

The Meaning of Menopause among Ghanaian-Canadian Women

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"So whether we like it or not..., it's not the "if" but the "when", it's a process"- A respondent

Abstract

In spite of its bio-universality, menopause presents a complex phenomenon experienced differently by women from varied cultures. The meanings of menopause and what it signifies for women vary considerably. They are shaped by social attitudes about aging and women's roles over the life course. Utilizing in-depth interviews, this study examines the meanings and experiences of menopause for ten Ghanaian-Canadian women living in Toronto. It explores how some aspects of Ghanaian culture have influenced the women's perceptions and interpretation of menopause. The study concludes that while Ghanaian women living in Canada have been surrounded by a culture where menopause is medicalized, most do not view menopause as a disease but rather as a normative life transition.

Introduction

The female menopausal body is the site of controversy in connection with both its representation and the medical practices that manage it. In biomedicine, menopause is considered a deficiency disease that is commonly treated with hormones. Biomedical knowledge emphasizes the physio-

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logical and biological aspects of illness. Mishler (1989) outlines four key assumptions of biomedicine. These are: (a) It defines disease as a deviation of normal biological functioning. The body is treated as a series of separate but interdependent systems whereby the failure of some part or more is deemed as illness. (b) It assumes that each disease has specific etiology and causes. (c) It assumes that diseases are generic: that is, each disease has distinctive characteristics (typically called symptoms) that are assumed to be the same over time and across cultures. And finally, (d) the model assumes the scientific neutrality of medicine.

Feminist perspectives on health are concerned with the way in which biomedicine and other healing practices assert and maintain gender differences (Spitzer, 1998). Biomedicine has shaped our understandings of gender, sexuality and health. Ivan Illich talks about iatrogenesis and the medicalization of life. African slaves who attempted to flee from their masters in the 19th century were branded as suffering from drapetomania (drapetomania an insane impulse to wander from home) (Szaz, 1994 in Spitzer, 1998: 14). Over the past century, there has been an increase in the spheres of life that have come under the medical gaze. For example, it is now conventional to consult a physician on issues of sexuality, fertility, childhood behaviour and aging. As well, all aspects of women's lives, from menstruation and childbirth to the end of fertility-menopause, have been medicalized. Hence, a young woman who expresses anger is at risk of being regarded as suffering from Pre Menstrual Syndrome (PMS) and a middle aged woman who expresses discontent is at risk of being labelled as suffering from menopausal syndrome (Lock & Scheper-Hughes, 1990). These labels project meanings and notions of what constitutes "healthy" womanhood and dictate appropriate behaviours and social roles for women (Nettleton, 1995: 140, Spitzer, 1998: 15). Women are socialized to recognize the physical symptoms of menopause and the appropriate behaviours for the menopausal woman. North American women are advised that the loss of libido is a medical problem which needs to be treated with hormones, whiles Bengali women in India know that sexual activity is inappropriate for the menopausal woman. Differences in class and culture, and in economic and political power, all find their expression through the bodies of menopausal women (Kaufert and Lock, 1998:187).

The medicalization of menopause began to be consolidated in the 1930s and 1940s with the beginning of research into sex endocrinology (Bell, 1982: 532). Since then, many women and their physicians have regarded menopause as a deficiency disease requiring medical intervention (Kaufeert and Gilbert, 1986; Page, 1990). An analysis of the concepts used in medical literature to describe menopause convey a sense of the breakdown of a woman's system. Phrases like "*ovarian decline*," "*senile ovaries*," "*degenerative*" changes and "*follicles which fail to muster strength*" convey a negative message of degeneration, regression, and disturbance at menopause (Martin, 1997). It is not only the medical literature which portrays menopause in a negative way. Articles and advertisements published in newspapers and magazines portray it as a medical condition with a vast array of symptoms. Due to the medicalization of menopause, many see Hormone Replacement Therapy (HRT) as its logical treatment.

