

# Menopause and Sexuality in Women: The Counselling Implications

Ezeribe, Scholastica Ngozi  
Faculty of Education, National Open University of Nigeria

## ABSTRACT

This paper explored menopause and sexuality in women and the counselling implications. Menopause is seen as the end of female menstruation and marks the end of a woman's ability to conceive children. While menopause itself is a normal life stage that does not cause health problems, the menopausal transition is marked by some physical, emotional and psychological symptoms caused mainly by hormonal imbalance. The causes, types and transitional phases of menopause were discussed. It was noticed that menopause negatively affects the overall sexuality in the menopausal woman in that her sexual drive, desire, arousal and sexual activity declines. Dryness and thinning of the vagina which makes penetration during sex painful was seen as a problem during this period. It was also noted that some women pass this change in life without much stress while some encounter all symptoms and conditions. The overall conditions of the menopausal woman is challenging and therefore implicated for Counselling. Some counselling interventions were outlined for helping women yet to reach menopause and the menopausal woman in particular get proper information about menopause, get adjusted and help herself during this period of change in life. Finally, it was concluded that Counselling services are a *sine quo non* for the proper adjustment of women who are yet to reach menopause, menopausal women, their husbands and entire family during this trying stage of life.

**Keywords:** Menopause, Sexuality, Women, Counselling.

## INTRODUCTION

Aging in humans is something that happens to all and sundry. It can neither be influenced nor stopped. Ageing which can also be referred to as growth starts from conception and ends in death and as such takes a natural toll on every human being. These changes are expressed in physical, intellectual, personality, emotional and social changes. One of the inevitable features of aging is that the process is visible. Although middle aged and older individuals may feel full of vitality and vigour, this is not the impression their physical appearance indicates to others (Featherstone & Hepworth 1993 in Martin, Carlson & Buskist 2007).

At a certain stage in the process of growth during the middle age, the body undergoes a shift especially in women when the menstrual cycles starts reducing in frequency and finally ceases due to the depletion of ovarian oocytes and severely reduces functioning of the ovaries. This point in time when menstruation stops permanently in the life of a woman is called menopause. Women worldwide pass through this stage called menopause.

This period comes with its own symptoms and challenges which require much information and education.

From the researcher's experience, the idea of menopause often causes great distress for many women, as they associate it with the loss of youth and fertility. They often are not aware of the facts concerning this life change, so they don't know what to expect. This work therefore explains the basics (meaning of menopause, phases, types, causes, symptoms and sexuality) to help women to know the facts about menopause, prepare their mind psychologically as they enter and/or go through this change of life and as such put their minds at rest. The work will also help them to know that availing themselves of counselling services will be of immense help during this change as the work will also discuss the counselling interventions needed to alleviate the problems of the menopausal woman.

## MENOPAUSE DEFINED AND EXPLAINED

Menopause is usually a natural change. Menopause is the end of female menstruation and marks the end of a woman's ability to conceive children.

Menopause, also known as the climacteric, is the time in most women's lives when menstrual periods stop permanently, and they are no longer fertile and unable to conceive bear children. Medical professionals often define menopause as having occurred when a woman has not had any vaginal bleeding for a year. (Sievert, 2006). It may also be defined by a decrease in hormone production by the ovaries. In those who have had surgery to remove their uterus but they still have ovaries, menopause may be viewed to have occurred at the time of the surgery or when their hormone levels fell. (Shiver 2013, Takhashi and Johnson 2015, Mellissa, 2016).

Menopause has also been defined by Woko (2011) simply as "the end of menstruation". According to her, menopause is natural dramatic physical change of middle womanhood referred to as "the change of life".

From the above definitions, it can be adduced that menopause is a natural and normal condition that all women experience as they age. Menopause is the end of female menstruation and marks the end of a woman's ability to conceive children. It is the depletion of a woman's eggs (ova) and the complete cessation of the

menstrual cycle. Menopause begins naturally when the ovaries start producing less oestrogen and progesterone which are the hormones of the body responsible for fertility.

The average age of menopause is 51 years old. But there is no way to predict when an individual woman will have menopause or begin having symptoms suggestive of menopause. The age at which a woman starts having menstrual periods is also not related to the age of menopause onset. Most women reach menopause between the ages of 45 and 55, but menopause may occur as earlier as ages 30s or 40s, or may not occur until a woman reaches her 60s. As a rough "rule of the thumb," women tend to undergo menopause at an age similar to that of their mothers. (Melissa, 2016; [www.medicinet.com](http://www.medicinet.com) retrieved 1<sup>st</sup> August 2016) .

