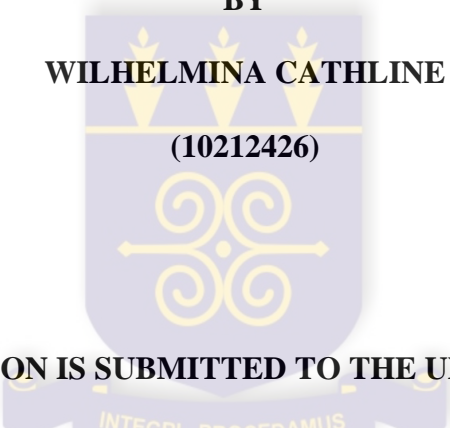


**SCHOOL OF PUBLIC HEALTH
COLLEGE OF HEALTH SCIENCES
UNIVERSITY OF GHANA**

**PERCEPTIONS, ATTITUDES AND MANAGEMENT OF MENOPAUSE AMONG
MENOPAUSAL WOMEN IN THREE COMMUNITIES, TEMA**

**BY
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The image shows a large, semi-transparent watermark of the University of Ghana crest in the background. The crest is a shield-shaped emblem with a purple field and a yellow border. At the top, there are three golden sun-like symbols. Below them, a horizontal yellow band contains the Latin motto 'INTECORUM MANUS'. The central part of the shield features a golden design of three interlocking spirals or scrolls. At the bottom, there are two golden arrows pointing outwards.

**THIS DISSERTATION IS SUBMITTED TO THE UNIVERSITY OF GHANA,
LEGON IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE
AWARD OF MASTER OF SCIENCE IN APPLIED HEALTH SOCIAL SCIENCE
DEGREE**

July, 2015

DECLARATION

I hereby declare that apart from references to other people’s research which have been duly acknowledged, this dissertation is the result of my own independent work. I further declare that this dissertation, either in whole or in part, has not been submitted elsewhere for the award of any degree in this institution and other universities.

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WILHELMINA CATHLINE
(STUDENT)

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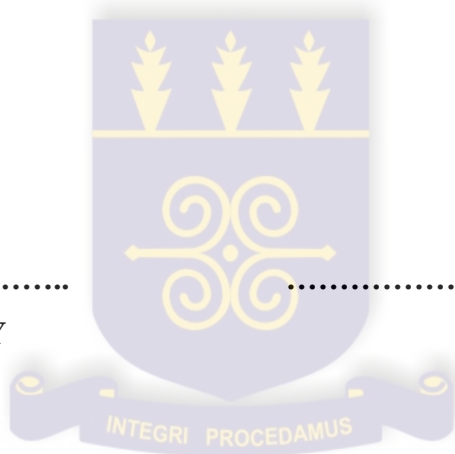
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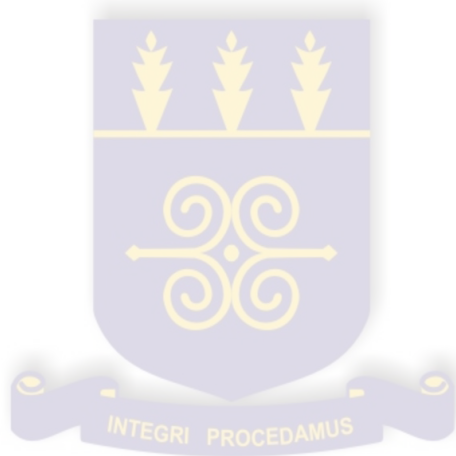
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DEDICATION

I dedicate this work to my dear husband, Dr. Kwabena Frimpong- Manso, for his love, care and support throughout this period of this research.



ACKNOWLEDGEMENT

I thank God Almighty for his grace and sustenance throughout my academic journey. I also wish to express my profound gratitude to my supervisor for her guidance, timeless effort, advice and motherly role she played throughout the writhing of this dissertation.

Many thanks to the staff of social and behavioural science department for their timeless contributions in guidance and direction throughout my academic work, especially Professor Philip Adongo, Dr. Phyllis Darko-Gyeke and Dr. Assampong God bless you.

I express my appreciation to the leadership of all the churches for allowing me to conduct this research with their women. Thank you women for accepting to participate in this research. I also thank Marie Aporwodu for her help during my data collection and analysis.

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ABSTRACT

Background: Menopause is the permanent cessation of menstruation, usually occurring between the ages of 45 and 55 years, and it is considered as a natural biological event that affects all women who transit into the period. To some women, the transition is characterized with physiological, psychological and social changes that impact their health. Clinical menopausal symptoms include hot flushes, depression, mood swings, forgetfulness, and sleep disturbances among others. Over the years, women have adopted various medical, herbal and natural strategies such as hormonal replacement therapies, local herbal medications and food supplements to manage the symptoms of menopause.

Objective: The objective of the study is to understand the perceptions attitudes and management of menopause among menopausal women in three communities in Tema.

Method: A qualitative cross-sectional approach was employed to study women's perceptions, attitudes and management of menopause in three communities 2, 3 and 5 in Tema. In-depth interviews were used to collect data from 20 women aged between 50 and 75 years. Data was analysed using the thematic approach.

Findings: Majority of the women in the study viewed menopausal transition as a natural process of ageing. They experienced a set of psychological, physical and sociological symptoms. The women had a fair knowledge about menopause, and this information was acquired from their families, religious groups and media. Most of the women used natural management styles such as eating fresh fruit and vegetables, exercises and complimentary alternative medicines to manage their menopausal symptoms.

Conclusion: Even though menopause is considered as natural part of aging process, there is the need for health care providers, families and religious organisations to provide care, support, counselling and health education prior to and during the menopausal period to

prevent serious medical health issues associated with menopausal transition, thereby, improving quality of life for women.

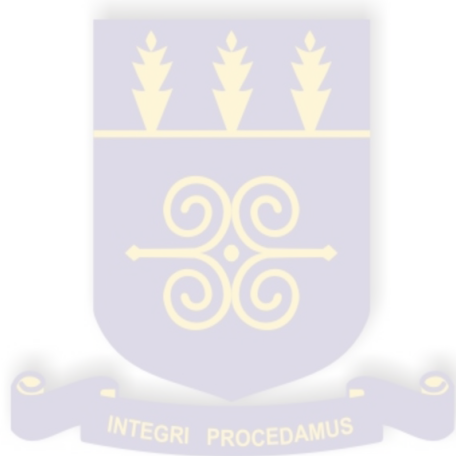
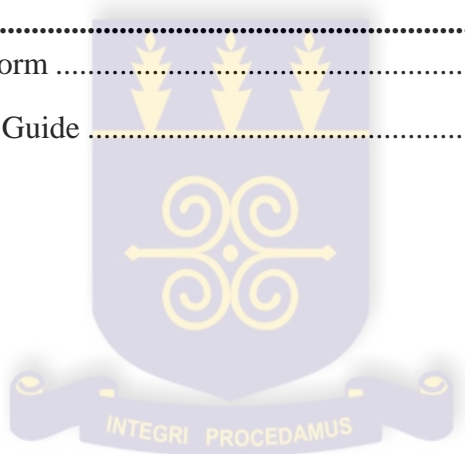


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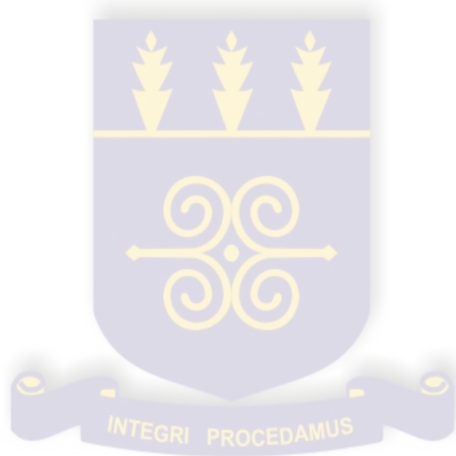
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LIST OF ABBREVIATIONS

FMP	Final Menstrual Period
FMP	First Menstruation Period
HRTs	Hormonal Replacement Therapies
TRA	Theory of Reasoned Action
IDI	In-depth interview
W.H.O	World Health Organization

DEFINITIONS OF TERMS

Allopathic - Refers to main stream drugs usually called Western medicine or modern medicine.

