EXPERIENCES OF MENOPAUSE ON SEXUAL INTIMACY AND COPING STRATEGIES USED AMONG KAREN MARRIED WOMEN

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Declaration

I, the undersigned, declare that this thesis is a product of my own work and is not the result of anything done in collaboration. It has not been previously presented to any other institution. All sources have been appropriately cited and duly acknowledged in full.

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Abstract

Menopause is a natural occurrence that every woman experiences when the finite numbers of ovarian follicles are diminished as a result of reduced levels of reproductive hormones. The reduction in reproductive hormones may be mild in some women and present with no challenges, while in others it may be severe and present with sexual difficulties which may warrant coping strategies in order to alleviate the difficulties. The aim of this study was to explore the experiences of menopause on women's sexual intimacy and coping strategies used by Karen married women. Exploratory qualitative research design was used. Exploratory design is used when little is known about a phenomenon. The total number of participants who took part in the study was 12 women, aged 45 to 65 years. The objectives of the study were: to explore the experiences of married women during menopause; particularly on their experiences of sexual intimacy; and to determine coping strategies women use in managing their experiences of menopause. Data was collected using semi-structured in-depth interviews which were audio-taped and transcribed verbatim. Thematic analysis was used to analyze data. The results of the study showed that a majority of the women experienced hot flashes, night sweats, vaginal dryness, menstrual changes, irritability and mood swings. The findings also indicated that experiences of menopause impacted on the sexual satisfaction of the women, with a majority reporting lack of sexual desire, reduced sexual desire, lack of sexual interest, lack of sexual arousal and reduced sexual arousal, with a minority reporting having no sexual difficulties. A few of the women reported having spousal relationship difficulties due to lack of sexual interest. The results also indicated that the women used exercise therapy, conventional treatment, change of diet, change of dressing, social support, humour, spiritual intervention and doing nothing to manage their experiences. The findings of this study if published will enhance knowledge on experiences of menopause and its influence on sexual intimacy, particularly among Kenyan women. It is hoped that these findings will add to building up a body of knowledge regarding women's experiences of menopause including possible ways of handling its inception and sustainability throughout life. In this way, this study has been informative to both women as a whole, for counselors, and medical practitioners who may work with women in solving issues related to menopause.

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List of Acronyms

WHO	-	World Health Organization
NAMS	-	North America Menopause Society
NIH	-	National Institute of Health
HRT	-	Hormone Replacement Therapy
CAM	-	Complimentary Alternative Medicine
GMCA	-	German Medicines Control Agency
NACOSTI	-	National Commission for Science, Technology and Innovation
BPS	-	British Psychological Society
TOUS	-	Theory of Unpleasant Symptoms

Chapter 1

Introduction

This chapter presents the background to the problem, statement of the problem, objectives of the study, research questions, scope of the study, delimits and definitions of terms.

1.1 Background to the Problem

Although menopause is a natural occurrence that all women experience, it has been found to significantly impact on women's sexuality and sexual response (Basson, 2005). Accordingly, studies among women experiencing menopause have indicated reduced sexual desire, lack of sexual interest, and decreased sexual arousal (Rabiee, Nasirie & Zafarqandie, 2014; Nappi & Nijland, 2008; Omidvar, Bakouie & Amiri, 2011; Ande, Omu, Ande & Olagbuji, 2011). Findings from these studies strongly suggest that menopause impact on women's sexual satisfaction in terms of desire, interest and arousal. Therefore the present study explores the experiences of menopause of Karen married women to find out how these experiences impact on their sexual satisfaction and the coping strategies used.

The interest in this research stemmed from the researcher's own experiences as a woman experiencing menopause and the conversations she has had with her friends and relatives regarding menopause. Some of these personal experiences of menopause include the stresses associated with sexual activity, whereby if possible, one may choose to avoid getting involved sexually. This has created the curiosity to undertake this study.

Furthermore, there is evidently very little research that has been done on this topic in Africa and more so in Kenya. The researcher came across only one quantitative study that was done in Njoro District, Kenya among rural women, which focused primarily on knowledge and symptoms of the perimenopause phase (Achar, Wanga & Olubandwa, 2014). Few of the researches that have been done among African women were conducted in Nigeria, Botswana, Egypt and South Africa. Other studies exploring the experiences of menopause were conducted in Germany, Turkey, China, United States of America, Asia and Iran; and most of the sample population was women who were seeking medical treatment in relation to their experiences of menopause. Hence this kind of situation creates a gap that needs to be filled. As a consequence, this study is timely in giving Karen married women the opportunity to voice their own experiences from their subjective point of view and in their own words.

1.2 Statement of the problem

Although Africans have had the culture of sharing stories, they are reserved when it comes to certain issues that are particularly personal. This includes discussion around menopause. Many women go through this experience alone without having much information shared with others (Wambura, 1997). Hence, there exist minimal information on this topic in Kenya and more so on experiences of menopause, its effects on sexual intimacy in marriage and coping strategies. Most of the studies have been done outside Kenya, with only one study done in Kenya by Achar, Wanga and Olubandwa (2014) that focused on knowledge and symptoms of peri-menopause phase. Furthermore, the studies have extensively been done using quantitative methods, and in medical settings, which does not provide opportunity for the respondents to talk

about their experiences from their own personal perspective. Therefore there was need for a study to address these problems.

The current study anticipated that married women who experience menopause are likely going to encounter some amount of sexual intimacy difficulties which affects sexual activity such as desire, interest, arousal and satisfaction. To this effect, the study acknowledges that sexual activity problems among women experiencing menopause are caused by a reduction in estrogen affecting their vascular engorgement as well as vaginal secretions during sex (Avis *et al*., 2009). Studies that have been done indicate a link between low estrogen level and decrease in sexual drive among menopausal women (Riley & Riley, 2000; Alarslan, Sarandol, Congiz & Develioglu, 2011). The impact of the reduced estrogen and vaginal secretion during sex is that women appear to detest sexual activity and if possible may tend to avoid it completely at this age. And the concern was what kind of impact this would have on women's sexual intimacy, spousal relationship and how best it should be handled.

1.3 Objectives of the study

The main objective of this study was:

To explore the experiences of menopause, its effects on sexual intimacy and coping strategies used to manage it among married women experiencing menopause in Karen, Nairobi.

1.3.1 Specific Objectives

(a) To explore the experiences of married women during menopause;

(b) To examine the effects of menopause on sexual intimacy in marriage and spousal

relationship;

(c) To determine coping strategies women use in managing the experiences of menopause.

1.4 Research Questions

The study sought to answer the following questions:

(a) What are the experiences of married women during menopause?

(b) What effects does menopause have on sexual satisfaction of married women, in terms of:

(i) Sexual desire

(ii) Sexual interest

(iii) Sexual arousal

(c) What coping strategies do married women employ to manage their experiences of menopause?

1.5 Scope of the Study

The study was confined to married women experiencing menopause within Karen, Nairobi County. The study comprised of 12 married women experiencing menopause aged between 45 to 65 years of age. The study was centered on experiences of menopause, its effects on sexual intimacy in marriage and the coping strategies used in its management.

1.6 Delimits

The researcher foresaw the following delimits in this study. The study focused only on women experiencing natural menopause and were married. Women who were non residents of Karen and were experiencing menopause related to other causes were not included in this study.

1.7 Definition of Terms

Menopause

Menopause refers to permanent end to a woman's menstrual cycle and reproductive capacity; it starts twelve months subsequent to her last period (North America Menopause Society, 2006; World Health Organization (WHO), 1996). Al-Olayet *et al* (2010) define menopause as the time of life when menstrual cycle ceases and is caused by reduced secretion of the ovarian hormones estrogen and progesterone. For purposes of this study, the definition of Al-Olayet et al (2010) will be adopted.

Pre-menopause

Pre-menopause refers to the period when a woman experiences amenorrhea for twelve successive months (Ibraheem, Oyewole & Olaseha, 2015).

Peri-menopause

Peri-menopause refers to the two to eight years before menopause when fluctuating hormones cause menstrual variations and some of the symptoms experienced during menopause (NAMS, 2006).

Post-menopause

Post-menopause refers to the timeframe that includes all the years a woman remains alive after transitioning through menopause (NAMS, 2006).

Sexual Intimacy

Sexual intimacy refers to a desire for physical, erotic intimacy with others (Shuttleworth, 2000).

Coping

Coping refers to what a person thinks or does to try to manage the threat (Folkman & Moskowitz, 2004).

Conclusion

This chapter focused on background of the problem, statement of the problem, objectives of the study, research questions, scope of the study/delimits and definition of terms. The following chapter will focus on related literature review of the variables.

Chapter 2

Literature Review

This chapter presented relevant literature on experiences of menopause, its effects on sexual intimacy in terms of sexual activity such as desire, interest, arousal and satisfaction, and coping strategies used and theoretical framework.

2.1 Literature Review: Menopause and Sexual Intimacy

This part presents a body of literature regarding experiences of women during menopause, effects of menopause on sexual intimacy particularly on women's sexual desire, interest, arousal and satisfaction.

2.1.1 Experiences of Women during Menopause

Experiences refer to the menopause symptoms that women go through during menopause transition. Menopause is defined as end of fertility (Jurgenson, Jones, Haynes, Green, & Thompson, 2014). Studies that have been done on experiences of menopause among women have found that women experience menopause differently. According to Nosek (2012) majority of women, experience menopause with ease, while others experience distress which eventually affects their quality of life. A study by Kowalcek, Rotte, Banz and Diedrich (2005) found regional and cultural variations in expectations about menopause. Women in Germany experienced more hot flashes, while women in Papua New Guinea experienced higher intensity in areas of cardiac trouble, low sex libido, urinary tract symptoms, vaginal dryness, joint and muscle symptoms. While Nosek et al (2010) in their study report that women experienced

numerous distressing symptoms such as hot flashes, night sweats, vaginal dryness, decreased libido, mood changes, menstrual changes and sleep disruption.

Furthermore, a longitudinal study by Mishra and Kuh (2012) to examine menopausal symptoms among 695 women aged between 47 and 54 reported that the most symptoms were hot flashes and night sweats, headaches, palpitations, vaginal dryness and difficult with intercourse. Hui-Koon and Mackey (2012) in their study on menopause transition experiences of ethnic Chinese women in Singapore aged 45-60 identified two themes: experiencing symptoms and managing symptoms during menopause transition. The most frequently reported symptoms were abnormal bleeding, hot flashes, and emotional change. Majority of these women described their transition to menopause as uneventful and ordinary.

