MAURITIUS RESEARCH COUNCIL

STUDY ON THE MENOPAUSE IN MAURITIUS

Final Report

MAURITIUS RESEARCH COUNCIL

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MAURITIUS FAMILY PLANNING ASSOCIATION

STUDY ON THE MENOPAUSE IN MAURITIUS

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There are many others who helped in many ways and deserve a big thank you. They may not be named here, but they know who they are. When all is said and done, the final result is due to the input of everybody who has been involved throughout the various stages of implementation. Last, but not least, a big thank you to Sangeet Jooseery, the Programme Coordinator of MFPA, for his advice, support and assistance.

Summary

This study on Knowledge and Attitudes pertaining to the Menopause in the Republic of Mauritius took place between June 2000 and July 2001. It was implemented by the Mauritius Family Planning Association and was funded by the Mauritius Research Council. The study grew from a realisation that there were various elements connected with the Menopause that were impacting on women's lives but were perhaps not being adequately addressed. The Menopause is a natural stage in a woman's life that all women will have to eventually confront. At present, many of the symptoms that are normal to this period in a woman's life may go untreated or, often, be treated as a series of unrelated illnesses. The study set out to uncover what was the current level of knowledge on the subject and what attitudes women in the Republic of Mauritius had towards the Menopause. As with any such subject there are also a number of beliefs, based on fact, hearsay or myth that accompany this type of subject. These beliefs were also under investigation. Finally, current practices were looked into, to try to ascertain what type of alleviation processes, if any, were used by women either during, after or leading up to the Menopause.

The study was conducted in both the Island of Mauritius and the Island of Rodrigues. This was important because of the different demographic factors applying to each island and because of the different lifestyles and life experiences of women in the two locations. The results of the study have been presented combined, as applying to the Republic of Mauritius, and separately for the Island of Mauritius and the Island of Rodrigues.

Before going any further it is necessary to provide a very brief overview of what is meant by the Menopause and to describe some of the most common symptoms. The Menopause is a phase during a woman's life when she stops menstruating. It can certainly be regarded as one of the major events of any woman's life. Knowledge of what it is and what happens during the transition phase differs widely from woman to woman. Significantly high numbers of women may well be concerned that it will be the end of their active life or that it will make them sexually unattractive.

However, this need not necessarily be the case. Although there can be some unpleasant symptoms and there will be times when the impact will make everyday life difficult, there are other reasons to be optimistic and to see it as the beginning of just another phase of a woman's life.

Many women have felt that the changes to their lifestyle during and after the Menopause have been positive. They feel free of the burdens of menstruation, Pre-Menstrual Tension and the risk of becoming pregnant. However, we do have to recognise that some women have a difficult time during the Menopause and home and work life becomes very difficult because of the level of debilitation caused by the hormonal fluctuations during the menopausal transition.

However, the subject needs to be seriously studied as some women may spend up to one half of their total life span after the onset of Menopause, and most women can expect to live at least one third of their life after the Menopause has occurred. Bearing this in mind we can see that they will have to come to terms with the effects and symptoms of the Menopause for almost as long as they had to come to terms with the effects and symptoms of their fertile phase.

Applying this aspect to the local situation, we can recognise that the increasing longevity of women in the Republic of Mauritius. means that women can expect to spend an increasingly long of period of their life after the end of the reproductive phase. In Mauritius, the life expectancy of a woman in the year 1999 was around 74.3 years and by 2038, this is expected to increase to about 79.38 years. So, if we say that the average age for the onset of the Menopause is between 45 and 55 years, and that in 2001, a woman in Mauritius has a life expectancy of about 74 years, then she can most likely expect to live for between 20 to 30 years or more after her Menopause.

Although all women will at some point experience the Menopause the type of effect it will have on their life will be dictated by many personal factors. These include exercise, diet, medical history, smoking and alcohol use.

The Menopause is, in fact, another aspect of the sequence of sexual and reproductive health phases and comes at the end of the reproductive age of women. The reproductive age of women, that is the age at which they will expect to have children, is often cited as being between 15 and 49 years old. However, this is not in any way a fixed limit and will differ for individual women.

The Menopause, as a phenomenon, also has a schedule of onset, and this timetable of transition is normally,

Pre-Menopause
Peri-Menopause
Post-Menopause

The first two stages are normally the times that symptoms and signs associated with the transition are seen as being because the woman is “menopausal”.

The symptoms are usually less severe in women who experience natural Menopause than for those for whom the Menopause was induced, that is through the surgical removal of the ovaries.

The classic symptom of the Menopause is the “Hot Flush”, and these can continue to occur for anything from 1 to 15 years, often being worse for women whose Menopause has been surgically induced.

Other medical factors are important to acknowledge and one major area of concern is the amount of bone mass present in later life. Bone mass is determined by the amount accumulated during one’s younger years. Significantly, in women, up to 20% of bone mass loss occurs in the first 7 years after the Menopause.

There is evidence that because of the expected loss of bone mass density in postmenopausal women it is important to increase bone mass density before the onset of the Menopause. Factors, which in younger life can increase bone mass density are sufficient calcium in the diet, an active lifestyle with the correct exposure to fresh air and sunlight, the maintenance of a good body mass index, not smoking and moderation in alcohol consumption etc.

There is a large range of other symptoms that also need to be considered, although, unfortunately, these symptoms are not always given the serious consideration they deserve. During the

Menopause, some women become more forgetful and feel that they have lost some of their ability to make decisions or they may have a reduction in attention levels or in concentration span. There may be feelings of unexplained anxiety or irritability. Sudden onsets of weeping for no reason, excessive fatigue and tiredness are common. Insomnia is quite usual, or there is an ability to sleep only for brief periods. Confidence may be affected and there may be a drop in interest in sexual activity.

Although the symptoms of the Menopause are quite distinct and usually inter-related, they are often treated as individual symptoms of other problems. They may not even be recognised as being related to the Menopause at all and the treatment offered may not be relevant to the actual causative factors

In the Republic of Mauritius, up to the implementation of this study, there was very little information available as to the levels of current local knowledge of the Menopause among both Women and Men.

The fieldwork for the study took place between July and September 2000. During the study, around ¾ of respondents in the Island of Mauritius said that they had heard of the term Menopause leaving ¼ who said that they had not. This proportion of women who said that they had not heard of it is rather alarming. It would seem to indicate that a large number of women are almost certainly suffering symptoms associated with the Menopause that could be successfully alleviated if they knew where to access informed advice and suitable treatment.

The symptoms stated as being common to the Mauritian experience fit in with international patterns with the “Hot Flush” being the primary symptom. After the Hot Flush, the other most popular first choices of symptom were “irregular periods” with 18.5%, “heavy bleeding with 12.3%, “headaches with 8.1%, “achy joints with 3.8%, “mood change” with 3.1%, “hypertension” with 1.9% and “extreme sweating” with 1.5%. Other symptoms mentioned were vertigo, fatigue, breast and pelvic pain, dry skin, dizziness and stomach ache.

Almost two thirds of respondents on the Island of Mauritius said that they believed that there was some available treatment for the

symptoms of the Menopause, although 7.7% of these stated that they didn't know what type of treatment was available.

While some recommended hospitalisation, an all to readily accepted, albeit mostly unnecessary, form of treatment, many respondents gave more readily available solutions. Interestingly, he same number of people who recommend "exercise", 3.6%, also recommend "herbal treatment". This reliance on herbal treatment was a small but standard trend on the Island of Mauritius but was seen as a significant form of treatment in Rodrigues.

85.5% of respondents from the Island of Mauritius had never heard of Hormone Replacement Therapy.(HRT) Of the 14.5% who said that they had heard of HRT, when asked in the following question to describe it, over 30% said that they had "no idea" what it is.

41% of women said that they had experienced symptoms that they suspected might have been because of the MenopauseBut, alarmingly, of these very few had done anything about it.

If knowledge of the Menopause was quite restricted among our female respondents their thoughts on the degree of knowledge of their male counterparts was quite illuminating. It became clear that, in the opinion of our respondents, there is a long way to go on developing understanding of the Menopause in the general male consciousness. IN their opinion, if this is to be done properly, it will require very effective techniques of information and education dissemination.

Both understanding of the subject and personal experience of the Menopause were different in Rodrigues than on the island of Mauritius although the symptoms experienced were, unsurprisingly, the same. One main difference in the experience of the Menopause for women in Rodrigues was the lack of treatment available there, and, in particular, that specifically targeted at alleviating symptoms of the Menopause. This is best illustrated by the total absence of access to HRT. But, even it were available, without some kind of subsidy it would be priced well beyond the pockets of nearly all women in Rodrigues.

Women in Rodrigues are also much more dependent on herbal treatments and remedies and, although they attest to the efficacy

of these remedies, it is unknown as yet to what degree these remedies actually give some form of treatment or merely act as some kind of palliative.

Levels of knowledge on the Menopause seemed to be higher in Rodrigues than in the island of Mauritius and there was a willingness expressed for more to be done to help women address the problems associated with the onset of the Menopause.

In summing up, we can see that in the Republic of Mauritius, there appears to be a general understanding of the existence and nature of the Menopause as a sexual and reproductive health phenomena. However, the level of understanding of the actual event, and the symptoms that accompany it, seem to be fairly restricted. There are many different approaches used to treat the symptoms. In general, it appears that the hypothesis that the symptoms of the Menopause are more often than not treated individually rather than as a recognized effect of a known physical phenomenon holds true. There is certainly a feeling among women in the Republic of Mauritius that more should be done concerning alleviating the effects of the symptoms Menopause.

Our respondents were clear in their belief that there is a definite need for literature such as leaflets and booklets on the Menopause. There is a major sentiment that education on the subject should be more widespread so that women are made more aware both of the likely symptoms and the available treatments. However, the use of the radio and television arms of the media would probably be more effective than written information..

There is also a great need to educate men on the subject.

During the Menopause a woman can find everyday tasks unbearable or difficult to perform. The physical and psychological effects impact both on her work life and home life. Because of this, there is a likelihood that her work suffers and that home and family life becomes difficult. Others in her life can also become affected by the outward manifestations of the woman’s experience of the menopausal symptoms. If awareness of the subject were common to both women and men then perhaps the effects of the Menopause could be lessened.

Everybody needs to be made aware enough of the effects of the symptomsand to understand that this is not a personal failing of the woman concerned but that it is an ordinary aspect of her passing through a natural phase of life.

What is clear from their discussion of their own experiences with the Menopause, is that although the symptoms are known, most women in the Republic of Mauritius go through the Menopause with little or no support from friends, colleagues, husbands, family members or, often, even other women. If the Menopause was made more of a subject for common knowledge then perhaps support networks could be set in place that offered the chance for support groups of women to get together to talk about their shared experiences.

The medical profession is, in the eyes of the respondents, letting women down in respect to treatment of the Menopause. As the various symptoms manifest themselves they are often treated individually, meaning that the women is left with a cocktail of treatment regimes none of which is designed to alleviate the Menopause as an holistic phenomenon.

Treating each symptom successively and individually with its own regime of medicines can be both expensive, to a level that most women find very difficult to afford, and frightening, as a woman feels that she is becoming more regularly and successively ill.

Many women in the Republic of Mauritius are also completely unaware of the Menopause other than to have heard of it by name. Many have also been misinformed as to the nature of what actually happens and what to expect. It is certainly the case that the Menopause is still often treated with folk remedies or home produced herbal treatments.

Of the various folk medicines that are used, some may have an effect on alleviating certain symptoms, but to what degree has yet to be measured. They may help because of a generic effect induced by many of the herbs used. For example, a lot of the infusions made from herbs offer a feeling of general well being or act as a laxative or diuretic giving the impression of actually addressing the problem.

However, more effective treatments are currently available. Hormone Replacement Therapy is available after consultation with a Doctor but is expensive even to those on reasonably high salaries. For many ordinary women, working in the factories of the Export Processing Zone, in the cane fields or as shop assistants etc., it is priced well beyond their means.

Both physical and mental problems symptomatic of the Menopause can lead to absenteeism from work. If each woman aged between 40 years and 50 years old were to lose half a day at work each week due to the untreated symptoms of the Menopause then the accumulated lost production is high enough to impact significantly on the economic development of the country.

The additional burden placed on home and family life also has a knock on effect on productivity. Unwell or depressed people do not work to their highest capacity. There is also a burden placed on the medical services as many women are presenting at dispensaries and hospitals with symptoms that they mistake for other medical complaints but which are, in fact, classical symptoms of the Menopause. All of this has an undoubted impact on the social and economic development of the country; an impact that could be lessened by better education and information about the Menopause and the wider availability of subsidized treatment.

However, instead of sympathy, understanding and care the woman suffering with her Menopause is often treated with scorn and met with an ultimatum to just snap out of it and continue as normal. In the workplace, supervisory positions are predominantly filled by men. Often, their lack of knowledge and understanding of the Menopause means that women cannot have time off work because there is a refusal to accept the existence of a “hot flush” even though, as we have seen, the effect can be quite severe. The fatigue associated with the Menopause is also interpreted as a sign of laziness, inability to cope or the onset of old age; this can only add to the pressure with which the Menopausal woman is already having to cope.

Recommendations

1. The inevitability of the Menopause and the associated problems and treatments need to be part of the education of young women and men. As with other elements of sexual and reproductive health they should not be consigned to innuendo and folk tales simply because they are issues that some people find delicate to discuss.

2. The Media should be used to provide information about the Menopause. This should not simply concentrate on the possible negative symptoms but should also highlight positive aspects that freedom from menstruation and pregnancy can bring.

3. Many of the women most in need of information are least likely to read about it in articles and leaflets. The television and radio should be used to disseminate information on the Menopause and Pubic talks should be held that clearly explain the subject in easy to understand everyday language. Those women that have experienced the Menopause should be used to inform younger women of the experiences that are to be expected and to offer help and advice on how to prepare for this time in their life.

4. The medical profession should recognize the need to treat the Menopause as an holistic event and not just a succession of symptoms. Informing women of the fact that any ill-health they may be experiencing around the age of 50 years old could be connected to the onset of the Menopause and that there are some forms of treatment available.

5. Support groups should be set up that would enable women to compare and share experiences and to feel that they do not have to suffer the symptoms of the Menopause in isolation.

6. Medically recognized symptoms of the Menopause should be accepted as reason for sick leave. Managers and Supervisors should be informed of what these symptoms are, their effect and their likely duration. With understanding

they should sanction time off for those women who are finding it difficult to cope with Menopausal symptoms.

7. Hormone Replacement Therapy should be made more easily available. Information on HRT should be widely distributed.

8. HRT is, at present, prohibitively expensive for most women. The price could be either subsidized or the manufacturers could be lobbied by the health professionals to make the price more affordable to women.

9. In Rodrigues, HRT should be made available through the dispensary and the hospital service.

10. There should be a study into the active ingredients of herbs and plants used in traditional and folk remedies to see if there are any active ingredients that could be either cheaply utilized or synthesized for the manufacture of more affordable medicines.

Introduction

This is a report on the current situation concerning the Menopause in the Republic of Mauritius.

It covers many different aspects of the phenomenon of the Menopause, but is mainly concerned with the current knowledge that women have of the Menopause, their attitude towards it, beliefs that are held regarding the event and how to treat it and what current practices, if any, there are.

The study grew from a realization that there were various elements connected with the Menopause that were impacting on women's lives. Because of the increasing longevity of women in the Republic of Mauritius, women can expect to spend an increasingly longer period of their life after the end of the reproductive phase.

The study was conducted between June 2000 and July 2001 by the Mauritius Family Planning Association and was funded by the Mauritius Research Council. When writing the study proposal, it was clearly stated that the results would be prepared in such a way as to make them accessible to as many people as possible. That is why this report is divided into two different sections. One is for the more general reader who may prefer that the facts and findings of the survey be presented in a matter of a fact manner. In this section, the findings have been kept relatively simple and clear explanations have been presented in everyday language. Charts and tables have been kept to a minimum. There is also a section that focuses on Frequently Asked Questions (FAQs) about the Menopause and Hormone Replacement Therapy (HRT) and the answers have been based partly on the findings of this particular study and on the opinions of the medical experts who advised on the study implementation. This will, it is hoped, clear up a lot of "grey areas" that are a matter of concern to many women on the subject of both the Menopause and the use of HRT.

The first chapter of this first section is an overview of the subject matter; a sort of "Menopause for Beginners". This is intended to provide the reader with just enough information on the subject to assist them in understanding the lines of questioning in the study, the results obtained and the significance of the results.

The second section is the Technical Report. This concentrates on the methodology involved in implementing the study.

Because this was a study of the Menopause in the Republic of Mauritius and not just the Island of Mauritius, there are separate sections covering the islands of Mauritius and Rodrigues. These are treated separately because of the different demographic factors prevailing in the two locations. They are brought together for an overview of the findings based on data as it applies to the Republic when viewed as a whole.

The final conclusion and ensuing recommendations are applicable to both sections of the report, regardless of whether the reader reads one or both sections.

It is hoped that this report forms part of the foundations on which new ways of addressing the alleviation of the symptoms of the Menopause in the Republic of Mauritius can be built.

Chapter 1

What is the Menopause?

The Menopause is a phase during a woman's life when she stops menstruating. It's as simple as that. So why do we need a whole chapter explaining an event that can be explained in one line? To begin with, we have to accept that the symptoms of the Menopause can be uncomfortable at best and debilitating at worst and because they can impact on every aspect of a woman's life. It is also something that all women will eventually have to experience. However, it is often little understood and shrouded in myth. It is a phase of life that has to be understood and dealt with just as women have to come to terms with the onset of menstruation. It marks the end of a woman's childbearing ability and can often give rise to physical and psychological problems. But, it needs not mean the end of a full and active life.

As with a lot of medical terminology, the word Menopause is itself quite daunting, but, in fact, merely describes the end of menstruation. Like many medical terms, it originates in Greek; *meno* meaning month and *pausis* meaning to halt or stop[1]. So, quite simply, Menopause is the permanent end of one's monthly menstruation. And if it was that simple we could stop here. But it isn't. To find out why it isn't, we'll have to have a look at some basic biology, and in particular hormones.

Hormones are chemical substances within the human body that are secreted by the endocrine system. They regulate the functions of tissues and organs.[2] The Endocrine System is made up of glands whose secretions flow directly into the blood stream.[3]

[1] Kenton L, 1999, Ten Steps to a Natural Menopause, London, Vermilion
[2] Hancock C, 1997, Dictionary of Nursing, Hong Kong, Churchill Livingtone
[3] Ibid

Endocrine System

The endocrine glands produce hormones, long-acting chemicals that travel in the blood and influence body activities. (see Fig 1.1)

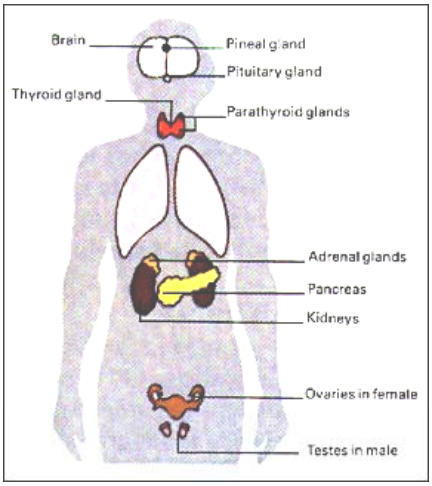


Fig 1.1 The Endocrine System

Source http://webmd.lycos.com/content/dmk/dmk_article_1457494

During puberty, it is the increase in production of certain hormones that stimulates the young girl's body into becoming ready for childbearing. This is when menstruation begins. Conversely it is the reduction in production of these same hormones that prepares the body for the cessation of their childbearing ability. This creates the symptoms most often associated with the Menopause.

There is a range of symptoms that are associated with this phase of a woman's life. Some symptoms are physical and some are more psychological. The physical symptoms can have a serious effect on a woman's health and ability to perform in everyday life.

Some of the psychological symptoms can also affect those close to her such as her husband, partner, children, family, friends and colleagues. However, recognizing that this could be the case it

need not necessarily be a difficult time to face. There are several approaches that can be adopted to alleviate the symptoms produced by the changing physiology of the body. These approaches may be as natural as understanding about diet and exercise and changing one's habits accordingly. Counseling and Support Groups can be another way of sharing information and comparing experiences with others. There are also drug therapies including the use of Hormone Replacement Therapy (HRT).