Anthropologists and sociologists reject the assumption of the universal physiological experiences of menopause. They look to culture to explain the differences in symptom reports in different societies. Culture is an organized system which attributes meanings to reality, thus giving each natural phenomenon a particular meaning and significance (Beyene, 1986: 49). In her study of the experiences of health among Ghanaian women, Avotri (1997) observed that the health of her respondents was greatly influenced by their social and cultural conditions. Psychosocial health problems such as "thinking too much" and "worrying too much" which resulted in headaches and insomnia were the major health problems reported by the women (Avotri, 1997). Talking about their health the women emphasized their roles and social relationships. The number of households headed by women is increasing steadily, and this they combine with their familial roles. This means that they have to constantly engage in various income-generating activities in order to take care of their children. This results in "their thinking too much" and "worrying too much" (Avotri, 1997). Yet women's health problems have often been viewed in isolation from their life experiences.

Ghanaian-Canadian women are living in a society that regards menopause as a disease. This article is based on a study which examined the meaning and significance of menopause for these women. The article explores how Ghanaian-Canadian women experience menopause and

whether their experiences are similar or different from their North American counterparts. The article also examines the extent to which traditional Ghanaian views of the elderly, as well as the status of women and power, influence the women's views about menopause and how they women manage the condition of menopause.

What is Menopause?

A French physician, Gardanne, first coined the term "menopause" in 1821, and this came to be the medical term used to describe the period preceding and after the last menstruation (Lock, 1993: 308). Prior to the 19th century, in many parts of the world the menopausal woman was regarded as a wise elder, healer, educator and mediator (Page, 1987: 18). In ancient Greece, women took on a new identity, selfhood and a consciousness at mid-life and these were said to rest in the body as well as the mind.

The view of menopause as a disease which gained prominence in the early 20th century can be traced to Freudian theory. In Freudian theory the meaning of a woman's life is based on her ability to bear children. A woman's life becomes empty once she loses her fertility (Kaufert and Lock, 1998). Freud viewed menopause as reinforcing and promoting anxiety neuroses. Helen Deutsch, writing from a Freudian perspective argues that women exist for their reproductive abilities. The disappearance of this ability means the disappearance of a woman's feminine qualities resulting in "her natural end - her partial death" (Kaufert and Lock, 1998: 192).

Nineteenth-century philosophers linked menopausal problems with wealthy life styles. They philosophized that middle class women have more menopausal problems than lower class women, prostitutes and black women because they are more prone to sensitive nervous systems because of their social position (Lock, 1993: 319). This view continued to be expressed even by some renowned feminist writers into the 20th century. For example, Simone de Beauvoir (1971: 575), one of the prominent writers of our time, describing this "dangerous age" surprisingly subscribes to the psychoanalytic and biomedical perceptions of women in mid-life. In describing the "crisis of the change of life," de Beauvoir, like

other writers notes that women who take on "heavy work", such as peasant women, have a relatively good experience of menopause, certainly better than women who have "staked everything on their femininity." She continues that women "feel the fatal touch of death" when they come face to face with the "degeneration" of their bodies and the "irreversible process" of menstruation. She notes the inability of women to try with "pathetic urgency to turn back the flight of time." She argues that the menopausal woman becomes very dejected and will continue to experience difficulty until death (de Beauvoir, 1971: 578).

By the early twentieth century, menopause had been "psychologized", partly due to the work of Sigmund Freud. Middle-aged women were seen as suffering from psychological and mental disorders. Such distresses at menopause were attributed to the decline and /or absence of endocrine. Other explanations given for the causes of physical and psychological disorders include "too much education, attempts at birth control or abortion, undue sexual indulgence, insufficient devotion to husband or children, or the advocacy of women's' suffrage" (MacPherson, 1981: 101).

Technically, menopause refers to the last date when menses cease. Thus the experience of menopause can only be known retrospectively. Women who have had hysterectomy cannot use the cessation of menses as the benchmark for the onset of menopause. They can know because of hot flashes and cold sweats-which is the only credible symptom of menopause-or when their doctors test their hormone levels. This study consists of women who have gone through natural menopause and those who experienced menopause because of hysterectomy. While both groups may have the same experiences; those who had hysterectomy had a slightly difficult experience which impacted on their views about menopause. Where there are differences between the two groups, I have indicated by adding natural menopause or hysterectomy to their names at the end of the quotations. In some cases there are no differences at all.