A study carried out in Tehran, Iran among 14 menopause women aged 43-65 revealed the following themes: the beginning of new phase of life, removing restrictions and periodic challenges, unsatisfying sexual and change in physical and mental health (Manesh & Moghadam, 2011). Another study found that weight gain is common after menopause and can put women at risk for further health issues such as high blood pressure, heart disease and diabetes (Caldwell et al., 2012). A study by Gast et al (2008) found an association between heart disease and menopausal complaints such that women who report more hot flashes and night sweats are at higher risk of cardiovascular illnesses. A Californian study on distress during menopause among women with diverse ethnic, racial and cultural background, reported that majority of women experienced distressing symptoms such as hot flashes, night sweats, vaginal dryness, decreased libido, mood changes, menstrual changes and lack of sleep (Nosek, Kennedy & Gudmundsdottir, 2012). According to Rosemeier and Schultz (2001) experiences such as hot flashes, night sweats, psychosomatic symptoms such as fatigue, irritability, forgetfulness, mood changes, sleep

problems, depression, sexual problems, vaginal dryness, anxiety, emotional disturbance, poor relationship are due to lack of estrogen during menopause. Caico (2013) in his study among perimenopausal and menopausal women found a positive relationship between experiences of menopause and marital relationship.

A study by Setorglo, Keddey, Agbemafle, Kumordzie and Steiner-Asiedu (2012) in Ghana among women experiencing menopause showed that women experiences differed with majority experiencing night sweats, hot flashes, vaginal dryness and mood swings. Another study in Nigeria by Jack-Ide, Emelifeonwu and Adika (2014), found that women experience various psychological challenges with 64.2% women expressing feelings of sadness and 56.7% feeling easily irritated.

In a study done in Tanzania by Mrina (2009) on knowledge, attitude and perception about menopause among 150 women reported 56.7% of the women experienced hot flashes, 40% experienced palpitation and 36% experienced vaginal dryness. A study done in Njoro District of Kenya by Achar, Wanga and Olubadwa (2014) on knowledge of perimenopause phase and symptoms among 118 women found that 80% of the women experienced various menopause symptoms such as hot flashes, 75% mood swings, 70% insomnia and 69% irritability.

Despite the rich literature on experiences of menopause among women, very little is known about the experiences of menopause on sexual intimacy and coping strategies used among Kenyan women. The only study done in Kenya that the researcher came across was a quantitative research among rural women and focused on knowledge of perimenopause phase and symptoms. Hence, this leaves a gap in literature that the present study intends to fill by

exploring experiences of menopause on sexual intimacy of Karen married women and the coping strategies used.

2.1.2 Menopause and Sexual Desire

Sexual desire refers to the need, drive or motivation to indulge in sexual activity (Clayton et al., 2006; Diamond, 2004). Sexual desire could also be defined as an intrinsic motivational drive (DeLameter & Sill, 2005). Yet others have defined sexual desire as a cognitive or emotional experience, like, wishing or longing for genital relationship with another person (Everaerd, 1988; Schreiner-Engel, Schiavi, White, & Ghizzan, 1989). Globally, studies have reported a link between menopause and sexual desire. In this context, researchers have presented sexual desire to mean expression of interest and longing for genital relationship (Rabiee, Nasirie, & Zafarqandie, 2014). What this means is that sexual desire could be referred to as a drive to engage in sexual activity (Regan, 1999), reflecting how one is motivated to participate in sexual activity. In this regard, a study by Merghati-Khoei, Sheikhan, Shamsalizadeh, Haghani, Yousofnia, & Killeen (2014) which sought to explore associations between sexual function and menopause among 200 post menopause women showed that 94.5% of the women expressed a decrease or absence of sexual desire. Another midlife women's health study to determine and compare the rate of women experiencing menopause symptoms among women living in America, Africa, Australia and Eurasia showed that women experience a decrease in desire during late menopause and early post-menopause (Makara-Studziǹśka, Kryś-Noszczyk, & Jakiel, 2014). Similarly a study aimed at evaluating sexual attitudes and sexual function among 225 Iranian women experiencing menopause reported that 70% of the women experienced sexual desire difficulties (Hashemi et al., 2013). A cross sectional study by Kalahroudi, Mahboubehi,

Sadat, Saberi & Karimian (2012) to determine the prevalence and severity of symptoms among 700 women experiencing menopause aged 40 to 60 years found that 83% of these women experienced change in sexual desire. Furthermore, a study by Rahman, Salehin and Asif (2011) aimed at documenting symptoms of menopause experienced among 509 middle aged women in Kushtia region, Bangladesh reported that 31.2% of the women had a decrease in sexual desire.

In yet another study by González, Viáfara, Caba, Molina and Ortiz (2006) among 231 Colombian women experiencing menopause aimed at determining the social, demographic and sexual function variables that influence libido or desire and orgasm domains in pre-menopause women and post menopause reported that 38.1% experienced sexual problems in the desire. A study in Ankara, Turkey to identify the problems that post menopause women experience in their sexual lives and the methods they use to cope among 309 women determined that 68% of the women experienced a decrease in sexual desire (Yücel & Eroğlu, 2013). Another study to evaluate if sexual intimacy moderated the relationship between age and sexual desire found that post-menopause women experiences were negatively correlated with sexual desire, more so among women who experienced low sexual intimacy (Birnbaum, Cohen, & Wertheimer, 2007). In addition, a survey conducted in six European countries by Nappi and Nijiland (2008) among 1805 post-menopause women found that majority of the women experienced reduced sexual desire. Li, Holm, Gulanik, and Lanuza (2000) also found reduced sexual desire as the most often reported sexual problem in peri-menopause women.

In South Africa, a study by Ramakuela (2015) to explore and describe women, menopause in rural villages found that over 40% of the women experienced urogenital challenges including changes in sexual desire. A study in Uganda by Okiria (2014) to examine experiences and perceptions of sexuality and aging in the African culture indicated that sexual

desire declines among women experiencing menopause. A cross-sectional study to determine symptoms, perceptions and practices after natural menopause among 450 women experiencing menopause in Egypt showed that 89.1% of the women reported a reduction in sexual desire (Loutfy, Abdel Aziz, Dabbous & Hassan, 2006).

Though studies show that menopause has an effect on sexual desire among women experiencing menopause, Goberna, Francés, Pauli, Barluenga and Gascón (2009) in their study to describe women's sexual experiences during climacteric years, found that a decline in sexual desire was linked to other difficulties such as husband's decreased sexual need, the challenges of family caring other than menopause. However, Yücel and Eroğlu (2013) in their study among women experiencing menopause determined that 22.0% of the women had no change in their sexual life and continued to have sexual desire before and after menopause; while 68% reported reduced sexual desire.

Although the findings of these studies have shown a link between menopause and sexual desire, there still exists a gap in literature that the present study needs to fill, as most of these studies were quantitative in nature and were done among different populations. Therefore, the present study using qualitative research method aims at exploring how Karen married women's experiences of menopause impact their sexual desire and what coping strategies they used in order to fill the incongruence.

2.1.3 Menopause and Sexual Interest

There are a number of studies that report significant relationship between menopause and sexual interest. In this perspective Storck (2009) posits that menopause causes vaginal tissues to become thinner and lubricating secretions become watery, resulting in the reduction of interest in

sexual intimacy. Gamache (2005) concurs with Storck in stating that 40% of women experiencing menopause report a decrease in sexual interest. Smith (2005) also reports that apart from other menopause symptoms that women experience, they also experience loss of sexual interest. Similarly Kolod (2009) in her work as a clinician indicates that a decline in sexual interest is a major and a highly disturbing challenge for most women experiencing menopause.

Furthermore, a European telephone survey to investigate women's attitude towards sexuality around menopause reported that 53% of the women experienced lack of sexual interest (Nappi & Nijland, 2008). A study done in the United States among 512 women from diverse ethnic groups to explore commonalities and differences in menopause symptom experience reported that Hispanic women experienced a decrease in sexual interest (Im et al., 2010). In addition, Hällström and Samuelsson (1990) in their study to explain the effects of menopause and age on sexual functioning of women found that women experienced a decrease in sexual interest due to factors related to menopause other than age. Dennerstein, Smith, Morse and Burger (1994) in their study to examine the relationship of menopause on sexual functioning reported that reduction in sexual interest was significantly related to natural menopause.

In Botswana a study by Ama and Ngome (2013) to assess menopausal perceptions and experiences of older women established that 69% of the women experienced a decrease in sexual interest. Furthermore, a study to assess knowledge and understanding of menopause symptoms among 1502 women indicated that 58% of the women reported less interest in sex (Hoëbes & Matengu, 2014). A study on knowledge of peri-menopause phase and symptoms carried out in Njoro District, Kenya found that majority of the women had strained marital relationships due to lack of interest in sex (Achar, Wange & Olubandwa, 2014).

Although studies have shown that menopause experiences impact negatively on married women's sexual interest, these studies differ from the present study as they have been done in other populations and are quantitative in nature; hence the current study using qualitative research design wishes to establish if Karen married women's experiences of menopause affect their sexual interest in order to fill the existing gap in knowledge.

2.1.4 Menopause and Sexual Arousal

Various studies have found a link between menopause and sexual arousal. Masters and Johnson (1966) posit that sexual arousal is genital vasocongestion, lubrication, tingling as well erection of nipples and flushing of the skin. They further state that during menopause sexual arousal is affected due to a decline in estrogen levels which results in vaginal dryness and urogenital atrophy. Pfaus and Scepkowski (2005) agree with Master and Johnson stating that sexual arousal is an increased autonomic activation that prepares the body for sexual activity. In view of this, Girald and Graziottin (2008) indicate that women very often relate arousal to the subjective feeling of being 'turned' on more than the physiological response including vaginal lubrication, genital tingling and warmth. A study carried out in Iran among 174 women to compare sexual dysfunction before and after menopause showed that 75.3% of the women experienced sexual arousal difficulties, compared to 26.8% reported by the women in the productive period (Beigi & Fahami, 2012). In this regard, the researcher argues that menopause has a direct negative impact on women's sexual arousal. In addition, a study in Iran among 149 women to determine the prevalence of sexual dysfunction in post-menopause women found that 61.7% of the women reported a reduction in sexual arousal (Moghassemi, Ziaei & Haidari, 2011). Similarly a study among 378 Brazilian-born women aged between 40 to 65 years to

determine the prevalence of factors associated with low sexual function in middle-aged women reported that 37% of the women experienced low sexual arousal (Valadares et al., 2011). Another study by Schwenkhagen (2007) on hormonal changes in menopause indicated that reduction in sexual arousal among women experiencing menopause was as a result of a decline of estrogen levels. A cross sectional study on prevalence of female sexual dysfunctions among 231 women experiencing menopause showed that 25% of the women experienced sexual arousal problems, while the rest had no problems with sexual arousal (González et al., 2006).