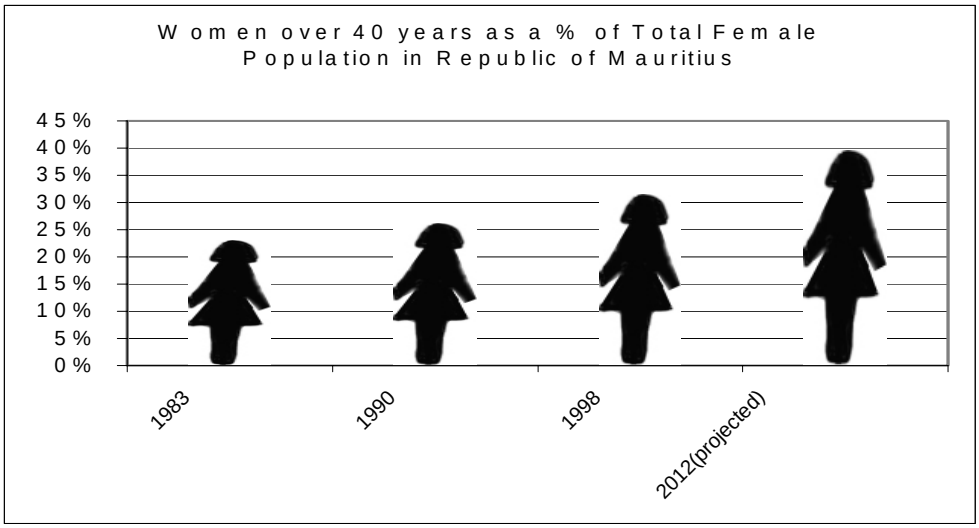
Although there will be some changes to the physical and hormonal structure of the body, and these changes may have some impact on the health of the individual, there is no need to simply suffer the consequences.

The Menopause is one of the major events of any woman's life. Some women are concerned that it will be the end of their active life or that it will make them sexually unattractive. Some are concerned that it is the first signs of a general breakdown in health. None of this need necessarily be the case. It would be more helpful to view it as simply the beginning of another phase of a woman's life. Many women have felt that the changes to their lifestyle during and after the Menopause have been positive. They feel free of the burdens of menstruation, pre-menstrual tension and the risk of becoming pregnant.

It is also certainly not the end of a woman's active and productive life. With increases in longevity some women may spend up to one half of their total life span after the onset of Menopause, and most women can expect to live at least one third of their life after the Menopause has occurred. They have to come to terms with the effects and symptoms of the Menopause for almost as long as they had to come to terms with the effects and symptoms of their fertile phase.

In many countries, including Mauritius, the number of women over 40 years of age as a proportion of the total of the female population will increase substantially over the coming years.

Fig1.2



Data source: M Pochun, The Situation of Old People in the Republic of Mauritius, MFPA, Port Louis, 1999

Most women will experience some or all of the symptoms often associated with the onset of the Menopause.

Looking at the matter from a purely medical point of view, the main symptom will be the decreasing in frequency of menstruation. This will eventually cease completely and after 12 months of non-menstruation the woman will be considered to be post menopausal. Unfortunately, the accompanying symptoms may remain for some time. These associated symptoms can include hot flushes, prickly skin complaints, irritability, depression, mood swings, osteoporosis[4] and pain during sexual activity. Other changes can affect a woman's emotional capacities in both a positive or negative manner. It is also worth noting that there are two different categories for the Menopause. One is the natural, when it occurs as a result of the depletion of follicles in the ovaries, and the other is induced (or surgical), where it results from the surgical removal of the ovaries.

In 1980 the World Health Organization (WHO) convened in Geneva a Scientific group under the direction of Dr A Kessler, the then Director of Research, Development and Research Training in

[4] A reduction in bone density that can lead to the bones becoming brittle and susceptible to fractures

Human Reproduction. The group was charged with Research on the Menopause. They put forward the following definitions of the terms connected with any discussion on the Menopause.

1. That the term *Menopause* be defined as the permanent cessation of menstruation resulting from the loss of ovarian follicular activity;
2. That the term *peri-Menopause* (or *climacteric*) be used to include the period immediately prior to the Menopause (when the endocrinological, biological and clinical features of approaching Menopause commence) and at least the first year after the Menopause;
3. That the *post-Menopause* be defined as dating from the Menopause, although it cannot be determined until after a period of 12 months of spontaneous amenorrhoea[5] has been observed.[6] (Italics in Original)

The time leading up to the actual onset of the Menopause can be the most difficult of all. Which means that it is the peri-Menopause which can be the problematic phase and not the Menopause itself.

It is not as if the woman has only this particular problem to deal with. The age at which the peri-Menopause is most symptomatic is also a period of time when many women have other difficulties and problems affecting their lives. Unfortunately, these problems may also be of a type that make everyday living particularly difficult. But what is causing all of this to happen and why should the seemingly simple act of menstruation ceasing cause so much trouble?

To understand this we have to have a better grasp of what has been happening in the female body during the woman's life. Surprising though it may seem to some, to understand this we have to go right back to the formation of the female foetus in the mother's uterus.

The time when the female has the largest number of germ cells in her ovaries is as a five-month-old foetus. At this time the ovaries contain around 7 million follicles. From this time on, the number of follicles is in a constant state of decline. By the time of birth, the number has reduced to around 2 million and by the beginning of

[5] absence of menstruation
[6] WHO Scientific Group, 1981, Research on the Menopause, World Health Organisation, Geneva

menstruation, the pubescent girl normally has around 300, 000 follicles stored away in her ovaries. These are released at a rate of one a month, roughly between the ages of 15 and 49 years old, which means that the total number needed for a full reproductive life span is about 408. So we can see that nature over compensates by providing a pool of around 300, 000 to supply a demand of less than 500.

However, it is with the production of the reproductive hormones that the problem has its roots. As the number of follicles decreases, the remaining follicles produce less and less oestrogen, leading to a subsequent deficiency in progesterone. Because of this drop in the hormonal output of the ovaries the Follicle Stimulating Hormone (FSH), produced by the pituitary gland, rises, in an attempt to stimulate the ovaries into extra oestrogen production. This creates an imbalance in the hormone levels. This can create a range of problems in the lead up to the Menopause itself.

Carlson and Eisenstat, (1996)[7] describe this lead up to the Menopause thus, "before menstrual periods actually cease, the body begins to undergo various neuro-endocrine and ovarian changes leading up to Menopause. This transition is usually associated with a gradual decline in the production of oestrogen hormones by the ovaries. This decline accelerates as Menopause approaches. As a result, changes occur in many bodily tissues that are responsive to oestrogen including the vagina, vulva, uterus, bladder, urethra, breasts, bones, heart, blood vessels, brain, skin, hair and mucous membranes"

Given that list there doesn't seem like there's much left that the onset of the Menopause doesn't affect. Yet it often goes unrecognized as a factor in women's lives. Women are expected to just accept the situation and carry on as normal. However, we can see that major changes are taking place in the body and these changes are likely to have a serious impact on coping with everyday events such as work, leisure and the family.

The medical symptoms of the Menopause may be restricted only to the sufferer, but some of the associated symptoms will undoubtedly have an effect on the significant others in the woman's life, whether family, friends or work colleagues. The various roles that a woman is required to perform during her day-

[7] K Carlson, S Eisenstat and T Ziporyn, 1996, The Harvard Guide To Women's Health, Massachusetts, Harvard University Press

to-day life will be affected greatly by such symptoms as depression and irritability and may lead to serious social consequences if not adequately treated. Often, it may help simply to know what the possible cause of the problem is.

But there is some good news. Although some of these symptoms may have a quite dramatic impact on a woman's life, they can often be quite easily treatable if the woman is aware of the fact that she is experiencing symptoms of the Menopause. It is also of tremendous importance that women know *where* to access treatment and advice.

This is not as easy as it sounds. Good, reliable and informed advice may not be found or accessed. It may well be that professionals in the field are unknown or inaccessible. It may be that in the busy daily schedule there is simply no time for seeking out help and advice. Or it may be unaffordable.

Although all women will at some point experience the Menopause, the type of effect it will have on their life will be dictated by many personal factors. These include exercise, diet, medical history, smoking and alcohol use. Awareness of the Menopause and making good preparations for it are also important. In this way, the Menopause may be a positive factor in a woman's life rather than a problem to be feared and suffered.

Age of Menopause

Most women will want to know at what age they can expect the Menopause to begin. This is a fair question, but difficult to answer. There is an accepted age range, that most, if not all, medical professionals will subscribe to, but it is not in any way fixed. In Reproductive Health circles, the reproductive age of women, that is the age at which they will expect to have children, is often cited as being between 15 and 49 years old. However, we all know that it is possible to have children both earlier and later than within this fixed period. However, this age range is useful as it indicates the common range within which most women will be having children and so gives us an indicator that allows for more scientific statistical compilation.

In the same way, the age at which we can expect the Menopause to occur is often given as being at some point between the ages of 45 and 55 years. Again, this is a range set more for the convenience of medical professionals and researchers than a strict limit within which the Menopause will occur. But it is a reliable range based on analysis of the frequency of ages at which the Menopause has occurred in women. For the sake of discussion, we will stick with this definition, bearing in mind that it is unusual, but not unheard of, for the Menopause to begin earlier or later than this 10 year span.

Having established this we can say that in industrialized countries the average age of Menopause is at around 50 to 52 years and in developing countries about a year or two earlier.[8] Importantly, this has to be viewed from a point that recognizes that, in many places, *average*[9] life expectancy has increased dramatically since the turn of the century[10].

In Mauritius, the life expectancy of a woman in the year 1999 was around 74.3 years and by 2038, this is expected to increase to

[8] This section has been distilled from information gained from websites on the subject, particularly www.menopausalhealth.com and www.Menopause.org/aboutm/facts/html

[9] I stress the word average here, because this figure taken literally gives a very rough and high expectation of the duration of life of any individual woman. Please refer to the Age Pyramid in Chapter 2 for an indicator of rates of life duration.

[10] This refers to life expectancy in developed countries, within which for the purposes of this study I have included Mauritius. In other countries, particularly in Africa and those with affected with a major AIDS epidemic the life expectancy is decreasing at an alarming rate

about 79.38 years.[11] [12] So, if we say that the average age for the onset of the Menopause is between 45 and 55 years, and that in 2001, a woman in Mauritius has a life expectancy of about 74 years, then she can most likely expect to live for between 20 to 30 years or more after her Menopause.

By 2038, this period of postmenopausal life will be longer and there is every chance that the Menopause may begin earlier. Looked at in another way, we can see that, based on1999 figures,[13] a woman beginning her Menopause at age 50 and living to age 75 will spend at least one third of her life after the onset of Menopause.

Despite the increase in life expectancy, the age of Menopause has remained relatively stable. The WHO Scientific Group (1981)[14] noted the possibility that the age of the Menopause may have risen slightly during the 20th Century but that there was little or no solid evidence of factors affecting the age of the Menopause.

While on this subject of age, at this point we might wish to turn our attention to the other end of the reproductive life cycle, that is the onset of menstruation.

Menstruation

Some people consider the age at which a woman begins to menstruate as being a possible determining factor as to the age at which she will experience the Menopause. However, at the time of writing, there is no conclusive evidence to this being the case.[15] If you begin menstruation earlier your Reproductive Lifetime may last longer, but there is no conclusively proven link to suggest that the timing of the onset of menstruation and the timing of the onset of the Menopause are in any way linked.

[11] Ministry of Health and Quality of Life, Family Planning and Demographic Yearbook 1999
[12] For men, the relative figures are 66.4 years in 1999 increasing up to 71.68 years by 2038
[13] Life Expectancy figures are based on those supplied by the Ministry on Health, Ministry of Planning and Economic Development, Ministry of Women, Family and Child Development and the Central Statistical Office
[14] WHO Scientific Group, Op Cite.
[15] further information on this issue can be found at http://www.ivf-et.com/menoage.html

It has been suggested that the timing mechanism is, in some way, hereditary. According to Soon and Teoh (1999)[16], there is evidence to suggest a genetic factor in the determination of the Menopausal age. They suggest that if the average age of Menopause has not changed it suggests a genetic determination and that premature Menopause tends to run in families.[17] This view has recently been substantiated by studies on twins. In a scientific sense this has been expressed by saying that "genetic polymorphisms of the oestrogen receptor influence the age of the onset of Menopause"[18] Basically, this means that the age of the Menopause may be genetically determined. In a social sense, empirical data available suggests that there are instances where members of the same family tend to begin their Menopause at around the same age. However, this is really only significant where it points to evidence of consistently early or late Menopause.

In some respects, diet and nutrition have also been implicated. Not only in the woman concerned, but the nutrition level of her mother when she was carrying the developing foetus. The thinking goes along the lines that if a mother is malnourished then the foetus is malnourished. As we know the ovaries are full and developing in the five-month-old foetus so this may in turn affect the number of eggs developed. This could lead to an earlier depletion of the eggs once the foetus has developed to adulthood and, therefore, contribute to an earlier Menopause[19]. It also suggests that poverty and hardship may result in multi-generational effects and not be confined to the contemporary.

There is a further debate on whether there is any correlation between socio-economic status and the age of the onset of Menopause. Soon and Teoh (1999)[20] have found no evidence of a link while the WHO Report (1981)[21] pointed to socio-economic status as being a determining factor.

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[16] Teoh Eng Soon, Kristine L K Teoh, Every Woman's Book On Menopause And The Hormone Rreplacement Controversy, Times Books International, Singapore,1999.
[17] Ibid, p.51.
[18] http://www.Menopause.org/aboutm/facts.html
[19] Teoh Eng Soon, Kristine L K Teoh, Op Cite, p.54
[20] Teoh Eng Soon, Kristine L K Teoh, Ibid, see also Mckinlay et al, 1972, An Investigation of the Age at Menopause, Journal of Biological Sciences, N° 4, pp161-173
[21] WHO, 1981, Op Cite

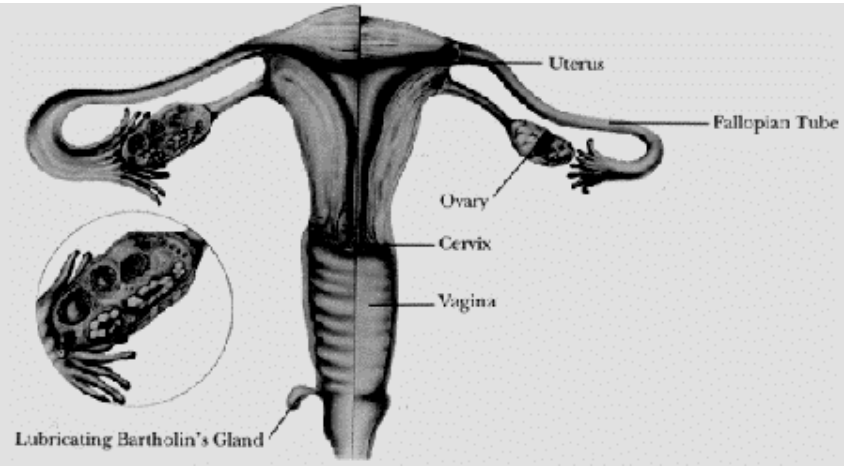
End of Menstruation

So, what happens? How does the body decide that it is time to stop menstruating and why is the end of ovulation and menstruation so often accompanied by such unpleasant symptoms?

To answer this, perhaps we should take a brief tour of the various systems within the woman's body that are responsible for reproduction and menstruation.

The female reproductive system is, in some ways, beautifully simple but in others, fiendishly complicated. The physical aspects are probably well enough known, but let us take the opportunity for a recap.

Fig 1.3



Before menopause (left): The detail of the ovary shows the release of the egg into the fallopian tube

After menopause (right): Notice thinning and shrinking of tissues from decreased estrogen and progesterone production

Source: W.Utian and R.Jacobowitz, 1990, Managing Your Menopause, New York: Prentice Hall Press/Simon & Shuster, p.26[22]

Returning to the 5-month-old foetus, we have seen that at this time the female ovary contains its greatest number of follicles.

[22] http://www.nih.gov/health/chip/nia/menop/men2.htm#wim

After birth, the numbers are pretty much set but gradually reduce throughout life. Although there are normally more than enough to provide for the monthly ovulation across the whole of the reproductive health range, there is another significant factor associated with the reduction in the number of follicles. As the number of follicles diminishes, the remaining follicles produce less and less oestrogen and progesterone. This causes ovulation to occur less frequently. This drop in hormonal output by the ovaries stimulates the pituitary gland to produce more and more Follicle Stimulating Hormone in an attempt to stimulate the ovaries into secreting more oestrogen. Consequently, this may lead to an over production of oestrogen by the ovaries which means that the situation has now been reversed and too much oestrogen has been produced. The whole balance of hormone production has now been affected, and there is a circularity effect of endless attempts by the pituitary gland to stabilize the situation, which only results in further disruption to the hormonal levels.

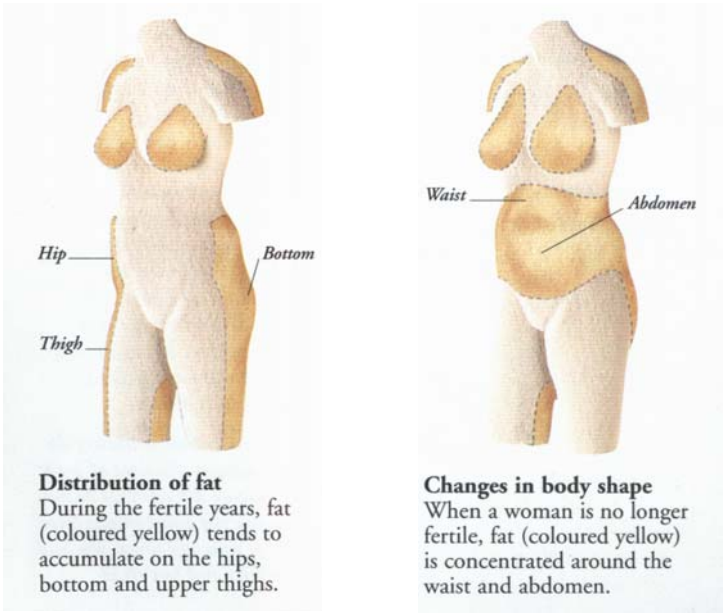
Very high levels of oestrogen may be produced and the levels of progesterone will be lowered as the follicles are prevented from maturing sufficiently. This adds to the fluctuation of hormonal levels described above, and, unfortunately, the situation may continue for some years. During this time the more common symptoms that have come to be associated with the Menopause begin to have an effect and are caused by this fluctuation in hormonal levels.

This imbalance of hormones may also sometimes contribute to other physical effects such as the growth of uterine fibroids, pre-menstrual syndrome symptoms, and disruption to the menstrual cycle. With lower levels of oestrogen, the effect tends to be longer intervals between menstruation and a lessening of menstrual blood flow. With a rise in oestrogen levels, and a lack of sufficient levels of progesterone, there may be heavier and more frequent menstruation. This will often lead to erratic menstruation until, eventually, menstruation stops completely.

In the end oestrogen levels drop to a point where there is not enough to build up the lining of the uterus sufficiently enough either to menstruate or to sustain a pregnancy.

This cessation of menstruation also creates some physical effects. The length of the vagina and the fallopian tubes decrease and there is a change to the lining of both the uterus and the vagina. There is some shrinking of the external genitalia and there is a drying and loss of elasticity to the pelvic ligaments which support the bladder. Pubic hair begins to thin out and body fat is re-distributed (see fig 1.4 below). 12 months after a woman menstruates for the last time she can consider herself to be postmenopausal.

Fig 1.4



Source: M Stoppard, "Hormone Replacement Therapy", Dorling Kindersley Limited, London 1999,p.12-13

One question that most women ask is "is there a way of testing to see if I have started the Menopause?" It would be nice to know, if only to confirm one's suspicions or, more importantly to make preparations for the known possible changes. In fact, the answer is yes, there is such a test that can be performed. Although it is not 100% reliable, when the result is considered in correlation to a woman's age it does give a fairly good indication as to whether or not the Menopause has been reached. It works in this way. As oestrogen levels decrease the level of Follicle Stimulating Hormone (FSH), begin to rise to the point where it can be considered a diagnostic indicator for the Menopause.

FSH levels continue to remain high during the post-menopausal years. After menstruation has ceased completely, the pituitary gland continues to release Luteinizing Hormone (LH) the level of which also remains high during the post-menopausal years.

Therefore, in effect, we can timetable the average woman's expected journey through the Menopause. This period of time while the changes are taking place is often referred to simply as the peri-menopause or the climacteric. The full sequence of what is generally regarded as the Menopause is:

- Pre-Menopause
- Peri-Menopause
- Menopause
- Post-Menopause

These terms have been standardized by the Council of Affiliated Menopause Societies (CAMS) and the International Menopause Society (IMS). In the rest of this report we shall stick to these definitions of the phases of the Menopause.

The climacteric describes the transition from the reproductive phase to the non-reproductive phase. So we can see that it refers to a process rather than a specific event. The transition phase from the pre-menopause to peri-menopause is characterized by a gradual decline in reproductive capacity. Once this begins, the whole phase becomes cyclical, with each stage stimulating the next.

So far, we have looked at the onset of the Menopause as being a natural event, timed and regulated by the body's reproductive cycle. However, the Menopause can also be induced. This happens when menstruation stops permanently as the result of surgery such as the removal of both ovaries or through adverse effects on ovarian function caused by chemotherapy or radiation treatment.