Non Allopathic – refers to alternative medicines or the traditional medicines sometimes called local herbs.

Perimenopause - is the menopausal transition with in woman's life with undetermined menstruation from the time of first changes in the menstrual cycle to the year following the definitive cessation of menstruation.

Postmenopause - comprises of the first five years after menopause.

CHAPTER ONE

INTRODUCTION

1.1. Background

Menopause is a Greek word *men* (month or menses) and *pause* (to stop or pause) that was coined by the French physician Charles Pierre Louis De Gardanne in 1821. It is the natural biological event which occurs during mid-life, usually between 45-55 years, when women transition from fertile to infertile stage. Menopause happens naturally, but can also be brought on by the removal of the ovaries, treatment for cancer or primary ovarian insufficiency where the ovaries produce lesser than normal levels of hormones (Natcher, 2005). In addition, environmental factors such as the use of synthetic materials may influence the age and time menopause begins.

For every woman, menopause results in the permanent cessation of menstruation and reproductive potential. Whilst some women do not experience any symptoms with the onset of menopause, for the vast majority it brings a negative impact on their lives. Over many centuries, women have experienced a variety of pre-menopause and menopause symptoms which results in several biological, emotional and social changes and challenges such as hot flushes, body ache, loss of memory and sexual dysfunction, depression among others (Nosek et al., 2010).

Apart from the natural effects of menopause on women, it also brings issues for women in the family, community and married life (Bhutani, Bhutani & Bhutani, 2013). For example, husbands in some African countries do not sleep in the same room with their menopausal wives because it is a taboo (Bayoli, 2013).

Research has shown that the symptoms of menopause do not occur equally among populations (Baber, 2014). For example, hot flushes and night sweats are often noted in North America and Europe, but these symptoms are rarely reported by menopausal women in Asian countries. But contrary to another study done elsewhere, menopause occurs earlier in some African counties than in Europe (Sidibe 2005). Also, the symptoms and onset of menopause have changed over the years and this has been attributed to biological, socio-cultural and lifestyle factors (Houck, 2002)

Perceptions and attitude towards menopausal transition depends on how women are socialized. Researchers argue that perception about menopause is likely to affect the treatment options (Hall, Callister, Berry, & Matsumura, 2007). In pre-modern societies, for example, menstrual tents and huts were built for women because they were considered unclean during this time. From the 1880s to 1930s, several methods including opium, cannabis and plant roots (e.g., black cohosh) were used by women to deal with menstrual and menopausal symptoms (Ettinger, Friedman, Bush & Quesenberry, 1997; Grodstein, 1997).

Today, women in high resourced countries perceived menopause as a medical issue that requires medical attention. Women in these countries resort to hormonal replacement therapy (HRTs) and other hormonal options for managing symptoms. However, in developing countries, women often perceive the menopause as a natural condition which does not require any medical help (Setorglo, Keddey, Agbemaflle, Kumordzie & Steiner-Asiedu, 2012; Odiari & Chambers, 2014).

1.2. Problem statement

In the past the distressing effects that menopause had on women was largely considered as personal problem. The high death rate, at the time, meant that many women did not live long enough to experience menopause. But today more than 90 percent of women worldwide experience menopausal transition (Mustafa & Sabir, 2012). Menopause has become a public health issue which affects nearly 1200 million women (Rozenbaum, 1998; Syamala & Sivakami, 2005). Limited medical treatment options, possible side effects, and cost of medical treatment all make menopause a significant issue for women.

Research has shown that, the age at which menopause occur is lower in the developing world (Taher, ben Emhemed, & Tawati, 2012). Like other lower middle income countries, Ghana is experiencing demographic changes resulting in an increased life expectancy, especially for women. The 2010 population census indicated that 438,498 Ghanaian women were above 50 years, with the mean age at menopause among Ghanaian women being 48 years while life expectancy was 68 years (Ghana Statistical Service, 2012). This pre-supposes that many women in Ghana will be affected by menopause and live a number of years in post menopause.

Evidence from various part of the world shows that women's perception and attitude towards menopause influences the way they deal with its distressing symptoms (Mahadeen, Halabi & Callister, 2008; Thenmozhi & Thenmozhi, 2015; Saka, Saidu, Jimoh, Akande & Olatinwo, 2012). Whilst the topic has been widely explored in other countries, only a few studies (e.g., Odiari & Chambers, 2012; Setorglo, et al., 2012) have been undertaken in Ghana to understand the condition. This study examines the

perceptions, attitudes and management styles among menopausal women living within Tema Township.

1.3. Conceptual framework

This study adopted the theory of Reasoned Action (TRA) as its conceptual framework. The theory was formulated by Ajzen and Fishbein (1980) to estimate the discrepancy between attitude and subjective norms. Initially, TRA was related to voluntary behavior, but the authors later found that behavior was not 100 percent voluntary (Ajzen & Fishbein, 1980). The theory is made up of two components, attitude and subjective norms. Attitude refers to personal beliefs about a behavior whereas subjective norms are social pressure to perform or not to perform a behavior (Ajzen, 1991, p. 188).

The conceptual framework was adopted to understand the perception, attitudes and management of menopause. To better appreciate behavioral intention, perceived as the main determinant of behavior, TRA was employed to understand women's attitudes towards menopause and how they manage it.

In the framework, beliefs about the behavior is about the beliefs and misconceptions women have about menopause being natural phenomenon or not. The evaluation of behavior has to do with assessment of menopause among the menopausal women and this influences women's attitudes towards menopause. The opinion of referent others deals with what families and friends think and discusses with women in their menopausal transition. This would in turn motivate menopausal women to comply or act on what whatever advice they receive from referent others. Women's attitudes and subjective norm influences their behavioral intention to whether to use allopathic or non-allopathic

medications. The final outcome of the behavior is actually the use of allopathic and non-allopathic medication (Ajzen & Fishbein, 1980).

From the TRA viewpoint, the significant aspect of women's attitudes towards menopause is that, women who consider menopause as a natural phenomenon and who also may not experience severe menopausal symptoms are likely to have positive attitudes towards menopause. On the other hand, women who do not consider menopause as natural occurrence and spend time in the hospitals and clinics are likely to have negative attitudes towards menopause (Simpson & Thompson, 2009).