Furthermore, study by Brotto and Gorzalka (2002) aimed at comparing genital and subjective sexual arousal in pre and post-menopause women showed that there was a significant correlation between genital and subjective sexual arousal in older pre-menopause women experiencing menopause and post-menopause women experiencing menopause. However, a study by Trompeter, Bettencourt and Barnett-Connor (2012) among women experiencing menopause aged between 40 and 67 years community older dwelling women showed that majority of the women experienced sexual arousal at least most of the time.

Even though studies show that menopause impacts negatively on women's sexual arousal, others show that menopause does not affect sexual arousal among women experiencing menopause. In this regard, the current study needs to be done in order to shade light on how experiences of menopause impact the sexual arousal of Karen married women and what strategies they use to cope, hence fill the gap.

2.1.5 Menopause and Sexual Satisfaction

Available literature shows that menopause affects sexual satisfaction among women experiencing menopause. According to Benbow and Jagus (2002) this is due to the reduction in

estrogen levels and other hormones that affect sexuality negatively and often impacts women's sexual satisfaction. They further argued that this reduction impacts on women's satisfaction due to their biological disposition. In this regard, this study explored if Karen married women experiencing menopause also experienced sexual satisfaction problems. A study by Manesh and Moghadam (2011) to explore experiences of menopause through the lens of Iranian women indicated that some of these women experienced lack of sexual satisfaction due to vaginal dryness. Furthermore a study by Kazemi, Ashraf, Moosavinasab and Sedaghat (2010) which compared experiences of menopause among menopausal women and non-menopausal women found that women experiencing menopause had significant decrease in sexual satisfaction than their counterparts who were non-menopausal. Another study to assess desire, arousal, sexual pain, lubrication of vagina, sexual satisfaction and spouse's satisfaction among 280 married women experiencing menopause reported that 43.2% of these women expressed lack of sexual satisfaction (Omidvar, Bakouie & Amiri, 2011). A Palestinian study among women experiencing menopause showed that most of the women experienced a reduction in sexual satisfaction (Daragmhe, Al-Yousef & Abdallah, 2011).

Despite some studies indicating that menopause affects sexual satisfaction negatively, other studies have found otherwise. A study by Fuentes, Martin and Perez (2008) comprising of 150 women experiencing menopause reported that 56% still experienced sexual satisfaction, while 44% experienced a decline in sexual desire. Hence the present study wishes to find out whether experiences of menopause impacts sexual satisfaction of Karen married women, and if so how they cope with the experiences.

2.2 Coping Strategies

This section presents literature on coping strategies women experiencing menopause use in dealing with their experiences. According to National Institute of Health (NIH) (2007) women have used various treatment options such as black cohosh, ginseng, red clover, soy and hormone replacement therapy to deal with their experiences of menopause. Consequently, Kolod (2009) posits that hormone replacement therapy (HRT) has been prescribed for women as supplement for estrogen and progesterone to ease off the difficult experiences due to reduction of the body's natural vaginal lubrication jelly that facilitates sexual intercourse. In this perspective, a 5-year study done by Vestergaard, Hermann, Stilgren, Tofteng, Sorensen, Eiken, Nielsen and Mosekilde (2003), a daily routine consisting of estrogen and progestin was found to significantly decrease the hot flashes experienced by the women, and also decrease vaginal dryness and increase libido. According to Mushtaq (2011) sexual problems related to hormone deficiency due to menopause may be treated with estrogen alone or estrogen combined with androgen.

A qualitative study by Rubinstein and Foster (2012) found that some women used denial as a coping strategy for menopause. Another study by Simpson and Thompson (2009) among 179 post-menopause women reported that the most common strategies used by these women to combat menopause-related issues were direct action, social support and expressing emotions. Duffy, Iversen and Hannaford (2012) in their study found that women experiencing menopause in a community sample in Scotland utilized herbal remedies to manage menopause problems than they utilized contemporary medicine. It is interesting to note that some of the women in the same study reported using no medication for the menopause symptoms as they felt that the symptoms were not serious to warrant medication. In another study comprising of 82 American women, reported that complementary and alternative medicines (CAM) were used to reduce and

manage experiences of menopause (Saetung, Chailurkit & Ongphiphadhanakul, 2013). A study at the Center for Disease Control and Prevention in United States of America, among 2,602 women aged 45 years and older, found that 46% of the women utilized complimentary or alternative medicine (CAM) therapy either alone or combined with conventional therapies to manage menopause related challenges (Nedeljkpvic et al., 2014).

While Camignan, Pedro, Costa-Paiva and Pinto-Neto (2010) reported that the most effective remedies used in coping and managing menopause problems are those containing isoflavones like soya and red clover as they are thought to have estrogenic properties and there has been some evidence for the alleviation of vasomotor symptoms and maintenance of bone health. A study by Geeta, Khanna and Mahna (2013) among women experiencing menopause showed that 25% of the women reported improvement in sexual behavior after use of soy protein isolate supplementation.

Hill-Sakurai, Muller and Thom, (2008) state that women now than before seek alternative treatment such as herbs, soy products, and natural hormones during the menopause transition. Relaxation techniques such as aromatherapy or touch therapy, and acupuncture have been used by women to manage menopause symptoms (Kronenberg & Fugh-Berman, 2002). However, other authors suggest that evidence does not consistently support the efficacy and safety of such treatments (Files, Ko & Pruthi 2011; Lethaby, Brown, Marjoribanks, Kroneberg, Roberts & Eden, 2007).

A study by Booth, Piersen, Baneuvar, Gellen, Shuhman and Famsworth (2006) also indicated that red clover had a minimal impact on reduction of hot flashes and night sweats. Another study on red clover by Howes, Howes and Knight (2006) showed a significant decrease

in hot flash frequency. Black cohosh has also been found to be used by women experiencing menopause for the relief of vasomotor symptoms and certified by the German Medicines Control Agency (GMCA) for use in controlling menopause symptoms (Geller & Studee, 2005). This has been proven otherwise by National Institute of Health (NIH) which cast doubts on its effectiveness (Kapil, Lawal, & Mahady, 2011). Yet another study comprising of 100 healthy post-menopausal women on coping strategies used to manage menopause experiences found that majority of these women did not use any coping strategies , while a few reported using prayers to cope with the symptoms (Mushtaq & Ashai, 2014).

Price, Storey and Lake (2008) in their study among 25 women experiencing menopause living in rural areas in Nova Scotia, Canada found that in coping with menopause the women relied heavily on shared experiences and humour, so as to find a sense of consolation amidst the numerous life changes they were facing. They reported sharing experiences with their families and friends, relied on experiences of their ancestors and hoped that they could make things better for younger women (Price, Storey & Lake, 2008). A study carried out among Chinese Singaporean women showed that the strategies used to manage their transition included use of western and traditional Chinese medical interventions and sought support from family and friends (Hui-koon & Mackey, 2012). Similarly a study by Yazdkhasti, Keshavarz, Khoei, Hosseini, Esmaeilzadeh, Pebdani and Jafarzadeh (2012) found that support group training programs were effective in assisting women to accept physical, psychological and social changes they experienced due to menopause.

While Bair, Gold, Greendale, Sternfeld, Adler, Azari and Harkey (2002) in their study in California found that 48.4% of white, 28.9% of Japanese and 24.6% of Chinese women reported use of spiritual remedies to manage the menopause symptoms. Similarly a study in Canada

among women experiencing menopause found that Canadian women used prayer as a remedy in the management of menopausal experiences (Lunny & Fraser, 2010).

Exercise therapy has also been found to be effective in the management of menopause problems. For instance, a study conducted by Sternfeld, Quesenberry and Husson (1999), found that peri-menopause women who exercised regularly, reported hot flashes that were categorized as moderate or severe, with less frequency when compared to a control group. Mirzaiinjmabadi, Anderson, and Barnes (2006) in their study found that following exercise, both pre- and post-menopause women reported an increased level of estrogens. Nelson, Samwel, Freeman, Lin, Gracia and Schmitz (2007) too conducted a study examining physical activity and its impact on menopause symptoms and found that higher activity levels among urban women were related to lower levels of stress. Research has also found that women who engaged in dietary changes as part of comprehensive naturopathic care, experienced relief in menopausal symptoms (Cramer, Jones, Keenan, & Thompson, 2003).

A study done in Nigeria to determine the various strategies used by women to control and manage the symptoms of menopause, found that 98% of the women used prayers as a form of spiritual therapy with the hope that the symptoms will go away. The same study found that 72.5% of the women used cold baths during hot flashes, wore light clothing and used native herbs (Jack-Ide, Emelifeonwu & Adika, 2014). Yet another Nigerian study among 432 women showed that 58.3% of the women did not regard menopause as a medical problem, took it as part of the aging process and hence did not use any coping strategies to manage menopause symptoms (Ikeme, Okeke, Akogu & Chinwuba, 2011).

A study in Njoro District, Kenya by Achar, Wanga & Olubandwa (2014) on knowledge of peri-menopause phase and symptoms found that 41% of the women visited health facilities seeking treatment for their menopause related problems. Literature on coping strategies used among menopausal women reveals that women use diverse coping strategies to manage their experiences. There is no study that has been done in Kenya on how women cope with experiences of menopause, hence this study must be done in order to find out what strategies Karen married women use to cope with their experiences of menopause in order to fill the gap in knowledge.

2.3 Theoretical Framework

The theory that informed this study was the Theory of Unpleasant Symptoms (TOUS). The TOUS was developed in 1995 to enhance the understanding of symptom experiences in diverse situations and was revised in 1997 to further accurately represent the complex interactive nature of the symptom experience (Lenz & Pugh, 2003). According to Lenz, Pugh, Milligan, Gift and Suppe (1997), the theory of unpleasant symptoms (TOUS) allows for the presence of several symptoms, rather than a single symptom in segregation and contends that symptoms may interrelate with each other in a multiplicative way. TOUS believes that managing one symptom will probably play a crucial role in the management of the other symptoms (Lenz & Pugh, 2003). The theory also asserts that three factors namely: physiological, psychological and situational influence how an individual will experience a given symptom or multiple symptoms and the nature of the symptom experience (Lenz & Pugh, 2003).

Theory of unpleasant symptoms postulates that there are four dimensions to each symptom experienced: intensity, timing, level of distress and quality (Lenz, Pugh, Milligan, Gift

& Suppe,1997). Intensity is defined strength or severity of the symptom reported by the individual; timing includes duration and frequency of occurrence over time, while level of distress is the perception of degree of discomfort, and quality of the symptom experience is a descriptive labeling of the symptom (Lenz et al., 1997). Distress among women experiencing menopause has been used to evaluate the individual's interpretation of the symptom experience and usually this is the reason most women seek treatment for symptom relief (Rouen, 2009).