Symptoms of Menopause

According to Bantjes (1982) the symptom checklist used in a 1965 study of menopause by Neugatern and Kraines was based on symptoms found in the medical literature (Bantjes, 1982: 6). In all they listed twenty-eight

symptoms frequently reported to physicians. The symptoms are grouped into somatic, psychosomatic and psychological. This list formed the basis of the Blatt Menopausal Index, "a weighted numerical index based upon the incidence and severity of eleven symptoms found to be highly indicative of menopausal disturbances" (Bantjes, 1982:6).

The somatic symptoms listed include hot flashes, cold sweats, and weight gain, rheumatic pains, and aches in the back, neck and skull. Others are cold hands and feet, numbness, tingling and breast pains, constipation, diarrhoea and skin crawls. These symptoms are thought to be the result of hormonal changes in the body, mainly a decrease in hormonal activity. The psychosomatic symptoms include feelings of tiredness, headaches, pounding of heart and blind spots behind the eyes. Psychological symptoms include irritability and nervous breakdown, feeling blue and depressed, forgetfulness, lack of concentration, insomnia, crying spells, feelings of suffocation, worry about the body, and feelings of fright or panic. Others are itching; the desire to urinate, urinary inconsistency, constipation, diarrhoea, nausea and vomiting, loss of appetite, resentfulness, suspicion, erotic fantasies and fear of death (Davis, 1983:16). Other than the cessation of menses, hot flashes and night sweats are the only emblematic menopausal symptoms and they occur in about half of postmenopausal women. They are severe in only a quarter of women, with symptoms subsiding over the next year or two (Yusuf & Anand, 2002: 357).

The prescription of various estrogens (with, or without, progestin) has been conventional since the 1970s (Yusuf & Anand, 2002: 357). In the 1970s Hormone Replacement Therapy (HRT) was among the five most prescribed drugs in the United States (Lock, 1998:42). In the mid 1970s HRT was linked to some "minor" side effects: endometrial cancer, gall bladder infection and blood clots in the legs (Yusuf & Anand, 2002: 357). There was also some concern that HRT could increase the risk of breast cancer. Its use therefore declined for a short while, as women became concerned about the risks associated with HRT. Then, researchers thought they knew what was missing - progesterone. Progesterone was therefore combined with estrogens to reduce the threat of cancer (Lock, 1998:42; Leysen, 1996:180). But there were still some problems with this

therapy since postmenopausal women did not want to continue to menstruate.

In subsequent years the avoidance of coronary heart disease and cardiovascular disease were added to the list of benefits of using HRT. HRT would save the American government millions of dollars (Williams, 1990: 708; WHO, 1994). According to Williams (1990: 708), the "annual costs of medical and supportive care far exceed the entire National Institutes of Health research budget and are more than 100 times the amount being invested on causes, prevention, and treatment of this condition [of hip fractures due to osteoporosis]."

Contrary to these claims, a recent study by the Women's Health Initiative (sponsored by the American National Institute of Health Research) has established that the risks of HRT far outweigh the benefits. The aim of that study was to address the issue of benefits versus risks of the long term use of HRT. The study involved a total of 160 000 women between the ages of 50 and 79 years. The results of the study show that women using HRT are at a high risk of getting breast cancer, and major cardiovascular diseases such as coronary heart disease, stroke and pulmonary embolism (Yusuf & Anand, 2002: 357). The trials were halted because of an excessive number of breast cancer cases and major cardiovascular disease.

The widespread use of HRT is prevalent in North America and other western countries, but is not universal. While estrogens and psychotherapy are more likely to be prescribed for North American women, Japanese physicians typically prescribe herbal teas and provide counselling on the importance of cultivating hobbies (Kaufert and Lock, 1998: 190). Japanese physicians and their patients do not have much concern with osteoporosis, neither do they subscribe to the notion of the depletion of hormones as necessarily leading to illness. Prescription of estrogens for North American women is heavily influenced by the emphasis placed on youth and the imperative of women maintaining their attractiveness and femininity as they age. Not much is known about estrogens intake in Africa and Asia. Attitudes towards the use of estrogens and hormone replacement therapy are the product of the way a society expects women to behave as they age and society's view of the aging female body.

