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Prevalence, Impacts and Management of Urogenital Challenges among Rural Menopausal Women of Vhembe District in Limpopo Province, South Africa

N. J. Ramakuela* and A. Amosu

School of Health Sciences, Department of Advanced Nursing Science, University of Venda, Thohoyandou 0950, South Africa
**E-mail: Nditsheni.Ramakuela@univen.ac.za*

KEYWORDS Menopause. Urogenic. Symptoms. Lack of Information

ABSTRACT The study was a cross-sectional descriptive survey. A sample of 500 women between the ages of 40 years and above was selected. Sampling was done by combining two probability sampling methods – cluster and systematic sampling. The procedure was continued until the sample size of 489 participants was met. A structured and pretested self-administered questionnaire was used to collect data. The collected data were analysed using the Statistical Package for the social sciences (SPSS version 19). Descriptive statistics, frequency tables and percentages were used in the data analysis. As for urogenital category, about 62.3 percent of the women in their pre-menopausal stage compared to 50 percent and 51.3 percent had no frequency of urination. 64.8 percent, 61.2 percent and 55 percent of the women in the pre-menopausal, menopausal and post-menopausal status respectively had either a mild, moderate or severe problem regarding changes in their sexual desire/libido. High prevalence of urogenital challenges among the menopausal women in this study, suggest a need for an intervention to reduce the incidence of menopausal challenges associated with menopause in this population.

INTRODUCTION

Menopause is derived from the Greek word, *men* (month) and *pausis* (cessation) literally meaning cessation of the monthly cycle. (Greenfield 2007; Henn 2010; Takahashi and Johnson 2015). Menopause is the time that represents a passage from the reproductive to the post-reproductive life stages. It signals the end point of the menstrual journey in a woman (Akinrogunde 2010). Furthermore, it signals continuous change in the bodies of older women as many of them are symptomatic. There is a huge difference in the experiences of symptoms of menopause among individuals and across cultures, owing to cultural beliefs and the manner in which symptoms are perceived and accepted (Bosworth et al. 2003). All over the world, menopausal women are increasing, especially in the developing countries owing to life style changes. Thus the severity and reporting of menopausal symptoms also vary enormously worldwide because in some communities menopause is a silent and symptomless experience, in others it is regarded as normal and people take it as it comes whilst with others especially in developed countries, it is taken as a serious matter that require medical attention due to availability of medical resources (Bosworth et al. 2003; Ramakuela et al. 2012).

According to the WHO (2009) as women in rural developing countries moved towards the years of menopause, they were at the risk of developing health problems associated with hormonal changes. These included heart disease; stroke; osteoporosis; gynecological malignancies, such as breast cancer, cancer of the cervix and various genitourinary disorders such as frequency of urinating, lack of sexual desire and vaginal dryness. When combined with other factors such as a lifetime of poverty and under nutrition, such disorders might take a much greater toll on their health, or have a much more significant meaning. The implication is that such women may not seek health care because they see physical discomfort associated with menopause and aging as natural. This could probably be associated with the shutdown of the ovarian cycle due to stress-related issues that stop the normal cycle of hormones. The frequency and intensity of urogenital symptoms were also found to correlate with factors such as ethnicity, geographical zone, climate, diet, lifestyles, hormonal levels, women's attitudes to and perceptions of menopause and the aging process ((Frohlich et al. 2000; Ho et al. 2003; Mansfield et al. 2004; Orner 2005; WHO 2009; Ramakuela et al. 2012).