The theory of unpleasant symptoms also posits that the symptom experience has consequences on the subject's performance. According to this theory simply put, this means the experience of symptoms can have an impact on the person's interactions with others and his or her physical, cognitive and social functioning (Lenz et al., 1997). This corresponds well with the aim of this study, which was to find out if menopause affects the sexual satisfaction of the Karen married women; which is a physical activity. TOUS also focuses on subjectively perceived symptoms rather than objectively observable signs (Lenz et al., 1997). This also supports the data collection instrument in the current study, where semi-structured in-depth interviews were used in order to get the subjective experiences of each woman. Hence TOUS was suited for this study as the phenomenon of interest which explored whether the experience of menopause symptoms has an impact on the Karen married women's sexual satisfaction. The current study anticipated that Karen married women were experiencing sexual satisfaction problems as a result of menopause. To this effect, literature review on menopause among women has illustrated that multiple symptoms during menopause transition have been found to have an effect on other menopause symptoms. For instance, in some studies complaints of sleep disturbance have been linked to physiological symptoms such as hot flashes/night sweats; while sexual problems have

been linked to physiological and psychological symptoms such as vaginal dryness, irritability and mood swings (Kravitz et al., 2003; Hollander, 2012; Gracia et al., 2004).

Conclusion

This chapter reviewed related literature on experiences of menopause, its effects on sexual intimacy and the coping strategies used to manage it among women, and also described the theoretical framework that informed this study. Literature reviewed showed that these studies have been conducted in other countries among women from diverse backgrounds. However literature review reveals that there is no literature on Kenyan women population on menopause and its effects on sexual intimacy and the strategies used to manage their experiences. Hence, this study would contribute to new knowledge in order to fill this gap. The following chapter presents methodology of the study.

Chapter 3

Method

This chapter presents the research design that was used in the study. It describes the research design, epistemology, participants, and sampling procedures, instruments of data collection, procedure of data collection, data management, data analysis, ethical issues, reliability and validity.

3.1 Research Design

Kothari (2003, p.39) define a research design as "the conceptual structure within which research is conducted; it constitutes the blueprint for the collection, measurement and analysis of data". Research design can also be defined as the researcher's overall plan for answering the research question or testing the research hypothesis (Polit & Beck, 2010). The qualitative research design that was used in this study is exploratory. The researcher chose exploratory design in order to address the scarcity of information on menopause regarding married Kenyan women's experiences and its influence on sexual intimacy (Creswell, 2009). Accordingly, exploratory design aims at an in-depth search for knowledge where little is known about the topic of the target population. Therefore, exploratory design was suitable for the current study as there was scarcity of research done with married Kenyan women with regard to their experiences of menopause and its influence on their sexual intimacy.

3.2 Epistemology

Epistemology is the theory of knowledge. It is concerned with the nature and scope of knowledge. The epistemology approach that was used for purposes of this study was social constructionism. Social constructionism posits that individuals understand the world within a historical and social context by means of social interaction (Creswell, 2007). According to Creswell (2007) individuals develop subjective meanings of their experiences, directed toward particular objects or things. These meanings are diverse and multiple that led the researcher to look for the complexity of views rather than narrow meanings into a few categories or ideas (Creswell, 2007). This approach was suitable for the current study, as its goal was to get as much as possible the subjective views of the participants on the topic.

3.3 Participants

The population of this study comprised of 12 married women who reside in Karen, Nairobi, Kenya and were experiencing natural menopause. The researcher chose Karen due to the availability of women from diverse ethnic and cultural backgrounds. Therefore, there was a likelihood of encountering a general population of married women in order to cover a wider spectrum of women from diverse backgrounds. The age of the participants included in the sample was between 45 and 65 years. Their level of education was at least secondary education and above. Therefore, this married women's population comprised of housewives, self-employed women, professional women with different religious backgrounds. It was possible to reach this category of women because Karen is an affluent suburb of Nairobi, lying South West of Nairobi City Centre. The suburb of Karen borders the Ngong Road Forest.

3.4 Sampling Procedures

According to Kombo and Tromp (2006, p.78) “sampling is the act, process or technique of selecting a suitable sample or a representative part of a population for the purpose of determining parameters or characteristics of the whole population”. Orodho and Kombo (2002) also define sampling as the process of selecting a number of individuals or objects from a population such that the selected group contains elements representative of the characteristics found in the entire group. The target population for this study was married women in Karen. The researcher chose Karen due to its proximity, accessibility and her acquaintance with the potential participants who reside in the area. Acquaintance was important in this study due to the sensitivity of the phenomenon under study. The sample size targeted for this study was 12 married women experiencing menopause.

Purposive sampling through the technique of snowball was used to recruit married women who live in Karen and were experiencing menopause. This sampling method enables the researcher to purposely target a group of individuals believed to be reliable and resourceful for the study (Kombo & Tromp, 2006). The researcher chose this sampling method because it enabled her access participants who were rich with information on the topic under study. According to McMillan (1996, p.85) purposive sampling “enables the researcher to select particular elements from the population that are representative or informative about the research topic”. Another reason for the choice of purposive sampling is that the findings can be transferable to other settings (Holloway & Wheeler, 1996).

3.5 Instruments of Data Collection

The research instrument that was used in this study is open-ended semi-structured in-depth interview using an interview guide (see Appendix B). Semi-structured in-depth interview was chosen by the researcher as it is suitable for exploration of perception, experiences and the opinion of participants on a particular topic. The other reason is that it provides an opportunity for the participants to give their own account of their experiences in their own words; and it also enabled the researcher to gain a deeper insight into the experiences of menopause, and how it affects sexual intimacy in marriage and the coping strategies used to manage it among married women. The study involved 12 participants who were subjected to interview.

Although the study had proposed to use both interviews and focus group discussion, this did not materialize as the participants did not want to participate in focus group discussion. This was because they felt that the topic was too sensitive and personal, hence the study only utilized the interviews. The interviews were conducted by the researcher herself. The proceedings of the interviews were audio-taped and transcribed verbatim for purposes of getting the participants' subjective experiences of menopause. To protect the participants' privacy the researcher assigned pseudonyms for each woman during the interview transcription.

3.6 Procedure of Data Collection

In order to have access to the women for data collection the researcher contacted one woman who is married, and is experiencing menopause, residing in Karen through a phone call. After the woman agreed to take part in the study, the researcher made an appointment to meet with her in a cafeteria in Karen on a day and time that was convenient for her. On the agreed day and time, the researcher met her, introduced herself and talked to her about the study. The

researcher then thanked her for her time and requested that she meets her in her house for the interview. After the interview the researcher requested her to lead her to the next women experiencing menopause, this went on until the researcher obtained the required number. Before any of the women took part in the interview, the researcher explained to her what was expected of her in taking part in the study. The researcher then requested the women to complete the consent form approved by Tangaza University College Research Committee, (see Appendix A) so as to ensure that the participation in the study was voluntary. The women were then interviewed one on one by the researcher on different dates. The interviews took place in the participants' houses.

The interviews took 40 minutes. The researcher also made it clear to the participants that one could withdraw from taking part in the study whenever they felt that they could no longer continue with the study. She explained to the participants that there was no payment or any other kind of compensation for their participation in the study. Prior to the main study, a pilot study was done with 4 participants. The pilot study aimed at helping to test the validity and reliability of the instrument of data collection. The findings from the pilot study showed that the women experienced hot flashes, mood swings, and irritability. The findings also indicated that experiences of menopause impacted on the women's sexual satisfaction.

The researcher sought for a Research Permit from the National Commission for Science, Technology and Innovation (NACOSTI) after her thesis proposal was approved by the Tangaza University College Research Committee. NACOSTI is an advisory institution of the Government of Kenya on matters of national science, technology, innovation and research, among its many functions, is to advise and regulate matters of research in the country.

3.7 Data Management

Data management refers to the process of controlling information generated during a research project (Johnson & Ähllfeldt, 2013). Data was audio-taped and transcribed verbatim and stored in text format. It was stored on the hard drive of the researcher's computer and on a flash disc as a backup. The researcher used this mode of storage as it provides quick access and allows data to be moved or changed. For purposes of security and confidentiality of the data, the researcher used a password that was only known and accessed by the researcher. The data will only be destroyed five years after the researcher's graduation.

3.8 Data Analysis

Data analysis is fundamental in scientific and social research in ensuring that all relevant data are captured for making comparison and analysis (Kothari, 2004; Mugenda & Mugenda, 1999). According to Kombo and Tromp (2006, p.117) data analysis refers to "examining what has been collected in a survey or experiment and making deductions and inferences".

Data was analyzed using thematic analysis method. Thematic analysis is a method for identifying, analyzing and reporting patterns within data (Braun & Clarke, 2006). The proceedings of the interview were audio-taped and transcribed verbatim. Verbatim transcription of the interviews was used as it presented the subjective experiences of participants in their own words and hence reduced the researcher's bias. Therefore data analysis in this study followed six steps by Braun and Clarke (20060 which include: (1) Familiarization with data which was achieved as the researcher read and re-read the text to ensure accuracy; (2) Generating initial codes, data was coded in a meaningful and systematic way. Focus was on coding segments of the data that were relevant to the research questions; (3) Searching for themes, the identified codes

were examined and gathered into possible themes; (4) Reviewing themes , the original data was revisited to check that the developing themes fitted with individual data as well as the entire data set; (5) Defining and naming themes, the refinement of each theme continued, the researcher identified the essence and ensured the relevance of each theme to the overall analysis. Themes were clearly given defined names; and finally (6) Producing the final report, the report included extracts of individual quotes to support elements of the themes and then the themes were linked to the literature and the research objectives.

3.9 Ethical Issues

Ethical issues refer to concerns and dilemmas that arise over the right way to execute research, more specifically not to create harmful conditions for the participants of inquiry, humans in the research process (Schurink, 2005). Hence, this study took due consideration of the following ethical issues in view of the research area: confidentiality, informed consent, privacy and potential risks.

3.9.1 Confidentiality

Confidentiality in research means not discussing information given by a participant with others, and presenting results in ways that ensure participants cannot be identified such as the use of pseudonyms (Wiles, Crow, Health & Charles, 2008). Confidentiality is very essential with regard to research ethics in this perspective the information attained from this study was used for academic purposes and not otherwise. The participants were informed and assured that the information they gave was treated with utmost confidentiality. Confidentiality in this study referred to the obligation and reasonable precautions to protect confidential information gotten

through or stored in any published medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship (Jackson, 2012). To conceal the identities of the participants throughout the interview, pseudonyms were used.