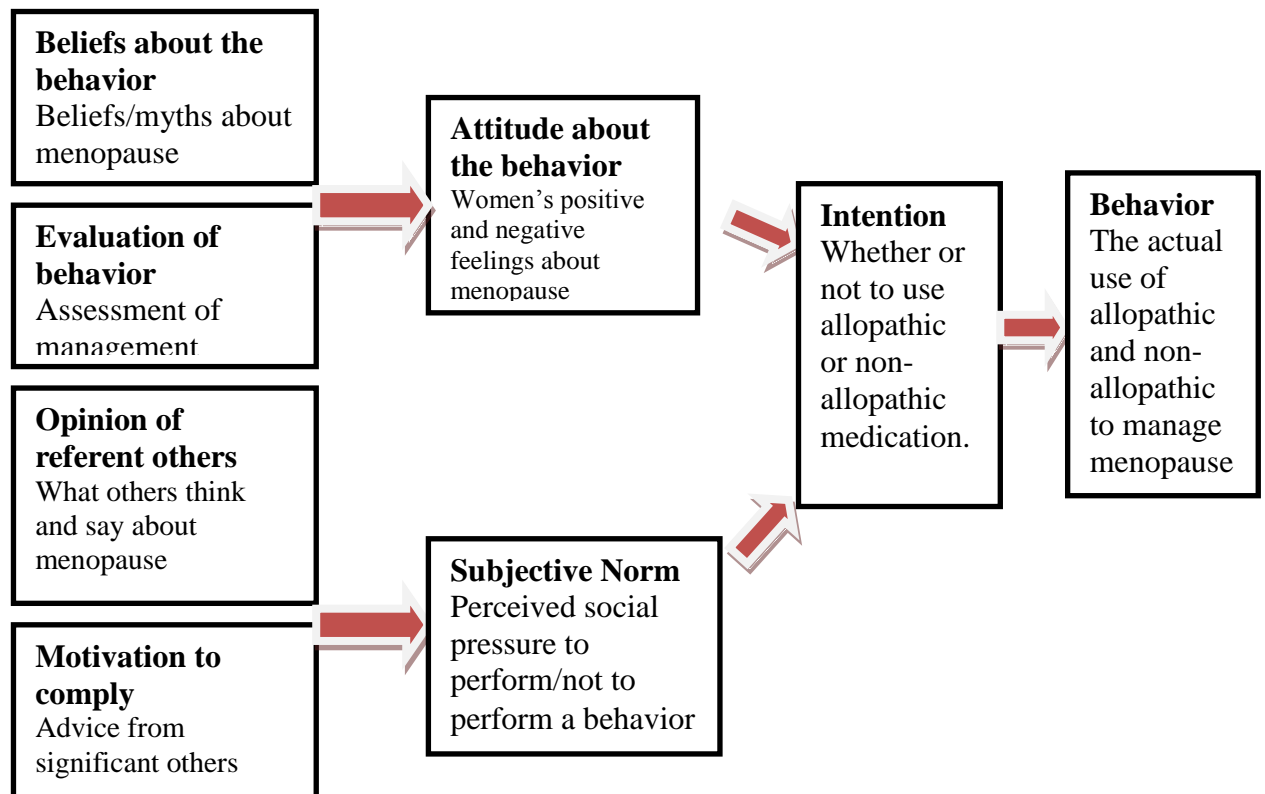
Subjective norms are also prejudiced by women's perceptions of menopause and beliefs of significant others. According to the TRA, menopausal women believe in the significant others who play an important role in the management process. In a way menopausal women consider the advice of the family and friends and seek with their views about how best they can manage menopause in order to alleviate their pains.

TRA provides basis to understand women attitudes, perceptions and norms that control the intentions of menopausal women. It is therefore important for health practitioners, churches and other institutions to plan interventions to promote a healthy behavior among women prior to menopause.

The application of theory indicated that attitudes and subjective norm influence menopausal women in that if women receive wrong information regarding menopause, they are likely to face difficulties in reversing the consequence of their actions, due to the

fact that an intervention overlooks the attitudes and norms that influence intent and motivate behavior of women.

Figure 1.1: Theory of Reasoned Action applied to perceptions, attitudes and management of menopause.



This diagram was adopted from Fishbern and Ajzan 1988.

1.4 Theoretical framework

The application of the Theory of Reasoned Action (TRA) to perceptions, attitudes and management of menopause was based on the behavioural intention model (Ajzen & Fishbein, 1980). Earlier studies have used different theories such as transitional theory for stress management for menopause (Simpson & Thompson, 2009), the social construction of menopause and aging (Utz, 2010). Grounded theory was also used to examine the

process of menopause (Tsao, 2002) and ethnographic study on cultural influence on perceptions and management of menopause with Japanese women (Hall et al., 2007). However, to date very few studies have applied TRA as conceptual framework in studying menopause. An example is one study that used TRA to explain the behaviour and perceptions of Nigerian women's perception towards menopause (Adewuyi & Akinade, 2010). In their study it was explained that if women have low knowledge about menopause then there is the possibility that women will have negative perceptions but on the other hand if women are knowledgeable about menopause then their perceptions towards menopause would be positive and this will in turn influenced their coping mechanisms. In this study two constructs of the theory has been adopted subjective norms (influence of family and friends) and intention (whether or not to use allopathic or non-allopathic medication).

The first construct has to do with the trust and confidence women placed in their family and friends when it comes to menopause issues. The study revealed that most menopausal women sort information about menopause from family and friends. Within this context reference others can have a significant impact on the way women experiences and manage menopause. The second constructs looks at the intentions of women to use allopathic or non-allopathic medications to manage menopause. This study discovered that majority of the women in the study used natural and non-allopathic medication to relief them of their pains. Once again the advice coming from referent others would influence women's managerial styles.

1.5. Main objective

The study's main objective is to understand the perceptions, attitudes and management of menopause among menopausal women in Tema communities 2, 3 and 5.

1.5.1. Specific objectives

1. To examine local perceptions and knowledge about menopause in communities 2, 3 and 5.
2. To understand the physiological, psychological and social experiences associated with menopause of women in Tema communities 2, 3 and 5.
3. To examine strategies adopted by women to manage the symptoms of menopause in communities 2, 3, and 5.

1.6. Research questions

The research answered the following questions:

1. What do menopausal women in communities 2, 3 and 5 know about the symptoms of menopause?
2. What are the perceptions about menopause among menopausal women in Tema communities 2, 3 and 5?
3. What are the physiological, psychological and social experiences with respect to menopause by women in communities 2, 3 and 5?
4. How are this experience manage by women in communities 2, 3 and 5?

1.7. Significance of the study

Menopause is a universal phenomenon in the ageing process of the human female. Every woman who live up to 45 to 55years would eventually enter the non-reproductive phase of their life. However, the transition of menopause is associated with serious symptoms that

pose health conditions for women. In Ghana, there are few studies that have dealt with the experience, symptoms and knowledge about menopause.

However, the public, especially women need to know more about menopausal conditions and how better they can manage it. Findings of this study will enlighten health care providers, and relevant others who work with women's health in order to design appropriate health programmes to support and empower women prior to the transition. This will also serve as a source of baseline study for further research into menopause.

In addition, findings of the study will be disseminated to the communities where the study was undertaken for women in menopausal transition to know and have more information regarding the condition. It will also help to improve knowledge for those who are yet to enter their menopausal period to know and to seek medical treatment where the need be.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

The aim of this chapter is to provide a synopsis of the literature relevant to the study. The chapter begins with a review of the literature on the perception and knowledge that women in different parts of the world have on menopause. Next, a discussion of women's attitude towards menopause is undertaken. The chapter concludes with an examination of the effects of menopause and the various strategies adopt to manage the symptoms of the condition.

2.2. Knowledge of menopause

There is contrasting evidence on women's' knowledge of menopause. In Africa, most women have little knowledge of menopause (Ama & Ngome, 2013; Emelifeonwu & Adika, 2014; Faye, Ka, Nickiema, Leye, & Tal-Dia, 2013), similar to the findings from other studies undertaken in South America and Asia (Chung et al., 2012; Chaopotong & Boriboonhirunsarn, 2005). For example, an Asian survey found that most of the women lacked comprehensive knowledge on the risks associated with menopause (Huang, 2009).

Another study in Sri Lanka indicated that knowledge on menopause among women was not too high (Shakila, Sridharan &Thiyagarajan, 2015). Fewer than half of them knew that menopause could have adverse effects on health. One of the few studies exploring the knowledge men have on menopause found that they hardly knew what menopause is, its symptoms or treatment options (Hidiroglu, Ozlem Tanriov, Ay & Karavus, 2014).

On the contrary, studies undertaken in Taiwan, Iran, and Ghana show that women in these countries have fair knowledge of menopause (Noroozi, Dolatabadi, Eslami, Hassanzadeh & Davari, 2013; Odiari & Chambers, 2014; Pan, Wu, Hsu, Yao & Huang, 2002). A study in Kuala Lumpur indicated that majority of the respondents had excellent knowledge of menopause and its related health risks. Their high knowledge level was due to accurate information they received from family, magazines, friends and health workers (Wong & Liyana, 2007). Findings from another study showed that Taiwanese women have a much higher level of awareness of menopausal condition than other Asian women (Pan, Wu, Hsu, Yao, & Huang, 2002).

Knowledge levels about menopause have been found to be related to economic status and educational levels. In a report from Pakistan, for example, majority of the respondents had little knowledge about menopause. The reason for this gap in knowledge was connected to the lack of formal education and poverty (Nusrat, Nishat, Gulfareen, Aftab, & Asia, 2008). Nigerian study found that most women had fair knowledge about menopausal symptoms and it was due to availability of health care centres and their level of formal education (Mustafa & Sabir, 2012).

