 59-70 years. We recognize that these age-based categories are approximations of time because menopause but are not able to differentiate between the effects of menopausal stage and chronological aging.

MATERIALS AND METHODS

Study Design: The study design used was a comparative descriptive cross-sectional survey design. It will be cross-sectional since the data will be gathered at one point in time, which is achievable within the project

schedule. It is descriptive in that the study sought to describe the menopausal symptoms and how they perceived to affect the social and cognitive dispositions without any manipulation. It is comparative in that it aims at comparing these perceptions among the various age groups of female lecturers since menopausal experiences differ with age. Lastly, it is a survey since data is collected through a self-administered questionnaire, which is effective in gathering information among female lecturers in various universities in the Anambra State.

Study Area: This research was carried out in universities of Anambra State, Southeast Nigeria. Anambra State is a state in the South-East geopolitical zone of Nigeria with its capital city being Awka. Nnamdi Azikiwe University, Chukwuemeka Odumegwu Ojukwu University, Madonna University Okija, Tansian University Umunya, Paul University Awka, and Peter University Achina were the universities that were included in this study. This study was purposely chosen to be conducted in Anambra State due to the high density of both public and private universities in the state, the large number of female academic staff working in these institutions and the fact that no previous research had been conducted on the same topic, that is, the perceptions of menopause among female lecturers in the state.

Population of the Study: The study population was all female lecturers who self-reported as menopausal in the universities of Anambra State. The entire population of the study was 479 female lecturers. This population was divided into two age groups to enable comparative analysis. The initial age sample consisted of 236 female lecturers aged 45-58 years, which represented women in the perimenopausal and early postmenopausal phases, who usually have pronounced vasomotor symptoms, sleep problems, mood swings, and early cognitive complaints. The second age group consisted of 243 female lecturers aged 59 to 70 years, and the group of women in the late postmenopausal phase who usually have fewer vasomotor symptoms but still have cognitive issues such as memory loss, and physical symptoms such as joint pain and fatigue.

Eligibility Criteria: They included female lecturers who had reached menopause (12 months without menstruation, self-reported), aged 45-70 years, and worked at least two years. The excluded ones were those who were on long leave, those who reported having undergone surgery menopause, those who were on

hormone replacement therapy and those who were not psychologically stable prior to menopause.

Sample Size Determination: Although a total population approach was used, the minimum sample size was calculated to confirm that the population of 479 female lecturers is adequate for a comparative analysis. For a two-group comparison, assuming a moderate effect size (Cohen's $d = 0.5$), a two-tailed alpha of 0.05 ($Z\alpha = 1.96$) and 80% power ($Z\beta = 0.84$), the formula for independent means was applied:

$$n = 2(Z\alpha + Z\beta)^2 / d^2 = 2(1.96 + 0.84)^2 / (0.5)^2 = (2 \times 7.84) / 0.25 = 62.72 = 63 \text{ participants per group.}$$
 The overall minimum sample size was 126 since there were two groups. The target sample was increased to 139 participants after a 10% non-response rate was adjusted. The study population of 479 is more than this requirement, and it proves that there is sufficient statistical power to identify significant differences between the two age groups.

Justification for Age Group Cut Point: The age of 58/59 years was chosen as the cut point to form two separate chronological age groups to compare. The age group of 45-58 years reflects the age group in which most Nigerian women experience perimenopause and early postmenopausal and women in the age group of 59-70 years are clearly postmenopausal. This paper contrasts these two age groups as an approximation of time since menopause. Even though self-reported age at menopause onset was obtained (Table 1), it was not applied to determine menopausal stage due to the high level of recall bias. The groups of study are still characterized by chronological age. This is a weakness that is recognized all through the manuscript.

Instrument for Data Collection: The researcher-structured questionnaire based on the Menopause Rating Scale (MRS) was used to collect data, which included Section A (demographics) and Section B (social dispositions 13 items) and cognitive dispositions (15 items). The items were rated on a 4-point scale: 1 = Low Influence, 2 = Moderate Influence, 3 = High Influence, 4 = Very High Influence.