3.9.2 Informed Consent

Informed consent is the process in which participants agree to take part in a study after being informed of its procedure, risks, and benefits (Bulger, 2003). In this regard, the researcher explained to the participants the purpose of the study, their right to decline from joining in the study or withdrawing their consent during the course of the study; potential risks, discomfort or adverse effects and prospective research benefits. The researcher also made it clear that there were no payments or any form of incentives made for the participation in the study, except that their voices would contribute to creation of knowledge. The participants then signed a consent form indicating their willingness to participate in this study; part of their informed consent was conducting the research interview at their own convenient location and time schedule. The researcher also obtained ethical clearance letter from Tangaza University College Research Ethics Committee which allowed the study to be carried out.

3.9.3 Privacy

Privacy refers to protecting research participant's right to privacy which requires respect for their autonomy, their right to self-determination, as well as their general welfare (Lounsbury, Reynolds, Rapkin, Robson & Ostroff, 2007). This study respected individual‘s freedom to take

part or not to take part. For purposes of privacy, the researcher conducted interviews in the participants' houses.

3.9.4 Risk

According to the British Psychological Society (BPS) (2010) risk in research refers to potential physical or psychological harm, discomfort or stress to human participants that a research may generate. The potential risks in the current study were unlikely as the study did not have any invasive procedures. However, in case a participant gets emotionally overwhelmed, the researcher being a Counselor herself was to do debriefing at the end of the interview session and if need be refer such a participant for on-going counseling.

3.10 Reliability and Validity

3.10.1 Reliability

Reliability and validity is an important aspect of any research. Reliability can be defined as the consistency with which an instrument measures the attribute it was designed to measure (Creswell, 2009). The term dependability is used in qualitative research to denote reliability (Guba, 1981). To establish the reliability of the instrument, a pilot study was conducted before the main study. For this purpose 4 participants experiencing menopause were selected from Karen. The pilot study proved that the instrument was reliable and measured what it was designed to measure as it was able to generate positive results in regard to sexual satisfaction. After the main study, dependability was insured by the researcher presenting a copy of the transcribed notes from the audio-tape recordings to a few participants for verification of accuracy

of the results (Stiles, 1993); and they confirmed that the transcription was a reflection of what they said.

3.10.2 Validity

Validity is defined as the degree to which the instrument measures what it purports to be measuring (Creswell, 2009). The term credibility is used in qualitative research to refer to validity (Guba, 1981). To ensure credibility of the instrument of the current study, the Supervisors of the researcher read through the interview questions. The ones that were not so accurate were rephrased in order to measure what they were intended to measure.

Conclusion

This chapter has presented the methods that were used in this study with regard to research design, recruitment of participants, the targeted sample size, tools of data collection, data management, data analysis, and the ethical considerations that guided the study.

Chapter 4

Results

This chapter reports the emerging themes from the transcribed interviews. The themes are presented in three major groups, based on the three research questions: (a) experiences of married women during menopause; (b) effects of menopause on sexual satisfaction of married women in terms of sexual desire, sexual interest and sexual arousal; and (3) coping strategies married women employed to manage their experiences.

4.1 Demographic Details of the Participants

The total number of participants in this study was 12 women. The age of the participants ranged from 45 years to 65 years of age. The mean age of the participants was 55 years. The mean age of menopause onset was 46 years. Out of the12 women 10 were postmenopausal and 2 were peri-menopausal. All the women were Kenyans from diverse ethnic backgrounds. Out of the 12 participants who were interviewed, 4 had university level of education, 4 diploma level, 2 had “O” level certificates and 2 participants had not completed secondary education.

In terms of their profession, 2 were Counselors, 3 were Administrators, 2 were Secretaries, 1 Clerical Officer, 1 Social Worker, 1 Physiotherapist, 1 Personal Assistant and 1 Senior Human Resource Officer. In regard to their religious backgrounds, 5 were Catholics, 6 were Protestants and 1 was a Seventh Day Adventist. All participants were residence of Karen.

4.2 Experiences of Women during Menopause

From the semi-structured in-depth interviews carried out by the researcher and the thematic data analysis on the experiences of women during menopause, the following themes emerged: Physiological symptoms and psychological symptoms.

4.2.1 Physiological symptoms

Majority of the women in this study reported experiencing multiple physiological symptoms. In unionism, the women's experiences of physiological symptoms were reflected in the discourse of hot flashes/night sweats and menstrual changes. They described these symptoms as distressful, worrisome and unpleasant. The women spoke of getting confused with the onset of these symptoms which they were not prepared for and attributed the symptoms to sickness.

4.2.1.1 Hot Flashes/night sweats

A good number of the women expressed that they experienced hot flashes/night sweats, which they expressed as feeling of severe and intense sweating on their upper body particularly on the face, neck, chest and at the back. Some of the women spoke of sweating mostly during the day, while others spoke of experiencing sweats at night. The women said that they did not know what was happening to their bodies and thought that they were sick and when they consulted a doctor they were told that they were not sick, as one woman Mrs. M. aged 60 said:

> Sweating at night. I didn't know what it is. Sweating, sweating at night, now what is this? Then I went to see the doctor… he told me I was not sick, so I went home. But sweating at night, it didn't occur to me that was menopause that time. I was worried because I thought am I sick, when I cover myself I am just sweating, I just throw the bed sheets aside.

Another woman Mrs. R. aged 62 said:

> Initially I was experiencing sweats at night and I got so worried, because I thought I had contracted HIV and AIDs and then I even told my husband and he took it lightly. I was 47 years old. Then that time I decided to go and consult my doctor, and when I told him that I had been sweating because that is the time when AIDs had just come around and I told him that I was worried that I could have, I could be having the disease. Then the doctor laughed so much, because he asked me how old I was and I told him then he said there is no need to worry but you can go for a test and sure enough it was not HIV. But later on I discovered, it was, he told me it was menopause.

Another participant Mrs. J.R. aged 56 said:

> Sweating. I was also having those; I came to learn later that they were called hot flashes. I would experience some very hot experiences on my back, and then I would sweat. The hotness was at the back and the sweat would just flow the normal way. I was not happy about it.

A few of the women expressed how hot flashes had affected their performance at work. They said that sometimes they are working on something or in the middle of a serious meeting and all of a sudden you start sweating. This sweating is so furious that one becomes embarrassed. Which is really disturbing and affects their concentration, and Mrs. G. aged 55 shared:

> To some extend menopause symptoms changed my life. The symptoms that were particularly disturbing was the, was the hot flashes. Hot flashes were very disturbing for me. Aaaaah, this is more so I was working in a CEO's office, and a CEO's office is a very busy place, people are in and out. One minute you are talking to a guest and the next minute you are drenched in a lot of sweat, that until you have the visitor asking you, if you are OK. Because you cannot explain, it is in the middle of July, it is so cold and you are sweating. So it really disturbed me. Every time I would get hot flashes, if I was talking to somebody, because you can feel it coming, I would actually excuse myself very fast and say just a minute, let me just get some information that will enable me serve you better, and I would duck into a small room that we had around, I would go there and try and take papers and try stand under the fan I will try all kinds of things to get myself back into a normal mood. When that is done, then I would come back then continue with my work.

Yet another woman, Mrs. J.A aged 57 shared:

> It is embarrassing, and by the virtue of my office, eeee.., …punctuated with meetings, chairing meetings and that kind of thing. You have started a meeting

> at 9, you are chairing, and you are kind of carrying bits of sweat on your face, the first like reaction from audience is like, is she sick and if she is sick, she wouldn't ask somebody else to chair the meeting. Those are the thoughts that are going on in people's minds. But after some time now, I have become used to it, I no longer get embarrassed, when I sweat I just remove my handkerchief and wipe the sweat and continue with the meeting.

It is interesting to note that only two participants reported not having experienced hot flashes.

> Mrs. P. aged 58 said, "Well I know so much about menopause, because I have seen my colleagues, my friends sweating and then you know, when you enquire they tell you they are experiencing menopause. But the strangest thing I have never gone through it".

From the extracts above, the women in the study experienced hot flashes/night sweats, but also experienced menstrual changes.

4.2.1.2 Menstrual Changes

All women in this study reported having experienced menstrual changes as their first symptom of menopause. The cessation of menses and the changes in their periods that came before menopause differed among the participants. Some women reported that their periods became irregular; others reported that their periods were prolonged, and others reported that their menses became heavier or lighter. Some women went to the extent of expressing that they thought they were pregnant when they could not get their menses as usual and others said that they thought they were suffering from some kind of condition, but when they consulted the doctor they were neither pregnant nor sick. One woman Mrs. M. aged 60 said:

> I missed my period for about three months and then I started asking myself may be, might I be pregnant? But I wasn't. Me whenever I am pregnant the first month I start vomiting. But this time periods have disappeared I am not feeling anything. I even went to the gyno for testing nikaambiwa (I was told) no you are not pregnant, akaniambia (he told me) may be is the start of menopause.

While another woman Mrs. G. aged 55 said:

> I just started having erratic menses. They would come, I would have an overflow, and then sometimes I would haveeee.. have it prolonged for so long, for two to three weeks. It would just give me one week break, and even that one week break it would not completely finish, I would still spot here and there, here and there and before I know it, it is back again full time. Actually when I went to see the doctor when I was having these erratic periods after about 1 year to 1½ years, when I went to see the doctor to say that I think I have a medical problem, that's the time the doctor was telling me I think these are menopause symptoms and we argued and I told him it cannot be menopause, I was only 43 years.

And Mrs. E. aged 60 said:

> Sweating at night, then when I missed my days they were just coming lightly. So I thought maybe I am pregnant, I didn't know this is the time of menopause. I went to see the doctor. I explained to the doctor I am not getting my periods as usual. He tested me, he didn't know that I am already menopause even me I didn't know. Then he told me you are not pregnant.

While Mrs. D. aged 58 said:

> My menses went on until after 40, between 40 and 45 I started you know like missing, then the missing was not for a long period. I just missed and then I went to consult my doctor the second menses the second period when I went to consult my doctor, when she looked at my age she told me it was probably the beginning of menopause.

4.2.2. Psychological symptoms

The findings indicated that the women experience some psychological symptoms which they expressed manifested in two major ways, particularly in the form of mood swings and irritation. This mood swings majority of them express happen from nowhere and for no reason. They just become moody, one time they are feeling good and the next they are not themselves and they don't understand what is going on.

4.2.2.1 Mood Swings

All the women in this study reported experiencing mood swings. They spoke of the experiences of constant fluctuation of feelings in which case, at one time they are feeling moody.

Some women even used the expression of children who throw tantrums to describe their experiences of mood swings. In this regard, Mrs. I. aged 48 said:

> One time I wake up very well, the next time I am withdrawn and I don't want to talk to anybody. I am throwing tantrums to the children and everybody who comes my way.

While another Mrs. R.A. aged 57 shared:

> Quietly I try to control, like I see I have woken up and I am feeling like I don't even to talk to people and I realize these people will know there is something wrong. So I try to control, but it is there. There are sometimes I just burst out.