The Experiences of Menopause across Cultures

The discourse on menopause assumes that women in industrialized countries - North America especially - experience menopause differently from women in non industrialized countries (Leysen, 1996). For instance, Lock (1998: 48) compared symptom reporting between two industrialized nations, Japan and North America. Only ten percent of Japanese women, in contrast to between 31 and 35 percent of North American women, reported experiencing hot flashes. Among the Japanese sample, fewer than 20 percent reported ever having experienced hot flashes as opposed to nearly 60 percent of North American women. Night sweats were infrequent in Japan (4 %) yet experienced by 20 percent of menopausal women in Manitoba and 12 percent in Massachusetts. The most definitive symptoms (hot flashes and night sweats) in North America, do not apply to Japanese women. Lock (1998) argues that symptom reports are culturally constructed and that diagnosis is a social process. The Japanese do not even have a word for hot flashes in their language; they use imagery to describe what is actually happening to them.

Women's experience of menopause is said to be related to the expectation of an improvement or decrease of social status, social roles, or with an increase in rewards (Bart, 1969; Flint, 1975; Brown, 1982; Kaiser, 1989). In societies where they anticipate the loss of status, political power, less responsibility in decision-making roles and little recognition of their past contributions in bearing and raising children their experience of menopause may be very negative. For example, in the case of North America and industrialized countries women may suffer depression, anxiety and be miserable during mid-life, due to the greater value placed on youth, attractiveness, and sexuality. The natural process of aging is denied or devalued and elderly women face persistent stereotypes that reinforce images of the asexual, depressed middle-aged housewife (Kaiser, 1989). Where women are primarily valued for their procreative abilities, they feel less useful when this ability is lost.

By contrast, women in pre-industrial and developing countries are thought to welcome the inception of menopause because they gain greater status in mid-life. In some societies menstruation is viewed as a pollutant and dangerous, resulting in social restrictions in the form of

taboos (Robinson, 1996: 455). At menopause women are freed from these restrictions and taboos as well as other reproductive burdens. In Islamic countries, women are free from their purdah and can go out without a brother or husband having to accompany them. In some other countries different taboos may be to the advantage of the woman (Barnett, 1988). In Ghana for instance, there are social and religious restrictions on women who are menstruating and therefore menopausal women tend to be free to perform cultural and religious rites, especially in traditional religion and in rural communities. Thus women who anticipate an improvement in status, political power, and psychological well being for reasons such as freedom from menstrual pollution taboos; seniority in the domestic unit; new role opportunities; participation in the male domain of power; greater decision-making authority; respect and responsibility accorded to the elderly; and fulfilment of the social duty to bear and raise children (Bart, 1969; Flint, 1975; Brown, 1982; Kaiser, 1989) are expected to have a positive experience of menopause.

In her studies of three immigrant communities in Canada, Spitzer (1998) notes that the meaning of menopause is flexible and dynamic, and that it is dependent upon cultural and personal meanings and life context. Being in a new environment, migrant women grapple with unemployment, marital difficulties and oppressive gender roles and relations. Migrant women have to make sense of competing meanings and interpretations of menopause. However, these meanings extend far beyond the scope of biomedical definition and often include expectations regarding role change (*ibid*).

Migrant women have found new meaning in life by creating other identities through extending careers and employment opportunities, increased religious activity and taking part in community activities. For instance as recent migrants, Somali women in Toronto were still entangled in the immigration process, awaiting visas and approval. This was compounded by the absence of their family members, especially children. However, they found other meanings of menopause through spiritual activity and prayer (Spitzer, 1998: 158). Menopause allowed Somali women to be *dahir* on a continual basis- a state of being clean. They devoted their time to the reading of the Qu'ran and to praying. When menopause was associated with aging, the consequences were desirable. The feeling

of “being *dahir* is personal and portable. Thus women could not be segregated from this embodied notion of purity in menopause” (Spitzer, 1998: 158). Older women enjoyed increased status and were recognized within the Somali community. Husbands were less demanding during this time, and this freedom from sexual activity was very much loved (Spitzer, 1998: 108).