These types of treatment can sometimes cause a form of temporary Menopause. This is when there is an effect on the ovaries that causes the interruption of normal function and,

according to CAMS, this effect may be a result of over exercise,[23] over dieting or drug use, both medicinal or recreational.

By now, you are probably thinking that this is enough about the ontology of the Menopause. What I want to know is, what does it feel like? How does it affect everyday life? What are the symptoms?

Let us have a look at the more common symptoms that normally accompany the climacteric or the transition phase of the Menopause.

Despite the fact that the Menopause is a natural process, it does not mean that it is always a comfortable experience for women. Having said that, many women will go through this transition phase with minimal disruption to their lives and will only experience some relatively minor symptoms. Unfortunately, for others, the transition phase may be characterized by ill health. According to the journal Reproductive Health[24], Menopausal symptoms are usually less severe in women who experience natural Menopause in comparison to those for whom the Menopause was induced.

One of the most common symptoms is the "hot flush".[25] This is a sudden rush of heat to the neck, face or other parts of the body. It can last from between 30 seconds to 5 minutes or even longer. There used to be some debate in the medical world about the existence of hot flushes, but for women who experience them there is no uncertainty about their existence. In medical terms the hot flush is described as a "sudden, hausient sensation that ranges from warmth to intense heat, spreading over the face, scalp and anterior thorax. It is usually accompanied by erythma and perspiration and is often followed by a chill. In some women, palpitations and anxiety accompany the flush."[26]

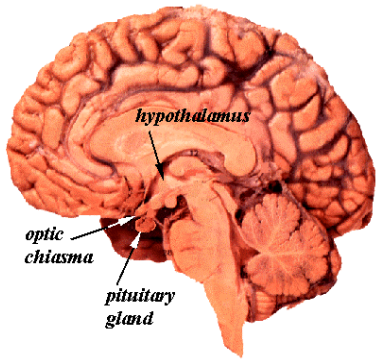
Hot flushes are a symptom of the fall in oestrogen levels. Unfortunately they can continue to occur for quite a long time, anything from 1 to 15 years and they may be worse for women

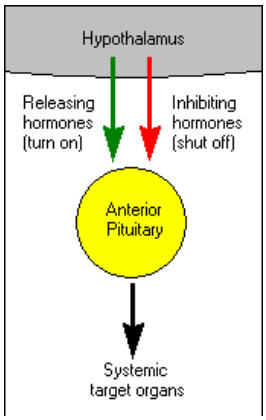
[23] This means excessive working out in the gym, or long distance running etc. A reasonable amount of exercise is actually very beneficial to alleviating the symptoms of Menopause.
[24] Reproductive Health, Vol 14, N° 4, March 1997
[25] In the USA, this is known as the "hot flash". I don't know why. When producing our questionnaire we used the American version, but for the purposes of this report we have used the more common "hot flush". In French this is known as the "bouffée de chaleur'
[26] http://www.menopausalhealth.com

whose Menopause has been surgically induced.[27] What happens is that heat is dissipated by an increase in peripheral temperature, which stimulates a decrease in the body's core temperature. Because it often makes sleeping difficult it can lead to the woman being constantly tired and irritable. Because there is no visible sign of the Hot Flush, these secondary symptoms such as irritability brought on by tiredness are often regarded by others as irrational behaviour.

The thermal stability of the body is normally controlled and maintained at an optimum level by the Hypothalamus. This is located above the pituitary gland as shown in Fig 1.5.

Fig 1.5





Source http://arbl.cvmbs.colostate.edu/hbooks/pathphys/endocrine/hypopit/overview.html
http://calloso.med.mun.ca/~tscott/head/pit.htm

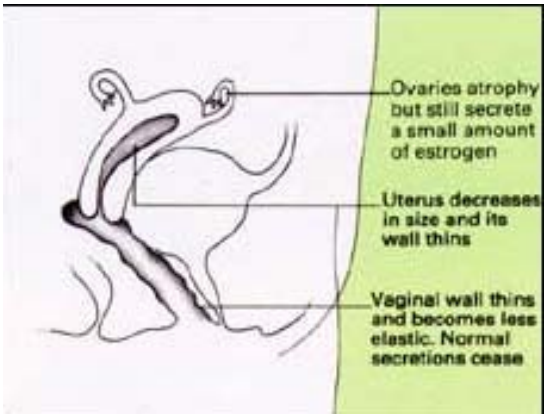
[27] see Dr RA Lobo Menopause Management for the Millenium, http://www.medscape.com/Medscape/WomensHealth/ClinicalMgmt/CM.v01/public/index

The regulation of the body's temperature by the hypothalamus is affected by the changes in oestrogen levels. As the hypothalamus senses the lowering of the amount of oestrogen produced by the ovaries, it rapidly changes the body's temperature in response, resulting in a "hot flush".

Along with hot flushes, another common symptom is extreme sweating and/or night sweats. With this, there is extreme perspiration, often for no apparent reason. During the night a woman may wake up and find herself soaked in sweat. This is a well documented phenomena and Shering reports that "some women find that their sleep is badly disturbed by having to get out of bed to change their night clothes"[28] So this is another aspect of the menopause that is leading to broken sleep patterns.

The next symptom goes by the less than glamorous name of urogenital atrophy, and is yet another consequence of the change in oestrogen levels. This occurs because "the tissues of the Vagina, Vulva, Urethra and the trigone of the Bladder all have large numbers of oestrogen receptors, which undergo atrophy during Menopause."[29]

Fig. 1.6



Source: http://calloso.med.mun.ca/~tscott/head/pit.htm

The vulva loses a lot of its collagen and it's water-retaining ability. There is also a consequent shortening and narrowing of the vagina and because of the thinning of the vaginal wall further elasticity is lost. The vagina begins to become less well lubricated, particularly noticeable during sexual stimulation. The urethra is easily irritated and becomes prone to bacterial infections. There may also be a

[28] Shering, (leaflet, no publication date), The Menopause- A Guide For Patients,
[29] http://www.menopausalhealth.com

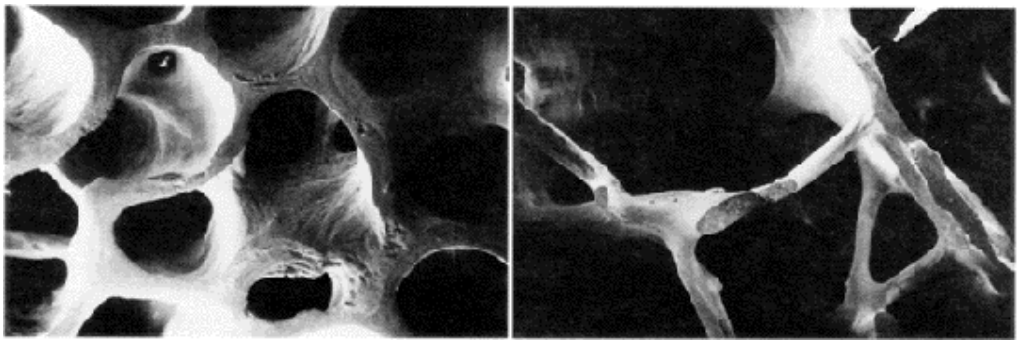
loss of control of the bladder characterized by a sudden urgent need to urinate, or there may even be some leakage from the bladder when coughing or sneezing.

This is often referred to as stress incontinence. All of this may result in sexual intercourse becoming uncomfortable or even painful. Certainly, a combination of all of the factors mentioned above may make everyday activities difficult to cope with, leading to high stress levels or a general feeling of helplessness. The reduction in collagen also affects the hair, skin and nails, which may become dry and brittle and the skin also becomes more susceptible to itching and bruising.

One of the better known associated problems is osteoporosis, which is often called "brittle bone disease".

Fig 1.7

Healthy bone **Osteoporotic bone**



Source: Dr. Robert Lindsay, Helen Hayes Hospital, West Haverstraw, N.Y
http://www.nih.gov/health/chip/nia/menop/men3.htm

After Menopause, the decrease in ovarian hormone levels, and in particular, oestrogen, triggers a reduction in bone mass. This increases the risk of fractures, often occurring after what would previously been considered relatively minor knocks or falls, but which now can give rise to great pain and discomfort and some element of disability.

Important to note is that the amount of bone mass present in later life is determined by the amount accumulated during one's

younger years. Significantly, in women, up to 20% of bone mass loss occurs in the first 7 years after the Menopause.[30]

Factors, which in younger life can increase bone mass density, are, sufficient calcium in the diet, an active lifestyle with the correct exposure to fresh air and sunlight, a good body mass index,[31] not smoking and moderation in alcohol consumption etc. [32,33]

Lifestyle, and in particular diet and exercise, is a major factor in risks for cardio-vascular disease, osteoporosis, diabetes, breast cancer and depression. Therefore, we can see the importance it has concerning the Menopause and its inter-relationships with these other diseases. A recommended diet for easing one's passage through the Menopause is one that is rich in fruits, vegetables, grains, nuts and low-fat dairy products. There should be little reliance on saturated fat, cholesterol, sugar and refined carbohydrates. Where possible it is better to replace red meat with chicken and fish. [34] It is vital that the diet contains sufficient levels of calcium and vitamin D. Calcium in particular should be built up *before* the onset of the Menopause. Exercise is also highly important and has been shown to not only reduce the risk of heart problems[35] but to be generally beneficial to women in the postmenopausal phase of life.

General Effects

So what are the general effect of all these *physical* changes on the *psychological* well being of the woman?

Some women become more forgetful and feel that they have lost some of their ability to make decisions or they may have a reduction in attention levels or concentration span. There may be

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[30] http://www.menopausalhealth.com

[31] Body Mass Index is a measure of the proportionality of a person's weight and height

[32] D W Kaufmann et al, 1980, American Journal of Public Health, 70, pp420 – 422

[33] O Lindquist & C Bengtsson, 1979, The Effect of Smoking on Menopausal Age, Maturitas, Ch.1, pp191 -199

[34] See Sacks FM, Appel LJ, Moore TJ, et al, 1999, A Dietary Approach to Prevent Hypertension: a review of the Dietary Approaches to Stop Hypertension (DASH) Study, Clin Cardiol, 1999;22 (Supp 7)

[35] Svendsen OL, Hassager C, Christiansen C, Effect of an energy-restrictive diet, with or without exercise, on lean tissue mass, resting metabolic rate, cardiovascular risk factors, and bone in overweight postmenopausal women, Am J Med. 1993;95:131-140

feelings of unexplained anxiety or irritability. Sudden onsets of weeping for no reason, excessive fatigue and tiredness are common. As we have seen, insomnia is quite common, or there is an ability to sleep only for brief periods. Confidence may be affected and there may be a drop in interest in sexual activity.

Women who have had children may recognize some of these symptoms from pregnancy, another phase in their life when the hormone levels were being disrupted and disturbed. Other common complaints associated with the Menopause are memory problems, joint aches and hair growth, which may become thinner on the scalp and in the pubic region but begin to grow on the face and body. This is the effect of heightened levels of testosterone, a hormone produced by the ovaries both before and after Menopause, but which is more controlled before the reduction in oestrogen levels.

Moreover, the menopause may also coincide with a time in one's life when other difficult problems are occurring with more regularity. It is at this phase in one's life that children are probably leaving home, there is a need to provide care for elderly relatives, there are changes in one's position at work or one is having to cope with adolescents and their peculiar view of the world. Around this age one may also begin to feel mortal. One is becoming aware of the ageing process and probably beginning to approach retirement or noticing the rise in incidences of illness or death among friends, colleagues and family. Women are also likely to start becoming aware of the way that society seems to value youth and beauty at a time when one feels that one's own youth and beauty are fading. Although I should restate that this is not necessarily the case, one is simply adapting to a new phase in life and there is really no reason that life during and after the menopause cannot be fun, productive and rewarding.

The effects of the Menopause outlined above can also impact on other members of the family, friends or work colleagues. They may be subjected to the symptoms and displays of these disorders, particularly the stress and depression, but might be completely unaware of the causes of the problem.

This can lead to a reduction in performance and have a serious impact on the economic development of the country.

Chapter 2

Menopause in the Island of Mauritius

We have seen in the previous chapter that the Menopause is an event that is common to all women. In this chapter, we will apply what we have learned to women in the Island of Mauritius.

There is very little information available as to the current knowledge of the Menopause among both women and men in Mauritius. More important to this study is the knowledge that women in Mauritius have. What information has been available has been mostly medically or scientifically based, concentrating on rates of Menopause related symptoms treated, and usually linked to the rates of hysterectomies performed.

One's attitude to an event will be determined by one's knowledge and information of the factors pertinent to that event, and in this respect there has been little widely available information on the *experience* of the Menopause.

The symptoms of the Menopause are quite distinct and usually inter-related but are often treated as individual symptoms of other problems. They may not even be recognized as being related to the Menopause at all and the treatment offered may not be relevant to the actual causative factors.

Where the symptoms have been recognized as related to the Menopause, women are often told that this is simply a natural event. It is often intimated that there is little that can be done other than to bear the symptoms and wait for them to eventually diminish.

Where treatment has been suggested it has tended to be radical with a recommendation for hysterectomy.

Notwithstanding the above there is a wealth of knowledge and practice that is traditionally applied. Older women will recommend certain actions to take, medicines to take, or herbal remedies to seek. These remedies have a folkloric recommendation, that is

they have almost never been subjected to scientific testing and verification but they do enjoy a reputation among users for efficacy. In short, they are believed to work. That belief in their efficacy is often enough to trigger a feeling of relief. It may be short lived and may not be treating the actual cause, but it can have a curative effect on particular symptoms.

This report is based on what was learned by asking the women of Mauritius for information regarding these elements of the Menopausal experience as it applies in Mauritius.

We achieved this by implementing a nationwide survey into the Knowledge, Attitudes, Beliefs And Practices On Issues Pertaining To The Preparation For And Alleviation Of The Symptoms Of The Menopause In Mauritius. The survey ran between July 2000 and June 2001.[36]

Demography

In July 1999, the population of the Republic of Mauritius was estimated at 1, 180, 912 people.[37] Of these, 591, 298 were female, or, representing slightly more than half at 50.07%. Turning our attention to the Island of Mauritius only, in 1999[38] within the age group that was over 45 years of age, there were 170, 491 or 29.91% of the total female population. This indicates the range of women within Mauritius who may be experiencing some or all of the symptoms of Menopause or the associated effects.[39]

Again, looking only at the Island of Mauritius, we can further narrow the number of women to those within the accepted extreme boundaries of the period of Menopause, that is between 45 and 64 years of age. We still find 17.56% of the total female population of the island falling into the age bracket where they may be

[36] The survey was implemented by the Mauritius Family Planning Association on behalf of the Mauritius Research Council.

[37] These figures are from the Family Planning & Demographic Yearbook 1999, Ministry of Health and Quality of Life, September 2000

[38] We have tried to use the most recent figures available for each description so the year the figures were compiled may fluctuate

[39] By associated effects, I mean such things as osteoporosis, vaginal dryness and painful intercourse etc., as described in the previous chapter

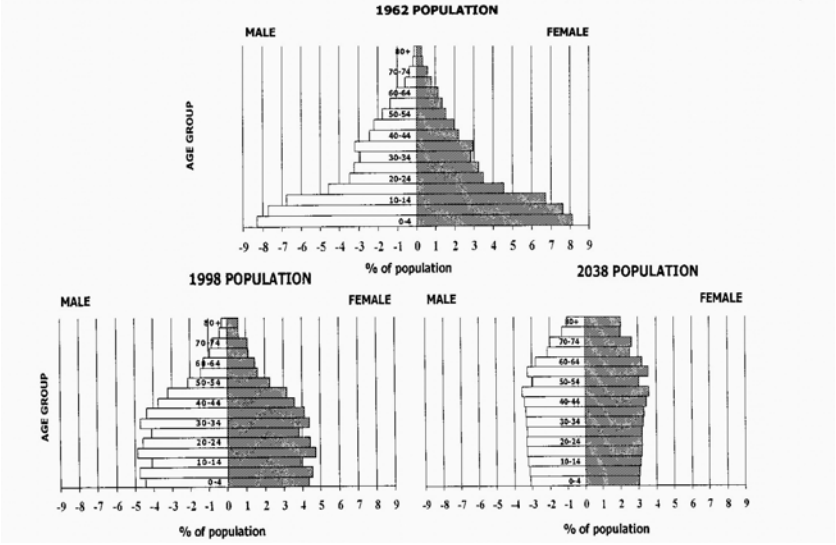
experiencing contemporary effects linked to the Menopause. This is over 100, 000 women.[40]

Just by looking at these figures, we can begin to understand the scale of the problem and the number of women who are currently having to face up to the day to day reality of living with the Menopause.

The population structure is also altering. Life expectancy is increasing, with a concomitant increase in the ratio of females in the older age groups. Estimates for the Island of Mauritius for the year 2018, based on current trends, show the population as having reached 1, 311, 309 of which 50.78% will be female. Of these, 36.59% will be over the age of 45 years. The proportion in the range 45 to 64 years is also expected to increase to 19.89%. So having recognized the scope of the necessity of our investigation, we can see how its relevance will increase over the coming years. Further estimations for later years show that the proportions mentioned would continue to increase, and what is referred to as the population pyramid starts to take on the shape of a population rectangle.

Figure 2.1

Population Pyramids 1962, 1998 and the projection for 2038



Source: Family Planning and Demographic Yearbook 1999, Ministry of Health and Quality of life, Republic of Mauritius.

[40] 100, 082

Study Range

Table 2.1
Age Groups

Age in Years	Number	%
< 45	101	26.5
45-49	83	21.9
50-54	62	16.4
55-59	47	12.4
60-64	49	12.8
65-69	38	10.0
Total	380	100.0

As discussed previously, one of the main approaches to smoothing one's passage through the Menopause is by understanding what is happening, why it is happening and making the appropriate preparation. We were interested in discovering what women of various age groups knew of the Menopause and whether or not this knowledge changed over time. The type of knowledge is also important. Professional knowledge or folk knowledge may be different in type but each is no less valid than the other concerning what we were interested in discovering; which was simply what women in Mauritius knew of the Menopause.

Analysis Of Study Results

Table 2.2
Geographical Distribution of Respondents

District	Number	%
LowerPlaine Wilhems	40	10.5
Port Louis	48	12.9
Flacq	41	10.8
Grand Port	41	10.8
Moka	40	10.5
Pamplemousses	40	10.5
Riv du Rempart	40	10.5
UpperPlaine Wilhems	49	12.9
Savanne	25	6.6
Black River	16	4.0
Total	380	100

We can see that the majority of respondents, 279 out of 380, were over the age of 45 years. This was pre-determined by the sample design adopted and was a factor that was intentionally built in to the study design. Table 2.2 shows the geographical distribution of the respondents. The way this was determined has been described previously.

Table 2.3
Marital Status

Marital Status	Number	%
Common law marriage	2	0.5
Divorced	24	6.3
Married	256	67.4
Single	16	4.2
Widow	82	21.6
Total	380	100.0

There was some slight movement pertaining to the numbers of respondents targeted and the numbers of respondents interviewed per district. However, this can be taken as acceptable given the nature of the implementation of

Table 2.4 Ever had children

Response	Number	%
Yes	348	91.6
No	32	8.4
Total	380	100.0

this type of study. The main thing to note is that it is unlikely that this had any effect on the validity of the results of the study.

Table 2.5 Number of Children

Number Of Children	Number	%
One	43	12.4
Two	120	34.7
Three	80	23.1
Four	50	14.5
Five	26	7.5
Six	16	4.6
Seven	4	1.2
Eight	5	1.4
Nine	2	0.6
Total	346	100.0

Almost 68% of the sample was married. This was to be expected given the age and biographies of those women who were interviewed. The high number of those who were widowed is also to be expected and can be explained by the fairly high proportion of women in the upper age groups who formed part of the sample population. Very few, 0.5%, were living in a state of marriage without actually having formalized the situation. Again this is to be expected given the attributes of the sample population.

Table 2.6] Ethnicity

Ethnic Groups	Number	%
General Population	90	23.7
Indo-Mauritian	265	69.9
Sino-Mauritian	21	5.5
Other	3	0.8
No Reply	1	0.1
Total	380	100.0

There is a relatively high parity rate for the age group from which our samples were drawn. Having had four or more children, these women were no strangers to the effects on their bodies of hormonal imbalance.

Although it is sometimes a contentious issue as to whether or not to ask about ethnic identity, it was felt that the study group had grown up in an environment where many aspects of socialization had been closely tied to ethnic identity. The ethnic background of the population was included so that it would be possible to identify any trends among different groups of the population.