Yet another woman Mrs. M. aged 60 shared:

> Another challenge I have faced is mood swings. You are just there, you don't want to talk to anyone, you just want to be alone, and you wonder what is happening.

4.2.2.2 Irritability

In their narratives most of the women claimed that they felt easily irritated. In this respect, they talked about the frequency with which they quarrel or got angry with the others including their loved ones over little or insignificant issues which was not how they behaved before the onset of menopause. Accordingly, one woman, Mrs. J. aged 53 said:

> I just get irritated with small things and I just burst out. *Kupiga kelele tu ovyo ovyo kwa nyumba* (just quarreling anyhow in the house), which is unlike me before I started menopause.

Yet another woman Mrs. K aged 57 said:

> You get irritated very easily. You find yourself you are hostile, may be to your partner sometimes, may be somebody does something that you are not happy about or may be your children, you lose patience very easily.

While Mrs. A. aged 60 shared:

> You become just petty and the family members wonder what is going on with you. You know, you get angry with people for no reason, and you also don't understand yourself why this is happening.

4.3 Effects of Menopause on Sexual Satisfaction of Married women

This study sought to examine effects of menopause on sexual satisfaction of married women in terms of sexual desire, sexual interest and sexual arousal. Majority of the women in this study reported experiencing sexual difficulties which they described as annoying, unpleasant and confusing, as they did not understand what was going on. These difficulties were: vaginal dryness, sexual desire, sexual interest, sexual arousal and sexual enjoyment.

4.3.1 Vaginal dryness

Majority of the women talked of vaginal dryness during sex, which they described as uncomfortable and making sex very painful. Some of the women said that this made them avoid sex, as Mrs. G aged 55 said:

> I have become dry, my vagina has become dry especially during sexual intercourse and this makes sex very painful. When you have sex you scream throughout because of the pain.

And Mrs. J.A. aged 57 said:

> Due to dryness of the vagina, I have had to move to another bedroom just to avoid sex.

Another woman Mrs. S. aged 48 spoke of:

> My vagina has become dry since I started experiencing menopause, sex is painful, that I no longer want to have sex, and I give lame excuses just to avoid it. I am not happy about it.

The vaginal dryness experienced by the women in this study contributed to the avoidance of sex; hence the women spoke of experiencing problems with their sexual desire and sexual interest.

4.3.2. Sexual Desire and Sexual Interest

Most of the women in the study spoke of experiencing difficulties with sexual desire and sexual interest. They shared that before menopause they had no problem with sexual desire and sexual interest. They said that since onset of menopause their sexual life has not been the same, with some saying that they experienced lack of sexual desire and others saying that their desire had reduced. For instance, Mrs. J. aged 53 said:

> Sexual desire is not the same, it has changed, this man wants sex and the last thing you want to hear of is sex. Because you wonder whether you will deal with the night sweats or the sex which will accelerate the sweating.

And Mrs. J.A. aged 57 said:

> The sexual desire is not the way it was before, sometimes it is there and other times it is not there and you know you just give in to sex because the *mzee* (husband) is asking.

Yet another Mrs. J.R. aged 56 said:

> The desire has gone down. So really one has, my husband has to make some effort to bring me to the mood.

Not only did these women experience lack of or reduced sexual desire, but also reported experiencing lack of or reduced sexual interest. One woman Mrs. C. aged 54 said:

> *Hiyo haiko kabisa. Hata huyu mwanaume akikuguza unaonatu anakusumbua (*that one is completely not there. Even when this man touches you, you feel he is bothering you*).*

Yet another Mrs. A. aged 60 said:

> It has reduced. Let me tell you. The thought of my husband asking for sex even when I am not ready for it… makes me think of the option of moving to another room with a spare bed where I am able to sleep and avoid being asked for sex.

While Mrs. M. aged 60 said:

> aaaaa… mmm..(nodding head). No no not the way it was before. *Inakuja* (it comes) sometimes. But most of the time it is not there, not like before.

Mrs. T. aged 60 said:

> Sexual interest is not the same, but it has to be cultivated.

With the foregoing quotes, it is evident that these women's sexual desire and sexual interest has been affected by menopause. Not only did they speak of experiencing difficulties with sexual desire and sexual interest, but also expressed having problems with their sexual arousal. This theme is discussed in the next section.

4.3.3. Sexual Arousal

Most of the women in the present study said that they experienced difficulties when it came to sexual arousal. They reported that to get aroused had become difficulty, with some sharing that they experienced lack of sexual arousal and while others experienced reduced sexual arousal. One woman Mrs. C. aged 54 said:

> For me before I started experiencing menopause, I would get aroused so easily. Since I started menopause it has become so difficult for me to get aroused. We have to do more of fore play for me to get aroused.

With Mrs. M. aged 60 saying:

> Getting aroused has become difficult, it is not there always. My husband has to struggle to get me aroused, and even then it takes quite some time before I do get aroused.

On the other hand, Mrs. O. aged 53 said:

> Sexual arousal for me is a forgotten thing. It is not there, since I started experience menopause. When it comes to sexual activity, I just have to use the gel to get aroused.

However, a few reported that their sexual arousal had not been affected by menopause. Mrs. P. aged 58 said:

> My sexual arousal has not changed; I still get aroused just like before.

And Mrs. J.R. aged 56 reported:

> Okay, I get aroused, but then getting to the peak sometimes does not happen the way it used to be, so I have been wondering what is happening.

4.3.4. Sexual Enjoyment

Majority of the women in the study reported experiencing lack of sexual enjoyment which they attributed to menopause. To these women sexual enjoyment was tied to reaching orgasm. In this respect, Mrs. R. aged 62 shared:

> I do not enjoy sex anymore and I just give in because it is a duty.

And Mrs. S. aged 50 said:

> I do not enjoy sex anymore, the way I used to 30 years ago. I do not come the way I used to before menopause.

Mrs. G. aged 55 Said:

> Before menopause I would come every time I had sex with my husband. But these days it has become difficult for me to come, so we have had to reduce the number of sexual activity we have. For example, instead of having sex once every week, we now have it once after a fortnight and I have noticed when we do this, then I come.

While Mrs. J. aged 53 said:

> I do not get satisfaction from sex as it has become difficult to achieve orgasm like before; sometimes I just pretend to please my husband.

On the other hand, one woman reported having no difficulties with enjoying sex. Mrs. P. aged 58 said:

> For me I now enjoy sex than before I started menopause, because I have no fear of getting pregnant, when I was going through my periods I had to be careful about when Yaah and when not to have sex. But now that everything

had stopped I had nothing to worry about, any time is sex time, it even became better.

It is interesting to note that some of the women in the current study shared that the sexual difficulties they experienced had affected their spousal relationships. This theme is discussed here below.

4.3.5 Spousal Relationship Changes

Some of the women in this study reported that experiences of menopause had affected their relationship with their spouses. They said lack of sexual interest, mood swings and hot flashes had led to experiences of strained relationship with their spouses. In this context, the women claim that this strained relationship arise when they either get moody or show signs of not wanting/enjoying sex. As a result both of them (women) and their spouses feel uncomfortable with each other. Some of the women even expressed that their spouses become suspicious. Mrs. G. aged 55 shared:

> When it comes to my life with my partner, there was definitely a big change. Because when it comes to sex I realized that I became drier, so having sexual intimacy became a bit of a challenge. The other thing that affected my relationship with my partner were the mood swings, I would wake up one morning I am talking very nicely to my partner and the next minute I am just throwing tantrums. I cannot even explain and sometimes if I am able to contain myself, I would just switch off I am in a mood and I don't want to talk to anybody. So that was another aspect which was affecting me also and of course when that affects me then obviously it affects him, because then the intimacy thing does not arise, he cannot start asking for sex when you are in such a lousy mood.

Mrs. S. aged 50 shared:

> Menopause has affected my relationship with my husband as he thinks that I have a *mpango wa kando* (extra marital affair) since I am no longer interested in sex and this makes him very angry, he shouts and he quarrels me so much.

While Mrs. J.A. aged 57 said:

> Oh! Spousal relationship, quite a lot I would say. Number one, the hot flashes, it makes you experience a lot of discomfort especially in bed, and at night it is at its peak, you can keep on tossing and stuff and like it inconveniences the spouse, eee… you don't enjoy the sleep and that affects also the spouse, because you are ever tossing in bed. And like when it comes to matters eeee… of sexual intimacy, any mention of sex is like am I sweating or am I getting to do sex whatever activities and that kind of thing, it is like I would rather be given space to concentrate on sweating and not like somebody wants sex and is like going to accelerate the sweating and that kind of thing. So it affects a lot, a lot the relationship.

Some other women reported having no problems with their spouses due to experiences of menopause. Mrs. K. aged 57 said:

> For me it has not changed my relationship with my husband, because I have never shared with him about my menopausal experiences and I have tried to cope when it comes to sex and therefore he does not even know whether I have reached menopause or not.

Another woman, Mrs. T. aged 60 described her relationship with her husband as having not changed. She said:

> Aaaaaah.. has it been? I don't think so. My husband understands that I was not like that sexually before and he has learnt to be patient with me when it comes to sex and after all he is also not getting younger.

4.3.6 Family Relationship Changes

Majority of the women in the study reported that experiences of menopause had affected their relationship with their families, especially with the children. They attributed this to experiences of menopause such as irritability and mood swings. In this regard, Mrs. G. aged 55 said:

> When I am experiencing mood swings, I do not want to talk to anybody even when my children want to talk to me I will shout at them and tell them to leave me alone. This has affected the way I relate with my children and they do not understand why.

While Mrs. O. aged 53 said:

> I just enter the house and I will pick on any small thing that my children have not done and I start shouting and quarreling them. For instance, sometimes I find they have eaten and left a plate on the table and this will irritate me so much and I will make a big issue out of it. My children have been asking me what the problem is. My daughters even told my son recently, if you want to marry you will have to come introduce that girl so that she can meet our new mother.

Yet another Mrs. R. aged 62 reported:

> Yes, I used to be irritated by small things I use to quarrel even in the house, quarreling my children, and everybody who came my way and my children were not happy with this. Because they would ask me "mum! What is the problem? You have changed.

4.4 Coping Strategies Women use in managing the Experiences of Menopause

In reference to coping strategies that the women used for managing their experiences of menopause the following themes emerged: exercise therapy, conventional treatment, change of diet, change of dressing, social support, use of humour, spiritual intervention and doing nothing.

