

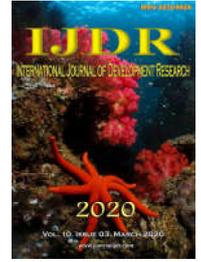


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RESEARCH ARTICLE

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SEXUALITY IN POSTMENOPAUSAL WOMEN IN AFRICA: 519 CASE REPORTS

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ABSTRACT

Objective: It aimed to appreciate the quality and the experience of sexuality in postmenopausal women in Africa. **Materials and methods:** Our work is a monocentric cross-sectional study that is both descriptive and analytical. The survey was conducted on 519 postmenopausal women using an anonymous questionnaire. The choice of women was made at random in various units (hospitalization, delivery room, outpatient clinic, gynaecological emergencies) of the Teaching Hospital of Cocody. Excluded were all postmenopausal women on hormone replacement therapy, widow or having an inconstantly present husband. **Results:** The average age of women was 59.3 years. The frequency of sexual intercourse less than once a week in 85.18% of cases and, 1.92% had no sexual activity after menopause. The surveyed in 60.12% of the cases responded that they had unsatisfactory sex compared to 10.6% of satisfied patients. Sexual disorders were present in 87.10% of cases, the most common being decreased desire (63%), vaginal dryness (51.90%), dyspareunia (33.3%), excitation disorders (31%) and orgasm disorders (25%). **Conclusion:** The taboo remains present in African society, with as its base the lack of information and the cultural burdens. The determinants of sexuality would be represented by the quality of the relationship with the partner, the psychological state of the woman, the general health status of the woman and her partner.

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INTRODUCTION

The aging of the general population is a new fact in the history of humanity. With an average life expectancy of 69 years in the world, 90% of women reached the age of menopause [1]. Nearly three-quarters of couples remain sexually active. Sexuality is therefore no longer a taboo for people over 50, but a new reality because it is an integral part of health [2]. According to the WHO, sexual health is a state of physical, emotional, mental and social well-being associated with sexuality [3]. In Africa, where the overall population is very young, sexual life after menopause remains a poorly explored area due to its taboo character, prohibitions and misconceptions [4]. The menopausal women in Sub-Saharan Africa, under the pressure of public opinion, complies with the conventional ideal proposed to them; she fears scandal [5]. The objective of this study was to assess the quality and experience of sexuality during menopause in African women.

MATERIALS AND METHODS

Our survey was carried out in the hospitalization and consultation unit of the gynecology and obstetrics department at the Teaching Hospital of Cocody. It was a cross-sectional study, both descriptive and analytical, which took place over a period of 22 months from March 1, 2017 to December 31, 2018. The survey concerned patients or relatives of menopausal patients who benefited from care or not in the service and having their husband sexually active after informed consent. Postmenopausal women undergoing hormone replacement therapy and postmenopausal women who were widow or had a husband who was not present at all were not included. We did a pre-test on staff at the Teaching Hospital of Cocody to make sure the questions were understood. In total, we registered 519 patients who were selected based on our criteria.

Assessment Criteria: Changes in libido and orgasm reaching.

Secondary criteria: The regression in the frequency of sexual intercourse, the decrease in libido and the integration of so-called alternative sexual behaviours (oral sexuality, masturbation, etc.).

The hypothesis: Menopause does not influence sexual intercourse in the couple, socio-demographic and cultural factors can change the practice of sexual intercourse in menopausal women and menopausal women are not sufficiently informed about the possibility of further sexual intercourse during menopause.

RESULTS

Socio-demographic characteristics

Table 1. Socio-demographic characteristics

| Characteristics | Numbers | Percentage | |
|-------------------|----------------------|------------|-------|
| Age (years) | 45-54 | 159 | 30,7 |
| | 55-64 | 261 | 50,3 |
| | 65-74 | 90 | 17,3 |
| | 75-84 | 9 | 1,7 |
| Profession | employees | 89 | 17,15 |
| | Retired | 134 | 25,85 |
| | Housewives | 296 | 57 |
| Educational level | educated | 313 | 60,2 |
| | Uneducated | 206 | 39,8 |
| Marital status | Monogamous household | 201 | 38,7 |
| | Polygamous household | 318 | 61,3 |
| | Muslims | 113 | 21,8 |
| Religion | Christians | 349 | 67,2 |
| | animists | 41 | 8 |