Table 2.7 Religious Affiliation

Religion	Number	%
Buddhist	4	1.1
Christian	119	31.3
Hindu	176	46.3
Islamic	63	16.6
None	2	0.5
Other	16	4.2
Total	380	100.0

It is often assumed that ethnicity and religion are linked as elements of one variable. For instance, if you are from a Hindu background you will follow a Hindu religion. This is not always the case. Religious affiliation was sought by dividing

Table 2.8
Occupation

Occupation	Number	%
Plant & machine operators	116	30.5
Housewives	81	21.3
Elementary occupations	65	17.1
Technicians & associate professionals	32	8.4
Unemployed	23	6.1
Craft & related trade workers	19	5.0
Clerks	13	3.4
Professionals	12	3.2
Legislators, senior officials & managers	8	2.1
Service workers	6	1.6
Skilled agricultural & fishery workers	5	1.3
Total	380	100.0

the category into 5 major categories with an "other" category for those who followed minor (in terms of followers) religions.

Attempts were made to have a representative sample from each occupational group.

In the island of Mauritius, when employed, over 78% of women were employed in the textile sector.

Table 2. 9
Income Distribution

Income	Number	%
Less than Rs2000	152	40.0
Rs2000 to Rs 3999	130	34.2
Rs 4000 to Rs 5999	37	9.7
Rs 6000 to Rs 7999	20	5.3
Rs 8000 to Rs 9999	11	2.9
Rs 10000 to Rs 14999	10	2.6
Rs 15000 to Rs 20000	11	2.9
More than Rs 20000	9	2.4
Total	380	100.0

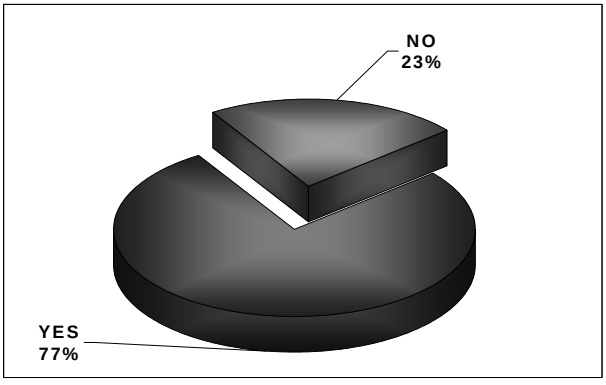
The income bracket criteria were based on 1995 data. However, there would seem to be an increase in the number of people in the income range of Rs 2, 000 and Rs 3, 999. This is because the minimum salaries of full time workers have risen slightly but consistently in the intervening years.

Most of the respondents had had some form of education, although 16.10% had not received any formal education. This may be because our sample was from a generation where educational opportunities for girls and women were restricted.

Table 2.10
Education

Education Level	Number	%
Higher Secondary	13	3.4
Higher Tertiary	6	1.6
None	61	16.1
Primary	178	46.8
Secondary	113	29.7
Tertiary	9	2.4
Total	380	100.0

Chart 2.1 Have You Heard of the Menopause?



Of the 380 women interviewed on the Island of Mauritius around ¾ said that they had heard of the term Menopause

and ¼ said that they had not.

Table 2.11
Do you know what the Menopause is

Responses	Number	%
Yes	265	90.4
No	28	9.6
Total	293	100.0

This proportion of women who said that they had not heard of it is rather alarming. The survey was of women above the age of 40 years, which means that they are approaching the Menopause period or have already entered it but many have no knowledge of the effect it will have on their lives.

Of those who said that they had heard of the Menopause, 10% of them said that they did not know what it meant. This, in effect, means that perhaps we should include them in with those that had not heard of the term.

From those who said that they understood what was meant by the term Menopause, different definitions were offered up. The majority, over 90%,[42] said that it meant to "stop having periods", that menstruation stopped, although very few qualified this by saying that the menstruation would cease permanently. In fact, there was, as we shall see later, a common belief that menstruation could start again at any time.

The other most commonly offered reply was that menstruation became irregular. This again, is on the right track but does not seem to indicate a grasp of the permanency of the cessation of menstruation. The other comments given ranged widely but tended to focus on the effect the Menopause has on menstruation. These comments included "heavy bleeding", "hormones stop working", "stop having children" and "question of menstruation". One comment was rather vague and summed up the Menopause as "stomach ache". This should not be lightly dismissed as it is a general symptom and can be debilitating. One respondent

Table 2.12
What is it?

Description	Number	%
Stop having menses	241	91.6
Irregular menses	6	2.3
Question of menses	4	1.5
Body function changes	2	0.8
When menses stop and then after 10 years come back	1	0.4
Others[41]	9	3.4
Total	263	100.0

[41] Others include "heavy bleeding", " stop having children", " stomach ache", " hormones stop working", " heavy bleeding", " fibroid", " fall sick" and "it is a sexual relationship".
[42] 91.6%

was quite adamant that the Menopause meant the end of menstruation but that periods would restart “after 10 years”.

In general, of those that had heard of the Menopause their understanding of it being related to the cessation of menstruation was quite good. Of the 25% or so who had no idea of what to expect, we will return later in the chapter.

Table 2. 13
What Age does the Menopause Occur

	Number	%
Below 40	13	4.9
40 to 45	88	33.5
46 to 50	111	42.2
Above 50	51	19.4
Total	263	100

Returning to interviewees who said that they had heard of the Menopause, they were asked at “around what age does it tend to occur?” Again, the respondents were reasonably accurate at pinning down the age range. Over 40% said that it occurred between the ages of 46 – 50 years old and nearly 20% said that it happened over the age of 50.[43] Very few, 4.9%, put the age of the Menopause below 40 years of age and the rest put it as happening between 40 and 45 years of age.

Symptoms

During the interview process, women who said that they had heard of the Menopause were given a selection of symptoms from which to order the most common. 45.9% of women put “hot flushes” as their first choice.

The other most popular first choices of symptom were “irregular periods” with 18.5%, “heavy bleeding with 12.3%, “headaches with 8.1%, “achy joints with 3.8%, “mood change” with 3.1%, “hypertension” with 1.9% and “extreme sweating” with 1.5%. Other symptoms mentioned were vertigo, fatigue, breast and pelvic pain, dry skin, dizziness and the ubiquitous stomachache. This is not to say that this should be taken lightly. Several of the associated symptoms are difficult to describe other than to say that there is a “pain in the stomach” which can lead to misdiagnosis of stomach ailments and misdirected medication.[44]

[43] 42.2% and 19.4% respectively

[44] Many other symptoms were mentioned but did not form any pattern. In no particular order these included; vaginal dryness, weight gain, memory lapses, loss of appetite, weakness, restlessness, depression, vomiting, risk of pregnancy, tiredness, psychological changes, hair loss, fever, absent mindedness, stress, colic, nervousness, anxiety, insomnia, visual problems, back pain, gum infections,

Table 2.14 indicates the order in which respondents placed the order of symptoms suggested. The symptoms are listed vertically on the left and the order of priority given horizontally along the top line. The numbers, although percentages of results, sometimes do not add up to 100%, this is because it was permissible to state other answers, the more rare of which have not been included in the tabulation.

Table 2. 14
Order of Symptoms by %

	1st	2nd	3rd	4th	5th	6th
Achy Joints	3.8	5.1	7.2	8.4	10.6	6.9
Hot Flushes	45.9	17.7	17	10.7	- - -	6.9
Mood Changes	3.1	7.9	10.2	7.6	2.1	- - -
Irregular Menses	18.5	25.2	11.9	10.7	4.3	- - -
Heavy Bleeding	12.3	11.8	10.6	9.2	6.4	3.4
Extreme Sweating	1.5	4.7	8.1	7.6	8.5	6.9
Headaches	8.1	13.8	16.2	14.5	23.4	10.3
Dry Hair/Skin/Nails	0.4	0.8	7.2	1.5	4.3	- - -

Details from Focus Group Discussions on what was said about experience of hot flushes and other symptoms are revealed in Chapter 8.

When asked how long they thought these symptoms could and do last, over a third[45] said it was “more than one year”. About a quarter of the women asked expected them to last either between “six months and a year” or “less than six months”[46]. Just fewer than 11% of the total number of women who said that they knew about the Menopause said that they expected the symptoms to be “permanent”. There seems to be a bias toward the over optimistic who see the effects and symptoms being short term, at ground one year, give or take a few months. Just over one in ten women take a more pessimistic view that the effects and symptoms will be a permanent factor in their life. The rest said that they “did not know”, which is a fairly acceptable answer because as we have seen the experience of the Menopause is highly personalized and dependent on many different factors. How severe the symptoms will be and how long they will last is a highly subjective issue.

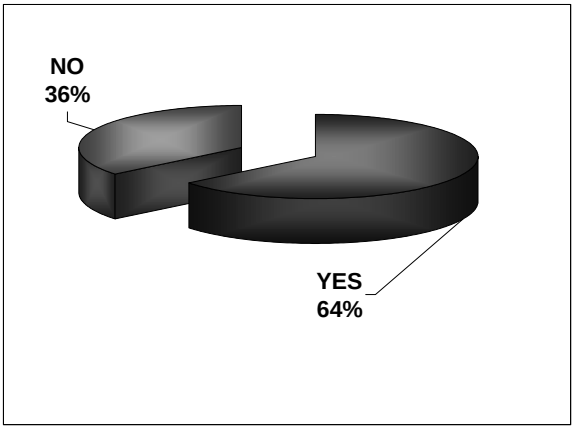
hunger, foot edema, diabetes, vaginal cramps, stress, sick uterus, feeling of being heavy and constipation

[45] 37.1%

[46] 25.8% and 23% respectively

Treatment

Chart 2.2 Is there any Treatment Available



Having discussed the symptoms of the Menopause, their duration and their effects on ordinary life, it was logical to raise the subject of treatment. When asked, “is there any treatment for the symptoms?” nearly two thirds[47] of the women we asked in the Island of Mauritius said “yes”. However, this seems to indicate that our band of pessimists has grown to over one third[48] who have answered “no”, there is no treatment available.

Table 2.15
What treatment do you know of?

Responses	Number	%
Consult Doctor	58	34.5
Hormonal Replacement Therapy	28	16.7
Buy Pills From Pharmacy	26	15.5
Do Not Know	13	7.7
Hospital Treatment	8	4.8
Exercising	6	3.6
Herbal Treatment	6	3.6
Take Pain-Killers	3	1.8
Curetage	3	1.8
Food Control	3	1.8
Vitamins Intake	3	1.8
Other	11	6.6
Total	168	100.0

We have seen that very often the symptoms are treated individually rather than as a collective symptom of the Menopause itself. We can still regard this as treatment although the range is vast and the effectiveness varied to say the least. When asked what treatments and remedies are available in Mauritius over a third[49] of our respondents said simply that they “consult a doctor”. What happens when they consult a Doctor is another interesting aspect worthy of a follow up investigation.

For now we can look at the next most common response, which was, perhaps surprisingly, “Hormone Replacement Therapy” cited by just over 16% of the respondents. Hormone Replacement Therapy (HRT) is dealt with more comprehensively in a later

[47] 64.1%
[48] 35.9%
[49] 34.5%

Chapter, but for now it is interesting to note how many women in Mauritius are aware of its existence as a treatment for the effects of the Menopause. In third place, our respondents cited that they "buy pills from pharmacy".

Unfortunately, our interviewers did not illicit enough responses as to which type of pills to enable us to make a qualified remark on the nature of medication that is being purchased. However, it may be that a trip to the doctor, followed by a prescription filled at the pharmacy, is the standard practice among many women for alleviating the symptoms of the Menopause.

A sizeable number of women, 7.7%, stated that they "didn't know" what type of treatment was available while the fourth most common form of treatment mentioned was "hospital treatment". We cannot ascertain what exactly is meant by "hospital treatment", and whether or not includes surgical intervention but we can say that only 0.6% of the respondents mentioned "hysterectomy" as an independent form of treatment. Curettage is also mentioned as a treatment by 1.8% of the respondents, which seems to reinforce the idea that "hospital treatment" does not necessarily include surgical treatment.

Various other forms of treatment are mentioned including "rest", "going to health centres", "medical check ups" and "food control". Taking vitamins is mentioned by 1.8%, the same number who see "taking pain killers" as a treatment for the Menopause. Interestingly, the same number of people who recommend "exercise", 3.6%, also recommend "herbal treatment".

Herbal Treatment

This begs the question, "which herbal treatments?" In fact, the survey questionnaire did not contain this question, but some further investigative research was performed to try to find out what herbal remedies people in Mauritius were using to combat the symptoms of the Menopause.

The first port of call was to the herbal remedy sellers, who spend their days half hidden behind piles of dried vegetation at the Central Market in Port Louis. Two different herb traders are

situated side by side and when asked what was best for treating the symptoms of the Menopause, they sold to the investigators two different mixtures of herbs.

Senna, Bigaignon, Fandamone

One contained a mixture of Brède Chinois (Artemisia Verlotiorum) and Bois Cassant (Faujasiopsis Flexuosa). The other contained a mixture of Bigaignon (Antidesma madagascariense), Fandamane (Aphloia theiformis) and Senné (Senna occidentalis) [also known as Casse Puant].[50]

Brede Chinois, Bois Cassant

So, two different mixtures of different herbs, but how do you take them? What is the effect? And is there any therapeutic value related to the symptoms of the Menopause? According to Gurib-Fakim (1995)[51], "brède chinois" known in English as Mugwort and scientifically categorised as Artemisia vulgaris is a very commonly used medicinal plant in Mauritius. Drinking a tea made from the plant is thought to help in the prevention of leucorrhoea[52], fever, influenza, la Tambave[53] and to stop nose bleeds[54]. It is known to be used as a digestive stimulant, a nerve tonic in easing tension and as an aid to normal

[50] All details on plants have been taken from A Gurib-Fakim, Plantes Médicinales de Maurice, Les Editions de l'Océans Indien, Rose Hill, Mauritius, 1995

[51] Gurib-Fakim A, Gueho J, "Plantes Medicinales de Maurice", ed. De l'Ocean Indien, Université de Maurice, Mauritius Sugar Industry Research Institute (1995)

[52] a sticky, white vaginal discharge. It is normal for there to be some small amounts of vaginal discharge but if it increases in amount, has a bad smell or takes on a darker colour it is usually a sign of a problem, possibly an infection.

[53] This has been explained to the author as being when "the pregnant mother eats certain foods, the baby when born will suffer from the after effects of this diet" The effects are skin blemishes which can lead to other skin diseases"

[54] ibid –Tome 1,p.191.

menstrual flow[55]. A tea is also drunk made from what is known locally as Senné or Casse Puante and is identified as Senna occidentalis[56]. It is considered as a powerful laxative and oral vermifuge.[57] According to the herbalist at Port Louis Market Senné and Casse Puante are two different herbs and that Senné is not available in Mauritius but is imported from India. However, he did agree that it is used as a laxative but also as an anti-coagulant to relieve hyper-tension. He also said that Casse Puante is used "to clean the blood" as well as being a febrifuge.

Some people recommend chewing the roots of the Senna plant, which would appear to have the same effect as drinking the tea made from the leaves[58]. The beverage made from the Senna leaves also appears to combat fever while an infusion of the seeds may relieve some of the symptoms associated with asthma[59]. The plant itself is seen as a depurative and slightly sudorific.[60] One of the Internet Websites on herbal remedies says of the use of Senna, "[it] is a powerful cathartic used in the treatment of constipation, working through a stimulation of intestinal peristalsis. [61] It is vital to recognize that the constipation is a result of something else and not the initial cause and that this has to be sought and dealt with." [62]

Bois Cassant (Faujasiopsis flexuosa or Faujasia flexuosa) is usually found in the forests and in the thickets at the base of the mountains Corps de Garde, Le Pouce, and Montagne Cocotte in Mauritius.[63] A tea made from 7- 10 leaves and drunk 2-3 times a day is thought to alleviate diabetes and dysentery. Mixed with other herbs and plants it is used to alleviate Hot Flushes during the Menopause. The recipe is:[64]

10 leaves of Bois Cassant
10 leaves of Fandamane (Aphloia theiformis)
10 leaves of Millepertuis (Hypericum monogynum)
5 stalks of "Herbe Solférino" (Ambrosia tenuifolia)
10 leaves of Casse Puante (Senna Occidentalis)

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[55] Sussman,1980; Fakim,1990; Gurib-Fakim,1993
[56] ibid – Tome 1,p.333.
[57] used to expel intestinal worms
[58] see Adjanohoun et al, 1982,1992
[59] see Sussman, 1980
[60] depurative refers to purifying and a sudurific means to induce sweating
[61] the movement of the contents of the intestines
[62] Extract from http://www.holisticonline.com/herbal-Med/_herbs.htm
[63] ibid – Tome 1,p.223.
[64] ibid

This mixture to be taken orally 2 to 3 times daily. According to Daruty (1886) and Bouton (1864), Bois Cassant was also used to treat asthma. Bois Fandamane, also known as Fandamane or Bois Goyave (Aphloia theiformis)[65], is used to fight dysentery and acts as a febrifuge[66] . It is also used as a diuretic[67] and can help combat rheumatism, ulcer, jaundice, and gastro-intestinal infections[68]. Mixed with other plants this is also used as a remedy for the Hot Flushes associated with the Menopause, the brew is to be taken orally and the recipe is;

10 leaves of Fandamane
10 leaves of Casse Puante (Senna Occidentalis)
5 stalks of Brède Chinois (Artemisia verlotiorum)
10 leaves of Millepertuis (Hypericum monogynum)
10 leaves of Bois Cassant (Faujsiopsis Flexuosa)

A small quantity of the mixture is boiled in 2 glasses of water until it reduces by fifty percent to be enough to fill one glass.[69]
The resulting herbal tea is then to be taken after evening dinner for 5 days. Daruty (1886) also reported the use of the bark of the tree as an emetic that is to induce vomiting.

The efficacy of Bigaignon, either bois bigaignon or bois bigaignon batard, (Antidesma madagascariense) was a cause of some debate among the suppliers of herbal and plant remedies we dealt with in Mauritius. Some were unsure that it would help in treating the symptoms of the Menopause while others were certain that it would. It is generally mixed with Fandamane and Senné and boiled. According to Gurib-Fakim (1995), Bois bigayon or Bois bigaignon is thought to combat dysentery and albumin. Both the leaves and the bark of the tree may help as a diuretic, febrifuge, astringent and alleviate the effects of diabetes. A decoction of the leaves used when bathing may help improve certain skin problems such as scabies.

Several of the mixtures of leaves and herbs used medicinally are quite pleasant to drink as teas, and one can see how they would

[65] ibid – Tome 2, p.147.
[66] to relieve fever (see Adjanohoun et al, 1983)
[67] to induce urination (see Sussman, 1980; Wong Ting Fook, 1980)
[68] Fakim, 1990

[69] size of glass is not known but presumed to be ½ pint imperial or approximately 0.25 of a Litre

alleviate some of the symptoms of the Menopause by generally making you feel better. However, other users of herbal remedies are of the opinion that they only become effective after furious boiling has reduced the mixture to a sticky, bitter tasting to be taken several times a day.

There is a fair amount of knowledge of the specific effects of individual plants and herbs. Not so well recorded is how the different plants react chemically when boiled together, and what, if any, effects of a medicinal nature this may have. The literature and general sentiment expressed by users seems to suggest that many of the herbal remedies have a cathartic effect. By making the person feel better, they give the appearance of working. Many of the teas, for instance, may relieve stomachache, or by unblocking constipation make one feel that the cause of the pain has been successfully dealt with.

The astringent qualities of some of the lotions and bath additives may make one's skin and body feel more alert and lively. This can produce a general improvement in the way one feels, and give the impression of being a curative remedy. However, achieving temporary relief is not treating the actual cause. Symptoms are sometimes being treated, and to some extent temporarily alleviated, but the cause is not being diagnosed and often remains unknown.

Hormonal Replacement Therapy

Table 2. 16
What is HRT?

Responses	Number	%
No idea	17	30.4
Either cream/pills/injection/patches containing hormones	12	21.4
Replace hormones body no longer produces	10	17.9
A pill	5	8.9
Alleviate menopausal symptoms	4	7.1
Other	8	14.3
Total	56	100.0

When asked if they had ever heard of Hormone Replacement Therapy (HRT) 85.5% of the respondents in the Island of Mauritius replied "no" while 14.5% said that they had heard of HRT.

Table 2. 17
Where did you hear of HRT?

Responses	Number	%
Books, magazines	14	26.4
Friends/peer group	11	20.8
Doctor	10	18.9
MFPA Clinic	5	9.4
Radio	4	7.5
TV	4	7.5
Talks	2	3.8
Other	3	5.7
Total	53	100.0

However, in the next question, when asked if they could describe what it is, over 30% said "no" and that they had "no idea" what it is.

