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Menopause, Culture and Sex among Rural Women

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ABSTRACT The study intended to explore and describe culture, sex and menopause among rural women of Vhembe District Limpopo Province, South Africa. The study was a qualitative and explorative, using phenomelogical approach. Purposive sampling was used to select the four villages and to select participants for the focus groups. Sample size was determined by data saturation. Four focus groups interviews were conducted to collect data guided by one central question which was "Please tell me about menopause, culture and sex in the villages". Tesch's open coding methods of qualitative data analysis were used. Measures to ensure trustworthiness and ethical issues were observed. The study findings were that at the girls' initiation schools and high schools as part of culture, topics such as menstruation and sex formed part of the teaching and were emphasised while menopause and sex were not mentioned anywhere and were not given a priority even amongst villagers. Recommendations were that menopausal topics should be emphasised and receive priority at the girls initiation schools, high schools, churches and in the communities so that when women reach menopause they should be aware and be able to effectively cope with menopause from midlife.

INTRODUCTION

Practically and naturally all women all over the world, regardless of culture and country of origin will experience menopause should they live to that point in their lives. Menopause is often regarded as a major event in a woman's life. It should be regarded as a perfectly normal, natural state that should not be taken as some sort of disorder or ailment. It is a condition designed by nature whereby a female, past the age when a safe and healthy pregnancy and delivery can be assured, is deprived of further possibility of impregnation (Vanda 2003; Takahashi and Johnson 2015).

The word 'menopause' is derived from the words 'men' and 'pause' and is a direct description of the psychological and physical events in women where menstruation ceases to occur. It is the time in a woman's life when she has experienced the last menstrual bleed (Voda 1993; Ramakuela et al. 2012; Takahashi and Johnson 2015). Menopause is regarded as a transitional period for women, whereby levels of the main reproductive hormone, oestrogen, decrease leading to a functional deficiency of oestrogenic activity and a variety of symptoms associated with this deficiency (Kakkar 2007; Samsioe 2015; Melanie and Gubbels 2015). Menopause also represents a passage from the reproductive to the post-reproductive life stages. It is an aspect of human aging and a useful predictive risk marker of a variety of aging–related diseases and/or health problems. It signals the end point of the menstrual journey in a woman. Furthermore, it signals continuous change in the bodies of older women as many of them are symptomatic (Akinrogunde 2010).

According to the World Health Organisation (WHO) (2009) as women in rural developing countries moved towards the years of menopause, they are 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 corre-

late with factors such as ethnicity, geographical zone, climate, diet, lifestyles, hormonal levels, women's attitudes to and perceptions of menopause and the aging process (Ramakuela et al. 2012; Chedraui 2015; Wright and O'Connor 2015).

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; Herrene et al. 2015; Fiskin et al. 2015). In the rural villages, menopause is culturally determined and is often taboo, private and a sensitive topic to discuss among villagers. Limpopo Province is one of the most disadvantaged and under-resourced province in the country. It is also characterized by high level of poverty and illiteracy (Vhembe District Municipality 2009). Menopausal women in this province are facing major challenges as far as menopause is concerned owing to cultural beliefs, myths and lack of adequate information. One of the challenges mostly not discussed involve sex at menopause. There is also paucity of data concerning culture, sex and menopause especially among rural women of Vhembe District in Limpopo Province.

METHODOLOGY

A qualitative and explorative design using phenomenological approach was used in order to explore the lived experiences of menopausal women of 40 years and above residing in rural villages of Vhembe District of Limpopo Province, South Africa. The researcher used qualitative design in order to collect detailed information about the experiences of menopausal women regarding culture, sex and menopause. According to Brink (2002) an explorative study is conducted to explore the dimensions of a phenomenon, the manner in which it is manifested and the other factors which are related. The researcher used the explorative design to pursue the experiences of menopausal women when dealing with culture, sex and menopause in their rural villages. The aim of phenomenology approach was to develop an understanding of phenomenon or events through human lived experiences and to how they interpret those experiences or what meaning the experiences hold for them (Burns and Grove 2001).

Sample and Sampling

A representative portion of the population of women between the ages of 40 years and above was selected. Four villages with the largest population were purposefully selected for participants in the study. Purposive sampling was also used to select participants for the focus groups; and subjects known to be knowledgeable about menopausal issues. Sample size was determined by data saturation.

Data Collection

Four focus group interviews were conducted in order to determine culture, sex and menopause among rural women. The groups were small enough to enable all participants the opportunity to share insight related to the phenomenon and large enough to provide diversity of perceptions. Focus group interview promoted self-disclosure and to discern what they really thought and felt. Each focus group comprised of 6 – 8 women and lasted for 60 minutes or more. Interview dates were arranged with the contact persons and focus groups discussions were conducted at the venues chosen and most suitable to the participants'. The arrangements were attained by formal telephone conversation with the contact persons and follow-ups in writing to the tribal office. A central question was asked during the interviews to stimulate the discussions: *"Please tell me about menopause, culture and sex in the villages."* Probing questions followed after each response from the participants until saturation. Field notes were also used to augment the tape. Data was tape recorded and transcribed verbatim.