### **Phases of menopause:**

Naturally speaking, menopause does not happen abruptly, it starts gradually and passes through several phases. There are basically three phases of menopause namely –perimenopause; the menopause and the postmenopause.

#### **Perimenopause :**

Around age 40, women's bodies get into the perimenopause stage which is the transition leading to menopause. This is the period when the body begins its journey to menopause. It is a transition period from the time a woman starts noticing menstrual changes in her menstrual cycle to the time the menstruation finally stops. Perimenopause is different for each woman.

According to (Prior, J CEMCOR [www.medicinet.com](http://www.medicinet.com) retrieved 10 may 2013), the hallmark of this transition in a woman is a change in the levels of the fertility hormones estrogen, progesterone, and the androgens. Women begin noticing changes in their menstrual cycle and/or mood years before they actually have their final menstruation . This transitional perimenopause period usually lasts five to ten years, though the entire process can sometimes take up to 13 years.

This period of time in a woman's life is also accompanied by many symptoms. All the symptoms associated with menopause takes place during this perimenopausal phase. There is normally a gradual crescendo in the beginning, a peak as one approaches mid-transition, and a gradual decrescendo towards the end, as the body learns to live in harmony with its new hormonal and emotional milieu. During perimenopause, periods may stop for several months and then return, and they may also increase or decrease in duration, intensity, and flow. It is virtually impossible to tell when one has finished with the menopausal transition until it has been a year since the last menstrual period (Christiane [www.34.menopause.com](http://www.34.menopause.com) retrieved July 2016 ). In other words, menopause itself can only be said to have occurred full 12 months after the transition is finished.

#### **Menopause phase:**

This is the point in time when the transition period is finished and a woman stops menstruating permanently. Here perimenopausal phase has gone and there is no menstrual flow at all for at least one year(12 months). Menopause itself is not a process but denotes the point in time when menses have ceased for 12 months in a row. (Mellissa, [www.medicinet.com/menopause/page2htm](http://www.medicinet.com/menopause/page2htm) retrieved 1st August 2016) .

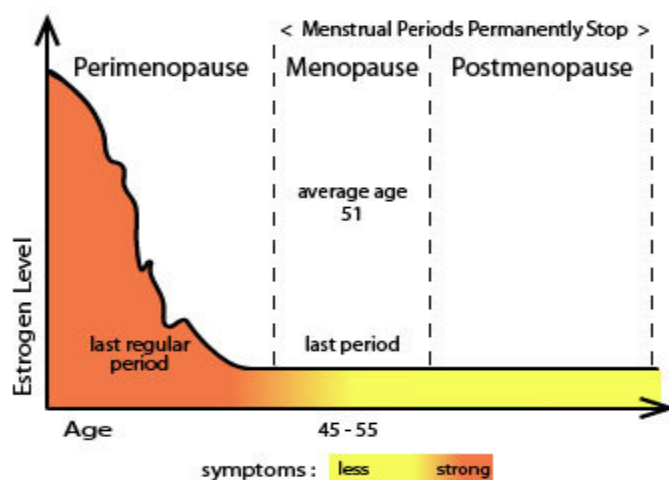
It is the time in a woman's life when the function of the ovaries ceases and she can no longer become pregnant naturally.

#### **Post menopause Phase**

At this point or phase, the menopausal woman has passed both the perimenopause and menopause phases. Technically, a woman is postmenopausal from the moment menopause occurs until the end of her life. According to Halow, Gass, Hall, Lobo,; Maki,; Rebar, Shernan, Sluss, PM de Villiers,(2012)the term "postmenopausal" describes women who "have not experienced any menstrual flow for a minimum of 12 months, assuming that they have an [uterus](#) and are not pregnant or [lactating](#)". Thus postmenopause is the time in a woman's life after her last period has occurred or, more accurately, after the point when her ovaries become inactive.

The diagram below depicts the different phases of menopause.

## Phases of Menopause



(<https://www.Medicinet.com/menopause/page2htm>)

### *Symptoms of menopause:*

There are many symptoms of menopause. A person may experience a good number of the symptoms while others may experience a few or none at all. Whether one experiences the symptoms or not is not determined by the person. It is just natural. Listed below are some of the symptoms of this transition period. They are

**Hot Flashes:** Hot flashes, also known as hot flushes, are a sudden, transient sensation of warmth or heat that spreads over the body, creating a flushing, or redness, that is particularly noticeable on the face and upper body. The experience can range between delicate flushes and a sensation of engulfing flames.