This may well be an indicator of the way people will often respond. "Yes", when asked if they know of something, whether they actually know or not and without anticipating that the next question may ask for clarification. 21.4% of our "yes" respondents continued by saying that HRT could be described as one or several of the following "creams, pills, injections of patches containing hormones". This is a good response and for the sake of analysis can be included with the other categories who clarified HRT as being: "Helps one to remain in good health [1.8%], "a medicine that women take during Menopause [1.8%]", "alleviates Menopause symptoms [7.1%] and, "replaces hormones body no longer produces [17.9%}." However, look closely at the numbers. Added together this is 50% of the 14.5% of the total number of interviewees in the Island of Mauritius, or to put it more simply, only slightly more than 7.25% of the total number of women interviewed. On this figure, it would probably be safe to say that few women in Mauritius actually know what HRT consists of. It seems also the higher the income groups, the more likely one is to have heard of HRT. [70]

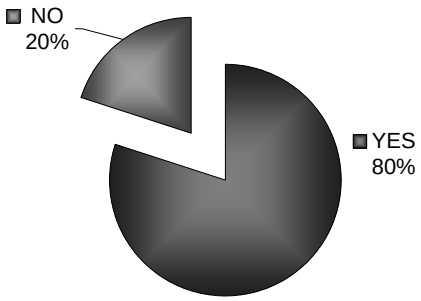
Of the women who said that they had heard of HRT, just over a quarter said that they had heard about it from "books or magazines." One fifth, or 20%, said that they had heard of it from friends, and we can suspect that these friends are perhaps those that read of it in the books and magazines. Around the same amount, 18.9% said that they had heard of it from "the doctor", and indication that some doctors are recognizing the need to treat the Menopause as a package of symptoms.

Others said that they had heard of it from the MFPA, television, radio and from public talks.[71]

[70] For more details see Chapter 7

[71] For those interested in the actual figures please refer to the charts in Chapter 7.

Chart 2.3 Do You Know Where HRT Can Be Obtained?



20%, or one fifth of those that said that they had heard of HRT, said that they knew where it could be obtained. Of these, just over one third cited the MFPA as a source. However, because the MFPA was also the implementing agency for the survey, we might suspect a significant bias involved here, in the interviewee making a reasonable assumption about the motive of the survey. This was closely followed by "Gynaecologists", "Doctors" and "Pharmacists".

This seems to follow a pattern of where people would expect to go to find any source of information or treatment for sexual and reproductive health problems.

Menopausal or Not Menopausal

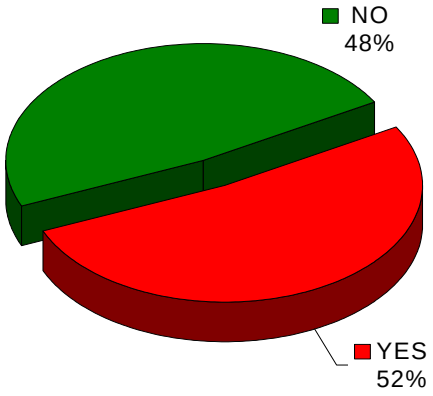


Chart 2.4 Have you passed through the Menopause

Of the women questioned in the survey in the Island of Mauritius, just over half, 51.1%, felt that they had passed through the Menopause already.

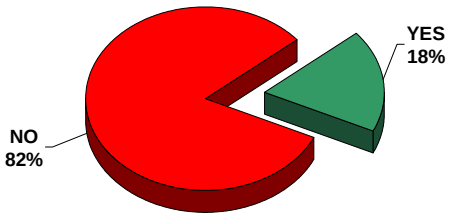
Of those who did felt that they had their menopause, the majority seems to be from the higher age groups as expected.

We asked the rest of the women who did not feel that they had already begun or competed the passage through the Menopause

whether or not they had made any preparations for it. Of these, 82% said that they had *not yet* made any preparations**.**

Of those 82%, 50% are aged between 40 to 44. Is it due to a lack of information or is it because they feel it's too early to get prepared?

Chart 2. 5 Have you made any Preparations for the Menopause?



We can see that, as we go through these numbers, that even among those women who say that they are aware of the Menopause, few of them are preparing themselves for it, even though they may be aware that it is a significant life event and that it might have a notable impact on their health for a considerable time. Of the 18% who said that they had made preparations for the Menopause the following actions were mentioned.

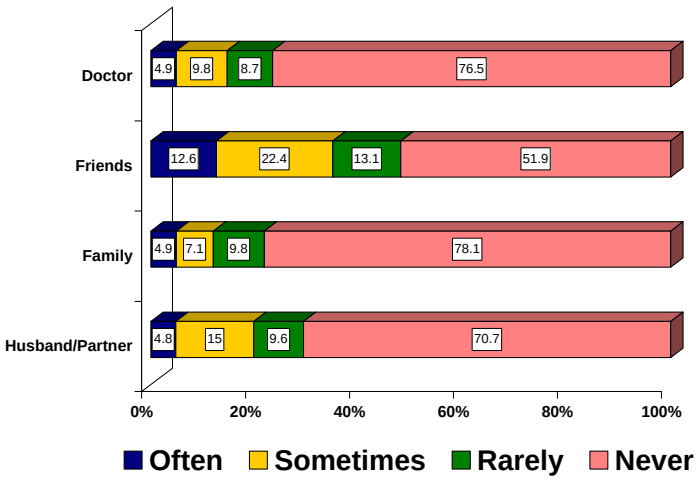
Table 2. 18 Preparations Made

Responses	Number	%
Mental preparation for onset of menopause	9	25.7
Exercises/jogging	4	11.4
Advice from MFPA clinic	3	8.6
Consult doctor for advice	3	8.6
Reading magazines and books	3	8.6
Diet	2	5.7
Follow treatment at hospital	2	5.7
More health conscious	2	5.7
More calcium intake	2	5.7
Pills to regulate menses	1	2.9
Meditation-self control	1	2.9
Limit sexual activity to prevent pregnancy	1	2.9
Talks attended	1	2.9
HRT	1	2.9
Total	35	100.0

Discussion On Menopause

What do we understand by “mental preparation?” Unfortunately, our interviewers were not too inquisitive and did not pursue the matter to see what kind of mental preparations are made. The range is vast, but perhaps we can allow ourselves the assumption that people are hoping for the best but preparing for the worst.

Chart 2.5
With whom do you discuss the Menopause



Do these preparations include discussing the matter with family, friends or professionals? To a great degree, it would appear not. The following figures give an indication of how little the Menopause is discussed. 70.7% of women said that they never discussed the Menopause with their husbands, 78.15% said that they never discussed it with their family and 51.9% said that they never discussed it with friends.

Alarmingly perhaps, a massive 76.5% said that they never discussed it with their Doctor. Therefore, it would seem that the subject is hardly discussed at all. When it is talked about, it would seem to be among peers, as 22.4% said that they "sometimes" discussed it with their friends. This is compared to 15% who "sometimes" discussed it with their husbands or partners and 9.8% who "sometimes" discussed it with a doctor. However, "sometimes" is a nebulous concept and we cannot really gain any idea of the frequency in which the Menopause is actually a topic of conversation.

12.6% of respondents said that they discussed the subject with friends "often". This, again, is an open concept but it shows that friends are more likely to be a source of information and assistance than husbands or doctors. These last two were involved in discussions on the Menopause by only 4.8% and 4.9% of our sample respectively.[72]

[72] Figures do not necessarily add up to 100% as respondents were allowed more than one answer

The indicators suggest that the Menopause is not a topic that is openly talked about either medically or socially. This may be because it is fixed in the public consciousness as a woman's problem, a sexual problem or both and therefore something that is best not discussed openly.

This is a crucial issue that needs to be addressed. After all, the Menopause is a natural process that affects all women. It carries with it a range of symptoms that can have a serious impact on the lives of the woman, and with secondary impact on her partner, family and friends. It can affect employment performance and may have other knock-on effects. Yet, it appears to be seldom discussed.

Experience Of Symptoms

41% of women said that they had experienced symptoms that they suspected might have been because of the Menopause. We can suspect that a high proportion of these women, given the percentages above, did not discuss this with anybody. Of these, the symptoms suspected were "Irregular Menstrual Bleeding" (29.5%) and "Heavy Menstrual Bleeding" (16.7%), "Hot Flushes" (23.1%) and "Headache" (14.1%).[73] It would seem that the women involved were on the right track as these reflect the classic symptoms of the Menopause.

Table 2. 19
Symptoms of the Menopause

Responses	Number	%
Irregular bleeding	23	29.5
Hot flushes	18	23.1
Heavy bleeding	13	16.7
Headache	11	14.1
Irritability	3	3.8
Feel tired	2	2.6
Other	8	10.4
TOTAL	78	100.0

[73] Other symptoms mentioned were Irritability (3.8%), Tiredness (2.6%), Vaginal Itch, Menstrual Pain, Night Sweats, Mentally Affected, Joint Pain, Feeling Unwell, Abdominal Pain and Absent Mindedness (all at 1.3%)

When asked what they had done about the symptoms the largest response was "Nothing" at 42.1%. Less than one fifth[75] said that they had "Seen a Doctor." Just over 13%[76] had "Taken Pain Killers".[77] Otherwise, it was the same mixture of alleviation techniques such as changing one's diet, taking vitamins, exercising and having tests done at the pharmacy or dispensary. However, all of these remedial techniques were mentioned by less than 3% of respondents.

Table 2. 20
What have you done about it?

Responses	Number	%
Nothing	32	42.1
See doctor	15	19.7
On pills/injections - pain killer	10	13.2
Followed treatment at hospital	6	7.9
Attended MFPA for medical advice	2	2.6
Urine test	2	2.6
Exercising/jogging	2	2.6
Yoga	2	2.6
Others[74]	5	6.7
TOTAL	76	100.0

The most significant response is the massive number of women who, having experienced something that they suspect is a symptom of the Menopause, did nothing about it. This is not surprising given the identified reluctance to talk about the subject, but is a pertinent factor in recognizing how problematic it may be in getting women to address Menopausal symptoms as they arise.

Pre-Menopausal women appear to be reasonably aware of the inevitability of the event and appear to know some of the many symptoms. However, there does seem to be an indication that they are unwilling either to discuss it with their family, friends or professionals or to seek professional advice and assistance when the symptoms begin.

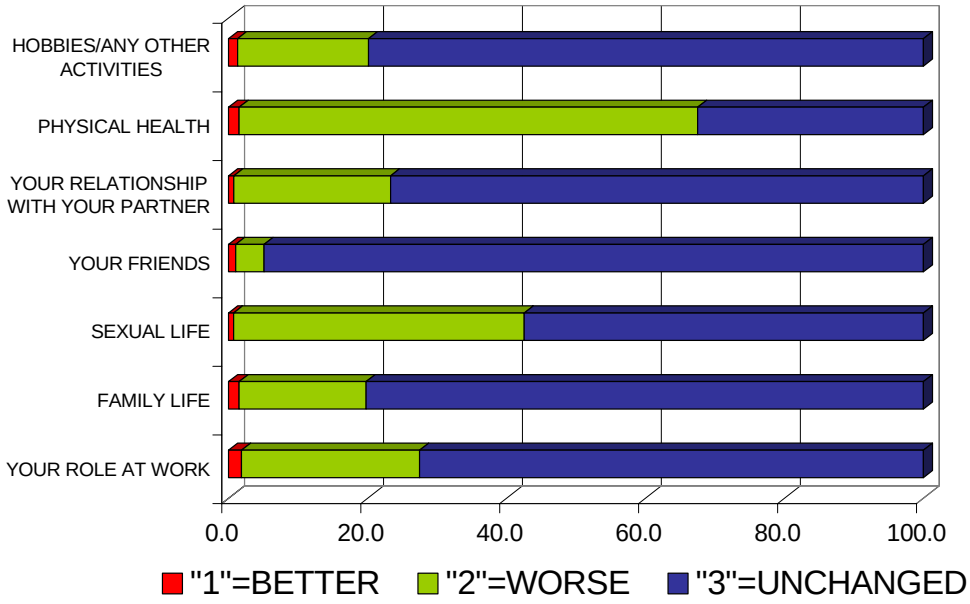
Effects Of The Menopause

How does the Menopause influence lifestyle? Does it mean that one has to adapt or make any changes because of the effects? We asked women who thought that they had completed their

[74] Others include: blood tests, poultices for joint pain, dieting, drink lot of milk and taking extra vitamins
[75] 19.7%
[76] 13.2%
[77] Some said that they had had pain killing injections, so presumably they had seen a Doctor or reported to the Hospital.

Menopause what sort of effect it had had, or was still having on their lives and the way they lived.

Chart 2. 6 Effects of the Menopause on Life Experience



Where women were working, the majority, nearly three quarters (72.5%) felt that “their role” was “unchanged” and just over a quarter felt that it was “worse”. Only 1.9%, just fewer than 2 in every hundred, felt that it was “better”. Even more than three quarters, felt that their “family life” was unchanged (80.2%) while less than one fifth thought that it was “worse” (18.3%). Only 1.5% thought that family life was “better”.

This rate for things being “better” was fairly constant through the whole range of questions on this particular topic varying between 0.7% and 1.9%. The alarming figure is the 66% who felt that their health was worse after the Menopause.

94.9% felt that friendships were unaffected while on the subject of sexual activity 57.4% said that they felt it was “unchanged” while 41.8% felt that it was worse.

However, we have seen in Chapter One that this need not necessarily be the case. Many women around the world have said that they have felt that their sex life has improved after the Menopause because of the freedom from unplanned pregnancy and menstruation. However, we have also seen that some of the physical symptoms may make sexual intercourse painful, if not dealt with through the correct medication. There may also be the psychological factor alluded to previously which may make some women feel less attractive and therefore less likely to wish to be sexually active. All of these effects can compound on one another, leading to serious effects on lifestyle. However, most can also be dealt with through good counseling, advice and treatment.

Another factor not fully covered by this book or its partner survey, but worth mentioning in this context, is the role played by men as husbands and partners. They may well be experiencing their own problems at around the same time and sexual activity may be affected by this. Chapter 6 discusses briefly the possibility of a Male Menopause[78], but we can say that ageing will also be having some physical and psychological effects on men at around the same time as women.

Role Of Partners

Table 2. 22
How supportive is your partner?

	Number	%
Highly supportive	37	28.9
Partly supportive	36	28.1
Indifferent	35	27.3
Not supportive	13	10.2
Not at all supportive	7	5.5
Total	128	100.0

Are partners understanding? Do husbands and other significant males in a woman's life understand and make allowances for what is happening? This is a difficult question to answer as regards the respondents from the Island of Mauritius.

Three wide ranging categories each achieved around the same rating. Roughly 28% of men were seen to be equally "Highly Supportive", Partly Supportive" or "Indifferent". Two categories of "Not Supportive" and "Not Supportive at all" gained a combined score of just under 16%. These figures show that only just over one quarter of the husbands and partners of our respondents were

[78] Referred to as the Andropause

deemed by their spouses to be "highly supportive". This at a time we have identified as where support and understanding is crucial. On the other hand, "Indifference" and "lack of support" accounts for the attitude of a combined total of 43% of the partners of our respondents. More information on this aspect of the survey is in Chapter 8, which covers the Focus Group Discussions.[79]

One of the mitigating factors is that we have identified earlier that the Menopause and the accompanying symptoms and effects are simply almost never discussed. We could argue that it is now becoming even more imperative that the subject is opened up, so that appropriate discussion and supportive action takes place. Having said that, do the men of the Island of Mauritius generally understand about the Menopause? Over 41% of the women questioned said No, they thought that men did not know and 55% said that they didn't know whether men understood or not. A very small percentage, only 3.4%, said that yes, men did understand.

Developing Understanding

Table 2. 23
Methods of increasing understanding

Method mentioned	Number	%
Do talks, seminars to inform men on menopause	35	19.1
Mass media	33	18.0
Do not know	30	16.4
Awareness campaign	19	10.4
Educational program/session for men	15	8.2
Married women should explain to their husbands	5	2.7
Men are not interested on menopause as it's a women issue	5	2.7
Information,education and communication	4	2.2
Men do not want to understand	4	2.2
Organize talks in school especially teenagers	4	2.2
Talks for both men and women on menopause	4	2.2
Doctors should explain to patients' husbands	3	1.6
Marital counseling	2	1.1
Must use booklets and pamphlets	2	1.1
Nothing can be done as they are not interested	2	1.1
Talks for men organized in social welfare centres	2	1.1
Others [80]	14	7.7

[79] For further details on what was said about the understanding of partners and husbands etc, please refer to Appendix I, the FGD Reports.

[80] Others include "difficult to explain to men", "do not know as myself do not know about menopause", "explain to men through workshops", "have professionals to talk to men", "inform about anatomy and physiology of males and females", "it's not men's business, it concerns women", "men only want sex", men who understand menopause should sensitize other men", "must be informed before marriage about menopause", "nothing can be done as males do not like to talk", "nothing as

Total	183	100.0

So, we can see that there is a long way to go on developing understanding of the Menopause in the general male consciousness. If this is to be done properly, it will require effective techniques of information and education dissemination. Over one third of the women surveyed thought that this could be achieved through talks and seminars to inform men about the Menopause. This is a tried and trusted method of information diffusion, but there may be a need for more innovation in this field.

Table 2.23 is a full breakdown of the ideas offered by women on methods that could be used to educate men on the Menopause.

Particular attention should be paid to the way that women view men and their interest in women's issues. We can see that there are several comments about men not being interested in women's issues, that they do not want to understand and that they do not want to talk.

male nature is egoistic", "organize talks for men on menopause at worksite", "qualified people should give explanations on menopause" and "women should be more attentive to their partners.

Table 2.24
Relationship Between Level Of Education
And Whether Or Not Heard Of Menopause

	Heard of Menopause?		
Educational Level	**Yes**	**No**	**Total**
None	28	33	61
Row %	45.9	54.1	100.0
Col %	9.6	38.4	16.1
Primary	133	44	177
Row %	75.1	54.9	100.0
Col %	45.4	51.2	46.7
Secondary	104	9	113
Row %	92.0	8.0	100.0
Col %	35.5	10.5	29.8
Higher Secondary	13	0	13
Row %	100.0	0.0	100.0
Col %	4.4	0.0	3.4
Tertiary	9	0	9
Row %	100.0	0.0	2.4
Col %	3.1	0.0	2.4
Higher Tertiary	6	0	6
Row %	100.0	0.0	100.0
Col %	2.0	0.0	1.6
Total	293	86	379
Row %	77.3	22.7	100.0
Col %	100.0	100.0	100.0

It would be reasonable to suspect that the level of a woman's education would be a determining factor in her knowledge of the Menopause. A cross-tabulation of education levels and whether or not women had heard of the Menopause allows us to conclude that there is indeed a strong relationship between the level of education and knowledge of the Menopause. Although we may expect a prestige bias from more educated respondents, and would not be surprised to see them answer in the affirmative, the conclusion is supported by the fact that 90% out of those who had heard of the Menopause could offer a good description of what it is. However, the number of women who are better educated reduce as each tier of education is reached. It is therefore essential to ensure that knowledge of the Menopause is made available to those who have, or will, complete their Schooling.

Table 2. 25
Relationship Between Ethnicity
And Whether Or Not Heard Of The Menopause

	Heard of Menopause?		
Ethnic Group	**Yes**	**No**	**Total**
General Population	82	8	90
Row %	91.1	8.9	100.0
Col %	28.1	9.3	23.8
Indo Mauritian	187	77	264
Row %	70.8	29.2	100.0
Col %	64.0	89.5	69.8
Sino Mauritian	20	1	21
Row %	95.2	4.8	100.0
Col %	6.8	1.2	5.6
Other	3	0	3
Row %	100.0	0.0	100.0
Col %	1.0	0.0	0.8
Total	292	86	378
Row %	89.0	11.0	100.0
Col %	100.0	100.0	100.0

There is also a relationship between Ethnicity and knowledge of the Menopause that could be significant when targeting information on the subject.

Table 2.26
Relationship Between Level Of Education
And Knowledge Of HRT

	Heard of HRT?		
Educational Level	**Yes**	**No**	**Total**
None	0	61	61
Row %	0.0	100.0	100.0
Col %	0.0	18.8	16.1
Primary	11	166	177
Row %	6.2	93.8	100.0
Col %	20.0	51.2	46.7
Secondary	26	87	113
Row %	23.0	77.0	100.0
Col %	47.3	26.9	29.8
Higher Secondary	7	6	13
Row %	53.8	46.2	100.0
Col %	12.7	1.9	3.4
Tertiary	5	4	9
Row %	55.6	44.4	100.0
Col %	9.1	1.2	2.4
Higher Tertiary	6	0	6
Row %	100.0	0.0	100.0
Col %	10.9	0.0	1.6
Total	55	324	379
Row %	14.5	85.5	100.0
Col %	100.0	100.0	100.0

As Table 2.26 shows, there is also a strong relationship between the education of a woman and knowledge of HRT. This is not really surprising as it is mostly private clinics and Doctors who advise on HRT and it may not be an unreasonable assumption to make that these would be more likely to be used by women from middle and higher socio-economic groups.

Where information is gained through the media it most likely to be the type of magazine article aimed at, and read by, women with a higher disposable income and /or a higher level of education.