Most women in least developed countries use informal sources such as family and friends rather than health care providers for accessing information about menopause (Berg & Lipson, 1999; Noroozi et al., 2013). A study conducted in Durban, South Africa, showed that half the women who knew about menopause had obtained their information from family or friends and the rest from a general practitioner in a hospital or local clinic. This shows the importance of the community in spreading health-related information. Most commonly cited sources of knowledge on menopause for women in the developed world is

from reading material, such as newspapers, books and magazines, internet (e.g., chat rooms, forums) and health professionals (Huang, 2009).

2.3. Perceptions and attitudes toward menopause

Studies on menopause have identified that women have positive and negative perceptions about the condition (Leon, Chedraui, Hidalgo, & Ortiz, 2007). In the developing countries, especially, most women consider menopause as a positive change that is part of the normal ageing process. They do not see it as a medical condition and therefore do not regard its symptoms as a problem (Ikeme, Okeke, Akogu, & Chinwuba, 2011).

The attitude toward menopausal experience varies from population to other and menopausal women express different opinions. In some societies where menopause is perceived as a medical condition, women have negative attitude towards menopause (Cifcili, Akman, Demirkol, Unalan, & Vermeire, 2009). For instance, a study done in Iran compared the attitudes of urban and rural women toward menopause and revealed that the rural women had more negative attitudes towards menopause than urban women. This was because the rural menopausal women placed a higher priority on fertility than their urban counterparts (Khademi & Cooke, 2003).

Similarly in Ghana, cultural belief is considered to influence the negative attitudes toward menopausal women. For instance, women in Kukuio in the northern part of Ghana, menopausal women are regarded as witches because they exhibit certain climacteric symptoms of menopause. In this case women are isolated and kept in wooden structures in “witch camps” without any care from families, friends and health care providers (Whitaker, 2012).

In contrast to the above, attitudes towards menopause is regarded more positively by women in western Turkey. The study documented that most menopausal women in that country had optimistic attitudes towards menopause. For example, the monthly flow of menses was associated with ‘uncleanness’. Thus, its end marked the end of impurity and brought dignity to the woman (Ayranci, Orsal, Orsal, Arslan, & Emeksiz, 2010). A study in Taiwan on attitude towards menopause revealed that, women held more positive attitude towards menopause when compared to previous studies. Postmenopausal women in this cross sectional study tended to have a more positive attitude towards menopause. Also the prevalence of symptoms among the community women in Taiwan was low compared with that in Western studies (Towey, Bundy, & Cordingley, 2006).

Another study done in northern California portrayed that menopausal women had a positive attitude towards menopause. In this study ethnicity was a positive influence in women’s attitude towards menopause and aging. The study concluded that women’s ethnicity played an influential role in their attitudes to menopause (Nosek et al., 2010). Conversely, among menopausal women in Karachi, a study reported that most of the women were satisfied and viewed menopause as positive phenomenon. Majority of the women were aware of menopausal symptoms and they treated their symptoms with allopathic medications. Source of information was found to be from books other than health care provider (Nusrat, Tabassum & Shukar-ud-din, 2013).

A study among Caucasian women suggested that attitude towards menopause differ between ethnic groups. This supports the conclusion that results from one population of women cannot be assumed to apply in all populations (Huffman, Myers, Tingle, & Bond,

2005). Another aspect probably influencing the women's positive attitude towards menopause is their lack of knowledge of menopausal symptoms, only 19% of them thought that 'hot flushes' were related to menopause. Women can only know them if they are given appropriate health information (Mashiloane, Bagratee, & Moodley, 2001).

2.4. Management of menopause

Management of menopausal symptoms are managed differently depending on how women understand it. This varies with the socio-economic, educational and cultural backgrounds of women (Rice, 2005). Furthermore, level of knowledge and perception of menopausal women to some extent influences their managerial styles of menopause symptoms. In some societies, factors such as culture and level of education are said to affect how women perceive and manage their menopausal symptoms (Hall, Callister, Berry, & Matsumura, 2007).

In high resourced countries, such as America, Spain and Italy, where menopause is considered as a medical condition, hormonal supplements and therapies are readily available and accessible to women who are interested in managing their menopause medically (Sievert, Saliba, Reher, Sahel, Hoyer, Deeb, & Obermeyer, 2008). Also, in a trial study conducted on therapies for dysfunction, the outcome showed improvements with estrogens, gabapentin, paroxetine, and clonidine, but little or no benefit with other agents (Nelson, 2008).

Even though most women in the developed countries use hormonal medication for the treatment of menopausal symptoms, menopausal women and their physicians are uncertain

about the adverse side effects these medication can have on their lives (Laine et al., 2009). A Singaporean study showed that management practices are limited by an attitude and acceptance of menopause and few women sought to implement health promoting activities in response to menopause. Women in this study considered menopause as a natural phase of life that a woman has no choice but to pass through and this notion has influenced their managerial styles (Mackey, Teo, Dramusic, Lee, & Boughton, 2014).

Presently there are also natural food supplements which reduce menopausal symptoms women experience. The nutrients which are found in these supplements have no side effects like some hormonal medications (Watson & Sharma, 2012). However, in a low resourced country like Ghana, menopausal women use a combination of complementary and alternative medicine with many not interested in using hormonal replacement therapy (Ozuzu-Nwaiwu, 2007). Another Ghanaian study showed that majority of menopausal women adopted herbal medications, adjustment in diet, and nutritional supplement to deal with climacteric symptoms (Odiari & Chambers, 2014).

Nigerian menopausal women were reported to have resorted to various management strategies such as the use of spiritual remedies such as prayer, having cold baths, complementary and alternative medicine, learning from experiences of older women and so on. None of the study respondents has used or heard of hormonal replacement therapy (Emelifeonwu & Adika, 2014). A different study done in Morocco, reported that few menopausal women found in Rabat, manage their climacteric symptoms with hormones therapy, calcium supplement and the use of contraceptives. The rate of the use of health

care for menopause are swayed by socio-economic factors of women (Obermeyer, Schulein, Hajji, & Azelmat, 2002).

2.5. Psychological, Psychological and Social symptoms associated with menopause

Menopause is generally associated with symptoms such as, mood swings, depression, sleep disturbances, hot flushes and so on. These symptoms lead to psychological, physiological, and sociological changes that has great deal of consequences on quality of life of women (Griffiths, Maclennan & Wong, 2010). Across the Asian continent, studies on perception towards menopause found that, the majority of women in Asia embrace the menopause with enduring and calm acceptance, treating it as another milestone in the progression of life. Indeed, the term used in Chinese is simply ‘a change in life phase’. Hence most Asian women consider the problems that accompany the onset of menopause as an inevitable part of aging to be embraced, rather than struggled against it as the case is in Western countries (Loh, Khin, Saw, Lee, & Gu, 2005).

Loh and colleagues (2005) found that Chinese, Malay and Indian women residing in Singapore generally viewed menopause positively. Women with higher educational levels were more willing to accept that, there may be medical conditions associated with the menopause that require medical attention. Conversely, women of lower educational levels were more inclined to believe that menopause is a completely natural event for which it would be pointless to seek any medical attention (Loh et al., 2005).

A Kenyan study showed that perceptions of menopause in Africa vary by culture and the woman’s reproductive history (Achar, Wanga & Ali-Olubandwa, 2014). For women with multiple births, menopause is likely to be welcomed as an end to child bearing under

conditions of limited fertility control technology. In some cultures, postmenopausal vaginal bleeding is viewed as a sign of witchcraft, leading many women who had ovarian, cervical, or endometrial cancers to delay medical care (Fledderjohann, 2012).

2.6. Conclusion

This chapter reviewed evidenced based on various perceptions, attitudes and management of menopause in various continents. It is evident that women in well-resourced countries perceived menopause more positively than women in the low resourced countries. This could be attributed to the fact that women in developed countries have access to information about the condition. More so education and environments of these women play a significant role in the perception and this in turn influence their management styles.

CHAPTER THREE

METHODOLOGY

3.0. Introduction

This chapter explains the approach used to collect data for the study. The research design, sampling and recruitment process, as well as data collection methods and data analysis are explained in detail. Ethical issues relating to this study were also addressed. Finally, the chapter highlights some limitations of the methodology.

