

## Original Article

# Menopause as a Rite of Passage: Exploring the Experience and Management among Women in Walewale in the Northern Region of Ghana

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## Abstract

Menopause is a natural process that every woman at a particular point in time experiences. Menopausal experience comes with certain symptoms some of which appear stressful. This study sought to understand the experiences and management of menopause in Walewale in northern Ghana. The study design was qualitative, and the technique of data collection was an in-depth interview. Fifteen participants within the menopausal age were selected for the study using the purposive sampling technique. The data was audio recorded and later transcribed for analysis, using content analysis. The majority of the participants understood menopause as a natural process. However, some of them conceptualized it as a disease. Participants, in recounting their individual account of menopausal symptoms, espoused varying degree of experiences including hot flushes, sexual disinterest, memory problems, mood swings, headaches, muscles and joint pain and aches, and abdominal pains. The management was individualized but some claimed they saw the symptoms as normal occurrences. Others stated that they tried remedies like self-medication, exercise, and consumption of good diet as part of their management strategies. Based on the above, it is important that public enlightenment and community-based interventions be undertaken to increase women's awareness regarding menopause.

## Keywords:

**Menopause; Experiences; Management; Qualitative study; Symptoms.**

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## Introduction

Menopause is a stage in life that every woman experiences as they age (Hui-Koon & Sandra, 2012). It has been indicated that as women get older and progress towards the end of childbearing years, transitioning into menopausal phase, they become exposed to different symptoms, often caused by changes in hormones (Lusti-Narasimhan & John, 2013). As a biological process in women, menopause occurs 12 months after the last menstrual period, marking the end of menstrual cycles (Izetbegovic, Stojkanovic, Ribib & Mehmedbasic, 2013). Others have argued that symptoms experienced as a result of menopause are due to the depletion of estrogen level as women approach the menopausal stage (Rahman, Zainudin, & Mun, 2010). A study by Jacob, Rebecca, Isaac, Sika, & Steiner-Asiedu (2012) has revealed that the mean age of menopause in Ghana is approximately 48 years. The symptoms women experience as a result of menopause vary among women in both intensity and form (Clark, 2005). In a survey study by Oyewole, Ibraheem, and Olaseha (2015), they found out that about 83.8% of participants who took part had experienced at least one symptom that is associated with menopause including somatic, hormonal deficiency, emotional and psychological symptoms.

According to Rabiee, Nasirie and Zafarqandie (2014) as well as Ande, Omu, Ande, and Olagbuji (2011), women in their menopause often experience reduced sexual desire and arousal. The menopausal experiences often come with mixed reactions, as researchers have established. Researchers have established that many menopausal women experience a great deal of stress as they struggle to cope with the associated symptoms (Nosek, Kennedy, & Gudmundsdottir, 2012). Some of the symptoms causing the stress includes night sweats, mood swings, hot flushes, decreased libido, feeling of sadness and irritation (Setorglo, Keddey, Agbemaflle, Kumordzie & Steiner-Asiedu, 2012; Nosek, Kennedy, & Gudmundsdottir, 2010; Jack-Ide, Emelifeonwu & Adika, 2014).

It is worth noting that the attitude of some women towards menopause and its management is influenced by both socio-cultural and multicultural factors. It has been argued that due to socio-cultural differences,

not all women experience and manage menopause the same way (Agwu, Umeora & Ejikeme, 2008). The managerial style a woman adopts towards menopausal symptoms may be influenced by her level of education and perception. Some women consider menopause as a natural phase of their life. This notion has influenced the style they adopt in the management of menopausal symptoms (Mackey, Teo, Dramusic & Boughton, 2014). A study conducted in Nigeria indicates that women used spiritual remedies including prayers and experience of older women to manage symptoms (Emelifeonwu & Adika, 2014). In Ghana, a study by Odiari and Chambers (2014) indicates that women used herbs and nutritional supplements to manage menopausal symptoms.