Table 2.27
Relationship Between Monthly Income
And Knowledge Of HRT

	Heard of HRT?		
Monthly Income (Rs)	**Yes**	**No**	**Total**
< 2000	9	142	151
Row %	6.0	94.0	39.8
Col %	16.4	43.8	16.1
2000 – 3999	8	109	117
Row %	6.8	93.2	100.0
Col %	14.5	33.6	30.9
4000 – 5999	9	34	43
Row %	20.9	79.1	100.0
Col %	16.4	10.5	11.3
6000 – 7999	6	15	21
Row %	28.6	71.4	100.0
Col %	10.9	4.6	5.5
8000 – 9999	1	9	10
Row %	10.0	90.0	100.0
Col %	1.8	2.8	2.6
10000 - 14999	11	5	16
Row %	68.8	31.3	100.0
Col %	20.0	1.5	4.2
15000 - 20000	4	6	10
Row %	40.0	60.0	100.0
Col %	7.3	1.9	2.6
> 20000	7	4	11
Row %	63.6	36.4	100.0
Col %	12.7	1.0	4.2
Total	55	324	379
Row %	14.5	85.5	100.0
Col %	100.0	100.0	100.0

Looking further into theses aspects of income we can see in Table 2.27 that the level of income appears to be a determining factor in knowledge of HRT.

This indicates a need to make information of HRT and the treatment itself more available to those from all socio-economic strata and regardless of income range.

The final word on the Menopause in the Island of Mauritius is on what else women think can be done. Because of the open nature of this question we had a large range of responses. It is only fair to cover them all, even those cited only by one respondent, to give a clearer picture of what individual women think on the subject. Some women responded with another question. Such as “is sexual intercourse possible during the Menopause?” and “do males undergo Menopause?” These questions are answered elsewhere, but do give us an indication of the way women are thinking.

In Chapter 3, we focus on the Island of Rodrigues and what women there have to say of the Menopause.

Chapter 3

Menopause in Rodrigues

The two main islands of the Republic of Mauritius are as different in demography as they are in geography.

The first striking geographical feature is the small area that Rodrigues covers, with a total land mass of only 104 Sq. Kms.[81] The terrain is also very hilly. Coming in by air from the Island of Mauritius, one of the first things you notice is the absence of sugar cane cultivation, which is a landmark feature of the Island of Mauritius. The second noticeable difference is the predominance of cows, pigs and goats tethered to graze on any available open space near to homes or places of work.

Demography

The Population of Rodrigues appears to be far more homogeneous than that of the Island of Mauritius. The inter-relationship of the people is such that it can seem that almost everybody is in one way or another related to, friends with, or knows of, everybody else. This can be suspected of being a major factor in the fast and active transmission of news and information.
In fact, in Rodrigues, it would be difficult to keep news quiet for very long. This is not a flippant statement, but is reported as a possible factor contributing to some of our findings.

The overwhelming majority of the population is practicing Christians. To put a figure on this, over 95% of the people are estimated to be Christian and upwards of 90% of these belong to the Catholic faith. To further illustrate this point, of those women interviewed in our survey in Rodrigues, 96.1% gave their religious affiliation as Christian.

This is very different from the make up of the population of the Island of Mauritius and this difference has to be taken into account

[81] Compare this to the 1, 865 Sq. Kms, covered by the Island of Mauritius. Statistics from the Housing and Population Census of Mauritius, 1990, Central Statistical Office, Ministry of Economic Planning and Development, Volume II, Demographic and Fertility Characteristics

when looking at the results of the survey implementation there. With this in mind, it is worth considering the knowledge and experience of the Menopause in Rodrigues both separately and as a component part of the whole Republic of Mauritius.

The Population of Rodrigues as of July 1999 was 35, 448 [82] of which 17, 878 (50.43%) were female. Of these, 3,314 were over 45 years old. This is 18.53% of the total female population of the island. As with the women of the Island of Mauritius, we can narrow the band of women in Rodrigues to those within the range of our study population, that is those within the age group 45 years to 64 years old. This gives a total for mid 1999 of 2, 243 or 12.54% of the female population. As with the Island of Mauritius, when looked at in this way, we have a clearer indication of the number of women who may currently be living with the effects of the Menopause.

Life expectancy in Rodrigues is higher than in Mauritius. In 1999, the life expectancy for women was 76.1 years.[83] As a rough guide, it can be generally assumed that, over the next 20 years, the population will increase in line with the estimates made for the Island of Mauritius. This will mean a concomitant increase in the number of Women in our target age group.[84] We can also assume that the life expectancy for women will increase still further leading to an increasing number living with the effects, or after-effects, of the Menopause.

[82] Island of Rodrigues, Digest of Vital and Health Statistics, Ministry of Health and Quality of Life, Mauritius, 1999

[83] For men it was 69.1 years

[84] It is not known what effect the development of the island will have on determining the rate of increase in the various strata of the population although we can assume there will be some effect.

Analysis of Survey Results

Table 3.1
Age Groups of Respondents in Rodrigues

Age Groups	Number	%
40-44	22	17.3
45-49	24	18.9
50-54	23	18.1
55-59	19	15.0
60-64	16	12.6
65-69	23	18.1
Total	127	100.0

The age group criteria were the same as in the island of Mauritius. As we can see the sample was fairly evenly distributed across all of the age groups

Table 3.2
Geographical Distribution of the Sample in Rodrigues

Geographical Area	Number	%
Port Mathurin	19	15.0
Mont Lubin - Lataniers	16	12.6
Petit Gabriel	13	10.2
Roche Bon Dieu – Trèfles	12	9.4
Oyster Bay	11	8.7
Quatre-vents-Mangues	11	8.7
Riviere Cocos	11	8.7
La Fourche Corail – Plaine Corail	8	6.3
Port Sud-Est	8	6.3
Coromandel-Graviers	6	4.7
La Ferme - Baie Malgache	6	4.7
Piments - Baie Topaze	6	4.7
Total	127	100.0

Port Mathurin is the most populated zone in Rodrigues. The numbers interviewed in each of the zones of Rodrigues reflect the demographic distribution across the island. How these zones were created and the criteria used in their determination are described in Chapter 7.

Table 3.3
Marital Status of Respondents

Marital Status	Number	%
Common Law Marriage	2	1.6
Divorced	4	3.1
Married	87	68.5
Single	10	7.9
Widow	24	18.9
Total	127	100.0

The majority of the respondents were married, which given the age groups to which they belonged is not surprising. The fact that the study focused on older women also explains the high percentage of respondents who were widowed.

Table 3.4
Ever had children

	Number	%
Yes	120	94.5
No	7	5.5
Total	127	100.0

Given the age of the respondents and their marital status it is not surprising that the numbers of those who had had children was high. The actual numbers of children that respondents had had was much higher in Mauritius. 4.9% had had 4 or more children and 40.8% had given birth to 6 or more children. These women then, were no strangers to the effects of hormonal imbalance on their bodies and their ability to cope with everyday activities.

Table 3.5
Number of children

Number Of Children	Number	%
1	3	2.5
2	10	8.3
3	17	14.2
4	22	18.3
5	19	15.8
6	16	13.3
7	11	9.2
8	6	5.0
9	3	2.5
10	5	4.2
11	6	5.0
12	1	0.8
13	1	0.8
Total	120	100.0

As with the Island of Mauritius, the question on ethnicity was included. 97.6% placed themselves as being within the category General Population. Only 1 respondent did not reply to this particular question.

Table 3.6
Ethnicity

Ethnic Group	Number	%
General Population	124	97.6
Sino Mauritian	2	1.6
No Reply	1	0.8
Total	127	100.0

As with the island of Mauritius, religious affiliation was not taken for granted even though the demography of Rodrigues is well documented. 96.1% of the respondents regarded themselves as Christians with only token representation of other religious groups, atheists or agnostics.

Table 3.7
Religious Affiliation

Religion	Number	%
Buddhist	1	0.8
Christian	122	96.1
Islamic	1	0.8
None	1	0.8
Other	2	1.6
Total	127	100.0

Table 3.8 Occupation

	Number	%
Craft & related trade workers	7	5.5
Clerks	7	5.5
Skilled agricultural & fishery workers	21	16.5
Elementary occupations	12	9.4
Housewives	65	51.2
Technicians & associate professionals	10	7.9
Professionals	2	1.6
Service workers	3	2.4
Total	127	100.0

51.2% gave their occupation as housewife. Very few women in Rodrigues worked in the higher levels of the occupational hierarchy. As with much of the biographical data concerning the respondents this should be viewed with an understanding of the educational and other opportunities open to women of these generations. These were even more restricted than they currently are for the contemporary generation. It is perhaps more surprising that, given this lack of opportunity, any are employed as technicians or professionals. This can be seen as a credit to their abilities. Those that placed themselves within the category or skilled agricultural and fishery workers did so based on their own personal opinion of the level of the work that they do.

Table 3.9 Education

Education Level	Number	%
None	37	29.1
Primary	77	60.6
Secondary	12	9.4
Higher Secondary	1	0.8
Total	127	100.0

Education levels were also quite low with 89.7% having only primary schooling or less. Only 1 person among those interviewed had received a Higher Secondary level education.

Table 3.10 Income

Monthly Income	Number	%
<2000	68	53.5
2000 TO 3999	33	26.0
4000 TO 5999	10	7.9
6000 TO 7999	7	4.7
8000 TO 9999	5	3.9
10000 TO 14999	4	3.9
Total	127	100.0

Taking into account these levels of education and the type of work that women did, it should not be surprising that the levels of income achieved were relatively low. 53.5% earned less than Rs2, 000 per month and 79.5% earned less than Rs4, 000 per month.

In Rodrigues, 89% of our study sample[85] said that they had heard of the Menopause, and the same proportion, 89%, said that they

[85] During the survey we interviewed a sample of 127 women in Rodrigues

Table 3.11
HAVE YOU EVER HEARD OF THE TERM "MENOPAUSE"?

	Number	%
YES	113	89
NO	14	11
Total	127	100.0

knew what was meant by the term. 93% of those who had said that they knew what was meant by the term described it as when one "stops having menses". 2.97% said that it meant to "stop giving birth" and the remaining 3.96% were almost evenly split between it being about "bodily changes" and "irregular menses". Compared to the Island of Mauritius, there is room to infer that a greater proportion of women in Rodrigues are aware of the Menopause as an event. Given that the percentage that could offer a reasonable explanation of what it is was, we could also infer that they appear to be more knowledgeable of its effects.

Table 3.12
What is the Menopause?

Responses	**Number**	%
Stop having menses	94	93.07
Stop having children	2	2.97
Body changes	3	1.98
Irregular menses	2	1.98
Total	101	100.0

44.9% of women questioned in Rodrigues, who said that they knew of the Menopause, put the age of its likely occurrence as between 40 to 45 years. 30.6% put the usual age of its occurrence as between 46 and 50 years.[86] 16.3% of women put the usual age of the Menopause at over 50 years and 8.2% thought that it would usually occur before the age of 40 years.

Table 3.13
Do you know what is meant by the term "menopause"?

	Number	%
YES	101	89.4
NO	12	10.6
Total	113	100.0

Table 3.14
At what age does Menopause usually occur?

Age Group	Number	%
BELOW 40	8	8.2
40 TO 45	44	44.9
46 TO 50	30	30.6
ABOVE 50	16	16.3
Total	98	100.0

In both Rodrigues and Mauritius, women seem to expect the Menopause to occur earlier than the standard average age range within which medical statistics tell us it will happen, that is between 50-52 years of age and above.

Symptoms

When presented with a choice of symptoms, one third, 33.3%, of those who said that they knew of the Menopause ranked the "Hot Flush" as the primary symptom. This was followed

[86] In Mauritius, the trend was toward selecting the age group 46 to 50 years.

in order of ranking by “Irregular Menses”, and “Headaches” both cited by 17.7%, “Achy Joints” 15.5%, “Heavy Bleeding” and “Mood Changes” with 8.3% and 4.8% respectively. Trailing behind were the symptoms “Dry Hair/Skin and Nails” and “Extreme Sweating”.

However, the problem with increased sweating does rise in prominence further down the ranking of symptoms, in the 5th and 6th positions. Headaches are also a common feature as a symptom of the Menopause and have quite a high showing in all of the categories. The full table is given below.[87]

Table 3.15
Order of Symptoms by %

	1st	2nd	3rd	4th	5th	6th
Achy Joints	15.5	3.4	7.0	8.7	3.3	8.3
Hot Flushes	33.3	27.3	15.4	13.0	- - -	- - -
Mood Changes	4.8	8.0	14.0	4.3	13.3	- - -
Irregular Menses	17.9	21.6	22.5	15.2	10.0	16.7
Heavy Bleeding	8.3	6.8	11.2	8.7	26.7	8.3
Extreme Sweating	1.5	5.7	8.4	8.7	16.7	25.0
Headaches	17.9	23.9	16.9	28.3	13.3	25.0
Dry Hair/Skin/Nails	1.2	1.1	4.2	2.2	3.3	- - -

More details on the experiences of hot flushes and other symptoms are covered in the review of the Focus Group Discussions in Appendix I.

Table 3.16
How long do the symptoms last?

	Number	%
< 6 months	18	18.8
6 - 12 months	27	28.1
> One year	50	52.1
Permanent	1	1.0
Total	96	100.0

Of course, many other symptoms were mentioned but the table reflects those that were mentioned by a sufficient number of people to identify whether or not there is a pattern of symptoms.[88] Knowing what symptoms to expect and for how long one can expect them to last is another important factor.

For our respondents in Rodrigues the range of times given for the duration of symptoms varied from “less than six months” (18.8%) to “More than one year” (52.1%). Only 1% were of the opinion that the symptoms were permanent.

[87] For more details see Appendix I

[88] Other symptoms mentioned in Rodrigues include; weight gain, abdominal pain, vaginal discharge, thirst, dizziness, psychological problems, fear, fatigue, breathlessness, visual problems, nausea, loss of memory, stress, vertigo, breast tenderness and hair loss.

Treatment

As to available treatment, our sample in Rodrigues were quite pessimistic with almost 63% saying that there was “no available treatment”. This could be tied in with a general lack of both facilities and purchasing power in Rodrigues, that women are not aware of any type of treatment available locally or that they are not aware of the existence of any type of treatment at all. However, the symptoms are treated in various ways. When asked what remedies they knew of that are used to treat the Menopause they listed a variety of local herbal remedies.

Table 3.17
Is there any treatment for the symptoms?

	Number	%
YES	36	37.1
NO	61	62.9
Total	97	100.0

Table 3.18
What remedies do you know?

	%
Drink herbal tea	14.7
Bouillir raffraichis	8.8
Infuse yapana	8.8
See a doctor	8.8
Do hormonal injections	5.9
Take vitamins	5.9
Other[89]	46.4
Total	100.0

Of great interest is the fact that the number one treatment is the drinking of herbal teas.

Seeing a Doctor is only in joint second place with other herbal remedies. This reliance on herbal remedies begs the question, “which herbs are used”?

Herbal Remedies

In Rodrigues, there is a wide variety of herbal remedies and when questioned, women in our sample offered up a bewildering variety of plants and the methods for their use. There are also some “alternative” rather than “herbal” remedies, such as “boiling rocks”, although we never did manage to definitely determine which category of rocks.[90]

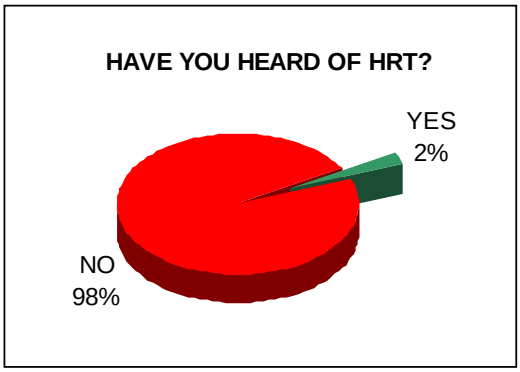
[89] By D&C (dilatation and curettage), Do check up, Do exercises, Drink feuille Palma Christi, Drink hot water, Eat fruits with vitamin C, Feuille le coeur banane, Hormonal treatment -Using tablets and injections Infuse herb papillon, Infuse liane longue, La menthe-calmer stress, tension Physical exercises, Pills, take panadols,take vitamins C and E

[90] The rocks may contain some minerals that are imbibed with the hot water after boiling but there is certainly some scope for further research in this area

Rodrigues also has a number of “healers”, respected by the community and who provide alternative remedies. We talked with one in particular, who said that the recipe for her remedy had been passed to her in a dream, during conversations with an angel.[91] She eventually agreed to provide the research team with a sample of her remedy. Expecting a small bottle containing a few drops of precious liquid, something like the standard homeopathic treatments, it was surprising to be presented with a 2 Litre soft drink bottle full of dark brown fluid. This was to be drunk over the course of 2 days and the treatment repeated three times. The intention of the research team was to have the liquid analyzed to see what, if any, active ingredients were present, and whether these matched some of the synthesized ingredients of more commercially available remedies. Unfortunately, all of the laboratories in the Republic of Mauritius, said that they were unable to analyze the ingredients without being supplied with a standard to enable them to know what to look for. But the suspicion is maintained that the recipe contained certain plants which themselves contain known active ingredients which offer some alleviation of symptoms.

Hormone Replacement Therapy

Chart 3.1

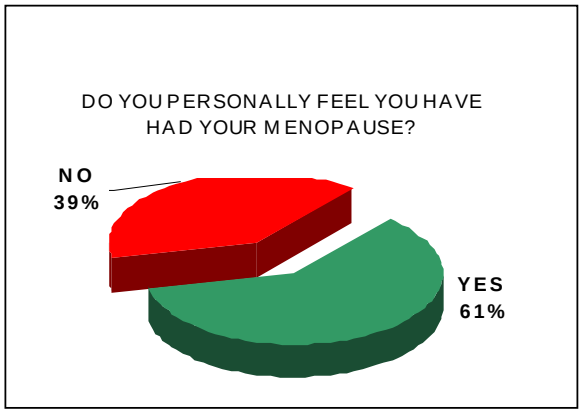


On a more medical level, when asked if they had ever heard of Hormone Replacement Therapy 98.% said “no”. This may confirm the reliance on local and traditional methods. It may also point to the lack of not just other treatments but even information about other treatments. In fact, given the average income of either families or individual women, even if HRT was available, at current costs per dosage it would simply be too expensive for the average Rodriguan woman to afford. Of the very few who said that they had heard of HRT, none of them knew where it could be obtained.

[91] see interview at Appendix IV

Menopausal Or Not Menopausal

Chart 3.2



61% of our respondents in Rodrigues felt that they had passed through the Menopause. Of these 45.3% said that they thought that their physical health was "worse" since the Menopause. Only 16% thought that it was "better" and the rest, 38.7%, thought that it was "unchanged". The majority, 52.9% thought that their relationship with their partner was "unchanged". As to their sexual relationship, about a quarter of our respondents said that they thought that it was either "better" or "worse", while around a half thought that it was "unchanged."[92]

Table 3.19
Do you believe things have changed since you experienced menopause?

	Better	Worse	Unchanged
Your role at work	22.9%	25.7%	51.4%
Family life	23.7%	18.4%	57.9%
Sexual relationship	25.0%	27.9%	47.1%
Your friends	19.7%	11.8%	68.4%
Your relationship with your partner	23.5%	23.5%	52.9%
Physical health	16.0%	45.3%	38.7%
Hobbies/any other activities	20.9%	20.9%	58.2%

When discussing these relationships it brings into question the roles played by partners and colleagues. Are partners and others supportive? According to the response we gained in Rodrigues the answer is, not that much. Only 17.7% of our sample said that they thought that their partner was "highly supportive", and 22.6% thought that their partner was "partly supportive." The biggest response was that women thought that their partner was "indifferent". The remainder, 4.8%, fell into the category of "not supportive".

[92] 25% better, 27.9% worse and 47.1% unchanged

Developing Understanding

Table 3.20
Male Understanding of Menopause

	Number	%
DON'T KNOW	1	1
NO	75	59
YES	51	40
Total	127	100.0

Our respondents were uncertain about the understanding of the subject that men have. Over half of the women, 59%, thought that men did not generally understand about the Menopause while most of the rest, 49%, said that they thought that men did. Only 1% said that they did not know.

Table 3.21
Methods that would help men understand

Responses	Number	%
IEC campaign for men on menopause	35	49.3
Nothing can be done as men won't understand	19	26.8
Marital counseling	5	7.0
Radio talks	5	7.0
Inform about menopause during premarital preparation	3	4.2
TV programs	1	1.4
Doctor must inform men about menopause	1	1.4
Education for the family on menopause	1	1.4
Women must explain to their partner about menopause	1	1.4
Total	71	100.0

Unfortunately, there seemed to be a current of dismay as to the attitude of men. When asked how best men could be helped to understand about the Menopause, 26% of respondents replied along the lines of “nothing can be done as men won’t understand”.