**Night Sweats:** Night sweats are classified as severe hot flashes that occur during sleep accompanied by intense bouts of sweating. Also known as "sleep hyperhidrosis", night sweats aren't actually a sleep disorder, but a common perspiration disorder that occurs during sleep in menopausal women.

**Irregular Periods :** Menstrual irregularity is most common in a woman in her mid-40's as she approaches menopause; the most likely cause of this is hormonal imbalance caused by decreasing levels of estrogen and progesterone.

**Loss of Libido:** This can also be caused by other menopause symptoms themselves, such as vaginal dryness or depression, or by prescription drugs, including medication prescribed to treat menopause symptoms.

**Vaginal Dryness:** Vaginal dryness occurs when the usually moist and soft feeling of the lining of the vagina disappears, bringing about symptoms such as itching and irritation. When estrogen levels drop during perimenopause, the vaginal tissue becomes drier, thinner, and less elastic. Vaginal dryness can be one of the most emotionally distressing menopause symptoms. Vaginal dryness is a common and uncomfortable menopause symptom that affects a woman's sex life.

**Mood Swings:** Menopausal mood swings are surprisingly common, but can be hard to cope with. A woman experiencing mood swings may feel like she is on a rollercoaster of emotions: one minute she's up, the next minute she's down. Mood swings can be sudden and intense, although the experience of them may differ from woman to woman.

### **Fatigue:**

Fatigue, one of the most common menopause symptoms, is defined as an ongoing and persistent feeling of weakness, tiredness, and lowered energy levels, rather than just sleepiness or drowsiness.

**Hair Loss:** Hair loss, one of the most physically noticeable menopause symptoms, is caused by estrogen deficiency, because hair follicles need estrogen to sustain hair growth. It may be sudden or gradual, or manifest as thinning hair on the head or other parts of the body, including the pubic area.

**Sleep Disorders:** Waking many times during the night, tossing and turning, and insomnia, are all sleep disorders connected with menopause. Women going through menopause may find that their sleep is less restful and that getting to sleep becomes increasingly difficult.

**Difficulty Concentrating:** In the lead-up to menopause, many women are concerned to find they have trouble remembering things, experience mental blocks, or have difficulty concentrating. This can be confusing or worrying for women, and can have a big impact on all aspects of daily life. The main reason why these symptoms occur during menopause is hormonal imbalance.

Other symptoms of menopause are Itchy Skin, dry skin, thinning of skin, tingling Extremities Weight Gain, palpitations, Memory Lapses, Dizziness, , Incontinence an urgency, allergies, Brittle Nails, Changes in Odor,

Depression, Anxiety, Panic Disorder, Irritability, Breast Pain and enlargement, Headaches, Joint Pain, Burning tongue, Electric Shocks, Digestive Problems, Gum Problem, Muscle Tension, and Osteoporosis (Chedrau, Perez, Mendoza, Leimberg, Martinez, Vallnrino Hadalgo 2010).

It should be noted that most of these symptoms are prominent during the perimenopausal stage.

### **TYPES OF MENOPAUSE:**

There are basically three types of menopause. They are artificial menopause, premature menopause and natural menopause .

#### **Artificial Menopause:**

This is the type of menopause occurring due to surgical removal of the ovaries or surgical disruption of the blood supply to the ovaries, radiation, chemotherapy, hysterectomy or taking certain drugs. For these women, menopausal symptoms can be severe and debilitating because there is no opportunity for gradual adjustment to the hormonal drop-off. Hormone treatments are often prescribed to help lessen these severe symptoms. (Halow et al, 2012).

#### **Premature menopause:**

It is assumed that all women know that menopause is an inevitable period of life. However, some women around the world face this change at an unexpectedly early age. This is the second type of menopause .It is also called premature or early menopause. It occurs when a woman is in her 30s or early 40s. Premature menopause occurs not only earlier but also faster than normal menopause, often necessitating supplemental hormones to maintain physical comfort during the transition. It's usually caused by immune system diseases, nutritional deficiency, or some form of chronic stress including excessive athletic conditioning that has adversely affected hormone-related reproductive functions. Early menopause can result in infertility or sub-fertility at a young age. (Kalantaridou, Davis and Nelson 1998).