Menopausal women are often subjective when explaining their experiences. To better understand and appreciate an individual's experience, one is required to apply a theory that can give meaning to the daily experiences. As people interact with other members of society, they get understanding of their social environment and interpret it as such (Groenewald, 2004). People acquire social capital as they interact with others within the social environment (Andriani, 2013). The social capital enables them to actively interpret their own experiences and events in their lives. With this approach, menopausal women were able to articulate and interpret their experiences in relation to menopause, including the cultural resources they relied upon to explain these experiences. Almost all the studies conducted on menopause around the world, and particularly in Ghana, are medically and quantitatively oriented (Jacob et al., 2012). Little attention has been given to qualitative analysis of women's experiences and management strategies in Ghana as a whole and northern region of Ghana in particular. For this reason, together with the fact that the inevitable menopause has become a milestone in the reproductive life of every woman, this study sought to explore the experiences and management of menopause among women aged 40 to 65 years.

## Design and Methods

The study employed a descriptive exploratory qualitative design to get understanding of the experiences and management of menopause among women.

## Research setting

The study was conducted in Walewale in the West Mamprusi Municipality in the Northern Region of Ghana. West Mamprusi Municipality, which has Walewale as its capital, is one of the 26 municipalities/districts in the Northern Region. The municipality shares boundaries with six (6) other districts; it is bordered to the North by the Talensi district to the East by the East Mamprusi, Gushegu and Karaga districts, to the South by the Savelugu/Nanton and Kumbugu districts and to the West by the Mamprugu Moaduri district. The district has a total population of one hundred and fifty-nine thousand, one hundred and eighty-two (159,182) (GSS, 2010). There are different tribes in Walewale, but the major tribes are Mamprusis and Kasenas. Other minority tribes include Frafras, Dagaabas, Bimobas, and Builsas. Walewale was chosen because of its location as the municipal capital.

## Sampling and Data Collection Procedure

The study population was menopausal women aged 40 to 65 years living in Walewale in the West Mamprusi Municipality whose menopausal status was natural. In view of the fact that this study was qualitative, the sample selection was not fixed but was dependent on the point at which thematic saturation was reached (Morse, 1994). In all, 15 participants were purposively selected for the study. The participants were made up of nurses, teachers and uneducated women. This category was selected to solicit views of women with different backgrounds. The data collection technique was an in-depth interview, using a semi-structured interview guide as the data collection tool. The research language was English and Mampruli, (the dialect of the local people of Walewale). All interviews were audio recorded and later transcribed and analyzed using content analysis. A manual approach to thematic analysis was used to form themes and sub-themes from the transcripts. This was deemed the most appropriate analytical method since the purpose of the interview was to gain understanding of the experiences and management of menopause among women (Ritchie, Spencer, & O'Connor, 2003).

## Rigour of the study

Credibility and trustworthiness of the study were achieved through engagement with participants who

were deemed qualified to make sure that the right data was collected during the interview. There were follow-up probes for clarification on answers that were not clear. This was done to ensure that the findings were rich and robust. Member checking was introduced during the interview to go back to participants on emerging themes. Dependability was achieved by engaging third party analysts who analyzed and confirmed the findings. The credibility of the data was achieved by making sure that all the respondents selected were knowledgeable and have had experience in menopause. Transferability was assured by describing participants' characteristics for any researcher who might want to conduct a similar study.

## Ethics Consideration

An informed consent was obtained before the commencement of the interviews. Upon agreement to participate, each woman was given a written consent to sign/thumb print to prove willingness to participate in the study. All of the documents were also explained to the participants in English or Mampruli since some of them did not have any form of formal education and therefore could not read. Each woman was informed of her right to opt out of any section or at any point.