Validation of the Instrument: Three professionals in the Department of Nursing, Anambra State College of Nursing Science, Nkpor, subjected the questionnaire to face and content validity. The specialists evaluated the instrument on whether it was measuring what it was supposed to measure (face validity), whether the items in the questionnaire were understandable, and whether they were pertinent to the research variables. The

researcher then proceeded to make the last amendments as recommended by the experts and forward the amended copy to the supervisor to approve.

Reliability of the Instrument: The pilot study at the University of Nigeria, Enugu Campus ($n = 48$) in December 2025 gave Cronbach's alpha of 0.81 in the total, and 0.87 (social) and 0.84 (cognitive) in the subscales, which is good reliability. Findings from the pilot study were not included in the main analysis.

Method of Data Collection: Data were collected electronically from December 2025 to February 2026 using google form. The connection was shared via departmental emails and WhatsApp groups. Out of 479 questionnaires sent, 463 valid answers were obtained (96.7 response rate). There were 16 unfinished responses that were eliminated. The high response rate was due to the access of the investigators to university administration support of follow-up reminders.

Statistical Analysis: IBM SPSS version 29 was used to analyze the data. The research questions were answered using descriptive statistics, such as means and standard deviations. Inferential statistics were used to test the hypotheses at a 0.05 alpha level. The independent samples t-tests were used to compare the mean scores of the two age groups of female lecturers, aged 45 to 58 years and aged 59 to 70 years. The d effect sizes of each t-test were computed and interpreted in terms of small effects (0.2), medium effects (0.5), and large effects (0.8). Descriptive statistics were used to compare the two age groups on an item-level, and no inferential tests were done on individual items.

Ethical Consideration

Ethical approval was obtained from the Anambra State College of Nursing Sciences, Nkpor Ethical Review Board (Approval Number ANSCONS/NK/ETH/11/2025/28). Data collection was conducted between December 2025 and February 2026. Informed consent was obtained from all participants prior to data collection. Completion and submission of the Google Form questionnaire implied voluntary consent to participate. Participants were informed of their right to withdraw at any time without penalty.

RESULTS

Table 1: Demographic Characteristics of Participants (N = 463)

Characteristic	Younger Group (45–58 yrs) n = 216) n (%)	Older Group (59–70 yrs) n = 247) n (%)	Total (N = 463) n (%)
Marital status			
Married	178 (82.4)	196 (79.4)	374 (80.8)
Widowed	18 (8.3)	32 (13.0)	50 (10.8)
Divorced/Separated	12 (5.6)	11 (4.5)	23 (5.0)
Never married	8 (3.7)	8 (3.2)	16 (3.5)
Educational Qualification			
Master's degree	134 (62.0)	108 (43.7)	242 (52.3)
Doctorate degree	82 (38.0)	139 (56.3)	221 (47.7)
Teaching Experience (Years)			
2–10	76 (35.2)	12 (4.9)	88 (19.0)
11–20	112 (51.9)	68 (27.5)	180 (38.9)
21–30	28 (13.0)	124 (50.2)	152 (32.8)
>30	0 (0.0)	43 (17.4)	43 (9.3)
University Type			
Public	124 (57.4)	156 (63.2)	280 (60.5)
Private	92 (42.6)	91 (36.8)	183 (39.5)
Self-Reported Age at Menopause Onset (Years)			
40–44	12 (5.6)	18 (7.3)	30 (6.5)
45–49	78 (36.1)	92 (37.2)	170 (36.7)
50–54	98 (45.4)	106 (42.9)	204 (44.1)
55–59	28 (13.0)	31 (12.6)	59 (12.7)

As shown in Table 1, the majority of participants in both age groups were married, although a higher proportion of widowed lecturers was observed in the older group (13.0%) compared with the younger group (8.3%). Regarding educational qualification, the younger group had a higher percentage of Master's degrees (62.0%), while the older group had a higher percentage of Doctorate degrees (56.3%). Teaching experience differed markedly by age: most lecturers in the younger group (51.9%) had 11–20 years of experience, whereas the majority of the older group (50.2%) had 21–30 years of experience, with 17.4% having over 30 years. The distribution across public and private universities was similar between groups. Self-reported age at menopause onset was comparable across age groups, with the majority (44.1% overall) reporting onset between 50–54 years.