#### **Natural menopause:**

Most women go through this third type of menopause which occurs gradually, usually between ages 45 and 55 in a woman who has at least one of her ovaries. Many women begin noticing changes in their menstrual cycle and/or mood years before they actually have their final period. This type of menopause goes through the three phases of menopause gradually and naturally. They may not experience the symptoms as severely as those of artificial menopause and premature menopause. ([www.medicinet.com](http://www.medicinet.com) PubMedHealth retrieved 2013)

#### **Causes of menopause**

Hormone imbalance specifically of the sex hormones estrogen, progesterone, and testosterone are the main cause of menopause symptoms in women. Generally speaking, menopause can result from the following:

**Natural decline of reproductive hormones.** As females approach their late 30s, their ovaries start making less estrogen and progesterone ie the hormones that regulate menstruation — their fertility declines.

In their 40s, their menstrual periods may become longer or shorter, heavier or lighter, and more or less frequent, until eventually — they, have no more periods at the average age of 51.

**Hysterectomy.** A hysterectomy that removes a person's uterus but not her ovaries (partial hysterectomy) usually doesn't cause immediate menopause. Although the women no longer have periods, her ovaries still release eggs and produce estrogen and progesterone.

Surgery that removes both the uterus and ovaries (total hysterectomy and bilateral oophorectomy) does cause menopause without any transitional phase. The periods stop abruptly, and the person is likely to have hot flashes and other menopausal signs and symptoms, which can be severe, as these hormonal changes occur abruptly rather than over several years. (Halow, Gass, Hall, Lobo, Maki, Rebar, Shernan, Sluss, and PM de Villiers, 2012)

**Chemotherapy and radiation therapy.** These cancer therapies can induce menopause, causing symptoms such as hot flashes during or shortly after the course of treatment. The halt to menstruation (and fertility) is not always permanent following chemotherapy, so birth control measures may still be desired.

**Primary ovarian insufficiency.** About 1 percent of women experience menopause before age 40 (premature menopause). Menopause may result from primary ovarian insufficiency — when the ovaries fail to produce normal levels of reproductive hormones — stemming from genetic factors or autoimmune disease but often no cause can be found. For these women, hormone therapy is typically recommended at least until the natural age of menopause in order to protect the brain, heart and bones. (Kalantaridou, Davis and Nelson 1998)

### **MENOPAUSE AND SEXUALITY:**

In its broadest sense "sexuality" describes the whole way a person goes about expressing himself or herself as a sexual being. It describes how important sexual expression is in a person's life, how one chooses to express that sexuality, and any preference one may have towards the type of sexual partner they choose Sexuality involves many aspects of being human. The four major components of sexuality are:

1. sensuality
2. intimacy and relationships

3. gender/sexual identity
4. sexual health

Sexuality in menopausal woman concerns the sexual drive, sexual activity and her overall sexuality. Sexuality generally declines in a woman experiencing menopause. Sex drive decreases gradually with age in both men and women but women are two or three times more likely to be affected by a decline in sex drive as they age.

During the menopause transition, the physical effects of falling estrogen levels—including symptoms like hot flashes, night sweats, and vaginal dryness—can undermine sexual motivation and drive. Although not directly related to menopause, the age-related decrease in testosterone may reduce sexual desire in midlife women, as this hormone plays a role in women's sex drive and sexual sensation. Some women who undergo an abrupt menopause (caused by removal of both ovaries or by chemotherapy), which leads to an immediate drop in both estrogen and testosterone, suffer a greater reduction in sexual desire than women who experience natural menopause. For many menopausal women, a gradual decline in sexual desire does not have an important impact on overall sexuality and quality of life. Not all women report negative changes in sexual function after menopause. For example, some women may find sex to be more pleasurable without the fear of unwanted [pregnancy](#) or without the potential stresses of having small children. (Robin,1996). However, some of the symptoms of menopause implicate seriously in the sexuality of the women, the dryness and thinning of the vagina (vaginal atrophy) that follows the drop in estrogen around menopausal period is the most common cause of painful sex at midlife and beyond. As estrogen levels fall as women approach and pass menopause, the resulting dryness and thinning of vaginal tissues can cause penetration and intercourse to be uncomfortable for many women. The discomfort can range from a feeling of dryness to a feeling of vaginal "tightness" to severe pain during sex.(The use of lubricants may be of immense to the women here.)

After sex, some women feel soreness in their vagina or burning in their vulva or vagina. Less estrogen means less vaginal lubrication and a less stretchable vagina. The vagina also may shorten and become tighter at the opening.