Knowledge and experiences of postmenopausal women about sexuality

Table 2. Knowledge and Experiences of postmenopausal Women about Sexuality

| | | NUMBERS | % |
|--|-------------------------|---------|------|
| Is it possible to have sex during menopause? (n=519) | Yes | 468 | 90,2 |
| | No | 46 | 8,8 |
| | Do not know | 5 | 1,0 |
| What are the possible risks when having sex during menopause? (n=519) | Early death | 362 | 69,8 |
| | metrorrhagia | 3 | 0,6 |
| | Urogenital infections | 113 | 21,9 |
| | Others (HIV, cancer...) | 40 | 7,7 |
| Why did you accept sex after menopause? (N = 359) | My pleasure | 54 | 15,1 |
| | To please my spouse | 293 | 81,6 |
| | For my health | 12 | 3,3 |
| How did you get the information? (N = 359) | media | 38 | 10,6 |
| | Medical staff | 69 | 19,2 |
| | Chat with friends | 252 | 70,2 |
| The feelings that animated your union had not changed? (n=509) | Yes | 410 | 80,6 |
| | No | 99 | 19,4 |
| What is the current state of your libido? (n=519) | decreased | 358 | 69 |
| | Unchanged | 140 | 27 |
| | increased | 21 | 04 |
| What is the frequency of your sexual intercourse per week? (N = 519) | decreased | 442 | 85,2 |
| | Unchanged | 46 | 8,9 |
| | increased | 21 | 4,0 |
| Does body change have an impact on sexuality? (n=509) | none | 10 | 1,9 |
| | Yes | 336 | 66 |
| Who is the initiator of sexual intercourse? (n=509) | No | 173 | 34 |
| | myself | 91 | 17,9 |
| | my spouse | 352 | 69,2 |
| | both of us | 66 | 12,9 |
| How do you find sexual intercourse compared to now and before menopause? (n = 509) | Unchanged | 149 | 29,3 |
| | satisfying | 38 | 7,5 |
| | Not satisfying | 306 | 60,1 |
| | Very satisfying | 16 | 3,1 |
| Is menopause synonymous with old age? (n=509) | Yes | 204 | 40,1 |
| | No | 305 | 59,9 |

Data processing: The data was processed using SPSS version 20 software. A multi-variate analysis was performed to look for a link between the compared variables. For the analysis of variables, we used Fisher's exact test. The materiality threshold was 5%. Thus:

- If p value <0.05; the correlation tested was considered statistically significant
- If p value > 0.05; the correlation tested was considered statistically insignificant

Influencing factors

Table 3. Factors influencing sexuality

| Factors | | NUMBERS | Sexual intercourse | Prevalence | Khi 2 | P value |
|-------------------|-----------------|---------|--------------------|------------|--------|---------|
| Age (years) | 45-64 | 420 | 419 | 99,76 | - | 0,0000 |
| | 65-84 | 99 | 90 | 90,91 | | |
| Educational level | No Educated | 206 | 83 | 40,32 | 150,10 | 0,0000 |
| | Educated | 313 | 283 | 90,56 | | |
| | Muslims | 113 | 58 | 50,96 | 34,07 | 0,000 |
| Religion | Christians | 349 | 271 | 77,76 | | |
| | Others | 57 | 48 | 84,21 | | |
| | chronic disease | Yes | 314 | 310 | 90,32 | 377,8 |
| | No | 205 | 33 | 9,68 | | |

Influence of vaginal dryness on the pleasure felt during foreplay

Tableau 4. Influence of vaginal dryness on the pleasure felt during foreplay

| Pleasure during the foreplay | Vaginal dryness | | Numbers | | |
|------------------------------|-----------------|-----|---------|-----|-----|
| | Yes | No | | | |
| Yes | 70 | 28% | 281 | 72% | 351 |
| No | 131 | 83% | 27 | 17% | 158 |
| Total | 201 | | 308 | | 509 |