## Results

### Socio-Demographic Characteristics

The average age of the participants was 50 years and above. Among the participants who were uneducated, one person was a petty trader, one was a cleaner/cook whereas 2 participants were housewives. Again, 5 of the participants noted they were teachers. In the same vein, 3 of them were midwives, while 2 were community health nurses. As regard their educational attainment, 5 of them did not have any form of formal education, 2 had tertiary education, 4 had their education to diploma level, and 4 had obtained [omission] certificates as their academic qualification.

### Age at Menopause

All the participants at the point of the interview were postmenopausal. Findings from the study revealed that 2 of the participants were 48 years, 3 of them were 49 years and 10 of them were 50 years or more.

The age of menopause was directly recorded for participants who could quote the dates correctly. Assistance was given to those who could not remember the exact year, by making reference to dates of important events, the date of last confinement, the age of last child and other information retrieval strategies. However, 12 of the participants could remember their menopausal age accurately while the remaining 3 had to estimate it by a recall. A 59-year-old nurse describes her experience as follows:

*I had my last period in the year 2000, which is about 16 years ago. I had it as my normal period for 5 days and after that, that was all.*

The reference to the year 2000 was the point to calculate from taking into account her year of birth.

### Conceptualization of menopause

There was no word found in the local dialect (Mampruli) which meant menopause. It was however described as “*poa yi bulanyeri u soobu*” which means the period when a woman ceases to experience her menses. From the discussion, the explanations provided by participants regarding menopause could be categorized into six key areas: cessation of monthly period, menopause as sign of ageing, menopause as a disease, menopause as end of childbirth, menopause as hormonal change in women and don't know what menopause means.

### Cessation of monthly period

Six of the participants interviewed were of the view that menopause is the cessation of a menstrual period. They contend that menopause is a term that describes the period when a woman stops experiencing her regular monthly period.

*The term menopause means the end of your menses; that is your monthly periods. When you get to between 40-50 years and have your menses ceased then it is menopause.*

The age range provided by participants is an indication of their understanding that there is no fixed age for the onset of menopause.

The cessation of the monthly period was often mistaken for pregnancy among some participants and a

pregnancy test was conducted to rule out the possibility of being pregnant.

*I gave birth to three children and I still needed more when my menses ceased. I was actually disturbed and even at some point, I thought I was pregnant and quickly, I went and did UPT and it came out negative.*

This finding supports the fact that many people experience menopause at a period that they never expected it.

### Menopause as sign of ageing

Two of the participants conceptualized menopause as a sign of a transition from being young to being old. Some of the participants felt they did not have much control over their ageing bodies and the associated decline in health and appearance, a situation they largely perceived to be the direct result of menopause.

*Menopause is a period women experience when they are ageing, and this depends on the individuals, some experience their menopause very early while some experience it late.*

### Menopause as a disease

Two of the participants said menopause is a disease. They felt that the experience of ill-health and bodily ailments among women are attributed to menopause.

*The meaning of menopause is a small disease. When you are getting sick every time and your health begins to trouble you then it is a sign of menopause.*

This narration may be attributed to the symptoms that women experience during menopause.

### Menopause as end of childbirth

Two of the participants indicated that they believed the cessation of child birth marks the onset of menopause. They further reported that menopause marks the period the sexual usefulness of a woman comes to an end as her fertility ends.

*Menopause is like when you are in your child-bearing years and after giving birth to all your*

*children you start to age. Childbirth is what brings about your menses and when you stop giving birth then your menses will also stop due to your age and there is no need to have sex because your ability to give birth ends.*

### **Menopause as hormonal change in women**

Only one participant, a 59-year-old midwife, conceptualized menopause as a hormonal change in women with the assertion that:

*Menopause is a hormonal change; it is a system change in a woman. When you have your menses regularly the way your hormones work is different from when you are old and your hormones change, then your menses stops.*

### **Don't know what menopause means.**

Two participants were of the view that they did not know what menopause meant. These two participants coincidentally were uneducated. According to them, it was in the hospital that they learnt they were in their menopause. Prior to that, they had no clue what was happening to them.