Global urogenital prevalence amongst menopausal women was reported in a study conduct-

ed by (Kakkar et al. 2007; Samsioe 2015). The study revealed that urogenital symptoms were more prevalent among the educated group because they consulted physicians frequently when something was wrong in their bodies. On the other hand, uneducated groups reported fewer urogenic problems, including frequency of urinating, urinary tract infections, vaginal dryness and others, probably because they did not present their problems to physicians or else they might have presented them with some limitations Caucasian middle-aged women presented a wide spectrum of physical and psychological symptoms during menopausal transition. Vasomotor and urogenital complaints have been considered the most frequent and typical presenting symptoms. Additionally, emotional and somatic symptoms such as headaches, insomnia, anxiety, irritability, sexual problems, fatigue and muscle joint aches are said to be highly prevalent during the climacteric (Chirawatkul and Manderson 1994; Herrene et al. 2015).

Menopause in some African cultures is not regarded as negatively as it is in most Western countries. A study of Zimbabwean domestic women by McMaster et al. (1997) cited positive benefits such as freedom from illness, menstrual-related pains and regaining of physical strength. George (1996) and Fraser et al. (2015) studied menopause experiences among middle aged women in a fishing village on the southwest coast of India. Vaginal dryness was reported by very few women while other features, like hot flushes, were attributed to other factors in their lives such as hot weather. According to Ramakuela et al. (2012) in a study regarding challenges experienced by menopausal women, more than 50 percent of the participants reported symptoms of changes in sexual desire and avoiding intimacy respectively. Although there were no significant differences between the menopausal groups, however, it can be observed that quite a good proportion of the participants (over 40%) suffered from changes in sexual desire and avoiding intimacy, either in a mild, moderate or severe form. This result is supported by the study on Saudi women which showed that 37.7 percent had vaginal dryness and 30.7 percent had sexual problems (Al-Olayet et al. 2010; Samsioe 2015). In another study on Indian women in Sydney, Hafrz et al. (2007) reported that 38.8 percent had changes in sexual desire, 32.7 percent had vaginal dryness during intercourse, avoided intimacy and felt nervous while 32.7 percent had urinary incontinence.

In the rural villages of Vhembe District Limpopo Province, South Africa there is pausity of data regarding prevalence of menaupause and urogenital challenges among women 40 years and above as women in this province continue to suffer urogenital challenges. This study, therefore, aimed to fill this research gap by identifying and exploring menopausal challenges as perceived by women in rural villages of this province. It is envisaged that findings from this study can assist the Primary Health care Nurses in effectively guiding and supporting menopausal women in managing urogenital challenges at menopause.

METHODOLOGY

Design of the Study

This study was a cross-sectional descriptive survey among menopausal women of 40 years and above residing in rural villages of Vhembe District Limpopo Province, South Africa.

Sample and Sampling

Sampling frame was defined by using the number of the population in each village. Sampling was done by combining two probability sampling methods – cluster and systematic sampling procedures. This procedure ensured adequate representativeness of the study population and villages in the sample. The first method involved cluster sampling, all the villages that fall under the area under study were clustered and randomly selected to obtain the four villages required for the study. The second method consisted of selecting villages within the participating cluster systematically and with equal probability of participating. Systematic sampling was used to systematically select the households were participants lived. This afforded all participants in the selected villages the eligibility to participate in the study. A sample of 500 women between the ages of 40 years and above was selected to participate in the study. However, due to employment and incomplete data of 11 participants, 489 participated in the study and their data was subsequently analysed using the Statistical Package of Social Sciences (SPSS) version 19. Descriptive statistics, frequency ta-

bles and percentages were used. Content validity was ensured by of the questionnaire was reviewed and revised to meet the expected standard. In addition, the experts assessed the wording of each item for clarity, sensitivity and bias.

Ethical Considerations

The nature and scope of the study was explained to the participants and heads of households during community entry who gave their informed consent. Approval for the study was granted by the Tribal Authority and the ethics committee of University of Venda before data collection.

RESULTS

Demographic Profile of Participants

A total of 489 women participated in this study and their demographic characteristics are depicted in Table 1. Of the participants, about a third (32.7%) had no formal education, 169 (34.6%) were in the 40-50 age group and about 1 in 12 (12.1%) were aged 70 years and over. Regarding parity, an overwhelming majority (n=469; 94.9%) of the participants had children whilst 189 (38.7%) were in their postmenopausal state.