Objective 1: Perceived Influence on Social Dispositions

Table 2: Mean Scores on Perceived Influence of Menopausal Symptoms on Social Dispositions of Female Lecturers by Age Group

Social Dispositions Items	Younger Group (45–58 years) (n=216) Mean (SD)	Older Group (59–70 years) (n=247) Mean (SD)	Total (n=463) Mean (SD)
Hot flushes made me absent myself from lectures	2.25 (0.50)	2.92 (0.73)	2.60 (0.72)
Sleep problems made it difficult for me to maintain attention during lectures	2.88 (0.43)	3.13 (0.54)	3.01 (0.51)
Joint pains made me withdraw from students' defenses	2.35 (0.58)	2.95 (0.76)	2.67 (0.74)
Excessive weight gain made me not move freely in the university	2.91 (0.46)	3.34 (0.67)	3.14 (0.62)
Excessive weight gain made me feel ashamed to interact with students	2.33 (0.57)	3.08 (0.68)	2.73 (0.73)

Social Dispositions Items	Younger Group (45–58 years) (n=216) Mean (SD)	Older Group (59–70 years) (n=247) Mean (SD)	Total (n=463) Mean (SD)
Memory loss decreased my ability to interact with colleagues	2.89 (0.48)	3.16 (0.48)	3.03 (0.50)
Feeling fatigued made me avoid attending students' seminars	2.89 (0.47)	3.15 (0.49)	3.03 (0.49)
Being withdrawn socially affected my opportunities with colleagues	2.90 (0.44)	3.20 (0.47)	3.06 (0.48)
Excessive weight gain made me feel ashamed of my body shape	2.35 (0.59)	3.29 (0.73)	2.85 (0.82)
Excessive weight gain made me feel uncomfortable during lecturers' meetings	2.87 (0.49)	3.11 (0.67)	3.00 (0.60)
Anxiety made me lose confidence in social gatherings	2.86 (0.45)	2.96 (0.71)	2.91 (0.60)
Depression affected my ability to engage socially	3.41 (0.77)	3.15 (0.49)	3.27 (0.64)
Mood swings made me sad, affecting how I interacted with colleagues	3.43 (0.75)	3.14 (0.48)	3.27 (0.64)
Grand Mean	2.79 (0.54)	3.12 (0.61)	2.97 (0.62)

Note: Grand mean SDs represent variability across items, not individuals. Individual-level SDs for t-tests are reported in

Table 3. Scale interpretation: 1.00–2.49 = Low Influence, 2.50–3.49 = Moderate Influence, 3.50–4.00 = High Influence.

Table 2 showed that the overall perceived influence of menopausal symptoms on the social dispositions of female lecturers was moderate (total grand mean = 2.97). When compared by age group, the grand mean for the younger group (45–58 years) was 2.79, while that of the older group (59–70 years) was 3.12, indicating a mean difference of 0.33.

Item-level descriptive inspection revealed that for items such as hot flushes causing lecture absence, joint pain leading to withdrawal from student defenses, and weight gain causing body shame, the younger group reported lower mean scores (Low Influence category) while the older group reported moderate influence. Conversely, the younger group reported higher mean scores on depression and mood swings affecting social interactions compared with the older group. These item-level observations are descriptive only and were not tested for statistical significance.