Otherwise, it was felt that information campaigns would be the best method of educating men on the subject. It was suggested that this should be done through public talks, radio and television. Interestingly, there was little emphasis placed on the use of leaflets, books or other written materials.

Preparations

Table 3.22
Have you made any preparations for the onset of the menopause?

	Number	%
YES	15	30
NO	35	70
Total	50	100.0

Women who said that they did not think that they had yet passed through their Menopause were asked whether or not they had made any preparations for it. Only 30% said yes.[93] When asked what preparations they had made there were only 16 responses. Of these 18.8% said that they take vitamins and 12.5% said that they had a check-up. However, the numbers of respondents are very small so the results should not be seen as being representative.

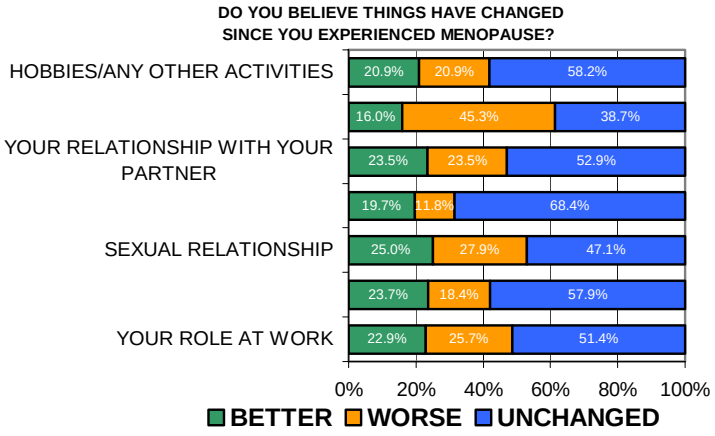
Table 3.23
Types of Preparations Made

	Number	%
Take vitamins	3	18.8
Do check up	2	12.5
Mental preparation - accept menopause	2	12.5
Consult doctor for advice	2	12.5
Other	7	44.1
Total	16	100.0

Table 3.234
Ever experienced any symptoms that you suspect may be because of the menopause?

	Number	%
YES	26	52
NO	24	48
Total	50	100.0

For many respondents, work, family life, sexual relationships, and hobbies seemed unchanged. On the question of health, 68.4% expressed their concern about their deteriorating physical health.



[93] bear in mind that the women questioned were within the age range that fitted the possible onset of Menopause

A further line of enquiry was based on whether women discuss the Menopause at all and, if so, with whom 66% said that they "never" discussed it with husbands or partners. Only 12% said that they "often" discussed the subject with their partner. It seems that Doctors are not very often consulted on this particular subject. 66% said that they "never" discussed the subject with their Doctor. When it comes to who they discuss it with, "Friends" are the most common group with 36% saying that they discussed the Menopause with their friends "sometimes" and 22% saying that they did so "often".

Table 3.25
How often have you discussed the Menopause With the following people

	Often	Sometimes	Rarely	Never
Husband/partner	12%	16%	6%	66%
Family	6%	14%	8%	72%
Friends	22%	36%	14%	28%
Doctor	10%	8%	16%	66%

Symptoms

Some women in the sample had already experienced, or were currently experiencing, some of the symptoms of the Menopause. Over half, 52%, said that this was personally the case. The most often cited symptom was "irregular menses" which 26.9% said they had experienced and "hot flushes", cited by 23.1%.[94]

Although experiencing the symptoms of the Menopause, and seemingly knowing enough on the subject to suspect that the symptoms are linked to the Menopause, many women do not talk about it. Not to husbands, partners or doctors.

But do they do anything about it? 50% said "no", they have not done anything about it. Of the rest, 23% said that they have "seen a doctor", 7.6% have used herbal remedies, either by drinking or as an additive to bathing. However, the number of respondents is quite

Table 3.26
What have you done about it?

Response	Number	%
Nothing	13	50.0
Seen a doctor for advice	5	19.2
Rest	2	7.7
Other	6	22.8
TOTAL	26	100.0

[94] Other symptoms cited were headaches, backache, vertigo, nausea, loss of memory, mood change, nervousness, lack of menses and vaginal pain.

small and the results should be viewed with caution.

The fact that there was a lack of response to this question and among those that did respond, half said that they had done nothing about relieving the symptoms, is a pointer to the way that many women in Rodrigues act upon the symptoms of the Menopause.

In general, it seems that in Rodrigues, women know of the Menopause and its related symptoms. However, there is also a lack of discussion on the subject. Herbal remedies are used to alleviate the symptoms but there is little or no medical treatment available.

When compared to women in Mauritius more women in Rodrigues seem to have heard of the term Menopause. There may be several reasons for this. One possible reason is the more closely knit

nature of the communities and the relative ease with which information travels.

The culture of Rodrigues also differs greatly from that of the island of Mauritius. There is a great deal of homogeneity in religion, background and shared experience. There may also be a more open attitude towards discussing problems such as the Menopause.

Table 3. 27
Relationship Between Level Of Education
And Whether Or Not Heard Of Menopause

	Heard of Menopause?		
Educational Level	**Yes**	**No**	**Total**
None	24	13	37
Row %	64.9	35.1	100.0
Col %	21.2	92.9	29.1
Primary	76	1	77
Row %	98.7	1.3	100.0
Col %	67.3	7.1	60.6
Secondary	12	0	12
Row %	100.0	0.0	100.0
Col %	10.6	10.5	29.8
Higher Secondary	1	0.0	1
Row %	100.0	0.0	100.0
Col %	0.9	0.0	0.8
Total	113	14	127
Row %	89.0	11.0	100.0
Col %	100.0	100.0	100.0

A high proportion of women could not only recognize the term Menopause but said that they knew what it meant. Descriptions offered seemed to support the premise that our respondents were fairly well informed on the subject.

Education levels are quite low but there is a relationship between level of education and having heard of the

Menopause. As we can see in Table 3.27, the rate of knowledge of the menopause increases the higher the level of education reached. However, we should also note that 64.9% of women who had had no education had heard of the Menopause.

The respondents in Rodrigues expected to experience the symptoms of the Menopause at a much earlier time in their life than women in Mauritius. They put the age at around 42 to 43 years old while Mauritian women placed it at around 48 years old.

It is not too surprising to see the same range of symptoms being described. Such common complaints as hot flushes, headaches and irregular menstruation are again high on the list of symptoms experienced by the respondents. There were some more individualized symptoms recorded such as feeling very thirsty or being out of breath. It could be suspected that these are exacerbated by the fact that Rodrigues has severe water restrictions and a rugged mountainous terrain that many people walk by on foot, and that these aspects of lifestyle would exacerbate the symptoms of the menopause.

Opinions on duration were very similar to those recorded in Mauritius. These ranged from the overly optimistic to the deeply pessimistic who expected the symptoms to continue forever. But, whatever the expectation of the duration of the symptoms, a majority of respondents believed that no treatment exists. In Rodrigues this is not an unreasonable assumption, as little in the way of medical treatment for menopausal symptoms does exist. However, there is a wide range of local herbal remedies, the efficacy of which is attested by many respondents.

Very few people in Rodrigues had heard of HRT. This is not surprising given that it is not available there. However, the few that had heard of it did know of its benefits but, even so, would be unable to avail themselves of the treatment locally. Cross-tabulations on education and levels of income as determining factors in knowledge of HRT are not really reliable as the few respondents had an education higher than primary level and Income levels were mainly restricted to less than Rs 4, 000 per month.

About two thirds of the respondents felt that they had passed through their Menopause, and of those who did not feel that they had done so, about one third had not made any kind of preparations for it.

When discussing the Menopause, most did so with their friends and peers and very few discussed it with their partners, families or medical professionals.

Most of those currently experiencing symptoms did little or nothing about them. Again this can be understood both in terms of the lack of available treatment but also in light of sexual and reproductive health matters being a taboo subject to be suffered rather than understood and treated. Notwithstanding the fact that it has earlier been stated that the Menopause is more frequently discussed in Rodrigues than in Mauritius, it is still not a subject that is mentioned freely in the public domain.

A majority of respondents who had experienced the Menopause said that it had adversely affected their health but did not see it as having an effect on their family and working lives. However, in the FGDs it was apparent that many respondents had had a hard time in coping with everyday events during the time that the menopausal symptoms were at their height. We may suspect that many just thought of themselves as “ill” when many of the more severe symptoms were prevalent and think of the Menopause only as problems they experience with the cessation of menstruation.

Respondents in Rodrigues felt that men were generally indifferent to their problems with the Menopause. Although only recording the opinions of women interviewed we can go on record in saying that almost 60% of respondents in Rodrigues believed that men do not generally understand about the Menopause.

To correct this general lack of knowledge on the subject, the respondents suggested similar methods to those in Mauritius. These include the use of public talks and the use of the mass media. As far as men were concerned, some of our respondents in Rodrigues were resigned to the fact that they will never understand no matter what is done.

In conclusion, the symptomatic experience of the Menopause in Rodrigues is very similar to the experience of respondents living in the island of Mauritius. There are, however, some particular differences. One main difference is the almost total lack of treatment specifically targeted at alleviating symptoms of the Menopause. This is best illustrated by the total absence of access to HRT. But, even if it were available, without some kind of subsidy it would be priced beyond the pockets of nearly all women in Rodrigues.

Chapter 4

Menopause in the Republic of Mauritius

The total number of respondents in the study implemented in both Rodrigues and Mauritius was 507.[95] Of these 380 were interviewed in the Island of Mauritius and 127 in the island of Rodrigues.[96] For the purposes of the full study Rodrigues was treated as a geographical zone in relation to its standing as one of the 10 districts of the Republic of Mauritius. Table 4.2 shows the proportions of respondents from each district.

Table 4.1
Study groups

	Number	%
Mauritius	380	74.95
Rodrigues	127	25.05
Total	507	100.0

Table 4.2
Geographical Distribution of Sample

District	Number	%
Lower P. Wilhems	40	7.9
Port Louis	49	9.7
Flacq	41	8.1
Grand-Port	41	8.1
Moka	40	7.9
Pamplemousses	40	7.9
Riviere du Rempart	40	7.9
Upper P.Wilhems	49	9.7
Savanne	25	4.9
Black-River	15	3.0
Rodrigues	127	25.0
Total	507	100.0

By far the largest proportion of the respondents, 67.65% were married. Over 20% were widowed but this, as previously noted, is to be understood because of the age range of those studied.

Only 5.13% were single and less than 1% regarded themselves as married according to common law, that is living as married without having performed any civil ceremony.

Table 4.3
Marital Status

	Number	%
Common Law Married	4	0.79
Divorce	28	5.52
Married	343	67.65
Single	26	5.13
Widowed	106	20.9
Total	507	100.0

92.3% of those women studied had had children. When looking at the numbers of children they had had we can see that

[95] It should be stated here that the outer islands of the Republic of Mauritius were not included because of the difficulty of interviewing there. Our apologies to the residents of these islands for not including them in the statements in this study report that refer to the whole of the Republic of Mauritius but which do, in fact, not include their experiences or opinions.

[96] Please refer to Chapter 6 for a full explanation of how these numbers of interviews were determined.

Table 4.4
Ever Had Children?

	Number	%
Yes	468	92.3
No	39	7.7
Total	507	100.0

it was not unusual to have had 2, 3 or 4 children. The figures for those having 5 or more children are inflated by the number of women in Rodrigues who had given birth to larger numbers of children.

Table 4.5
Number of Children

Number of Children	Number	%
1	46	9.9
2	130	27.9
3	97	20.8
4	73	15.7
5	44	9.4
6	32	6.9
7	15	3.2
8	11	2.4
9	5	1.1
10	5	1.1
11	6	1.3
12	1	0.2
13	1	0.2
Total	466	100.0

What we have said in the previous chapters is also apparent here; that these women, having tended to have the experience of several childbirths, were no stranger to the effects of hormonal imbalance on their bodies.

The age groups were pre-determined[97] with the range covering those women between the ages of 40 and 69 years old.

Tables 4.6 and 4.7. on Age Groups and Ethnicity respectively are included for reference but contain nothing new or unexpected. It be worth re-stating that although some people see a question for ethnicity as being unnecessary, when designing this study it was felt that the study groups had been socialized in an era when one's ethnic background was a major factor in determining socialization processes and attitudes and activities based on that type of socialization.

Table 4.6
Age Groups

	Number	%
40 to 44	123	24.3
45 to 49	107	21.1
50 to 54	85	16.8
55 to 59	66	13.0
60 to 64	65	12.8
65 to 69	61	12.0
Total	507	100.0

Table 4.7
Ethnicity

Ethnic group	Number	%
General Population	214	42.2
Indo-Mauritian	265	52.3
Sino-Mauritian	23	4.5
Other	3	0.59
No Reply	2	0.39
Total	507	100.0

[97] See explanation of how in Chapter 6

75.5% of the respondents earned less that Rs2, 000 per month and 84.8% less than Rs4, 000 per month. This can be partly explained by the large number of respondents in the older age groups who may not be working, but it still shows the limited purchasing power of many women in the Republic of Mauritius. This is a very pertinent
factor when we look at available remedies and treatments for the Menopause.

Table 4. 8
Occupation

	Number	%
Plant & Machine operator	116	22.9
Housewife	146	28.8
Elementary Occupations	77	15.2
Technicians & Associate Professionals	42	8.3
Unemployed	23	4.5
Craft & Related Trade workers	26	5.1
Clerks	20	3.9
Professionals	14	2.8
Legislators, Senior Officials & Managers	8	1.6
Service Workers	9	1.8
Skilled Agricultural & Fishery workers	26	5.1
Total	507	100.0

Income is tied to occupation and 28.8% of respondents saw their occupation as being a Housewife. Difficult, arduous and important though this work is it does not normally attract an income. Only 1.6% saw themselves as Senior Officials or Managers and only 2.8% as professionals in any sense. Where they were employed, many of the respondents, 22.9%, were machinists in various industries.

Table 4.9
Religious Affiliations

Religious group	Number	%
Buddhist	5	0.99
Christian	241	47.53
Hindu	176	34.71
Islamic	64	12.62
None	3	0.59
Other	18	3.55
Total	507	100.0

94.86% of the respondents recorded that they were followers of the Christian, Hindu and Islamic faiths. The relatively high number of Christians is because of the size of the sample in Rodrigues the reasons for which are explained in Chapter 7. Religions play an important role in both disseminating and, sometimes, restricting, information on certain topics. Whatever role the religious organizations take in sexual and reproductive health matters the impact has to be recognized.

Table 4.10
Educational Attainment

Educational Level	Number	%
Higher Tertiary	6	1.2
Tertiary	9	1.8
Higher Secondary	14	2.8
Secondary	125	24.7
Primary	255	50.3
None	98	19.3
Total	507	100.0

The level of one's education determines many of ones' life chances, only 5.8% of the sample had educational experience at a level higher than secondary schooling. 50.3% had only achieved primary schooling and 19.3% had had no formal education at all. Many of these women grew up at a time when educational opportunities for women were greatly restricted.

Table 4. 11
Do you feel you have had your Menopause?

Age groups	Yes		No	
	Number	%	Number	%
40-44	10	10.0	90	90.0
45-49	29	35.4	53	64.6
50-54	36	58.1	26	41.9
55-59	39	83.0	8	17.0
60-64	45	91.8	4	8.2
65-69	37	97.4	1	2.6
Total	196	51.9	182	48.1

When asked if they felt that they had passed through the Menopause, 51.9% said that they thought that they had. Of these 10% were in the age group of 40 – 44 years old which would, by accepted standards, be quite young to have experienced symptoms of the Menopause.

On the other hand 10.8% of those over the age of 60 years did not feel that they had yet reached their Menopause.

Table 4. 12
Have you made any preparations - "NO" by age group

Age Groups	Number	%
40-44	75	50.0
45-49	43	28.7
50-54	21	14.0
55-59	6	4.0
60-64	4	2.7
65-69	1	0.7
Total	150	100.0

Those that answered that they did not feel that they had yet begun or completed the Menopausal transition were asked if they had made any preparations for it. 150 out of 182 respondents answered that, No, they had not made any preparations.

In the Republic of Mauritius, there appears to be a general understanding of the existence and nature of the Menopause as a sexual and reproductive health phenomena. However, the level of understanding of the actual event, and the symptoms that accompany it, seem to be fairly restricted. The women in Rodrigues seem to be more cognizant of the Menopause than those in Mauritius but have little recourse to treatment other than

local herbal remedies. In Mauritius there is some use of herbal remedies but far less so than in Rodrigues.

Table 4.13
Relationship Between Level Of Education
And Knowledge Of HRT

	Heard of HRT?		
Educational Level	**Yes**	**No**	**Total**
None	52	46	98
Row %	53.1	46.9	100.0
Col %	12.8	46.0	19.4
Primary	209	45	254
Row %	82.3	17.7	100.0
Col %	51.5	45.0	50.2
Secondary	116	9	125
Row %	92.8	7.2	100.0
Col %	28.6	9.0	24.7
Higher Secondary	14	0	14
Row %	100.0	0.0	100.0
Col %	3.4	0.0	2.8
Tertiary	9	0	9
Row %	100.0	0.0	100.0
Col %	2.2	0.0	1.8
Higher Tertiary	6	0	6
Row %	100.0	0.0	100.0
Col %	1.5	0.0	1.2
Total	406	100	506
Row %	80.2	19.8	100.0
Col %	100.0	100.0	100.0

There appears to be some level of understanding of the Menopause regardless of educational level achieved but the relationship between knowledge of the Menopause and level of education increases is significant. This needs to be carefully considered when designing and implementing any information campaigns.

There are many different approaches used to treat the symptoms. In general, it appears that the hypotheses that the symptoms of the Menopause are treated individually rather than as a recognized effect of a known physical phenomena, holds true. Certainly, many women have given personal testimony to the effect that during their own Menopause they now recognize that they were treating the individual symptoms as they arose. They have said that if they had been more knowledgeable about the processes involved, perhaps the way that they approached this time in their life would have been different. With women approaching the Menopause there is the feeling that this is how they wish to deal with the

symptoms and effects, as a holistic concept and not a ragbag of successive symptoms.

There is certainly a feeling among women in the Republic of Mauritius that more should be done concerning alleviating the effects of the symptoms Menopause. We can see this in the many requests made for more information. There is an expressed need for literature such as leaflets and booklets on the Menopause itself.

There is a major sentiment that education on the subject should be more widespread so that women are made more aware of the likely symptoms and the available treatments.

And not just women, there is a great need to educate men on the subject as well. We have seen that during the Menopausal phase of life, a woman can find everyday tasks unbearable or difficult to perform. The physical and psychological effects impact on her work life and home life. Because of this, there is a likelihood that her work suffers and that her home and family life becomes difficult. Significant others in her life can become affected by the outward manifestations of the woman's experience of the menopausal symptoms.

Everybody needs to be aware enough of the effects of these symptoms to understand that this is not a personal failing of the woman concerned but that it is an ordinary aspect of her passing through another phase in her life.

We have seen that, as if it was not enough to be confronted by these physical and psychological symptoms of the end of the child bearing phase of life, it is also likely to be happening at a time when there is a good chance of there being other, unrelated, difficult changes to adapt to.

At present, the women of Mauritius are dealing with the Menopause on their own terms, but there is little to unite them in a common experience. What is clear from their discussion of their own experiences with the Menopause is that although the symptoms are known, most women go through the Menopause with little or no support from friends, colleagues, husbands, family members or even other women. If there were a common knowledge then perhaps the networks could be set in place that offered the chance for support groups of women to talk about

their shared experiences. Our respondents, particularly in the Focus Groups, have made it clear that it would certainly help if women knew that they were not alone in experiencing these symptoms and that their experience at this time is common to many others in the country.

The medical profession is also guilty at times of letting women down in respect to treatment and alleviation processes. As the various symptoms manifest themselves they are often treated individually.

This gives the impression that one is becoming very sick, developing a successive array of problems, each one treated individually with its own regime of drugs and medicines. This can be both expensive and frightening as a woman feels that she is becoming more regularly and successively ill at a time when she may also be coming to terms with her own mortality.

Again, simply being informed could help. Although many women in Mauritius are aware of the Menopause, we have seen that many are also completely unaware of it other than to have heard of it by name. Many are also misinformed as to the nature of what actually happens and what to expect.

The various folk medicines that are used may have some effect. This may be because of a generic effect induced by many of the herbs used. Many of the infusions made from herbs offer a feeling of general well being or act as a laxative or diuretic giving the impression of actually addressing the problem. The symptom is temporarily alleviated but the cause remains unknown and untouched.