4.4.1 Exercises Therapy

Majority of the women in this study reported they used exercise therapy to manage their experiences of menopause. The women shared that exercise therapy had helped them cope with hot flashes, weight gain, joint pains and night sweats. The exercise therapy that these women used included aerobics, walking, jogging, dancing and other sports such as netball, as Mrs. R. aged 62 said:

> I have been using aerobics to manage my hot flashes and it has worked for me, although sometimes I do not have time for the aerobics.

And Mrs. K. aged 57 said:

> I cope with the symptoms of menopause by walking a lot. Every morning before I go to work I have to take a walk and I am doing very well because it has helped in reducing the hot flashes and the joint pains.

While Mrs. S. aged 50 said:

> For me playing netball has been one strategy I have used and I can't complain as it has helped me to manage the hot flashes and weight gain.

And Mrs. T. aged 60 reported:

> As I told you I am Physiotherapist, therefore I know how important exercises are. I do physical exercises such as dancing, walking and aerobics and I have seen they are helping especially when it comes to hot flashes and night sweats.

Although some women reported using exercise therapy to cope with the experiences of menopause, others reported using conventional treatment as a coping strategy.

4.4.2 Conventional Treatment

Some of the women in this study reported using conventional treatment such as hormone replacement therapy and gels to manage their menopause experiences. They described the gel as being very helpful for vaginal dryness during sexual activity. One woman Mrs. G. aged 55 said:

> When I saw my gynae, for vaginal dryness he prescribed some gel for me for vaginal dryness and from that time it has been gel throughout. We have gone a step further, and tried life without gel, it has not worked. We have decided gel is part of our partner in bed, so we just use the gel. Yes.

While Mrs. R. aged 62 shared:

> The moment I experienced vaginal dryness, I went back to the doctor and he gave me a gel called KY gel which I used, which I am still using up to now.

Apart from using conventional treatment, some of the women expressed that they regulate their meals to reflect a more balanced diet as a way of grappling with their experiences of menopause.

4.4.3 Change of diet

Some of the women maintained that they had changed their diet in order to cope with the experiences of menopause. In their opinion they went an extra mile to include more vegetables and fruits in their daily diet. They claim that adding more vegetables and fruits had brought about reduced instances of hot flashes and even sometimes improved the rate of vaginal dryness. One woman Mrs. K. aged 57 said:

> I read in a book that eating lot of vegetables and fruits help in reducing menopause symptoms. I have been eating a lot of vegetables and fruits and they have really helped especially with vaginal dryness. Before I used gels for this, but since I read that these gels could cause other health problems I stopped and I can say I am doing very well with vegetable and fruit diet.

While Mrs. J.R. aged 56 said:

> I take a lot of nuts, fruits, *kienyeji (traditional)* vegetables, *sagetti nakula* (I eat once in a while) and it helps me on sweating. I take a lot of *apoth* and guavas for the dryness and it is helping me.

However, there are some women who in an attempt to cope with their experiences of menopause affirm that they simply have changed their dressing pattern.

4.4.4 Change of Dressing

Most of the women reported having changed their way of dressing so as to cope with hot flashes/night sweats. They shared that they now wear lighter cloths, cotton cloths during the day and cotton pajamas when going to bed. One woman Mrs. G. aged 55 said:

> To cope with hot flashes, I try and dress as light as possible regardless of the weather. Even in July I dress warm enough, but not too warm the way people want to dress in July. I carry a heavy coat on the side, if I feel that it is getting too cold then I wear the heavy coat, but if I feel it's getting too warm, then I

> off load it as immediately as possible. That has helped me to cope with the hot flashes.

And another Mrs. T. aged 60 said:

> I have changed the way I used to dress since I started experiencing menopause. I now put on cotton pajamas when going to bed and wear light cloths when going to work.

While Mrs. J.R. aged 56 shared:

> I put on light cloths when going to the office, even suits I wear those that are lighter. So that when I start sweating it is easier to remove the coat and remain with the blouse and that's how I cope with hot flashes.

Yet another Mrs. M. aged 60 said:

> I no longer wear heavy heavy cloths, this is because I noticed that whenever I wore heavy cloths I would even sweat more. I have had to change my wardrobe. I wear lighter dress and it has really helped me manage hot flashes. With lighter cloths, I sweat but the sweating is not so severe as I would be dressed in a heavy dress.

4.4.5 Social support

A few of the women in this study reported using social support as a way of coping with experiences of menopause. They shared that when they talked to their friends and family members such as sisters or other women who were also experiencing menopause it made them feel that it is a natural occurrence for women and hence took it positively. For instance, Mrs. J. aged 53 said:

> Me I have been sharing with my older sisters who are also experiencing menopause and this has helped me as I have come to accept that menopause is natural and all women have to go through it. *Na imenisaidia sana* (and it has helped me a lot) because I no longer feel embarrassed because of these symptoms.

While Mrs. A. aged 60 said:

> Sharing with other women who are experiencing menopause has helped me accept it as a normal stage of development in a woman's life.

4.4.6 Use of Humour

Some of the women in the study used humour to cope with menopause symptoms such as making fun about it. In this way, they tend to amuse themselves or make fun of their experiences of menopause. Mrs. K. aged 57 said:

> When I start sweating and I am in the house or office, I just say, age is catching up and those around me will just laugh and we laugh it off and I no longer feel embarrassed about it.

And Mrs. E. aged 60 shared:

> Humour has really helped me, especially when it comes to hot flashes. I use to feel very embarrassed, because you are sweating and others are feeling cold. But since I started making fun of it, people laugh about it and I also laugh about it.

In addition, there are some women who use their religiosity as a means of coping with their experiences of menopause.

4.4.7 Spiritual Intervention

A minority of the women said that they used spiritual intervention such as prayer to deal with the experiences of menopause. They shared that since they are Christians, they prayed about it as they believed that with God everything is possible. One woman Mrs. J.A. aged 57 said

> You pray about it for God to give you the grace and hope that one day it will come to pass.

While Mrs. K. aged 57 said

> I pray about it, since I am a Christian and it gives me comfort to know that it is natural and it will come to an end one day.

4.4.8 Doing Nothing

Quite a small number of the women reported doing nothing about their experiences of menopause. In this sense, they expressed that they simply go about life as usual; not thinking about the menopause phase. Thus, they don't give any particular attention to it. Mrs. O. aged 53 years said:

> I cope by doing nothing about it and it does not bother me, because I saw my mother and mother in-law go through it without using anything.

While Mrs. T. aged 60 said:

> I really do not use anything to manage the experiences, somehow I am just coping.

4.5 Summary of Findings

This section of the study gives the summary of major findings of the entire study. The study explored the experiences of menopause on sexual intimacy and the coping strategies used. In relationship to experiences of menopause, the study found that a large number of these women experienced hot flashes/night sweats; irritability, vaginal dryness, menstrual changes and mood swings. The study indicated that a minority of these women did not experience any hot flashes/ night sweats.

Regarding the effects of experiences of menopause on sexual intimacy and spousal relationship, the findings showed that menopause affected the women's sexual satisfaction in terms of sexual desire, sexual interest and sexual arousal. It is interesting to note that few women reported that lack of sexual interest had affected their relationship with their spouses.

In respect to coping strategies, the findings indicated that women used multiple strategies to manage their experiences of menopause. This multiple strategies arose based on the fact that women experience menopause uniquely hence the diversity in the coping strategies they used. The strategies used ranged from exercise therapy, conventional treatment, change of diet, change in dressing, social support, use of humor, spiritual intervention and doing nothing.

Chapter 5

Discussion

This chapter presents the discussion of the study with regard to the way experiences of menopause impact women's sexual satisfaction. The data in the form of emerging themes have provided insightful contributions in answering the three research questions: What are the experiences of married women during menopause? What effects does menopause have on sexual satisfaction of married women, in terms of sexual desire, sexual interest, and sexual arousal? What coping strategies do married women employ to manage their experiences? In this regard, this chapter will discuss the findings of the study in relation to literature review, the theory and finally make suggestions for the improvement of the theory.

5.1 Experiences of married women during menopause

The present study indicated that majority of the women experienced hot flashes, night sweats, vaginal dryness, menstrual changes, irritability and mood swings. These results match the literature review in which various authors reported similar results. For instance, Mishra and Kuh (2012) in their study reported women experiencing hot flashes, night sweats and vaginal dryness. Likewise Nosek et al., (2010) in their study among women experiencing menopause reported that majority of the women experienced hot flashes, mood changes, and menstrual changes. In support, a study by Achar, Wanga & Olubadwa (2014) also reported women experiencing hot flashes, mood swings and irritability.

On the contrary, Gast et al. (2008) found a positive relationship between hot flashes and heart disease among menopausal women. Therefore, on one hand, it cannot be conclusive to say

that hot flashes are associated with menopause experiences since hot flashes can also be as a result of cardiovascular condition. But on the other hand, this difference in findings could be due to lack of uniformity in the population sample; for example Gast et al.'s (2008) sample of participants were attending clinic for other health issues other than menopause experiences. The participants of this study were not sick, thus, may not present similar health problems like Gast et al's participants.

Furthermore, this finding of hot flashes, night sweats, irritability, mood swings and vaginal dryness is affirmed by the premise of the theory of unpleasant symptoms which says that symptoms may be experienced in isolation or in a multiplicative way. This is in line with the findings of this study, as majority of the women reported experiencing multiple symptoms such as hot flashes, night sweats, irritability, mood swings and vaginal dryness.

5.2 Effects of menopause on sexual satisfaction of married women

In this study, the Karen married women reported experiencing lack of sexual desire, and reduced sexual desire. These findings agree with findings of Merghatti-Khoei et al (2014); Makara-Studzińska, Kryś-Noszczyk, & Jakiel, (2014); Rahman, Salehin & Asif, (2011); Ramakuela, (2015) which reported that menopause influences women's sexual interaction in terms of sexual desire. In addition, lack of sexual interest and reduced sexual interest was also reported by majority of respondents in the current study. These findings are similar to those reported by European women in a study done by Nappi and Nijiland (2008). The current study's results also concur with a study by Ama and Ngome (2013) among menopausal women in Botswana who reported that women experienced reduced sexual interest. The findings of this study also indicated that majority of the women experienced lack of sexual arousal and reduced

sexual arousal as a result of their experiences of menopause. The findings on lack of sexual arousal is in consonant with the findings of Moghassemi, Ziaei & Haidari (2011); Beigi & Fahami, 2012; Valadares et al., (2011) studies.

However, the results on reduction in sexual desire do not concur with the findings of Goberna et al. (2008), who found that decline in sexual desire was linked to other difficulties such as husband's sexual needs and challenges of family caring and not menopause. The difference in findings of this study and the current study could be attributed to lack of privacy among their respondents who cited lack of intimacy due to reduced living space that is shared with parents or growing up children. The results of the current study on sexual arousal are also inconsistent with the findings of Bettencourt and Barnett-Connor (2012) who found that majority of the women reported having no difficulties with sexual arousal, compared to the findings of this study where a minority of the women reported having no difficulties with sexual arousal.