Data Analysis

Data was analysed using Tesch's open coding method in Creswell (2012). Field notes were written down during data collection as participants were talking. Tape-recorded interviews were transcribed verbatim into English. Data was analysed and clustered into themes, categories and sub-categories.

Ensuring Trustworthiness

Credibility was ensured by member checking of accurate description of menopausal wom-

en's' experiences. Prolonged engagement was ensured through rapport with participants for about one hour and participants' own language. At the end of the focus group interviews, follow up discussions were conducted to verify the data. Literature control was done to ensure triangulation of data sources. Field notes and tape recorder were given to an independent coder to check and allocate categories and sub-categories. Variability was a possibility in qualitative study due to the uniqueness of human nature; therefore consistency was defined in terms of dependability. The thick description of the research methodology was adequately described. Field notes were written during data collection to ensure the weaknesses of the focus group interviews and thereby ensuring dependability. While transferability was ensured through dense description of background information of participants and research context was followed. Lastly confirm ability was ensured by the use of tape recordings and field notes that were kept safely to enable conditions of adequate trail and determine if the conclusions, interpretations and recommendations could be traced to their sources and if they were supported by the study. Confirm ability was also ensured by the involvement of the independent coder.

Ethical Consideration

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 Department of Health and Social Development, Tribal Authority and the ethics committee of University of Venda before data collection.

RESULTS AND DISCUSSION

The participants reported various effects regarding menopause, culture and sex. One main theme and three sub-themes emerged from the conversations with participants. The main theme was menopause, culture and sex whilst the subtheme showed some participants reported culture and myths, some sex, age and menopause amongst the villagers while others showed lack of social support. Each sub-theme was established by extracting supporting statements from the focus group interviews sessions.

Theme 1: M**enopause, Culture and Sex**

Sub-theme 1.1 Culture and Myths

The results of this study revealed that majority of the participants followed their culture and tradition as a way of honouring it which ultimately deprived them of knowledge related to menopausal issues. Participants indicated their cultural beliefs and myths as evidenced by a post-menopausal participant who said: *With me the sexual desire is gone because I am afraid my tummy will bulge and later it might burst and offensive stuff will come out of the vagina.* Through probing she further explained: *Women die from the burst tummy and people might be reluctant to help you because of the smell. Only elderly people might sort of help but they become reluctant and annoyed because they expect you to have stopped sex matters at this age*.

Another post-menopausal participant supported this by saying: *Oh yes! A lot of old women die because the men's dirt (sperms) gets into their tummy and fail to come out that's what causes the tummy to bulge.* Through probing she said: *The big tummy later burst, dirty and offensive staff comes out from the vagina and they die. In our villages some elders were responsible to clean up the dirt after a woman died so that children should not see anything and she was later buried.*

In this study, it was observed that participants often placed strong focus on their cultural roots right from puberty and this affected their understanding of menopause, culture and sex. There were misconceptions and myths surrounding the issue of culture, menopause, sex and aging as the late peri-menopausal and post-menopausal participants found it difficult to engage themselves in sexual relationships for fear of developing bulging tummies owing to age, strong cultural beliefs and myths prevailing in the villages. Some participants in this study, despite their level of education held firm cultural and traditional beliefs about the myths attached to sex at menopause and aging. These myths made them develop fears and negative attitudes towards menopause and sex. They developed fears if not honouring their cultural beliefs which were seen as a bad practice. The results of this study indicated that cultural beliefs have a great

impact on the participants' viewpoints and behaviour imply that these women may be deprived of good sexual relationships or enjoying sex with their spouses.

The findings of this study were supported by the study done by Akinrogunde (2010) and Lotfi et al. (2015) who found that an uninformed cultural belief was that it was dangerous for post-menopausal women to engage in sex, since the semen could cause damage inside the woman because she now lacked the ability to flush out semen through menstruation. Whilst, Berlin (2009) also indicated that deeply rooted cultural beliefs can override and shape people's behaviour despite their level of education. However, Maluleke (2007) revealed that continuous suppression of women's feelings interferes with their growth and development. Sexuality is a powerful force that is capable of breaking all barriers, opening the self to connect with human beings and experiences. Dialogue between older women should be encouraged to ensure that young menopausal women make informed choices so that they may enjoy their sexuality and fully participate in community activities. A safe environment with trusted older women will make menopausal women grow into responsible women who can communicate and express themselves all the time.

Sub-theme 1.2: Sex, Age and Menopause amongst the Villagers

Regarding the sexual problems, age and menopause many participants expressed mainly negative feelings and had this to say: *The vagina is dry, secretions gradually diminish and eventually disappear, thus sex becomes painful, no longer pleasant and enjoyable like before. If you still have a husband who is a migrant labourer sometimes when he comes back home, he brings sexually transmitted infections and you will end up at the clinic for treatment when he goes back.*

Participants expressed negative feelings if they have sex after menopause as cited by a peri-menopausal participant who reported that: *Yes you become no longer interested in sex once blood is gone. Sex becomes unpleasant, it is painful as the vagina becomes dry and atrophies. You only do it to satisfy your partner if he demands it*.