Sexual disorders in order of frequency

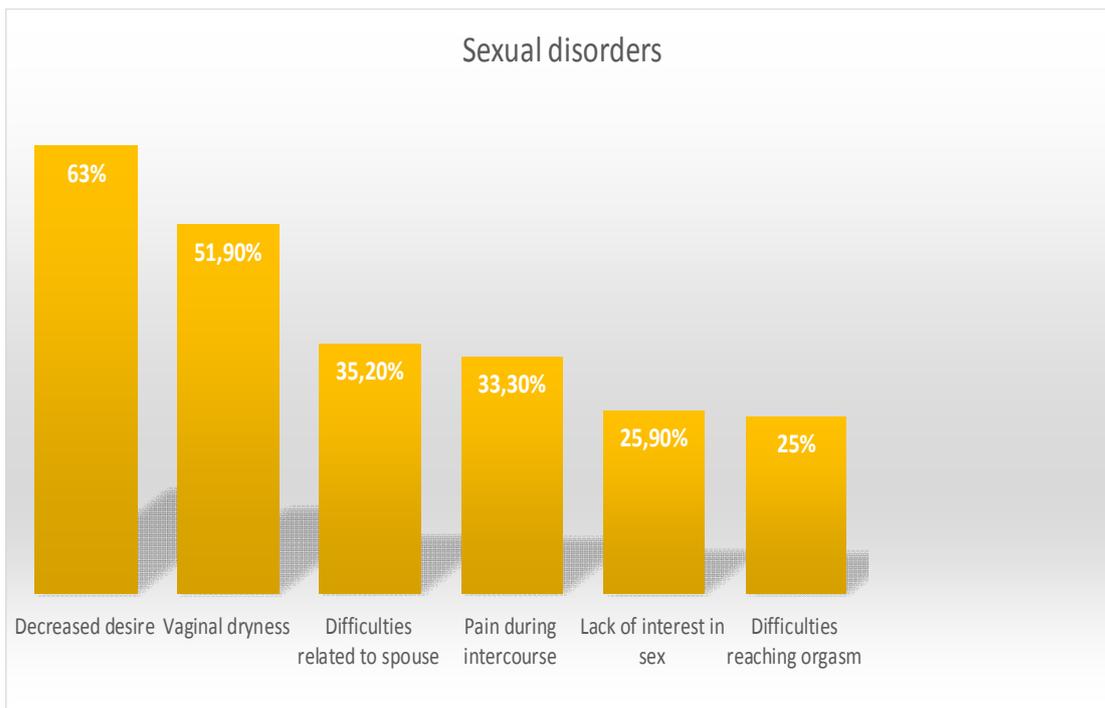


Figure 1. Sexual disorders in order of frequency Our patients reported having used a health professional in 14.8% of cases with sexual disorders

DISCUSSION

Limitations of Our Study: The study analysed women's views on sexuality during menopause. However it has some weaknesses: Some women had forgotten what they felt during the first years of their menopause, especially in the 60 to 70 age group. In African society sexuality is sacred to the elderly; therefore it is a taboo subject that arouses embarrassment among those who evoke it, which calls into question the sincerity of the answers. In addition, there was no psychological consultation prior to the investigation to better understand the personality of the surveyed.

Characteristics of the Study Population: The study population had an average age of 59.3 years. The average age of onset of menopause was 51.9 years. This corresponds to the median age of menopause between 49 and 52 years found in Europe, America, Asia and Africa 6, 7. Of these women, 61.30% lived in polygamous household and 60.25% went to school. Polygamy is concentrated in the north and northwest of the country. Patients living in polygamous household tend to stop having sex during menopause. This link would be due to the fact that the polygamous spouse would tend to go only to the other spouse(s) for the satisfaction of his libido. We found a significant link between education and the continuation of sexual intercourse. Indeed, educated patients tend to continue

sexual intercourse. They are able to using the panoply of means at their disposal (internet, media, chat) to break the lock on prejudice. In contrast, out-of-school patients may be influenced by prejudice and other misconceptions that prohibit sex during menopause.

Knowledge and opinions of menopausal women about Sexuality: For the majority of our surveyed (98.07%), sexual intercourse was possible during menopause. Diouf and al [6] reported 68.9% favourable opinions in favour of the continuation of sexual intercourse during menopause in Senegal. However, our results contrast with certain prejudices which prohibited sexual intercourse during menopause. These results reflect a change in mentality in African societies. This favourable evolution of concepts could reflect the improvement in the level of education of populations and especially of young girls in developing countries like ours [8]. Our study shows that menopausal women had as their main source of information, chats between friends in 70.25% against only 19.5% of cases of nursing staff. Like us, Caremel and al, and Diouf and al showed in their studies respectively that in 79% and 82.2% of the cases, they had information that was often incomplete and the nursing staff had not addressed the problem of sexual intercourse with menopausal women [6]. Postmenopausal women (70.25%) responded that having sex at their age posed health risks. The most feared risk was early death (69.83%). These fears have no basis according to the literature review [1]. The interest in choosing to accept sexual intercourse was to satisfy partner's pleasure (81.62%). The other reasons were represented by their own pleasure (15.04%) and for their health (3.34%). These responses testify to the plurality of erroneous opinions on the issue of sexuality at menopause [9].