Ghanaian Canadian women observed

The Ghanaian community in Toronto is the largest African migrant community in Canada. Between 1985 and 1991, about 7,464 Ghanaians claimed refugee status and settled in the Toronto area (Opoku-Dapaah, 1993). The study was done in Toronto, Canada where ten women from the Ghanaian community were selected through the snowball sampling technique and interviewed.²

Three of the women interviewed were in their 60s, two were in their 50s and five were in their late 40s. Five of the women were married, three were widowed, one was divorced and one was single.³ All but one of them had children and five were grandmothers. Two had post-graduate education, two had a diploma in nursing and had taken several additional courses, four had high school certificates and two had no formal schooling. At the time of the study, one of the women was an immigration consultant, one was a social worker, two were retired nurses, four were working in factories, and three were not in paid labour (they were taking care of their grandchildren). The women had spent between 3 and 20 years in Canada and all were first generation immigrants. They were all born and raised and had at least some education in Ghana. All the women were Akan – the largest ethnic group in Ghana, which is also the

² Participants for the study were identified through friends and community leaders. The criterion for selection was that the respondent should be menopausal. The time lapse since the last menstruation for the participants ranged from one to ten years. Six of the participants had experienced natural menopause and four of them had undergone ‘surgical menopause’.

³ To protect the identity of the interviewees, all the names used in this article are pseudonyms

largest in Canada – about 76%. The sample size is small and therefore cannot be a useful basis for generalizations.⁴

The Experience of menopause

The age of menopause for women in this study was between forty-two and fifty- five. Since menopause is defined as passing twelve months without menses, the experience can only be known retrospectively. I asked the participants how they determined they were going through menopause. Looking back, several of them noted that at the beginning they did not know what was happening to them. Some expressed the fear of being sick with a strange disease, while others thought they might be pregnant. Some consulted their family members for help while others went to see a physician. Compared to menstruation⁵, menopause in Ghana is not marked publicly with rituals. . The participants do understand that a woman will cease to menstruate but they do not know what heralds this event. For instance one respondent, Aba explained:

I was in Ghana in 1996. I was having some fever. I thought it was the change of weather. My sister was a nurse at the Central Hospital, and her husband a pharmacist...so I went to them, explained what I was experiencing, and they said it is menopause (Aba, 47 years - natural menopause)

For others irregular menstrual cycle provided a clue as to whether menopause has begun.

The periods stopped for two months...three months... and the flow started again...then you know, a couple of months it starts deteriorating...then I didn't know if it was two months or three months...It was going on. It was when I went to see my gynaecologist that it dawned on me that I was going through menopause (Araba, 63 years old-natural menopause)

⁴ Two were Fante, four Ashanti, three Akyem, and one was from the Brong Ahafo region.

⁵ See Peter Sarpong (1977) for more on the value of menstruation.

As I have noted above those who have hysterectomy cannot use the cessation of menses as a benchmark to determine the beginning of menopause. Women in this study who have hysterectomy, only knew by the physiological changes that took place. Their doctors did not make them aware that the removal of their womb will automatically lead to the onset of menopause. This is what Pokua who is 48 years old and had hysterectomy at age 46 says:

After my womb was removed, I began to experience severe hot flashes. I went to see my doctor and he told me I was going through menopause.

Generally, the findings of this study indicate that the women had no knowledge about menopause prior to experiencing it themselves. They never discussed it with relatives or friends. They only started making enquiries after noticing changes in their bodies. This shows the secrecy that normally surrounds women's bodily processes, especially menstruation and menopause.

Attitude to Menopause

Ghanaian-Canadian women's attitude toward menopause was largely shaped by the nature of their personal experiences of menopause. The majority of the participants had a positive attitude. Several of the participants did not have preconceived concerns or expectations of the menopausal experience primarily because they did not have any prior knowledge about it.

I never thought about it because I know that this is not a disease. It is part of the normal growing process that everybody goes through, so I didn't think about it. (Aba, 47 years old- natural menopause)

Those who had the most negative attitude towards menopause were women who experienced great discomfort. These women believe that menopause is a disease. These were the women who had had hysterectomy. For example when asked what she thinks about menopause, Mansa exclaimed:

Ei...as for this it is a disease (Mansa, 49 years old, she had hysterectomy at age 46 because of a weak womb).

Pokua also believes that menopause is a disease:

It is [menopause] not good. It is a very bad and dangerous disease. It can even kill you (Pokua, 48 years old, had hysterectomy at age 46)

In addition to the thought that menopause was a disease, the women who had hysterectomy also complained that menopause did not occur at the right time. Mansa sums up the thoughts of the others when she says *"I have not reached the stage that I should have menopause, but the surgery I had, has made me menopausal"*.