Objective 2: Perceived Influence on Cognitive Dispositions

Table 3: Mean Scores on Perceived Influence of Menopausal Symptoms on Cognitive Dispositions of Female Lecturers by Age Group

Cognitive Dispositions Items	Younger Group (45–58 years) (n=216) Mean (SD)	Older Group (59–70 years) (n=247) Mean (SD)	Total (n=463) Mean (SD)
Discomfort from hot flushes affected my ability to concentrate	3.38 (0.82)	3.19 (0.47)	3.28 (0.66)
Memory loss made it difficult for me to concentrate while teaching	2.33 (0.54)	3.20 (0.51)	2.79 (0.68)
Sleep disturbance made me distracted during lectures	2.88 (0.47)	3.15 (0.54)	3.02 (0.53)
Sleep disturbances reduced my attention span	3.45 (0.74)	3.00 (0.71)	3.21 (0.76)
Increased forgetfulness made it difficult to recall important information	2.93 (0.40)	3.36 (0.57)	3.16 (0.55)
Short-term memory issues made it difficult to learn new technology	2.88 (0.45)	3.19 (0.49)	3.05 (0.50)
Poor concentration made it hard to learn new tasks	2.88 (0.46)	3.19 (0.48)	3.05 (0.49)
Memory loss made me have trouble multitasking	2.88 (0.48)	3.39 (0.53)	3.15 (0.57)

Memory loss made me forget my schedules with supervisees	2.31 (0.57)	2.94 (0.72)	2.65 (0.72)
Memory loss caused problems with processing information	2.89 (0.45)	3.02 (0.68)	2.96 (0.59)
Memory loss made it difficult to prepare lecture notes	2.31 (0.60)	2.95 (0.73)	2.65 (0.74)
Hot flushes made me mentally fatigued	2.91 (0.48)	3.12 (0.51)	3.02 (0.51)
Headache impaired my cognitive function, causing difficulty in decisions	2.86 (0.44)	3.14 (0.48)	3.01 (0.48)
Sleep disturbances prevented me from participating in academic activities	2.85 (0.45)	3.26 (0.61)	3.07 (0.58)
Panicking made it hard to concentrate while lecturing	2.86 (0.47)	3.00 (0.70)	2.93 (0.60)
Grand Mean	2.84 (0.52)	3.14 (0.58)	3.00 (0.60)

Note: Grand mean SDs represent variability across items, not individuals. Individual-level SDs for t-tests are reported in Table 4. Scale interpretation: 1.00–2.49 = Low Influence, 2.50–3.49 = Moderate Influence, 3.50–4.00 = High Influence.

Table 3 indicated that the perceived influence of menopausal symptoms on cognitive dispositions was moderate (total grand mean = 3.00). Both age groups reported moderate influence, with mean scores of 2.84 (younger group) and 3.14 (older group), a mean difference of 0.30.

Item-level descriptive inspection showed that the older group reported higher mean scores across most items compared with the younger group. Items for which the younger group reported low mean scores (memory loss affecting teaching concentration, forgetting supervisee schedules, preparing lecture notes) were rated as moderate influence by the older group. Conversely, the younger group reported higher mean scores on concentration and attention-related items (discomfort from hot flushes affecting concentration, sleep disturbances reducing attention span) compared with the older group. These item-level observations are descriptive only and were not tested for statistical significance.

Hypothesis One

There was no significant difference in the perceived influence of menopausal symptoms on the social dispositions of female lecturers between those aged 45–58 years and those aged 59–70 years.

Table 4: Summary of t-test Analysis on Mean Perceived Influence of Menopausal Symptoms on Social Dispositions by Age Group

Age Group	N	Mean	SD	df	t	p	Cohen's d (95% CI)
Younger group (45–58 years)	216	2.79	0.31	461	-10.53	<0.001	0.98 (0.79–1.17)
Older group (59–70 years)	247	3.12	0.36				

As shown in Table 4, a significant difference existed in the mean perceived influence of menopausal symptoms on social dispositions between the younger and older age groups, $t(461) = -10.53$, $p < 0.001$. Because the p-value was less than the 0.05 level of significance, the null hypothesis was rejected. The effect size was large (Cohen's $d = 0.98$).

Hypothesis Two

There was no significant difference in the perceived influence of menopausal symptoms on the cognitive dispositions of female lecturers between those aged 45–58 years and those aged 59–70 years.