*I don't know anything; I only know what is happening to me. I cannot tell what is happening in the body of another woman unless I am told by her and no one will agree to tell you what is happening in her body so I do not have any information about menopause. Everybody and her characteristics, for me anytime I give birth I will not see my menses for up to one year and if it comes and I have sex again on that same period I will become pregnant again.*

### **Causes of menopause**

In explaining the causes of menopause, the majority of the participants were of the view that menopause is a natural process and a transition from being young to old age.

*Menopause is a normal process in the life of a woman, at a stage during puberty, you start with menstruation and in menarche, you are sure that at a certain age your menses will cease so it is a normal process.*

Another participant, a 56-year-old teacher explains this natural process of menopause in the following manner:

*When you reach a certain stage in life, you get menopause. I think it is natural and comes at a particular time in the life of every woman. No woman can escape this process except when you die before the time of menopause.*

Four participants were of the view that menopause is caused by old age.

*The cause of menopause is just when you are of age and you no longer bear children. It will come at a time that this bleeding will cease and you will be free. That is how I know it.*

### **Menopausal experience**

Participants were asked to describe the menopausal changes they experienced or were experiencing. The information they provided pointed to two central themes: final menstrual period they had and the symptoms they experienced during menopause. The experience of menopause among participants was assessed by asking them to describe the unique encounters they have had and to indicate the changes experienced during that period.

### **Final menstrual period**

Participants were able to describe their experience during the transition phase into menopause and how the final menstrual period ended. Six of the participants indicated they have had irregular periods for some months, leading to the final menstrual period.

*It happens like; sometimes it will come and stop, and will not come and later come and stop come and stop. Normally in a month, the flow used to last for up to 7 days but this time it will come and flow for three days and stop. And sometimes it will not come for a whole month and later come. It continued like this for some time and stopped all of a sudden.*

A 60-year-old nurse indicated that her menses ceased because she was using family planning method called Depo (a 3-monthly contraceptive injection which is given every 12 weeks as a single in-

tramuscular injection into the buttock or upper arm). She lamented that she was on it for three months and within that period, she did not experience her menses and after she stopped using the drug, her menses still did not flow and all efforts to menstruate failed. She had a bad feeling about menopause because she felt she still needed more children when it happened.

*First, I was on Depo, a family planning method which is for three months and I was not bleeding while I was on the method and when I stopped it, I never experienced my menses up till now. That is how the menses ceased.*

### Menopausal symptoms

The experience of menopause among participants was explored using the symptoms they experienced. The study relied on the ability of participants to recall, the signs and changes observed within their bodies in relation to menopause and the year they had their menopause. The participants recounted different experiences.

### Lack of interest in sex

There was a general concern from participants regarding the experience of sexual disinterest. Most of the participants reported a decline in their desire to have sex. A 57-year-old nurse explained her experience of low libido when menopause started. She provided the following narration in response to a question that sought to find out the last time she had a sexual encounter.

*Hahahaha, hmmm, this is a serious talk, I do not even know what you are saying. It's about 6-10 years now I have not had sex with my husband all because I do not have the desire to have sex.*

The above view was reechoed by another participant; a 57-year-old teacher, who expressed how her desire for sex declined, compelling her to change a room just to avoid sexual contact with her husband.

*When it gets to that stage I don't even think about men. As for that one, it's out. I don't feel anything. It got to a time when I did not even want any contact with my husband. I sleep in*

*a separate room away from him. It was that serious. You have a husband but you cannot help him all because I do not have an interest in sex again.*

### Recall problem

For many women, memory lapses were one of the most unsettling symptoms. Memory problem was experienced by 7 of the participants. This was the second most experienced symptom among participants.