Table 1: Participants' demographic data (N= 489)

Variables	*No.*	*%*
Age Distribution		
40 - 50 years	169	34.6
51 - 60 years	146	29.9
61 - 70 years	115	23.5
70 years and above	59	12.1
Menopausal Status		
Pre-menopausal	122	24.9
Peri-menopausal	178	36.4
Post-menopausal	189	38.7
Educational Level		
Primary	192	39.3
Secondary	116	23.7
Tertiary	21	4.3
No formal education	160	32.7
Marital Status		
Married	306	62.6
Single	105	21.5
Widow	69	14.1
Divorced	9	1.8
Parity		
Nulliparous	25	5.1
Parous	469	94.9
Employment Status		
Employed	52	10.6
Unemployed	188	38.4
Housewife	135	27.6
Self employed	81	16.6
Domestic Worker	33	6.7

Urogenital Challenges

Table 2 indicates the participants' responses regarding urogenital challenges. Whilst about 1 in 2 (49.6%) reported having frequency in urination, 73.2% did not complain of urinary tract infections. Furthermore, 28.4 percent complained of changes in sexual desire and 35.2 percent had avoidance of intimacy.

Table 2: Distribution of the participants' responses regarding urogenital challenges (N= 489)

Variables	*Yes*	*No*
Urogenital Category		
Frequent urination	49.4	41.3
Urinary tract infection	26.8	73.2
Change in sexual desire	28.4	71.6
Avoidance of intimacy	35.2	64.8
Vaginal dryness	28.4	71.6
Menstrual problems	50.6	58.7

Menopausal Status and Urinating More Frequently

Among the six symptoms listed under the urogenital category, about 50 percent reported that they were experiencing frequency of urination while 41.3 percent and 35.2 percent reported having menstrual problems and issues related to 'avoiding intimacy' respectively.

Menopausal Status and Participants for the Urogenital /Libido Challenges

The results of the variables examined under the urogenital /libido challenges are indicate that 62.3 percent of the women in their premenopausal stage compared to 50 percent and 51.3 percent of those in the perimenopausal and postmenopausal stages respectively had no complaint with regards to frequent urination. Furthermore, about 14 percent of the participants in the postmenopausal stage and 9 percent of those in the premenopausal stage reported that they were having problems of frequent urination which was severe in nature. The respondents according to menopausal status and changes in sexual desire were that forty one percent, 42.7 percent and 38 percent of the women in the premenopausal,

menopausal and postmenopausal status respectively had either a mild, moderate or severe problem regarding changes in their sexual desire/libido.

Menopausal Status and Avoiding Intimacy

It has been observed that 26.2 percent of those in the pre-menopausal stage compared to 16.4 percent and 18.6 percent of the respondents in the post-menopausal status and peri-menopausal status respectively having either a moderate or a severe problem of avoiding intimacy. About 6 percent of the respondents in the pre-menopausal stage had severe problems of avoiding intimacy.

DISCUSSION

This study revealed that (34.6%) of the women were aged 40-50 years while less than 12.1 percent were aged 70 and older. When calculated, the mean age was found to be about 55 years, with a range of 40-70 years. However, in other studies, such as among Turkish women (Ozdemir and Col 2004; Singh et al. 2002; Takahashi and Johnson 2015), the mean age at menopause was reported to be 45.9, 46.3 and 45.8 years. According to Henn (2010) and Lotfi et al. (2015), the average age at menopause is 50 years in South Africa. (72%) of these women were either illiterate or had primary education (Table 1). This result is supported by the study conducted by Nusrat et al. (2008), that the uneducated women frequently reported urogenital symptoms. The uneducated group reported fewer urogenic problems, such as frequency of urinating, urinary tract infections, vaginal dryness and others, probably due to the fact that these women do not present their problems to physicians or may present them with some limitation (Kakkar et al. 2007). Table 2 on the other hand participants' responses regarding urogenital challenges showed 50 percent had frequency in urination. 73.2 percent did not complain of urinary tract infections whilst, 28.4 percent complained of changes in sexual desire and 35.2 percent had avoidance of intimacy. This implied that some participants with low educational status may report these symptoms in a mild and moderation form as some seemed to deal with the challenges in their own way. Such participants were found to require more information and knowledge regarding menopause issues.