Table 5: Summary of t-test Analysis on Mean Perceived Influence of Menopausal Symptoms on Cognitive Dispositions by Age Group

Age Group	N	Mean	SD	df	t	p	Cohen's d (95% CI)
Younger group (45–58 years)	216	2.84	0.34	461	-10.14	<0.001	0.93 (0.74–1.12)
Older group (59–70 years)	247	3.14	0.30				

Table 5 revealed a significant difference in the mean perceived influence of menopausal symptoms on cognitive dispositions between the younger and older age groups, $t(461) = -10.14$, $p < 0.001$. Because the p -value was less than the 0.05 level of significance, the null hypothesis was rejected. The effect size was large (Cohen's $d = 0.93$).

DISCUSSION

This investigation showed that the social dispositions of female lecturers were moderately influenced by menopausal symptoms. Crucially, however, this concealed a notable difference across age groups. The null hypothesis was rejected because lecturers in the older age group (59–70 years) reported a significantly higher overall impact on their social and professional involvement than those in the younger age group (45–58 years).¹²

This increased burden in the older group was not consistent across all symptoms according to item-level descriptive inspection, and was largely driven by symptoms that caused physical discomfort and distress related to body image. The largest mean differences were observed in items pertaining to hot flushes causing lecture absences, joint pain causing withdrawal from student defenses, and weight gain causing shame in professional situations. This suggested that symptoms directly impacting physical mobility, comfort, and self-perception at work may play a significant role in mediating social and professional retreat among older female lecturers.¹⁴

Conversely, an interesting descriptive counter-pattern emerged: lecturers in the younger group reported higher mean scores for depression and mood swings affecting social engagement, while those in the older group rated these psychological factors as having only moderate impact. This descriptive observation suggested that social disruption patterns may vary by age group and generates hypotheses for future research. While the younger group may experience more acute psychological discomfort affecting interactions, the older group presented a pattern where chronic physical problems and associated stigma appeared as potential barriers to engagement.¹³

These results complement certain earlier studies and add to the existing literature. The overall effect on job engagement is consistent with the findings of Nwangwa et al.,¹² who discovered that menopause considerably reduced health workers' activity and productivity. The descriptive observation that psychological symptoms were more pronounced in younger menopausal women is consistent with research linking menopausal transition

to notable disturbances in wellbeing.¹³ Additionally, research highlighting the influence of somatic symptoms on professional life is given a new dimension by the prominent role of physical symptoms and body-image issues in the older group.¹⁴ However, the present study did not directly test these patterns statistically, and they should be interpreted as hypothesis-generating.

According to this study, menopausal symptoms had a moderate overall impact on female lecturers' cognitive dispositions. However, a notable and significant difference between age groups refined this general finding. The null hypothesis was rejected since lecturers in the older age group (59–70 years) reported significantly higher overall cognitive strain than those in the younger age group (45–58 years).^{8,15}

Item-level descriptive inspection revealed a pattern suggesting that the type of cognitive concern may differ by age group. The data showed that younger lecturers reported higher mean scores on items related to acute attention and concentration (e.g., discomfort from hot flashes affecting concentration, sleep disturbances reducing attention span), but their ratings for memory-related items were frequently in the Low Influence category. The older group, on the other hand, exhibited the opposite descriptive pattern, reporting moderate influence on the acute concentration items and higher mean scores on core memory tasks, including retrieving information, multitasking, and preparing lecture notes.¹⁷ These item-level observations were not statistically tested and should be considered descriptive.

The findings of this study complement and expand upon previous neuropsychological studies on menopause. The results are consistent with the results of Jaff et al.,⁸ who found that African women who experienced more severe menopausal symptoms had measurable memory and processing speed losses. Additionally, the results are consistent with the hypothesis put forth by Kim et al.,¹⁸ in which subjective cognitive impairment was directly predicted by menopausal symptoms. The fact that the descriptive pattern of attention-related concerns was observed in younger lecturers and the memory-related concerns in older lecturers indicates the possibility of a difference that needs to be investigated in future

research through formal interaction tests and longitudinal designs.

It is worthy to note that there are studies that have not found any significant cognitive decline due to menopause when sleep disturbance, mood, and age were controlled. These possible confounders were not controlled in the current study and the differences could be due to chronological aging and not necessarily due to menopausal stage.