3.1. The Study area

Tema Metropolitan Area is 25 kilometers from Accra, with a population of 402, 637. It is an industrial city constructed on the site of a small fishing village in 1961. It is now a major trading center with a harbor, oil refinery, factories, hospitals and clinics, schools, and churches. Tema metropolis has three political constituencies: East, West, and Central. However, the study was conducted in Tema East which has fourteen communities and a total population of 160,213 in the 2010 Population Census (Ghana Statistical Service, 2012). The main occupation of the inhabitants is fishing, trading, skilled, and semi-skilled industrial workers.

The health goal of the Municipality as set out in the medium term plan for the period 2002-2004 was to ensure equity in access to affordable and quality preventive, promotive and rehabilitative health care through the provision of infrastructure, transportation and the requisite logistics and equipment. Tema East has over seven public and private health centres including one women's hospital. Also, secular practitioners and traditional healers provide health care services in the Municipality.

3.2. Research design

A cross-sectional exploratory qualitative research approach was employed for the study. This was because the study did not focus on ascertaining statistical evidence of the phenomenon but rather gain an in-depth understanding of the perceptions, attitudes, and experiences of women with regards to their knowledge and management of menopause. It was appropriate to employ the qualitative research approach because it helped the researcher to describe the life-world of the respondents from their own perspectives (Kusi, 2012).

3.3. Target Population

The target population for the study comprised all women who are 50 years and above residing in Tema East. According to 2010 population census, the population of females between 18 to 64 years in Tema East was 55,859 (Ghana Statistical Service, 2012).

3.4. Study Population

The study population was women aged 50 years and above who belonged to either a Charismatic, Pentecostal or Orthodox Church in communities 2, 3 and 5. However, the inclusion criteria was that, women within the age category and who lived in these communities and attended church in the community.

3.5. Sampling Procedure and size

Three communities (2, 3, and 5) were purposively and conveniently selected from the 14 communities that make up Tema East. Three communities was then selected from the 14 communities. Within the three communities there are thirteen churches. Preliminary

investigations indicated that women aged 50 years and above were usually members of church-based women's groups. The churches were attended by women from various socio-economic backgrounds in the selected communities. Thus, the sample selected for the study provided a fair representation of the women who live in the area.

It was easier to obtain the study sample from the registers of the women's groups'. Considering the limited time and logistics available for the study, the researcher decided to sample women from the church. One each Orthodox thus (Methodist), Pentecostal (Pentecost) and Charismatic (International Central Gospel Church) were selected. After providing information about the purpose of the study to the pastors and leaders of each selected church, each church agreed to the request of the researcher to use the women's group for the study. Leaders of the various groups in the churches were subsequently contacted for their permission and assistance. The women's group leaders provided the registers which was used in the sampling process.

A purposive sampling strategy was used to select 10 women aged 50 years and above from International Central Gospel Church, church of Pentecost, and Methodist church. The selected women were then contacted by the leaders of the group and asked if they had experienced menopause. Those who had experienced menopause were selected to be part of the study. The researcher then contacted the selected women and explained the purpose of the research to them. Out of the 30 menopausal women who were sampled, twenty agreed to be part of the study. Seven women gave various reasons including lack of time to refuse to be part of the study whilst three failed to show up for the interviews. The researcher then arranged with the women who agreed to be part of the study to meet at a

place that was convenient for the interviews to be held. Table 1 shows the churches and number of women who participated in the study.

Table 1: List of selected churches in communities 2, 3 and 5

Charismatic	Pentecostal churches	Orthodox church
Number of selected women = 7	N= 6	N=7
International Central Gospel Church (ICGC) (community 5)	Church of Pentecost, (community 3)	Methodist Church, (community 2)
Number of women in the fellowship N= 58	Number of women in the fellowship N= 63	Number of women in the fellowship N= 83

Source: Fieldwork data

3.6. Pilot study

The researcher undertook a pilot study to test the data collection tool before the main study. Three menopausal women who met the sample criteria were randomly selected from a Catholic church in community one. This was to ascertain the likely reactions of respondents towards the interview questions and prepare the researcher before the actual interviews. Findings from the pilot study was used to make the needed corrections and modifications to the interview questions. These included changes to terminologies, question arrangement and removal of inappropriate questions. It gave pointers on how to probe for responses since some interviewees were a bit reluctant to give answers to

questions that were private. Also, the pilot interviews helped sharpen the researcher's interviewing skill.

3.7. Data Collection

In-depth interviews were employed for data collection. The interviews took place in various locations including the respondents' houses, work places and the church building. Before the start of each interview, respondents were fully informed about the purpose of the research. All interviews were informal and conversational in nature. The interview lasted between 20 to 60 minutes and were conducted in Twi, Ga and English.

A list of questions was designed to ensure that the interviews covered all objectives in the study. To ensure credibility of the data gathered from respondents, the researcher kept a field note to write observations and gestures occasionally from the field and recorded own thinking, feelings, experiences, and perceptions throughout the research process. All the interviews were audio recorded and in supported by hand writing notes to identify key points raised by the respondents.

3.8. Data Processing and Analysis

A thematic analysis approach was used to analyze the data. The data was transcribed verbatim with the help of the research assistant. The narratives were then read several times for familiarization and identification of common words that were documented as codes and grouped to form themes and then categories.

Coding was done in Microsoft word using a simple template which had four columns each labeled for “narrative”, “codes”, “sub themes” and “major themes”. Categories of codes were analyzed to see the accuracy and link in the data. These categories which formed themes and sub themes were examined across all narratives to identify commonalities, differences and the context in which they were reported.

3.9. Elements of rigor

To establish element of rigor in data collection, the researcher undertook member check after data analysis. The findings were sent to some of the respondents so that they could verify whether it represented their views and experiences. For those who did not have the time to read the work, the researcher met and explained the major findings to them. Corrections were effected based on feedback from respondents.

3.10. Ethical considerations

The study proposal was reviewed by the Ghana Health Service ethical committee for clearance. Also, permission was sought from the various churches before the start of the study. The purpose of the study was explained to respondents before their informed consent to participate in the study was ascertained. Additionally, the researcher ensured confidentiality by replacing the respondent’s names and places that will link the reader to the respondents with pseudonyms. Permission to audio-record the discussions as well as note taking was sought and obtained before recording. I also declared that there was no conflict of interest in this study, apart from the academic and public health relevance. Finally, to avoid plagiarism, every portion of the work that was not those of the researcher was adequately referenced.

CHAPTER FOUR

FINDINGS

4.1. Introduction

This chapter presents finding from the study. The chapter is organized into the following sections: background characteristics of respondents, perceptions, knowledge and management of menopause.

4.2. Socio-demographic characteristics of respondents

The twenty respondents in the study were aged between 50 and 75 years, but the majority 17 (85%) was 50 to 65 years. More than half 11 (55%) were in a marital relationship, 4 (20%) were widowed 3 (15%) divorced, and the rest single. In relation to employment, (15) 75% of the women were working in various professions, skilled and unskilled jobs whilst the rest of the women were on retirement. 12 (60%) of the respondents had elementary and junior high education, up to 5 (25%) tertiary education and the rest having no formal education 2 (10%).

Table 2: Socio-demographic profile of women

Table 2 Socio-demographic profile of women		
	N =20	%
Age		
50-55	7	35%
56-60	6	30%
61-65	4	20%
66-70	3	15%
71-75	1	5%
Marital Status		
Married	11	55%
Widowed	4	20%
Divorced	3	15%
Single	2	10%
Employment		
Professionals	6	30%
Skilled	5	25%
Unskilled	6	30%
Retirement	3	15%
Education		
Tertiary	5	25%
Middle school	8	40%
Primary school	5	25%
No formal education	2	10%

Source: Field Work Data 2015

4.2.1. Local perceptions of menopause

Perception in this study is defined as the ability for the women to demonstrate awareness of menopausal symptoms either as a natural or medical condition prior to the onset of menopause. Respondent's perceptions on menopause was varied depending on whether it was viewed as a natural or medical condition.