Dryness and thinning of the vagina is the most common cause of painful sex at midlife and beyond. Over time and without treatment, the inflammation that may result from infrequent sex without sufficient vaginal lubrication can lead to tearing and bleeding of vaginal tissues during sex.

Between 17% and 45% of post menopausal women say they find sex painful(Dennerstein,Dudly, & Burger 2011).

It should be noted that vaginal moisturizers could be used for lubrication, hormone replacement therapy (HRT) can be of immense help.

Other sexual complaint of the menopausal women are decreased desire, decreased arousal, decreased response and pleasure, pain with penetration or hypoactive or decreased sexual desire disorder which is the chronic or ongoing lack of interest of a woman in sex to the point that it causes her personal distress in her relationships.

### COUNSELLING IMPLICATIONS

Menopause comes with its own symptoms and challenges which require much information and education. The period of menopause often causes great distress for many women because of the symptoms and challenges that comes with it. Most of them don't know that there is a stage in life when their body system will change from what they used to be though they know menstruation will stop one day but what comes with it, they do not know. They often are not aware of the facts concerning this life change, so they don't know what to expect. From the experience of the researcher, most women undergoing this change in life feel so bad as they regret the loss of youth, vitality and fertility. When they experience these symptoms especially in their sexuality, some of them attribute it to demonic attacks while others think that it is the handiwork of their enemies. Some go as far as accusing their husbands that they have done one evil or the other to them so as to bring in younger wives. This situation needs counselling.

Counselling is a process of assisting individuals to have a better self and environmental understanding, and based on these understanding make informed rational decisions. It is therefore necessary for Counsellors to employ some counselling interventions for women and their families in order to create awareness in them. These counselling interventions will also ameliorate the challenges of both the menopausal woman, husband and her entire family. Some of these interventions include

- **Information Giving** : The Counsellor equips the women with all the information about menopause starting from the cause to the effects so that it will not be an embarrassment to them any longer.
- **Reality counselling**: This involves making the menopausal woman know the reality of the situation. That menopause comes to every woman at a certain time in life to stay and that it is not reversible with its attendant challenges. The woman is encouraged to accept and properly manage



the situation for happiness and longevity.

- **Dietary or nutrition counselling :** Here, good feeding is emphasized. A healthy lifestyle including nutritious diet, supplementation with vitamin D and calcium, regular weight bearing exercises and elimination of alcohol and tobacco should be encouraged during counselling. This is necessary because healthy lifestyle and nutrition can lower the risk of osteoporosis, bone fractures, cardiovascular diseases and cancer in the menopausal woman.
- **Family counselling:** This involves the counsellor working with the whole family in making sure that they understand the several and constant complaints of their menopausal one. Counselling for acceptance and help is given to family members with emphasis on the husband.
- **Couple sexual and Relationship, Counselling**  
Through Couple counselling the husband would be made to appreciate the reason for their reduction in sexuality activity and the pain the wife experiences during sex. They should be made also to as much as possible enjoy sex despite their handicap. Through counselling also, the menopausal women will be helped to understand that the age long myth regarding menopause and sex is unfounded and that they can engage in sexual activity without any problem. (Denga & Udoh 2005). They are encouraged to either maintain or establish a strong intimate relationship with each other, stay, take walks, eat together and give each other rubs. The husband at this time should be very understanding and help the wife go her challenges with less stress through encouragement.
- **Stress and health counselling:** This is also given to alleviate and reduce the level of stress in the menopausal women. In fact, menopausal women can be easily stressed about their general wellbeing – be it sexual, health or social, with the help of stress and depression counselling which uses psychosocial techniques like the cutting edge therapy (Denga 2012), the menopausal woman who is an elderly person will continue to age happily and gracefully without irritability, hostility and withdrawnness. She should be counselled to be sensitive to her health and always pay good attention to it.
- **Spiritual counselling:** This focuses on a person's spiritual side aimed to make them reach state of self-actualization. The counselor helps the aged to realize that they are unique and amazing being of themselves. Helps them realize that the symptoms they experience are not demonic attacks but a natural phenomenon.  
They are always encouraged to pray and depend on God for their health and everything about them. Encouragement on regular attendance to church services is given. Here prayer is emphasized because it helps them feel stronger, assured and gives them the feeling that a higher power is interested and at work helping them get through their problems.  
Spiritual counselling is given in accordance with one's beliefs.
- **Social and Grooming counselling:** Grooming Counselling according to Nnodum (1999) involves counselling and encouragement of the aged (menopausal women) in the following areas.  
Social participation, Physical exercise, Skin care and personal hygiene,  
Rest and medicare. This is to make the menopausal woman to look and feel good and trendy.
- **Referral Counselling:** This is a very important counselling service. Here the counsellor refers the menopausal woman to a place she can access help. For instance women suffering from vaginal atrophy should be referred to the medical doctor for help.