Strengths

The methodological advantages of the study are that it has a large sample size ($N = 463$) and a high response rate (96.7%), which increases the representativeness and minimizes non-response bias. Internal consistency (social $\alpha = 0.87$; cognitive $\alpha = 0.84$) was high when a validated instrument based on the Menopause Rating Scale (MRS) was used. The presence of both public and private universities enhances the generalizability of the findings across the types of institutions, and the distinct age group difference (4558 vs. 5970 years) allows comparing the age-specific trends meaningfully. In-depth item-level descriptive analysis offers a more detailed view of research results than aggregate scores, and strict ethical protocols (IRB approval, informed consent) ensure integrity of research. Excluding participants with surgical menopause or hormone replacement therapy minimizes confounding due to artificial hormonal effects. Lastly, large effect sizes (Cohen $d = 0.98$ social; 0.93 cognitive) are described in detail, which enables the reader to evaluate the practical magnitude, rather than statistical significance.

Limitations

There were a number of limitations in this study. In practice, the research was limited by the difficulty of gaining permission to conduct the study in the various universities, the difficulty of accessing female lecturers in various institutions, security issues when traveling between various universities, and the pressure of covering various universities within a given time frame. The cross-sectional design methodologically does not allow causal conclusions to be drawn about the relationship between menopausal symptoms and social or cognitive dispositions. Also, the age-based stratification (4558 years versus 5970 years) was an approximation of time as it was not a direct measure of time, but rather a measure of time because menopause or confirmed menopausal stage that could have confounded the effect of chronological aging was not measured. Years were also not considered in the study

as menopause, hormone levels or other biomarkers that would establish menopausal staging. Menopausal status was self-reported 12 months without menstruation, which is subject to recall bias. The responses could have been affected by social desirability bias, since in conservative Nigerian academic environments menopausal symptoms can be underreported. Lastly, the age comparisons were descriptive at the item level; no formal tests of interaction were performed, and these observations are to be viewed as hypothesis-generating, but not confirmatory.

Educational Implications

University administrators ought to think of age-related support measures to female lecturers with menopausal symptoms. Flexible teaching schedules, mental health support, and changes in delivering lectures can be effective among lecturers aged 4558 years because of mood-related symptoms and attention issues. Ergonomic classroom setups, memory support technologies, and less administrative work can be beneficial to lecturers aged 5970 years because of weight gain, joint pain, hot flushes, and memory problems. A universal strategy of faculty support can thus be insufficient.

Colleges and universities ought to consider the regular asking of questions about menopausal issues by using confidential staff wellbeing tests. Teachers who complain of challenges in concentration, memory, cooperating with colleagues, or teaching tasks can be helped by adjustments in teaching load, classroom scheduling, or availability of quiet rest areas on campus. Universities must legitimize menopause as a reasonable phenomenon of faculty wellbeing instead of a personal or insignificant phenomenon. The integrated support through human resources, faculty development units, occupational health, and counseling services can enhance staff retention, job satisfaction, and academic productivity.

CONCLUSION

Menopausal symptoms moderately influenced the social and cognitive dispositions of female lecturers in Anambra State universities. Lecturers aged 59 to 70 years experienced significantly higher overall impact than those aged 45 to 58 years. Item-level descriptive inspection suggested patterns that differed by age group: the younger group showed higher mean ratings for psychological and attention-related challenges, while the older group showed higher mean ratings for physical

symptoms, body image concerns, and memory difficulties. These item-level observations were not statistically tested.

Declarations

Authors Contributions

JNJ and NOO conceptualized and designed the study. Data collection and analysis were conducted by BOO and AU. Supervision and validation were performed by VOA and JNJ. All authors (JNJ, NOO, BOO, AU, and VOA) were involved in writing and revising the manuscript for intellectual content. All authors read and approved the final manuscript and agreed to be accountable for all aspects of the work.

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Conflict of Interest

The authors declared no conflict of interest in this study.

Data Availability Statement

The data supporting this study are available from the corresponding author upon reasonable request.

Disclosure in AI use: No use of AI

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