4.2.2. Positive perception of menopause

Majority of the women perceived menopause positively. They interpreted it as a natural part of ageing which was unavoidable. For these women, this positive perception was influenced by the fact that they had finished child birth before menopause set in. Also, they felt menopause relieved them from the monthly pains and cramps associated with menstruation as well as the cost of buying sanitary supplies.

I don't have to worry too much about the menstruation pains, it was so uncomfortable, and for me I count all joy. That is a good thing. (A 51 year old, IDI).

I am now more relaxed, I always feel a heavy burden have been lifted off my shoulders. At least I don't have to think of pregnancy at this time (53 year old lady, IDI).

4.2.3. Negative perception of menopause

Some respondents who had a negative perception by regarding menopause as a medical problem than a natural biological occurrence. Menopause was associated with unpleasant symptoms such as general body weakness, heart diseases as well as waist and joint pains. They mentioned that menopause was a condition that required medical attention and required medication.

I wish God hadn't brought this [menopause] on women. If I cast my mind back, I suffered, going through on and off body pains. It is a bad experience. In fact God should have taken it out of a woman's system. (58 year old women, IDI).

4.2.4. Knowledge and sources of information about menopause

In this study knowledge of menopause was based on the ability to identify its symptoms, awareness of menopause and treatment options. Most respondents regardless of their socio-demographic backgrounds knew that menopause denoted the end of menstruation. For these women, menopause signified cessation of menses for the rest of their lives as women, and the beginning of menopausal symptoms such as hot flashes, changes in mood or temperament, back and waist pain, general body weakness and headaches. Respondent were asked whether they knew they were going to experience menopause. While almost all of them knew that menopause was inevitable, very few knew that it would come with symptoms. Those who had tertiary education were most informed about menopausal symptoms and management strategies, with those with no education having the least knowledge.

Well, I knew at some age I will experience menopause and my menstruation will cease with some discomforts. I also knew that I will have some symptoms such as hot flush, will become talkative, mood swings, my estrogen level will go down and all that, but wasn't sure which of the symptoms I was going to experience until I had my menopause. (A 55 year old lady IDI).

I didn't know much about menopause even though I heard people mentioned it, I was not interested because I had not gotten there yet. So it was when my menstruation stopped flowing that I started enquiring from friends. So it was there that they told me it was menopause. (58 year old respondent, IDI)

4.2.5. Sources of information on menopause

Narratives suggested that respondents had not sought information about menopause. Rather, many of them had heard about menopause from family, friends and health programmes on the television and radio. However, for most respondents, family and friends were the most common sources where information was acquired usually during casual conversations.

My elder sister and my best friend told me about menopause before I even started it, and I was blessed to know because when I reached there I was relaxed; I knew what to expect.....(A 53 year old women, IDI).

A friend of mine educated me about menopause, in fact she had already experienced it so she was sharing with me the pains she went through that time. She told me some of the symptoms that menopause comes with. (51 year old respondent, IDI).

This is unsurprising because majority of respondents had elementary education and from their responses, they did not sought information from books, magazines and internet as secondary source. Few respondents mentioned church counseling sessions as a source of their information on menopause.

..... As a teacher I read a lot of books especially religious books distributed by the Jehovah witnesses (A religious sect, characterized by door-to-door witnessing and distribution of religious and educational books) such as Awake, some of these books gives information on health issues. I also listened to health talk issues on radio and TV. (A 57-year-old woman, IDI).

The women explained that getting information prior to menopause was helpful as it helped to allay fears before it eventually occurred. They mentioned that because they had firsthand information about menopause they did not spend money buying unnecessary medicine for treatment.

Because I was informed, when I was experiencing the pains from menopause, the only thing I told myself was that it will not harm me but it is a period I have to go through. In Most instances I ignore the pains and in no time the pains would be gone; the information really helped me. (A 61 year old woman, IDI).

4.3. Physiological experiences of menopause

Only one respondent reported that she did not experience any physiological symptoms related to menopause. All the other respondents made mention of different symptoms they experienced during and after the onset of menopause. The symptoms that were mentioned by included sleep disturbances and decreased libido, which often caused marital problems as it affected their sexual lives. Other physical symptoms were head and back aches, joint pains, stiffness and forgetfulness. According to the women, the symptoms usually decreased with time, after they became more informed and get used to it. One respondent, aged 73 years explained the physiological symptoms she experienced due to menopause:

I experienced pains all over my body my waist and joint. Even my blood pressure went up. My experience was very bad and I pray that my daughters will not go through it. (A 73 year old woman, IDI).

The experiences are many. You become weak, my body shape is gone and my foot is most times hot like someone has poured pepper on my foot.....(A 56 year old lady, IDI).

4.3.1. Psychological experience of menopause

The women reported that they experienced mental and emotional challenges, for example anxiety, mood swings, anger and forgetfulness, due to menopause. Some women explained that menopause changed their lives and made them miserable, especially when their partners did not want to get intimate with them because of the condition, resulting in low self-esteem.

4.3.1.1. Mood swings

Women usually reported mood changes in the menopausal transition. However, most of the respondents could not explain with certainty whether mood swings symptoms were caused by hormonal changes during the transition. Few women attributed their mood swings to factors such as general poor health and depression as a result of menopause and aging.

There are times you don't feel like talking to anybody and you become so angry with everything. It is a bad experience. You are angry today and tomorrow you are smiling to people, for me I don't know if it was depression. (A 59 year old woman, IDI).

4.3.1.2. Perceived mental disorder

Respondents described their psychological experiences as a mild form of mental illness. They explained that they often spoke to themselves, were very irritable and became unbearably talkative to the displeasure of family members and friends. Additionally, respondents commonly said that the discomfort of “hot flushes” (episodes of body warmth and extreme heat which is sometimes accompanied by perspiration) made them walk around the house semi-naked and bare-foot and nude, occasionally. Many respondents said

they were very forgetful about daily occurrences and basic chores; they often forgot where they placed their personal belongings. The following narratives explain some psychological experiences of so women.

.....I remember one day I went to work without my sandals. Fortunately for me I always keep slippers in my car. That saved me that day. Is this not madness? (A 50 old lady, IDI).

I know one woman in Winneba who got up one day and before her family member would realize, she was walking on the street of Kumasi. Nobody know how she got there, but I think because she was also in her menopause. (A 54 year old woman, IDI).

4.3.1.3. Forgetfulness

The study also highlights severe form of forgetfulness as one of the symptoms of menopause. Most of the women described forgetfulness as loss of attention for things and at times they seem to even forget about themselves. They admitted that as they go through menopausal transition, one of the symptoms of menopause is forgetfulness and that their brains would decline. The following narrative explains some respondent's experiences.

I forget things a lot so a friend advised me that I should get a book and write down all the things I will put down somewhere in my room so that I can always refer to the book when am looking for that thing. Even though I did I still forget where I place the book itself. (A 63 year old woman, IDI).

.....In fact of late I do forget things a lot, my children said it is part of menopause, hmm it is serious because my children always laugh at me..... (A 53 year old, lady, IDI).

4.4. Social experience of menopause

Generally, respondents considered menopause to have had both positive and negative influences on their social lives. For negative social life some of the respondent mentioned that they were unable to attend social functions because of some menopausal symptoms, especially hot flushes, back aches and joint pains and their relationships with others became weak. Few woman explained that due to their experiences of severe hot flashes, they felt very unpleasant whenever they attended social gatherings because when it comes they had to look for a very cool or shady places to sit until they felt better.

.....There are times you don't feel like going out to church because all of a sudden you become hot and then cool the next minute. The feeling is very bad as if you have done..... (A 51year old lady, IDI).

Respondents mentioned that their social relationships with family and friends had deteriorated. Few women indicated that their close associates, including even their husbands, began to avoid them as they became easily irritable and picked up quarrels with them on trivial issues. According to them, when they expressed their thoughts it seemed they put their emotions first, which sparked arguments. As this became a normal occurrence people began to stay away from them.

....I have become very sensitive to any negative comment from my family or friends. There are times I react so harshly to their comments and I think of it at times and tell myself that I shouldn't have behaved that way but it will be too late..... (A 56 year old lady, IDI).