The findings of the present study indicate that experiences of menopause affected the women's sexual satisfaction; hence they could not perform their sexual role, which is a physical functioning. These findings agree with the theory of unpleasant symptoms which states that experience of symptoms can have consequences on the person's physical, cognitive and social functioning.

5.3 Effects of menopause on spousal relationship

The findings of this study indicated that some of the women reported having relationship problems with their spouses due to experiences of lack of sexual interest. This is in agreement with other studies that have been done elsewhere. A study done in Njoro, Kenya among women

experiencing peri-menopause by Achar, Wanga and Olubandwa (2014) showed that majority of the women reported having strained marital relationships due to lack of sexual interest. In consistency with the findings of the present study, Caico (2013) also found a positive correlation between menopause symptoms, sexual intimacy and marital relationship. This is in itself evidence that menopause impacts the spousal relationship of women experiencing menopause.

These findings are in line with the theory of unpleasant symptoms, which states that the experience of symptoms can have consequences on the subject's interactions with others.

5.4 Coping Strategies employed to manage menopause

The participants' narratives show evidence of multiple strategies used to manage their experiences of menopause as follows: exercise therapy, conventional treatment, change of diet, change of dressing, social support, use of humour, spiritual intervention and doing nothing in managing their menopause experiences. This finding is in agreement with some of the reviewed literature such as the report of Mirzaiinjmabadi, Anderson and Barnes (2006) stating that women experiencing menopause used exercise therapy to manage symptoms of menopause. Studies by Mushtaq, (2011) and Vestergaard et al., (2003) have reported conventional treatment as a coping strategy that has been used by women experiencing menopause to manage sexual problems. These findings are congruent with the findings of this study, as some women reported using conventional treatment such gels and hormonal replacement therapy to cope with the experiences of menopause. Likewise dietary change has been found to aid in managing symptoms of menopause (Cramer, Jones, Keenan & Thompson, 2003) which is in line with the findings of the present study. In addition, change of dressing that is evident in the findings of this study as one of the strategies of managing menopause symptoms agrees with the findings of Jack-Ide,

Emelifeonwu and Adika (2014). The participants of Jack-Ide et al and this study expressed wearing light and cotton clothes to manage effects of hot flashes. Interestingly, these two studies were carried out in Africa, Nigeria and Kenya. May be this is an indication for further study to investigate if African women experiences of menopause differ from that of women from other geographical regions of the world.

Finding regarding the use of prayers as a strategy to manage the experiences of menopause in this study were in agreement with the results reported by Mushtaq and Ashai (2014). Furthermore, Mushtaq and Ashai's participants' report of doing nothing in terms of managing the experiences of menopause is in agreement with the findings of this study. However, there was a slight difference in terms of the fact that majority of Mushtaq and Ashai's participants expressed the act of doing nothing as compared with a few of this study. The finding of this study also showed use of humour and social support as a strategy of managing experiences of menopause. This finding is in agreement with a study by Price, Storey and Lake (2008) who obtained similar results.

Generally, the findings indicating that Karen women use multiple strategies such as physical activity, wearing of light/cotton clothes, change of diet, social support, use of humour is affirmed by the theory of unpleasant symptoms which hold the view that strategy for managing one symptom could play a double role. In this context, the act of engaging with physical exercise do not only deal with hot flashes but also facilitates the process of weight loss and directly or indirectly improve good health as one of the women who is a physiotherapist talked about the importance of exercises in management of menopause symptoms.

5.5 Suggest Improvement of Theory

Although TOU has informed this study very well, it also has weaknesses that need to be addressed. According to the theory of unpleasant symptoms, various factors contribute to the subject's experience of problematic symptoms. These factors include: physiological, psychological and situational. The theory fails to acknowledge the fact that the personality factors of the individual could also contribute to the way the individual experiences the symptom/s. For instance, some personality types have been known to increase the severity or intensity of symptom experience of the subject (Borkoles et al., 2015). To this effect, this study suggests that the personality factor needs to be included in this theory in addition to the three factors stated above.

Chapter 6
Conclusion

The present study being the first study on the effects of experiences of menopause on sexual intimacy among Kenyan women population, has provided evidence that experiences of menopause indeed impact on the sexual satisfaction of Karen married women in terms of sexual desire, sexual interest and sexual arousal. It has also provided evidence that these women use various coping strategies to manage their experiences ranging from conventional treatment to alternative therapies. The current study has determined that the commonly menopausal symptoms experienced among Karen married women were hot flashes, night sweats, vaginal dryness, menstrual changes, irritability and mood swings. The study has also shown that experiences of menopause among these women, does not only impact on their sexuality, but also their spousal relationship and family relationships.

6.1 Limitations of the Work

The research had various limitations. The study was limited to one geographical location, which was necessitated by the time and financial implications which could have resulted if the data was collected from various Estates within Nairobi. Perhaps similar studies on experiences of menopause on sexual satisfaction and coping strategies which include women from other geographical locations could produce different results.

Another limitation of the study was the population covered which involved only married women experiencing natural menopause from Karen, locking out single women, women

experiencing menopause due to unnatural causes and women residing in informal settlements. Hence, other studies involving this kind of population are needed for further information.

The sample size of 12 women seems small, therefore, can be a source of limitation, hence the findings of this study cannot be generalized. However being a qualitative research it enjoys the ability of transferability to similar situations. All the same, this study makes the suggestion that future studies with a larger population of women be carried out for the purpose of generalization.

A further limitation of this study was that the sampled population did not want to participate in focus group discussion as they considered the topic under study too sensitive and personal. This may have impacted the outcome of the study as the focus group discussion helps in the revelation of sensitive issues that could have been missed in individual interviews. Focus group discussion also helps the subjects develop and express ideas they could have not thought of on their own.

6.2 Future Orientations

The findings of the current study suggested that experience of menopause has an impact on the sexual satisfaction of married women which in turn impacted on their spousal relationship. Therefore, there is need for another study to be conducted in future to find out whether this is the case among a different population of women, especially from the informal settlement.

Another study could also be done using Theory of Unpleasant symptoms to find out whether personality factors could influence the severity and intensity of symptoms experience during menopause.

6.3 Reflexivity

Reflexivity refers to the sensitivity to the ways in which the researcher and the research process have shaped the data collected, including the role of prior assumptions and experience, which can influence even the most avowedly inductive enquiries (Mays & Pope, 2000). Hence the researcher should make their personal biases bare at the onset of any research so as to enhance the credibility of the findings (Mays & Pope, 2000). The bias in this respect is used to refer to the tendency or preference towards a certain viewpoint, ideology or outcome (Mays & Pope, 2000). According to Jadad (2007) researchers have to reveal any hidden biases such as what motivated them to choose the research area they chose.

The researcher was motivated to choose this topic due to the menopausal challenges she has gone through herself and the interactions she has had with other women with regard to the topic under study. This alone, may have contributed to researcher's subjective view, which could have had a certain bias on the credibility and dependability of the findings. Hence, to attain the credibility of the study, the researcher adopted self-critical stance to the study, the participants, their role, relationships and assumptions. To achieve this, the researcher kept a diary, where she recorded her thoughts, feelings and reactions during the research process. This indeed enabled her to gain some distance and perspective on her personal process and take ownership of her own assumptions, goals, beliefs and subjectivity.

6.4 Implications for Counseling

The present study is beneficial to counselors and medics to better understand how the experiences of menopause impact the sexual intimacy of married women and the coping strategies they use to manage these experiences. The study if published will especially help counselors to better understand how menopause affect women's sexual satisfaction and better equip them with knowledge especially on this phenomenon that is less researched in our Kenyan context. The findings will also help counselors to be able to identify themes that may be important to explore when counseling women who are going through this developmental stage in their lives. The study will also equip women themselves with knowledge that will enable them understand what they are experiencing and be able to lead normal lives and embrace menopause as a normal occurrence that all women who live long enough must experience.

In addition, this study is making viable contribution to creation of knowledge as an abstract drawn from this thesis has been accepted for presentation in an International Conference to be held in Poland for September 2016. This is the Ninth International Conference of Dialogical Self (ISDS). In this way, this study is making head way towards contributing to available literature on women's experience of menopause and sexual satisfaction including strategies of coping.

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APPENDIX A

Tangaza University College – CUEA Participant's Consent Form

Title of Research: Experiences of menopause on sexual intimacy and coping strategies used among Karen married women.

- This study is being conducted as the requirement for MA thesis in Marriage and Family Counseling Psychology at Tangaza University College.
- It has been approved by the supervisors (contact: iysma@tangaza.org).
  The study involves no known risk to participants and contains no deception. It takes proximately 45 minutes to take part in the present phase of the study.
- The task requires a participant to answer a series of questions.
- All responses are treated as strictly confidential. No participant's results was be presented individually but only in aggregate form.
- Participation in this study is voluntary and there was be no monetary or any other kind of compensation. Withdrawal from participation in the study was not lead to an individual being penalized in any way, and all participants have the right to withdraw themselves and their data from the study at any time.

Name of researcher: OGADA JANET GUNYANYI

Position of researcher: STUDENT IN MA PROGRAMME

Address and telephone number of the College:

Tangaza University College, Langata, Nairobi, Kenya 15055–00509. Tel:+254891407

Signed by researcher:……..; Date:

Statement to be signed by the participant:

I confirm that the organizer has explained fully the nature of the project and the range of activities which I was be asked to undertake and that I have received an information sheet. I confirm that I have had adequate opportunity to ask questions about this project.

- I understand that my participation is voluntary and that I may withdraw at any time during the project, without having to give a reason.
- I agree to take part in this project, by filling in the questionnaire.

Signed by participant……..……. Date……

APPENDIX B

INTERVIEW GUIDE

Part I: Demographic Information of the Participants

1. Age
2. Level of Education
3. Religion
4. Profession

Part II: Semi-structured Interview Questions

1. As I told you before we are now going to discuss about your experiences of menopause.
    (i) Let us start by you telling me roughly how old you were when you started experiencing symptoms of menopause?
    (ii) Can you remember which symptoms came first?
    (iii) What was your reaction to these symptoms?
    (iv) Were you prepared for them?
    (v) And if you were, what had made you aware of the menopause?
2. Let us talk about your life from the time you started experiencing signs of menopause to now. Has there been changes in:-
    (i) Your relationship with your spouse?
    (ii) Your sexual life in terms of sexual desire, sexual interest and sexual arousal?
3. Is there anything else you would like to tell me about your experience with menopause?
4. Finally let us discuss how you have been coping with the experiences of menopause and how you learnt your coping skills?
5. Any final remarks that you have about menopause.