Experience of Sexuality by Postmenopausal Women: In our study, postmenopausal women estimated to have a decrease in libido in 69% of cases, regardless of their socio-epidemiological profile. This decrease in libido was greater in the 65 to 85 age group. In the literature, the decrease in libido is related to the cessation of estradiol production at menopause [10, 11]. In the same order, 60.12% of the women interviewed considered sexual intercourse unsatisfactory. The initiation of sexual intercourse was most often done by the spouse in a proportion of 69.16%, women in only 17.88% of the cases. These results are close to those of Kadri and al carried out in the Maghreb countries [12, 13]. The physical changes of the woman during menopause could decrease the sexual desire of the man in 66.1% of cases. A woman says "at menopause, the body changes and we accept it badly". According to the study by Trudel et al [14], 94% of senior women buy beauty creams and 48% buy anti-wrinkle care. For Colson and al [15], libido decreased due to the physical changes caused by menopause and men did not find their partners attractive. Postmenopausal Muslim women generally acquire more dignity and independent living and have the right to go out unveiled, to have access to worship, to participate in rites and sacred objects. Likewise, in the Christian conception, "you will not approach a woman during her menstrual impurity, to discover her nakedness, hence a certain freedom of the menopausal woman [16]. In our sample, 69.2% of the women surveyed reported experiencing one or more sexual disorders (Decreased sexual desire 63% and vaginal dryness 51.9%). Moreover, these disorders were associated with personal suffering in 88.6% of them. In the Kingsberg, Khemiri and Diouf studies, vaginal dryness affected 55%, 67.5% and 100%

of women respectively and dyspareunia was mentioned by 44%, 65% and 69.3% of women respectively [6, 17,18]. In our study, the frequency of sexual intercourse per week had collapsed in 85.18% of women. The frequency of sexual intercourse did not exceed once a week in 68.9% of cases according to the study carried out in Senegal by Diouf and al [6]. In our study, There is a significant difference between age and continuation of sexual intercourse; unlike in Western countries where women aged 60 and over claimed to still be interested in sexual activity [14, 19,20]. Sexual desire disorder is expressed by 63% of women. A lack of sexual arousal and orgasm was also found in 25% of cases. Despite this situation, 80.6% of the patients said that the feelings that had been driving their union since the beginning had not changed. The couple's lack of communication about their sexuality and the attitude of resignation of postmenopausal women faced with the sexual consequences of hormonal deficit (vaginal dryness, dyspareunia) are the main obstacles to a fulfilled and assumed sexuality. In our study, the disorders were more frequent in the women who followed a drug treatment for a chronic disease in comparison with those who did not follow 88.6% against 69%. Several others report similar data. Copeland et al have shown that sexual dysfunction is more common in diabetic women of middle age and older. The prevalence of vasomotor symptoms varies considerably between cultures and countries. Studies have shown that none of the Mayan women in Mexico, 18% of Chinese women and 70% of American women mentioned hot flashes as a barrier to sexuality [21]. The couple's lack of communication about their sexuality and the attitude of resignation of postmenopausal women in the face of the sexual consequences of hormonal deficit (vaginal dryness, dyspareunia) are the main obstacles to a fulfilled and assumed sexuality. In our study, the disorders were more common in the women who followed a drug treatment for a chronic disease in comparison with those who did not follow 88.6% against 69%. Several others report similar data. Copeland and al showed that sexual dysfunction is more common in diabetic women of middle age and older. The prevalence of vasomotor symptoms varies considerably between cultures and countries. Studies showed that none of the Mayan women in Mexico, 18% of Chinese women and 70% of American women mentioned hot flashes as a barrier to sexuality [21].

Conclusion

The taboo remains present in African society, with as its base, the lack of information and cultural burdens. The determining factors of sexuality would be represented by the quality of the relationship with the partner, the psychological state of the woman, the general state of health of the woman and her partner. The results of our study show that sexuality plays an important part in the life of a postmenopausal woman in Africa.

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