The menopausal experiences of the women were varied. Some women experienced hot flashes, and only one woman reported cold sweats. There was no report of night sweats and sleeplessness. Several of the women, however, reported swollen feet, pains in the knees, burning of the whole body and in the stomach region, bouts of dizziness and mood swings. Here is a typical example:

"Sometimes my feet burn as if I am walking on live charcoal. I feel faint and dizzy, I feel so uncomfortable. And it is as if I am hearing so many voices in my head, as if some objects are moving in my head" (Aba, 47 years old-natural menopause)

It is interesting to note that the term the women used to describe their distress is *'sheshe'*; (something like burning) this is different from *oshew* or *ahuhurow* (*literally: hot*), which would vaguely mean hot flash in the English language. There is no precise local word for hot flash. I observed that women who are familiar with the literature on menopause were able to express their experiences in medical terms. Experiences such as swollen feet, pains in the knees, burning sensation in the feet are absent in the literature on menopause. Could these symptoms be particular to Ghanaians? Expressions of distress normally rest in the body. People would normally say that they are experiencing pains in their whole body. Women in Ghana in general would normally complain of pains in their waist,

while older women would express pains in their joints, usually their knees. Here is the experience of one of the respondents familiar with the literature on menopause.

“When I get the hot flashes, my whole body will be so hot and wet, sometimes I feel like taking my clothes off. And the next minute I feel so cold as if nothing has happened” (Fosua, 54 years old-natural menopause).

Changes in sexual libido were also experienced by some of the respondents. This change may be an increase or a decrease in sexual desire. Two women reported a decline in sexual desire [these were women who have had hysterectomy]. Pokua explains:

“When it gets to that stage you don’t even think about men. That one is out. You don’t feel anything. For me when I sleep... it got to a time when I did not even want any contact with my husband. I sleep as far away from him as I can. I went to see my doctor and he gave me some pills. But it didn’t work... It was that serious. You have a husband but you cannot do anything!” (Pokua, 48 years old-hysterectomy at age 46)

One woman whose husband worked in another town however reported a new sense of freedom with menopause because she could now have sexual relations anytime when she visited her husband without worrying about menstruation and pregnancy.

You don’t worry when you’re travelling. You can enjoy (sexual relations) anytime you like. Me like this my husband was staying somewhere, sometimes my husband will come and I am not free... (Oforiwaa, 54 years, natural menopause)

There was no mention of vaginal dryness and shrinking of the genitals. None of the women mentioned painful sex. There were a few who were irritated by the lack of support from family and friends. Frema who was an immigration consultant was very angry when some of her friends did not appreciate her problems.

But what get me angry is sometimes, even people who know what I am going through will say, oh...remove your clothes and you will be all right. You

see they went through menopause, but I don't think they have the experience as I have. . I don't think if I take my clothes off I'll feel better...it has nothing to do with this shirt [pointing to her shirt]. The hot flashes...I could still sit here naked and it will come. And that's the part that makes me angry. Your own friends want you to take your clothes off. (Frema, 54 year old, had hysterectomy at age 44).

Pokua also bemoaned the lack of support from her husband:

No, for him he thought I did it intentionally. Things like that they don't know. They feel you intentionally don't want to sleep with them. (Pokua)

Notwithstanding these experiences, some respondents welcomed the onset of menopause, for it relieved them of the risk of pregnancy and from stressful monthly periods. Araba happily reports:

At the beginning I said hallelujah, I don't have to think about monthly periods, I don't have to think about buying pads, I don't have to think about monthly, monthly...and think about it, you know, I won't be miserable for five days, so it wasn't a big deal.
(Araba, 63 years old-natural menopause)

The Meaning of Menopause

Aging

When asked what menopause meant to them, almost all the women saw menopause as a sign of aging. Menopause is the symbol that marks the transition from being young and to old age.

"For me I know that when you get to that time, it means you are growing. By 45 to 50 you are just getting old" (Aba, 47 years old-natural menopause).

However, for those who had experienced hysterectomy and were in their forties, menopause signified the end of their child bearing years rather than a sign of aging. The women were again asked of their views about aging; whether they had a positive or negative attitude towards aging. Many of the women saw aging in a positive light. In fact they felt that

there was nothing one could do about aging. They looked forward to becoming leaders in their various families. The women bemoaned the lack of respect for the elderly in Canadian society. In Ghana respect to the elderly is shown, for instance, by addressing men with the prefix '*panyin*' to their name and women with the prefix '*maame*'⁶, helping them with their loads, and assisting them in any way possible.