*As for the memory problems, when you are in the state of forgetfulness you can forget about some important things and later when you remember the time has already past, so it affected my life.*

A 57-year-old teacher described her experience of memory difficulty, and how she accused family members of stealing her monies and other items because she forgot where she placed the money. She lamented how she sometimes put too much salt in her soup because she always forgets that she has put salt in the soup.

*I easily forget about a lot of things. It is easy to put something down and forget where I kept it and accuse people of stealing it. When I am cooking, I can put more salt or other ingredients because I easily forget I added some before. Even during school meetings and other gatherings, I get there late because I either forget the time or even forget the meeting entirely.*

### Night Sweats

Respondents experienced night sweats to some degree which is one of the disturbing problems among the study participants. A number of the participants mentioned night sweats as one of the symptoms they experienced.

*When I get the hot flushes, my whole body will be so hot and wet, sometimes I feel like taking my clothes off. And the next minute I feel so cold as if nothing had happened.*

This explains the discomfort some of the women in their menopausal period go through. Another participant, a 60-year-old uneducated participant attributed

her hot flush to a spiritual attack. It took a while before she was told it was a menopausal symptom.

*As for me, I am a Christian and I believe in spiritual things, so when I first experienced this hotness during midnight, I mistook this for a spiritual attack and started offering prayers. The next time was in the evening around 5:30-6:00 pm so I rushed to my pastor for prayers believing it was one of the attacks. It was later I went to the hospital and I was told by a nurse that this experience is called hot flush and it's part of the symptoms of menopause.*

### **Body aches**

Five participants (3) complained about muscle, joint pains and aches.

*Eeei, I always experienced pains and aches all over my body. The way I use to be healthy, I am no longer that healthy. These are some of the changes I experienced.*

Other participants complained of headaches and migraine.

*I felt a discomfort within my system and at first, I thought it was malaria and treated malaria but it still continued. It was getting serious, the headaches and migraines; this is my main problem since I entered into menopause.*

A participant complained of lower abdominal pains and narrated her experience as:

*In relation to the stoppage of my menses, sometimes I will be there and when the time for my monthly periods comes like the days I used to menstruate I used to feel pains in my lower abdomen and something fluid like water will come out and it comes like the beginning of menses how it normally starts coming small and small. Anytime the days in which I used to have my menses come, I start feeling some pains in my lower abdomen and some fluid will try coming out like blood but it's not blood and this will happen for some time and stop.*

### **Changes in mood**

Some of the participants expressed how they felt irritated, with sudden changes in mood from happiness to sadness and vice versa. The sudden changes in mood affected women in their relationship with their family members.

*Hmm, yes just like I explained, someone will be joking with you and you take it to be some serious thing and become annoyed, maybe, the fellow does not mean to hurt you but you can easily be annoyed and get irritated. When you sit down for some time, your mood will change again and it will be like you were not the one highly annoyed so such things it will let you regret.*

### **Management of menopause**

Participants were asked to state what they did and continue to do to deal with their menopausal symptoms. Some of the participants reported using no treatment for menopausal complaints. However, others took actions as a management strategy.

### **No management of menopause**

From the study, 6 participants felt menopausal symptoms were natural and did nothing to manage the experience they have had.

*As for menopausal symptoms, it is natural so nothing can be done and, even if you try to do anything, you will end up causing harm to your own self.*

### **Use of medication**

Among the participants who had used remedies to alleviate symptoms, five participants resorted to taking painkillers to reduce the bodily pains; but did nothing when it comes to the other symptoms.

*Sometimes, I get medications to relieve myself of the pains. For the other symptoms, because I know menopause is natural, I ignore it, knowing that the symptoms will go with time.*

### **Taking healthy food and doing exercise**

Some participants were of the view that they used to exercise and rest with a good and balanced diet to relieve themselves from their menopausal symptoms.