It was observed in this study that majority of the late peri-menopausal and post-menopausal participants experienced a lack of sexual desire probably owing to age, culture and menopause. These participants indicated that sex at that age was painful, no longer pleasant as the vagina was dry and had atrophied which made penetration difficult and painful. Participants were aware that sexual interest had changed as compared with when they were still younger and used to enjoy sex. They felt stressed as they were now forced to have sex in order to satisfy their partners or spouses. As they were no longer sexually active their partners had sex with other women to satisfy their desire as they were no longer desirable. On coming home, they gave them sexually transmitted infections which they felt it impacted negatively on their quality of life and also a challenge at their age. Although most of the post-menopausal participants acknowledged the existence of sexual desire or rather sexual arousal at old age and menopause, they felt it should be suppressed at this time of life and age in respect of culture. They however, felt that culture could at times interfere and cause family disruption. Thus culture encompassed all spheres of these women's lives, including their cultural and sexual beliefs. It also implied that there were unfounded taboos associated with menopause, cultural beliefs and sex that made rural women to have difficulties coping with menopause leading to a sexless life.

Menopausal symptoms and experiences are shared differently by women from diverse cultures. Berlin (2009), Kowalcek et al. (2005) and Fiskin et al. (2015) indicated that the experience of menopause and menopause symptoms often reflect cultural differences among women. The age at which women reach menopause may be rooted in their culture. Berlin (2009), Lotfi et al. (2015) and Fiskin et al. (2015) further indicates that studies have shown that with sex at menopause, there is no specific age of its onset and learning about cultural differences might help post-menopausal women become more comfortable with their experiences of menopause and they might find a more positive way to approach it. Contrary and Orner (2005) and Wright and O'Connor (2015) posited that a women's desire for sex does not only depend on her hormone levels or her age, but to the extent to which the reproductive process contributes to a woman's identity. The degree to which women, especially

older women, are valued in society may also affect their sexual desire.

Sub-theme 1.3: Lack of Social Support

An early peri-menopausal participant who showed lack of support from her family member had this to say: *I stay with my mother-in-law. She is now very old and in my entire stay with her I never heard her make mention or discuss about it. She used to tell me about all other things but menopause is taboo*.

A post-menopausal participant who still looked attractive said: *My husband knew that if we continue having sex at this age, he might invite trouble for me and my tummy will bulge and I might die and my family might be angry with him. The villagers might stigmatise and label our family as old people who like sex at old age.*

It was indicated in the focus groups that parents and grandparents contributed a great deal to the sexuality of the youth. Not much was mentioned regarding menopause even though their contributions were both positive and negative. However, the majority of the participants provided mainly negative contributions. It would seem family members had difficulties in stimulating discussions around the issues of menopause. It also means that there was no openness and transparency among parents, grandparents and menopausal participants to enhance their self-confidence and self-esteem. Participants also indicated that they were unable to receive social support from traditional family members to openly and honestly discuss issues of sex at menopause. When elders talked about menopause it would be when they talked about avoiding sex at the menopausal stage. Further than that, no information was provided. The above comments indicate a deficiency in the parent- or grandparent-child relationship regarding menopausal issues. The deficient relationships later impacted negatively on the lives of menopausal participants as they had negative attitudes towards menopausal symptoms. The researchers thus realised that every ethnic group, tribe or nation has a belief system which determines and shapes the lives and everyday activities of its members**.** Participants were worried that their husbands staying away from them without prior discussions. This implied that women at menopause in the villages lacked social support both from the families and communities. These participants were also not assertive enough to talk about their feelings or have the right to receive adequate information.

Maluleke (2007) in a study of sexuality indicated that young people were of the view that parents did not talk to them about sexuality because they were uncomfortable and shy to talk about sexual matters with their children. They would rather not talk about sexuality before they make irreversible mistakes. As Newitz (1994), Wright and O'Connor (2015) rightfully puts it, that although sexuality is about expressions of perfect human connections and relationships, it is often viewed in many cultures as a taboo subject and portrayed as shameful and abjectly terrifying experience.Men practice polygamy as a natural way to quell their sexual appetites once their main wives reached menopause. The diverse cultural experiences of menopause among menopausal women might be influenced by diet, environment, cultural beliefs (myths) and genetics (Berlin 2009).

CONCLUSION

The findings of this study revealed that majority of participants in the rural villages had negative attitudes towards menopause due to values and cultural beliefs that prevail in the villages regarding menopause, culture and sex. Participants including girls at puberty acknowledged that one day menstruation will cease hence could not associate that with menopause that does not affect their sexual relationships later in their lives. There was also strong evidence that participants did not attach cessation of menstruation to hormonal changes of menopause hence could not make informed choices regarding their sexuality at menopause. The findings of this study also showed that the premenopausal participants' sexual relationship was not affected by cultural beliefs even though they respected their culture.

RECOMMENDATIONS

Workshops need to be conducted for rural menopausal women to empower them through education on menopause and menopausal issues. There is need to introduce and orientate young girls from puberty at schools, sports clubs and youth churches and health education

programmes for older women on menopause in the community.

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