End of Childbearing Years

Menopause also meant the end of the childbearing years for the women in the study. Only one woman did not have a child of her own. The rest had children and had actually stopped bearing children. This is what Mansa, who even had hysterectomy says:

It shows that right now, even if your womb is not removed, if you reach that stage, you will never give birth again. If you are a woman and you cannot menstruate, it means you can also not give birth... (Mansa)

One woman noted that it was highly unusual for a woman to bear children during this period. Araba called this "menopause surprise". And she went on to describe the experience of her mother.

"Yes, you're falling out of the childbearing age. At the time that it [menstrual periods] goes on and off, you can have what they call menopause surprise⁷, because it is on and off, you don't know when your period is going to come, you can get pregnant within that time. Actually, our last-born (referring to her younger sibling) was a surprise, because our mother didn't know she was pregnant. She exclaimed when she found out she was pregnant; (*emera na me twa bra na menyin sen yi*) "I have stopped menstruating, how can I become pregnant" (Araba).

Another question I asked the women was how they felt about the end of their childbearing years. Generally, they had no problem with the

⁶ In Ghana, one does not address anyone who is older than him/her by their first names.

⁷ The source of this term is not known. The participant might be referring to something she has heard or something that women talk about.

knowledge that they could not bear children again. Even the respondent who did not have any child of her own did not have any problem with her inability ever to have a child. She explained that she has a lot of nephews and nieces whom she saw as her own children. Only one of the women expressed mixed feelings about this. Ironically Serwaa who already had seven children wanted more:

If it was pregnancy [referring to menopause], I would have been happy. But since it was menopause I accepted it. I am an only child. I wish I could have more children. You don't know which of your children will take care of you...I have many children but only one of them takes care of me. He brought me here [to Canada]. Some of my children have never called to see how I am doing since I came here. (Serwaa)

Change in Status

I also asked the women whether they anticipated any change in their status as women in menopause. Because they associated menopause with aging, they anticipate that their status would change once they got there. In Ghana, older women gain a lot of status and respect when they reach the menopause. Urban educated women may anticipate retiring at this time. If they continue to work, they may rise to managerial positions in their careers; or they may become opinion leaders in their villages. Some old women could also become traditional birth attendants in their communities. In fact some of the interviewees were grandmothers already taking care of their grandchildren. Fifty-four year old Oforiwaa expects the young to tap into the wisdom she has acquired:

"Young people come to you for advice. They need you... you help them. You share your experiences with them...you get a lot of respect from them".

The Beginning of Ill Health

Menopause also signals a change in health status for some of the women. Some of the explanations given for the causes of ill-health were related to

blood. In this study, ill-health and loss of strength was attributed to “the stoppage of blood”. Nyame for example reported loss of strength and general weakness. She attributed this to “the stoppage of blood”. She also mentioned aging as a contributory factor.

“Now I have some weakness. I don’t know if it is that [menopause]. The blood is not coming out anymore and this is causing problems. My strength has reduced; ...my waist... I can’t even get out of bed. I used to be very strong. I could run and walk very fast. I think old age is also to be blamed. Things change when you are growing” (Nyame).

Aba also complained of a reduction in her strength attributing the loss of strength and general weakness to “weak blood”.

You get to a point where your knees and joints hurt so much. The kind of work that you used to do when you’re young, when you grow old you cannot do that kind of work any longer. Because you get tired easily when you do a little job. When I look at how I was when I was young, I see a difference in it, because when I do a little thing, then I become tired. Recently, I climbed some staircase, for about three days, I couldn’t get up. I am on the 8th floor. When I climbed for a week, I was grounded in this house. It was later that I realized it was the staircase that I climbed (Aba).

Overall, the women did not see menopause as a disease, but as the beginning of general weakness and reduction in strength. A few of the women also reported experiencing forgetfulness and having a bad temper. To gain their strength back, the women exercised daily, engaged in active work and in positive thinking; they also regulated their diet.