It has been found that 62.3 percent of the women in their pre-menopausal stage compared to 50 percent and 51.3 percent of those in the peri-menopausal and post-menopausal stages respectively had no complaint with regard to frequent urination. Furthermore, about 14 percent of the participants in the post-menopausal stage and 9 percent of those in the pre-menopausal stage reported that they were having problems with frequent urination which was severe in nature. This may impact negatively of their quality of life and be unable to effectively deal with them due to lack of accurate and proper information on menopausal issues. This study was supported by the study on Saudi women which showed that 51 percent had urinary symptoms, 37.7 percent had vaginal dryness and 30.7 percent had sexual problems (Al-Olayet et al. 2010). According to Margolese (2007) and Lotfi et al. (2015) menopause can trigger a wide variety of physical symptoms which are different for each woman. For some, the symptoms are mild and tolerable. For others, the symptoms are so severe that they impact on their quality of life.

The distribution of the respondents according to menopausal status and changes in sexual desire indicate that 64.8 percent, 61.2 percent and 55 percent of the women in the pre-menopausal, menopausal and post-menopausal status respectively had either a mild, moderate or severe problem regarding changes in their sexual desire/libido. These women at these stages are 40 to 70 years of age and this has implications for age because the results show that as the age of menopausal participants' increases, they reach the second and third menopausal stages (peri and postmenopausal status respectively), the severity and frequency of the urogenital challenges increase. This was cited by Ramakuela et al. (2012) that the variation in this study might be related to the high level of illiteracy found among the participants. Education plays an important role with regards to one's ability to give accurate information. 26.2 percent of those in the pre-menopausal stage compared to 16.4 percent and 18.6 percent of the respondents in the post-menopausal status and peri-menopausal status respectively reported having either a moderate or a severe problem of avoiding intimacy. About 6 percent of the respondents in the pre-menopausal stage had severe problems of avoiding intimacy. This could imply that such women lack accurate and relevant information

regarding associating urogenital challenges with hormonal changes thus make informed decisions about such challenges. Menopausal challenges, when combined with other factors such as a lifetime of poverty and under nutrition, such disorders might take a much greater toll on their health, or have a much more significant meaning. Such women may not seek health care because they see physical discomfort associated with menopause as natural (WHO 2009).

Among Thai women lack of sexual desire was rated among the highest symptoms (Sukwatana et al. 1991; Samsioe 2015). Those mostly affected were likely to be those who could not accept the symptoms in good faith considering the fact that some symptoms could be embarrassing and bothersome. This type of negative statement might make the participants regard and treat menopause as a disease which might be associated with unbearable difficulties. Such experience and feeling might invariably lead to depression.

CONCLUSION

The findings of this study revealed that the impact of urogenital challenges was experienced by majority of participants either in a mild, moderate or severe form. Although some women who were found to be illiterate reported fewer urogenital challenges due to the fact that these women do not present their problems to physicians or may present them with some limitation. The study also found that participants lacked information on this aspect in order to make informed decisions about such challenges. There was also strong evidence that participants did not attach urogenital challenges to hormonal changes of menopause hence could not make informed choices regarding their management.

RECOMMENDATIONS

Based on the study findings, it is recommended that there should be community awareness campaigns for all women regarding menopause and urogenital challenges. Further research in different communities regarding prevalence, impacts and management of urogenital symptoms at menopause should be provided and emphasised. More research studies to determine urogenital challenges among educated menopausal women in urban areas could also be researched.

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