## SUMMARY AND CONCLUSION

From the above, menopause is seen as the end of female menstruation and marks the end of a woman's ability to conceive children. Transition to menopause does not most time happen abruptly but comes gradually in three phases- the perimenopause, menopause and postmenopause phases. There are three main types of menopause namely artificial, premature and normal menopause. While menopause itself is a normal life stage that does not cause health problems, the menopausal transition is marked by some physical, emotional and psychological symptoms caused by hormonal imbalance, hysterectomy, chemotherapy and radiation and primary ovarian insufficiency. Menopause negatively affects the overall sexuality in the menopausal woman in that her sexual drive, desire, arousal and sexual activity declines. There is dryness and thinning of the vagina which makes penetration during sex painful. It was also noted that some women pass the change in life without much stress while some encounter all symptoms and conditions. The overall conditions of the menopausal woman is implicated in Counselling.

Counselling is seen as a process of assisting individuals to have a better self and environmental understanding, and based on these understanding make informed rational decisions. Therefore some counselling interventions were outlined for helping menopausal woman get adjusted and help herself during this period of change in life. Given the above, it is therefore concluded that Counselling services are a MUST for the proper

adjustment of menopausal women, their husbands and entire family during this trying stage of life.

## REFERENCES

- Chedrau, P Perez- Lopez, Mendoza, M; Leimberg, MI; Martinez, MA; Vallanrino,V; Hidalgo, L;( 2010)Factors related to increased daytime sleepiness during the menopausal transition evaluated by the Epworth sleeping Scale Maturitas.
- Christine N.(2016) [www.34.menopause.com](http://www.34.menopause.com) retrieved July2016
- DengaD(2012) The use of photo Album:A cutting –edge Therapy for Gerontological counseling in “The Counsellor” 31 (1) 2012.
- Denga D.I. & Udoh P.B. (2005).How to grow old slowly and gracefully.Calabar: Rapid Educational Publishers.
- Dennerstei,L;Dudly,E; & Burger, H(2011) “Are changes in sexual function during midlife due to aging or menopause- [www.emedinehealth.com/menopause/article\\_em.htm](http://www.emedinehealth.com/menopause/article_em.htm). retrieved July 2016
- Halow, S D;Gass,M;Hall,JE; Lobo,R; Maki,P; Rebar,R.W Shernan, S; Sluss,PM de Villiers, TJ (2012)”Executive summary of the stages of reproduction. Aging workshop +10; Addressing the unfinished agenda of staging reproductive aging” Fertility and Sterility 97(4), 398-406
- Kalantrdou S. N., Davis S R,Nelson L M.,(1998) Endocrinology Metabolism: The clinics of North America. 27(4)
- Martin G.N.,Carlson N.R., and Buskist, W.(2007).Psychology: Massachusetts USA. Pearson Education Limited.
- Melissa C S.(2016) [www.medicinet.com/menopause/page2htm](http://www.medicinet.com/menopause/page2htm) retrieved July2016) .
- Prior, J.(2003). ‘Perimenopuase’ Centre for Menstrual cycle and Ovulation Research (CEMCOR) [www.newghana.com.gh7](http://www.newghana.com.gh7) Retieved 10 may 2013.
- Robin G.(1996) Cross-Cultural Perspectives on menopause. Journal of Nerves and Mental Diseases,184(8) 43-458.
- Shiver E K:(2013) “Menopause Overview” National Institute of child Health and Human Development. [www.emedinehealth.com/menopause/artcle\\_em.htm](http://www.emedinehealth.com/menopause/artcle_em.htm) Retrieved 8 March 2015.
- Sievert,L.L(2006),Menopause: A Bio cultural perspective online Aug Ed New Brunswick, NJ Rutgers University Press.
- Takahashi, T A; Johnson, K.M (2015). Menopause: The clinics of North America. 99(3):5221-34.
- Woko, S I (2011). Womanhood: Nasarawa. Universal Relis Resources