Other women encountered menopause as being positive because it has made them “wiser” because they can now educate young women about menopause. At the time of the study, some women had experienced menopause for 15 years. This long duration of menopause, coupled with the physical and psychological experiences, in their opinion, had made them *wiser*. This *wisdom* as a result of the experiences of menopause placed them in a position to create awareness and educate younger women about the signs and symptoms of menopause in order to prepare them psychologically in advance. The following narrative of an old woman who expressed this *wisdom* as a “blessing from God” is typical:

.....I accepted menopause because I now have much experiences in life and God has blessed me too. I remember, I taught some of my friend who had not experienced it yet about the symptoms and it helped them. All am now praying for, is God’s mercy to live longer to direct my daughters when they get there. (A 68 year old woman, IDI).

4.4.1 Management of menopause

4.4.2 Allopathic treatment

Menopause is a natural stage of life. It is not a disease or a disorder, and therefore it does not automatically require medical treatment. Nevertheless, in cases where the physical, mental, and social effects of menopause are strong enough that they significantly disrupt the everyday life of the woman experiencing it, medical therapy such as hormonal treatment and other medications are required. Women experiencing this condition had adopted diverse ways of managing menopause. However, only one respondent who had lived in the United Kingdom for the better part of her life mentioned using hormonal therapy to cope with menopausal symptoms:

In the UK my doctor explained to me that there are a lot of hormonal changes during this time, which are discomfoting, so he gave me some drugs, I have

forgotten the name of the drugs. The doctor told me it is for hormone treatment. When I took that drug all the pains and the hot flushes disappeared. I become normal as if I was still 20 years. The doctor told me not to use the medication for a long time because of the side effects. (A 75 year old woman, IDI).

4.4.2. Non allopathic treatment

A few women embraced or used herbal medicine because they explained that orthodox medicine had too many side effects, they therefore used herbs and other concoctions to manage the effects of the symptoms.

I have been using the herbal medicine for the management of the symptoms. Naturally I don't like taking hospital drugs because I have observed that anytime I take such medicine it rather makes me sicker. Maybe it is not good for my system. (A 58 year old woman, IDI).

I chew soft bones all the time because after my sister told me to do that. I also cut garlic into pieces and swallow it with water every morning. I do exercises every morning and drink lemon juice on an empty stomach. I also do a lot of fasting and praying. (A 64 year old woman, IDI).

4.4.3. Natural management

Majority of the women used the natural therapy to reduce their menopausal symptoms. They used exercises, diet and other supplement as their managing mechanism. According to these women, they ate a lot of fruits, vegetables with minimal carbohydrate, fats and oils, exercised daily and took a lot of food supplements such as omega3 and calcium.

....I take care of myself very well by exercising and eating fruits and vegetables. I always go out with friends to have fun and relax, chat, eat and drink and this really calms me down... (A 68 year old woman, IDI).

In terms of managing hot flushes, there were very few women who considered lifestyle measures such as drinking cold fluids, staying in cool rooms, using fans, wearing light clothing, and avoiding hot flush triggers such as hot drinks and spicy foods.

I use my fan all the time, I was told it wasn't good but I can't help it. It has now become part of me if I don't use it the hot flushes appear again like magic. (A 54 year old woman, IDI).

A small number of women went for counseling and joined support groups such as church based women groups. These were also adopted by some women as their management styles to supportive them handle depression, and anxiety brought by menopause.

Our pastor usually invites doctors to come and talk to us on menopause and its symptoms. At times too, when am down I would visit my pastor and he would pray for me and counsel me on the situation and that has kept me going. (A 51 old year lady, IDI).

CHAPTER FIVE

DISCUSSION

5.0. Introduction and key findings

The current study seeks to understand the perceptions, attitudes and management of a menopause among twenty women living in the industrial urban city of Tema. A key finding of the study was that respondent perceived menopause positively as it was seen as a natural aspect of ageing. Very few of the women perceived it as negative condition due to it unpleasant symptoms they had experienced. Another major finding of study was that the women had fair knowledge of menopause and its associated symptoms. Additionally, more than half of the women sought information from their family and friends rather than the health care providers. Some of the women also associated mental disorder to menopause and this was explained in different scenarios. The study also found out that most women used natural food such as fruits, vegetables and physical exercises to manage their menopausal symptoms.

5. 1. Perceptions of menopause

Overall, the women in the study perceived menopause positively, viewing it as inevitable part of the ageing process and something that would happen in mid-life. As such, they saw menopause in a positive light, sometimes even thinking that it was a blessing as it took away the pains and cost of having a monthly menstruation. This is similar to findings from other studies in which menopause was seen as an expected life change and one of the several transitions in life (Ande, Omu, Ande, Olagbuji, 2011; Lindh-Astrand, Hoffmann, Hammar, & Kjellgren, 2007; Taher, ben Emhemed, & Tawati, 2012).

5.2. Knowledge and sources of information about menopause

Most of the women indicated fair knowledge of what menopause is as well as its symptoms, confirming the findings of an earlier Ghanaian study on menopause (Setorglo, et al., 2014). An aspect of menopause where the women's knowledge was very poor was with respect to its treatment. Finding indicated differences in the knowledge levels among the women. Those with higher educational levels were more knowledgeable of menopause. This may be because the educated women had more access to accurate information from reliable sources such as doctors and other health professionals. Other studies done in Nigeria and South Africa reported similar findings (Adewuyi & Akinade, 2013; Maharaj, Gangaram & Moodley, 2007).

From the findings, the main sources that the women access information on menopause were generally informal, especially family and friends, and to a lesser extent the radio and television. It is possible that many of the women did not use other sources such as websites for accessing information because of their unfamiliarity with the internet and computers. Additionally, because menopause is not considered a public health problem in Ghana, the women were unable to obtain materials and information on menopause in hospitals, libraries and bookshops (Ramakuela, Akinsola, Khoza, Lebese, & Tugli, 2015).

5.3. Physiological, Sociological and Psychological experiences of menopause

The women in the study experienced different physical, social and psychological challenges as a result of menopause. It disrupted their sexual life, resulted in a mild form of mental illness and inability to attend social functions. The experiences of the women were not different from those identified in other studies (Anolue, Dike, Adogu & Ebirim, 2012; Friderichs, 2005; Setorglo et al., 2012). As in a similar Bangladeshi study, the

women did not think too much about the effects of menopause. Even for some, having the effects of menopause was seen in a positive light, as they equated menopause with ageing, which came with wisdom, giving them the ability to educate younger women within their families and communities on the subject (Sievert et al., 2008).

5.4. Management of menopause

With regards to the management of the symptoms of menopause, the women choose to use alternative and herbal medicine rather than hormonal replacement therapy (HRT) to cope with the symptoms, consistent with the available evidence that HRT use is lower among black women than white women (Faye, et al., 2013; Ozuzu-Nwaiwu, 2007). The decision not to use treatment options such as HRT was partly because many of the women were not aware of its availability, highlighting evidence by Hill (2003) and Nusrat and colleagues (2008).

Nonetheless, even for those who knew about HRT, they hardly used it because they believed that they had too many side effects such as risks of breast cancer. Thus, the women's choice and behaviour towards managing the symptoms of menopause was influenced by their belief regarding the treatment option, which fits with the theory of reasoned action which suggests that people's behaviour are based on their belief about the consequences of their behaviour (Fishbein & Azjen, 1980).

With regards to the use of natural therapies, the study found that majority of the women prefer to use natural therapies such as drinking more water daily, eating of fruit and vegetables, exercising the body daily and others. For most of these women menopause is not a disease and they only need to adopt natural means to minimize the physiological

discomfort. According to these women, this is the most effective means to manage menopausal symptoms because apart from minimizing menopausal symptoms, it also improves general wellbeing of the women. From this study it is obvious that menopausal women who perceived menopause positively, use natural therapy for the treatment of menopause. This finding contradicts finding from Nelson (2008) who found allopathic forms of treatment to improve the quality of life of menopausal women, even though the study reports that adverse effects of these treatments should be taken into accounts before its use.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.0. Conclusion

The study solicited information concerning perceptions and management styles adopted by menopausal women in Tema communities 2, 3 and 5. Many respondents viewed the menopausal transition as a natural process which is perceived as a sign of ageing. Respondents experienced a set of varying psychological, physical and social symptoms that are unique to them and these had influenced their perception and management styles.