Management of Menopause

The influence of the medical system on women’s health cannot be underestimated. However, women are not always passive in their health care negotiations. They attempt to resist and assert themselves in their everyday dealings with the medical system, however, in a subtle way and within the limits of their knowledge and other social factors. The paucity

of relevant knowledge has serious implications for their health. If women do not understand the changes that take place in their bodies, they cannot make informed decisions. Hence, for most of the women in the study, the “diagnosis” that they were going through menopause was made by their doctors.

The dominant discourse on menopause in North America is influenced by the biomedical model which constructs menopause as a physiological event and a disease. For some of the women the medical discourse formed their initial understanding of menopause. However, they did not simply turn their bodies over to their physicians. For instance, Araba weighed the benefits and risks of Hormone Replacement Therapy (HRT) before making the decision not to go on HRT. She explains that:

“From what I read, I didn’t like the side effects of the medication. So I decided to try the less risky. Then the doctor said that sometimes you have no option... you go on the medication. So I decided to try the less evil one. But if I was really, really hard pressed to take, then I’ll take the HRT. So I tried the alternate first.”

Two other women stopped using HRT and resorted to herbs when they realized that the risks outweighed the benefits. At the time of this study, only one participant was taking HRT. She seemed unaware of its potential risks. The only side effect she knew of was that some rashes appeared on her face. The other women in this study, however, rejected the use of HRT. Most believed that since menopause is not a disease, it does not warrant medical intervention. *“I knew I wasn’t physically, physically ill. It was just the change in my life cycle. That was what was happening”* (Kuukua, 64 years old- natural menopause). The existence of HRT is not known in Ghana. There is also no known traditional medicine for menopause. Only one woman tried using some Chinese herbs in place of HRT.

An example of the influence of the medical system on women’s health is illustrated by the experiences of Frema and Mansa concerning HRT. Frema’s doctor got angry with her because she asked if there was any other alternative to HRT.

I took them and realized I was bloating too much. I went back to him and asked "is there anything I can do about this because I don't think I am being helped by this." So he said 'what do you want from me'? He started screaming at me. So I said okay. I left him and went to see another doctor" (Frema)

Mansa on the other hand, stopped taking the HRT. Her doctor found out by running some tests on her and indicated his disapproval. The doctor reacted thus: "*you cannot hide anything from your doctor. You must do whatever he or she tells you*". The physician's reaction was a contestation over whose definition of the situation should prevail.

Conclusions

The sample size for the study on which this article is based is small. The findings therefore cannot be generalized with confidence. However, it at least gives a glimpse of how Ghanaian women experience and understand menopause. For the past few decades, research on menopause has been influenced by the biological and socio-cultural models. The biological model conceptualizes menopause as a disease, while the socio-cultural model views menopause as a socially constructed developmental process. Additionally, the biomedical model assumes that distress at menopause is the norm for women in Western countries, while the socio-cultural model often depicts non-Western women as having a symptom-free experience because they gain greater social or political status after menopause.

In Gifford's (1994) study of Italian-Australian women, menopause was linked with ambivalence about immigration, where women were grieving for a home and life lost in Italy. In Australia the roles and status of women were less positive; therefore women experienced menopause as a time of loss. In contrast, the findings of the study were that Ghanaian women did not view menopause as a disease that diminished their social status because they expected to gain in status at this time of their lives. Menopause was seen as a symbol of aging during which the women expected to take on influential roles in their communities either as grandmothers, counsellors, or traditional birth attendants. However, menopause also signalled the emergence of diseases and the loss of

strength for these women. In McMaster et al.'s (1997) study of Zimbabwean women, they also found that the women were happy that they were no longer losing blood through periods and childbirth, and noted that they felt stronger after menopause. The findings from this study and the Zimbabwe study show that the experiences of people are heavily influenced by their culture.

The other studies on menopause did not isolate cases of women whose menopause was induced by hysterectomy. This study on the other hand found a negative impact of hysterectomy on the experience of menopause. The women who had gone through hysterectomy and had had surgically induced menopause had a significantly different experience from those who had gone through the natural process. They expressed more distress than women who had natural menopause. The problems they experienced seemed to be greatly exacerbated by the lack of information from their physicians. None of the women anticipated that having a hysterectomy would result in immediate menopause and they were not prepared at least psychologically to deal with it.

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End Notes

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