*The things I do are to have enough rest and also good diet. When I take a good diet, it helps in reducing the rate at which I get irritated when someone approached me. When you take good diet and vitamins with exercise, it helps you.*

## Discussion

Participants in the study had different experiences of menopause. Overall, they expressed a reduction in sexual desire with their husbands and almost all the participants reported a decrease in sexual activity with decreased libido. This is in line with a study by Pereira, Oscar, Sergio, Antonio, and Adriana, (2013) that reported a decreased sexual activity, libido, including avoidance of sexual intercourse. In this regard, men with little knowledge about these dynamics may end up having issues with their wives. Men need to be educated well on these changes to help their wives manage with menopausal experiences. A study conducted by Fallahzadeh, Dehghani, Dehghani, Hoseini and Hoseini, (2011) has found memory disorder among 10 most common complaints during menopause. This current study has also found that memory problem appears to be a commonly experienced symptom among participants. As Ameh, Madugu, Onwusulu, Eleje, and Oyefabi (2016) have alluded to; that many people suffer memory loss and amnesia during menopause. Current results show that symptoms such as hot flushes and night sweats were emphasized by 6 of the participants. This is in line with the finding of a study conducted by Eun-OK, Marjorie, Young, and Wonshik, (2014) which reported the experience of hot flushes during menopause. Though it corroborates finding of Hodson, Thompson, and al-Azzawi (2000), as well as MacGregor (2006), where the majority of menopausal women experienced headaches, it is different in this current study. This may be due to the use of painkillers by some of the participants.

The irritable state of participants in this study seemed to interfere with their family relationships. The feeling of irritation and/or mood swing during menopause was a source of concern but appear to be consistent with Farzaneh, Mozghan, and Fahimeh (2013) who report that emotional instability and irritability common complaints from menopausal women. The current study is, similar to Samantha and David (2010)

where the rate of mood changes among participants increased at the beginning of menopause. The complaint of muscle joint pains and aches is consistent with the study conducted by Szoeki, Cicuttini, Guthrie, and Dennerstein, (2008) which established an association between menopausal transition and aches and pains.

In the management of menopause, 6 of the participants interviewed felt the symptoms were natural, and they did not put in efforts to manage them. This is in agreement with a study by Jacob et al. (2012) who found that in self-management of menopausal symptoms, the majority of women felt it was a natural process and needs no intervention. In the management of associated pains, headaches, and migraine, participants indicated that they used painkillers. This corroborates the result of the study carried out by Jacob et al. (2012) which indicated that 10.7% of women used medication to relieve them of their menopausal symptoms. About 20% of participants used to exercise, rest and eat good diet to help them relieve menopausal symptoms. This corroborates the finding of another study conducted by Farzaneh, et al. (2013) which reported that exercise was beneficial in helping participants to manage menopausal symptoms. In this current study, 6 of the participants had no idea about menopause before experiencing it, which is consistent with the findings by Taherpour, Sefidi, Afsharinia, and Hamissi (2015) and Helena (2013), where more than half of the participants reported not having any knowledge about menopause prior to experiencing it.

## Implications of the study

This study will serve as a source of information for healthcare providers, especially nurses, working directly with women to appreciate the experience and management of menopause among women. The Ghanaian society should be educated that menopause is an important transition for women at a point in time. Appreciating the point of view of these women and bringing to the fore their experiences of the process of menopause can help healthcare staff to design appropriate health education and treatment for menopausal women.



### **Conclusions**

The study found that women experienced different symptoms during their menopausal years. The study again revealed that the nature of the symptoms experienced by women in menopause and the way they conceptualize it could be helpful in determining the management styles they are likely to adopt. The study also appear to support the notion that notwithstanding the occupational and social standing of women in society, they are likely to share similar experiences relating to menopause. There is the need for the physical, psychological, social, and mental

needs of these women to be taken into consideration to design a comprehensive health education and promotion plan for them in their menopausal years. This would help minimize the feeling of discomfort as experienced by many of them.

### **Conflict of interest**

The authors declare that there is no conflict of interest.

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