The period of menopause was accepted by majority of the women in the study as an important transition in their lives. Perceptions of women about menopause was seen as a natural process which was considered as positive with few women perceiving it as negative due to the unpleasant menopausal symptoms they experienced. It was also discovered that women with tertiary education demonstrated high levels of knowledge of menopause as compared to those with no formal education. However, family and friends was identified as the most common source of information about menopause.

Women used in this study experienced varying symptoms such as hot flashes, sleep disturbance, mental and emotional challenges, and forgetfulness among many others. More so, quite a number of the women disclosed that mild mental illness is associated with menopause. Women argued that menopause can cause madness, as women often spoke to themselves, the discomfort of hot flushes made them walk around the house nude occasionally and they were very forgetful about daily occurrences.

Women in this study adopted various forms of coping mechanisms to manage their menopausal symptoms. The most common management styles adopted by women was the use of natural foods such as excising and eating of enough fruits and vegetables. Some women also used complimentary alternative medicine for treatment. This study revealed that very few of the women used hormonal medications. It is therefore, important for health care providers, family and social and religious groups to provide care, support, and counseling and health education prior and during the menopausal period to prevent serious medical and mental health issues associated with menopausal transition, thereby, improving quality of life for women.

6.1. Recommendations

As women prefer to use family and friends as a source of information, older women in various communities, could be trained by NGOs and ministry of health on different aspects of women's reproductive health especially on menopause, so that they can provide such knowledge for younger women in the communities.

Social and religious groups such as the women's clubs and churches should also take it upon themselves to educate women prior to and during menopause. Families including husbands and children should also be involve in the sensitization and awareness creation by Ghana health service as these people deal directly with the women and there is the need for them to understand the issues relating to menopause.

Health care providers may also consider the endorsement of the use of non-allopathic medications, they should offer identified complementary and alternative medicine with demonstrated efficacy for treatment of menopausal symptoms.

It is also important for health care providers to create a section in the gynecology departments in various hospitals to attend to menopausal issues as it needs special care like any other health issues of a woman.

Recommendation for further research

It will be of great interest to develop a study involving men because they are important in women's decision making regarding sexual and reproductive health. Furthermore, this qualitative exploratory study could form a basis for a bigger quantitative study that will examine the perceptions, knowledge and management of menopause among women from both the rural and urban parts of Ghana.

6.2 Limitations of the study

The first limitation of the study was the sample and this was as a result of non-participation of the women from the various churches. The researcher initially selected 30 women but ended up with 20 women.

Another limitation of the study was that gathering information about women's personal life was a very personal and sensitive issue to them. Some of the women were reluctant to discuss their personal lives with a total stranger.

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APPENDICES

Appendix A: Consent form

Title: Perceptions, attitudes and management of menopause among menopausal women in three communities in Tema.

Principal Investigator: Wilhelmina Cathline

Institution: College of Health Sciences, School of Public Health, Department of Social and Behavioural Science, University Of Ghana, Legon.

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Telephone: 0244696973

Procedure: the study will involve determining “Perceptions, attitudes and management of menopause among menopausal women in Tema East” This will be done with the aid of in-depth interviews with interview guide.

You are being invited to participate in this study undertaken by Wilhelmina Cathline, a student of University Ghana pursuing an MSc Applied Health Social Science in the School of Public health. This form is intended to seek your consent to participate in the study. This consent form contains information about the study and in order to ensure your understanding about participating, you are being encouraged to read and sign/thumbprint. Prior to conduct of the study, you will be required to furnish us with some information about yourself, your perceptions, attitudes and management of menopause.

The study poses no risk whatsoever to participant. I will kindly take 20 minutes of your time to complete an interview with you. You may voluntarily decline to answer any question and also decline involvement at any level of the survey. Participant who consents to take part in the study will not be given any monetary compensation. No direct benefit to

participant, however, information provided could be used to design programme, interventions and further research in the future for women who are in their menopausal transition.

Confidentiality / Privacy

You are assured that whatever information you provide will be taken with strict confidentiality and will be purely for research purpose. Your responses will not be shared with anybody who is not part of the study team. Data analysis will be done on an aggregated level to ensure anonymity. This study has been reviewed and approved by the ethical review committee of Ghana health services. Information provided will be stored in secured place such as locked cabinet. Electronic files will be accessible by only Principal investigator and research supervisor. Participant's personal identification such as names and address will not be written on questionnaire. However, each questionnaire will be given a unique identification number. If you have any questions and concerns, we will be more than happy to answer and address them now or later at your convenient time. You may contact me on the telephone number provided and email address.

PARTICIPANT CONSENT FORM

Ihave been thoroughly briefed on the entire methodology and significant of the ongoing study which is being conducted by Wilhelmina Cathline. On my own free will, I hereby consent to be part of the study, based on my understanding of what the study entails.

I am doing this on condition that under no circumstances should my references be made to my actual identity to any other person(s) after providing all the information requested from me for this particular study as promised by the researcher.

Respondent signature..... Date

Researcher signature Date

Appendix B: Interview Guide
SCHOOL OF PUBLIC HEALTH
COLLEGE OF HEALTH SCIENCES
UNIVERSITY OF GHANA, LEGON



IN-DEPTH INTERVIEW GUIDE

**TOPIC: PERCEPTION, ATTITUDES AND MANAGEMENT OF MENOPAUSE
AMONG MENOPAUSAL WOMEN IN THREE COMMUNITIES IN TEMA**

Introduction:

I want to thank you for taking time to meet with me today to participate in this interview. My name is Wilhelmina Cathline and assisting me is Mary Aporwodu. I am from the University of Ghana, Legon Accra. This discussion would be on the perception, attitudes and management of menopause among menopausal women in this community. The result of the discussion is for academic purposes, as it is a partial requirement for me to be awarded a master's degree. You are selected because you fall within the target group I want to work with. Please keep in mind that I am interested in both negative and positive comments and so feel free to express your views.

I know you have noticed the tape recorders. We're recording the session because we cannot write fast enough to capture all the helpful things you might say. You are assured of complete confidentiality that is why we would be on the first name basis, and there

would be no use of names in my reports. I would appreciate it if we could all turn our phones on silence within this period of our discussion. Thank you.

Age:

Sex:

Level of Education:

Occupation:

Marital status:

Place of residence:

Place of interview:

1. What are the three most important health concerns of women 50 years and above?
2. Did you obtain information about the condition prior to reaching menopause?
 - If yes, how did you first obtain information about menopause?
 - If no, why did you not enquire about the condition?
3. Where do you obtain your information on menopause? (Probe for media sources, friends and family, church, age of knowledge acquisition)
4. How helpful has this information been to you?
5. What was your perception about menopause prior to reaching this age? (probe for positive, negative perceptions, myths associated with menopause)
6. At what age did you reach menopause? And what was your initial reaction?
(Probe for nervousness, initial fears of the condition, keeping it a secret, disclosing to relatives. etc)
7. What are the views about the condition among friends/families in your community? (Probe for names and slangs associated with menopause and community views of the condition)

8. Did you visit a health care (hospital, traditional center), to make enquiries about the condition? Were you informed about the condition?
9. What has been your experience with menopause? (Probe for physiological experiences (change in body structure, cessation of menstruation, thinning of hair, joint pains, general weakness, hot flushes, vaginal pain, loss of libido, loss of sleep etc) (symptoms of menopause)
10. How do these experiences affect you? (Probe for self-esteem, body image, marriage relations, relations with family and friends, work and productivity, increase in expenditure on drugs and clothes etc.)
11. How do these psychological experiences affect you? (Probe for psychological experiences worry, anxiety, mood swings, forgetfulness, anger etc) mental and emotional
12. What are some of the sociological experiences (Probe for family and friends, social positions, poor social relations etc)
13. How do you manage menopause (Probe for medications, prayers, herbal medications counseling, exercise, diet, support from family and friends, church etc.?)
14. What general advice do you have for other menopausal women?