However, more effective medicines are available. Hormone Replacement Therapy is available after consultation with a Doctor but is expensive even to those on reasonably high salaries. For many ordinary women, working in the factories of the Export Processing Zone, in the cane fields or as shop assistants etc., it is priced beyond their means. Many who could afford it are deterred by the overall long-term costs once they understand the amount of time, years rather than weeks, the therapy actually lasts. If HRT were more cheaply and widely available there would undoubtedly

Table 4. 14
Relationship Between Level Of Education
And Knowledge Of HRT

	Heard of HRT?		
Educational Level	**Yes**	**No**	**Total**
None	0	97	98
Row %	0.0	100.0	100.0
Col %	0.0	21.7	19.2
Primary	13	241	254
Row %	5.1	94.9	100.0
Col %	22.4	53.9	50.3
Secondary	27	98	125
Row %	21.6	78.4	100.0
Col %	46.6	21.9	24.8
Higher Secondary	7	7	14
Row %	50.0	50.0	100.0
Col %	12.1	1.6	2.8
Tertiary	5	4	9
Row %	55.6	44.4	100.0
Col %	8.6	0.9	1.8
Higher Tertiary	6	0	6
Row %	100.0	0.0	100.0
Col %	10.3	0.0	1.2
Total	58	447	505
Row %	11.5	88.5	100.0
Col %	100.0	100.0	100.0

be a higher demand. This would mean that more women would be spared the unnecessary discomfort of many of the more serious implications of the Menopause. There is an apparent relationship between level o education achieved and knowledge of HRT, though the numbers who actually do know of HRT are fairly small. However, it is worth bearing this relationship in mind producing promotional or educational materials and targeting groups least likely to know of the existence of Hormonal treatments.

It could be argued that major factors on increasing the prevalence of HRT treatment would be if drug companies lowered their prices or if the government was prepared to subsidize the treatment to make it more widely available. There is a good economic reason for this.

Underlying all of the medical problems associated with the Menopause, is the fact that these problems can lead to absenteeism from work. The additional burden placed on home and family life also has a knock on effect on productivity. Unwell or depressed people do not work to their highest capacity. There is also a burden placed on the medical services as many women are presenting at dispensaries and hospitals with symptoms that they mistake for other medical complaints but which are, in fact, classical symptoms of the Menopause. All of this has an undoubted impact on the social and economic development of the country; an impact that could be lessened by better education and information about the Menopause and the wider availability of subsidized treatment.

Table 4. 15
Relationship Between Monthly Income
And Knowledge Of HRT

	Heard of HRT?		
Monthly Income (Rs)	**Yes**	**No**	**Total**
< 2000	11	207	218
Row %	5.0	95.0	100.0
Col %	19.0	46.3	43.2
2000 - 3999	8	142	150
Row %	5.3	94.7	100.0
Col %	13.8	31.8	29.7
4000 - 5999	9	44	53
Row %	17.0	83.0	100.0
Col %	15.5	9.8	10.5
6000 - 7999	6	21	27
Row %	22.2	77.8	100.0
Col %	10.3	4.7	5.3
8000 - 9999	1	14	15
Row %	6.7	93.3	100.0
Col %	1.7	3.1	3.0
10000 - 14999	12	9	21
Row %	57.1	42.9	100.0
Col %	20.7	2.0	4.2
15000 - 20000	4	6	10
Row %	40.0	60.0	100.0
Col %	7.3	1.9	2.6
> 20000	7	4	11
Row %	63.6	36.4	100.0
Col %	12.1	0.9	2.2
Total	58	447	505
Row %	11.5	88.5	100.0
Col %	100.0	100.0	100.0

This is supported by the relationship between monthly income and knowledge of HRT. However, perhaps it should be restated that the most important aspect of any of these tables is the indication of the relatively small number of respondents who knew of HRT. This is definitely a factor that must be Consistently borne in mind when designing or implementing any further activities in this field.

One thing is certain. The Menopause is not going to stop happening to women. It is a natural part of the female life cycle. Although many women pass through this event with remarkably little effect on their well being, many others suffer quite badly from the effects of changes within their bodies. A lot of this suffering could be easily treated if the treatments were made more affordable and more widely available. People, not just women, should also know what the Menopause is and the effect it has on a woman's life experience. Once it is understood then there may be greater support and empathy.

It should not be approached with dread. Many women say that going through their Menopause has improved the quality of their life. No more menstruation, pre menstrual tension, fear of pregnancy or the need to resort to contraception etc.

To the women of the Republic of Mauritius, let us hope that the experiences of other women, in particular the women who assisted in our survey, can help you to have a happy and trouble free Menopause.

Chapter 5

Conclusion

It is apparent that the Menopause is a topic that most women in the Republic of Mauritius are aware of but one which is, more often than not, not dealt with in a way that would alleviate the symptoms and help those whose lives are being affected.

Levels of knowledge may differ in various districts of the Republic and with different age groups of women but the experiences reported are fairly constant. These match those that are recognized as being connected to the hormonal imbalances set in play at the onset of the Menopause but are not being treated holistically.

At times women are unaware that the problem they have is actually Menopause related. The symptoms are treated individually as they arise. This leads to women suffering more deeply than necessary and having to follow a range of treatment regimes that may be both expensive and ineffectual.

If knowledge of the Menopause is low amongst women in Mauritius it is clear that they regard the knowledge of men on the subject as being almost non-existent. This is quite important as men play a large role in determining what happens in woman's daily life. As a husband partner or son their non-understanding of the effects of the Menopause means that they often treat the visible effects of the symptoms as being a sign that the woman is becoming neurotic or irrational.

Instead of sympathy, understanding and care the woman is often treated with scorn and met with an ultimatum to just snap out of it and continue as normal.

As a boss or supervisor in the workplace, and these positions are predominantly filled by men, this lack of knowledge and understanding of the Menopause means that women cannot have

time off work because there is a refusal to accept the existence of a “hot flush” even though, as we have seen, the effect can be quite

severe. The fatigue associated with the Menopause is also interpreted as a sign of laziness, inability to cope or the onset of old age; this can only add to the pressure that the Menopausal woman is already having to cope with.

There is also little scope for support. Many women are unaware that the symptoms that they have are normal and are shared with many other women around them. This is unfortunate as some sharing of experience and mutual support would go some way to making coping strategies more easy to develop.

Although it is not something that can be calculated the effect on the economy, through lost production of both women, who are suffering primary symptoms and men who may be having to deal with secondary effects such as the impact on the marriage of the psychological problems, is probably quite significant.

The symptoms of the Menopause can be treated and alleviated if planned for and if suitable medication is made available.

With this in mind some provisional recommendations are made in the following paragraphs. Some are based on the recommendations made by the women who took part in the study while the others have been based on the results that have been forthcoming. This is not intended to be an exhaustive list by any means, but it does offer a guide as to areas of consideration that may form the basis for future implementation.

Recommendations

11. The inevitability of the Menopause and the associated problems and treatments need to be part of the education of young women and men. As with other elements of sexual and reproductive health they should not be consigned to innuendo and folk tales simply because they are issues that some people find delicate to discuss.

12. The Media should be used to provide information about the Menopause. This should not simply concentrate on the possible negative symptoms but should also highlight positive aspects that freedom from menstruation and pregnancy can bring.

13. Many of the women most in need of information are least likely to read about it in articles and leaflets. The television and radio should be used to disseminate information on the Menopause and pubic talks should be held that clearly explain the subject in easy to understand everyday language. Those women that have experienced the Menopause should be used to inform younger women of the experiences that are to be expected and to offer help and advice on how to prepare for this time in their life.

14. The medical profession should recognize the need to treat the Menopause as an holistic event and not just a succession of symptoms. Informing women of the fact that any ill-health they may be experiencing around the age of 50 years old could be connected to the onset of the menopause and that there are some forms of treatment available.

15. Support groups should be set up that would enable women to compare and share experiences and to feel that they do not have to suffer the symptoms of the Menopause in isolation.

16. Medically recognized symptoms of the Menopause should be accepted as reason for sick leave. Managers and Supervisors should be informed of what these symptoms are, their effects and their likely duration. With understanding they should sanction time off for those women who are finding it difficult to cope with Menopausal symptoms.

17. Hormone Replacement Therapy should be made more easily available. Information on HRT should be widely distributed.

18. HRT is, at present, prohibitively expensive for most women. The price could be either subsidized or the manufacturers could be lobbied by the health professionals to make the price more affordable to women.

19. In Rodrigues, HRT should be made available through the dispensary and the hospital service.

20. There should be a study into the active ingredients of herbs and plants used in traditional and folk remedies to see if there are any active ingredients that could be either cheaply utilized or synthesized for the manufacture of more affordable medicines.

Chapter 6

Technical Details of the Study

7.1 Introduction

7.1.1 This fieldwork report is a summary of the implementation of the study on “Knowledge, Attitudes, Beliefs and Practices on issues pertaining to and preparation for, alleviation of the symptoms of the Menopause”. The study was implemented in the Republic of Mauritius between July 2000 and June 2001.

7.2 The Implementing Agency

7.2.1 Mauritius Family Planning Association

7.2.1.1 For more than 40 years, the Mauritius Family Planning Association (MFPA) has played a significant role in various areas of sexual and reproductive health. This has included such elements as Information, Education and Communication, Human Sexuality, Service Delivery and Research. The Association’s flexibility and expertise have been directed towards addressing the sexual and reproductive health needs of all sectors of society. The MFPA has employed an innovative approach and has maintained a programme of research into topics that impact on the reproductive health and general well-being of the population. The research history of the Association includes such topics as Abortion in Mauritius, Infertility in Mauritius, Teenage Sexuality and Contraceptive Knowledge and Usage.

7.2.1.2 The MFPA has used the results of its research in implementing projects and in ensuring effective programme implementation.

7.3 The Research Topic

7.3.1 Why the Menopause?

7.3.1.1 At any given time, an entire generation of women in Mauritius will be either experiencing, or be about to experience, some or all of the symptoms associated with the Menopause. They will also become aware of the effect the Menopause has on stimulating changes in the body. The health of women during their middle or older years, particularly sexual and reproductive health, is being increasingly recognized as of particular important. Women, who make up slightly over 50% of the population in Mauritius, are a major force in the social, cultural and economic spheres of community life. However, more often than not, their special health needs are overlooked.

7.3.1.2 As women age, their health is influenced by many factors; their living conditions, their reproductive history, work and home life demands, diet, current and previous exposure to infections and the availability of health care. Certain unavoidable conditions, including the Menopause and the effects of ageing, will definitely impact on a woman's health and well-being.

7.3.1.3 As a woman approaches the Menopause, the hormone levels in her body start to adjust for the end of the reproductive phase of life. This shift in hormonal patterns can appear quite a daunting prospect and is often the element of the Menopause that women most fear. However, the exact nature of what is happening and why it is happening is often not known or not fully understood. To many women, it can seem as if Nature has set the stage for old age and that this will include decreased optimal functioning, comfort and growth. To some it appears that perhaps nature may have somehow made a

mistake in having women live for so many years after the Menopause in such a declining state of viable health and well being. In fact, there is a small element of truth in this as we are currently stretching the human life span far beyond that of previous generations. Early humans had a

life span of closer to 40 years than 80 years and, accordingly, post-menopausal women were very rare.

7.3.1.4 However, before allowing the panic to set in it would be worthwhile taking a look at the Menopause itself. We can look at it as not only inevitable but also as a positive phase of a woman's life. We can approach it from the point of view that the Menopause is not an error or oversight of nature but rather another step in the natural growth and development of women.

7.3.1.5 It is often argued that the primary duty of an organism is to reproduce itself and that after this has happened then it is of no consequence to nature whether it survives or not[98]**.** Fortunately, most women do not die as a matter of course after they cease to be able to have children, and reaching the Menopause does not have to signify the coming of the end. In fact, in Mauritius, the proportion of the total life span that women will enjoy *after* the Menopause is constantly increasing. The number of women over 40 years of age, as a proportion of the total of the female population, will increase substantially over the coming years. They can expect to spend at least more than a third of their lives after the Menopause.

7.3.1.6 Therefore, we should be concentrating on the new possibilities and benefits that arise from the changes that occur during the Menopause transition. To do this we need to unravel some of the misconceptions about the Menopause so that women can come to regard it as a natural, healthy process rather than as a time of crisis and degeneration.

[98] http://www.world-of-dawkins.com/blind.htm#quotes

7.3.1.7 The Menopause can bring a new level of freedom and excitement to a woman's life. However, we do have to recognize that there are some associated symptoms that have to be understood and, consequently, dealt with.

7.3.1.8 Many women are confronted with a whole range of problems that can include muscle aches and pains,

anxiety, fear, nervousness, depression, dry skin and vaginal tissues, emotional instability, cardiovascular diseases, fatigue, headaches, heart palpitation, hot flushes, skin changes, itching, burning sensations and muscle atrophy, joint pains, night sweats, weight gain, poor memory and concentration. This is just part of the list and we could go on, but then to do so would be needless and pedantic. It is easier to say that the effect of the hormonal changes associated with the Menopause can impact on any and every aspect of a woman's health.

7.3.1.9 There is also a risk of Osteoporosis making movement and physical activity difficult. Although we should encourage optimism about the journey through the Menopause, we have to be realistic and prepare for some of the possible negative experiences that can bring suffering for a large number of women. However, this suffering can be treated and alleviated if we are knowledgeable about the Menopause and recognize when the symptoms are presenting and seek out the best available remedies.

7.3.1.10 The actual effects of the Menopause on women can also have a knock on effect on the lives of their family members, friends and work colleagues. Unwell people, or people under stress do not perform to optimum levels and work will also be affected. The number of the menopausal women in the labour force is high enough that production lost through problems associated with the Menopause can have a significant impact on the development of the country

7.4 Statement of the Problem

7.4.1.1 Menopause is defined as the cessation of menstruation. “Menopause is usually the end of possible reproduction, as evidenced by the cessation of menstrual periods, normally between the ages of 45 and 50 years”[99]

7.4.1.2 It is also a time of mid-life re-evaluation. The physical changes that occur may convey a whole series of emotions and new feelings. Before accepting this transformation and a new status, many women might feel that they are unable to control the synchronisation of everyday life and keep up with the demands made by their rapidly changing body.

7.4.1.3 The Menopause is something that all women will eventually have to experience but it is also very often a little understood phase of a woman’s life. The end of a woman’s childbearing capacity can often give rise to new physical and psychological problems. However, at the turn of the new millennium, there is little available data on current attitudes and practices towards the Menopause in the Republic of Mauritius.

7.4.1.4 Nevertheless, there is a large body of evidence that testifies to the benefits of Hormone Replacement Therapy (HRT) in alleviating menopausal symptoms but HRT has a low usage rate in Mauritius. There is also some concern expressed by women as to whether HRT is as beneficial as it claims and there are also some fears of possible side effects.

7.4.1.5 In Mauritius, where remedies are employed they may well be home spun or folk remedies based on traditional medicine passed down through the generations. These are primarily based on the use of locally available plant products. However, there is no definitive study available of the knowledge and usage of home-based remedies for the treatment of menopausal symptoms.

[99] Churchill Livingstone, Dictionary of Nursing, 17th Edition, Royal College of Nursing, London 1996.

7.4.1.6 There are also many myths that have attached themselves to the Menopause and its accompanying symptoms, but there has never been a complete study or investigation into the distribution, belief or veracity of this mythology.

7.4.1.7 This study set out to identify whether people in Mauritius are aware of possible associative or causative factors of the Menopause on depression in women. Women may have sought treatment and advice and it would be interesting to know the type of information received and the services resorted to. It has also been an intention to discover the awareness of what are termed the secondary effects of the Menopause, such as the psychological effects on those living or working closely with the affected individuals.

7.4.2 Good, reliable and informed advice may not often be easily accessed. This is true in many areas, but particularly so in medicine and in sexual health. The Menopause is one of those topics that touches on the taboo of the female body and its functions, and the fear of ageing. This makes it an area ripe for misunderstanding, myth and misinterpretation. This study also set out to attempt to uncover possible obstacles as to why it is that people do not use professional services more often in areas of reproductive health.

7.4.2.1 From the outset, there was the recognition of the lack of suitable baseline data. The Research Team was aware that there was an additional need for extra thoroughness in the data collection. We were uncovering elements and aspects of knowledge and treatment of the Menopause that would become the baseline data for future investigators in this field. We wanted to include as many currently utilized alleviation techniques as we could find, including unproven but common folk remedies. This would also indicate any current need for the type and frequency of service implementation and the demand for different menopausal symptom alleviation approaches.

7.4.2.2 In the year 2012, an estimated 40% of women in the Republic of Mauritius will be over the age of 40 years.

7.4.2.3 This means that they will be facing up to the menopausal experience. With the accompanying increase in life expectancy they can expect to spend at least one third and perhaps as much as one half or more of their total life span *after* the Menopause. Although the Menopause is a normal developmental process, the resulting decline in endogenous estrogen levels can have serious clinical effects. This study sought to provide an insight into the different symptoms associated with the Menopause, whether any preparations are made prior to the Menopausal transition, how comfortable people are in discussing the subject, social attitudes (including the attitudes of men) and the therapeutic options women in Mauritius and Rodrigues use for the management of Menopausal symptoms.

7.5 METHODOLOGY

7.5.1 Study Type

7.5.1.1 This was a Cross-sectional study of both a quantitative and a qualitative nature, of both Mauritius and Rodrigues

7.5.2 Defining Specific Research Objectives

7.5.2.1 The general objective of this study was to research the climacteric. It is generally accepted that the Menopause is an unavoidable period in a woman's life. The study attempted to uncover whether every woman is aware of the Menopause and the associated symptoms, and to assess the menopausal status in society both from woman's own accounts and from her environment. This general objective was further operationalized into these more specific objectives.

- To investigate current knowledge about the Menopause and the prevalence of associated symptoms
- To discover what, if any, preparations are made prior to the Menopause
- To provide an insight into the extent to which women discuss the subject with other people
- To analyze attitudes to the Menopause from women's own accounts of their experiences
- To confirm that there is a lack of information on available treatment options
- To evaluate the effectiveness of the different treatments currently available
- To explore levels of male understanding of the female Menopause
- To develop an approach that would encourage male involvement and understanding
- To develop recommendations that will lead to the design and implementation of strategies for the management of menopausal symptoms

7.5.2.2 This step consisted of very carefully defining the problem and agreeing on the specific research objectives. Without a clear specification of the objectives, any collected information would be unlikely to have any major significance and relevance to the project.

7.5.3 Development of Research Plan

7.5.3.1 Once the objectives had been specified and the variables stated it was necessary to devise the most suitable and reliable method of collecting the data. The design of the research plan took into account such principles as:

1. Locating the most appropriate data sources.
2. Devising the right research approach.
3. Using the most relevant research instruments.
4. Adopting the most unbiased sampling procedure.
5. Using the best contact methods.

7.5.4 Data Sources

7.5.4.1 There are two main sources of data, primary and secondary. Primary data entails the collection of fresh data to address a specific problem and secondary data is based largely on data that have been previously collected for purposes other than the research at hand. Secondary data may include published articles in journals, books, newspapers and magazines. Data which have been published in various statistical indices or which may already be possessed as a result of everyday operations are also classified as secondary data.

7.5.4.2 Secondary data is more economical in the sense that it can often be more easily obtained. For example, It can be gleaned from previously published records. It may also be more readily available and provides information which otherwise cannot be easily obtained by individuals or organisations, without replicating the original research. However, the relevance and accuracy of secondary data are questionable as regards whether it matches or

suits the specificity of another project, even if the fields of inquiry are very similar.

7.5.4.3 Primary and secondary data have both contributed to the successful and smooth running of this particular research project.

7.5.4.4 Desk research was carried out in relation to:

- Published materials on the Menopause
- Reports from the Central Statistical Office[100] and the Ministry of Women's Rights, Child Development & Family Welfare[101]

- Number of women aged between 40 and 69 years in the Republic of Mauritius
- Salary range of women in the Republic of Mauritius.
- Statistical data from the Ministry of Health & Quality of Life
- Number of induced Menopausal states
- Number of women between 40 and 69 years of age suffering from depression.

7.5.4.5 We also went on a 'fishing trip' for any data relative to our subject, our population and our hypotheses.

7.5.5 Research Approach

7.5.5.1 While designing the research methodology and survey instrument for this study, it was a conscious decision to gather both quantitative and qualitative data. This type of research methodology is commonly known as the "triangulation method", whereby using both the qualitative and quantitative methodologies, the internal validity of the research design is strengthened.

7.5.5.2 As with all research our primary concern was to construct a research design that was both reliable and valid. These elements are the twin pillars of research on which everything else is supported. Good quality results cannot be obtained if there is any doubt about the reliability or validity of the research methodology.

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[100] Housing And Population Census Of Mauritius, Demographic and Fertility Characteristics, Vol 2, Ministry of Economic Planning and Development, Central Statistical Office, Mauritius, 1990.

[101] Statistical Profile on Women in the Republic of Mauritius – 8th march 1999, Central Statistical Office, Mauritius.

7.5.5.3 The section of the research methodology dealing with the gathering of quantitative data specifically identified the variables that were deemed to fall within the context of the Menopause. It was also designed to facilitate, amongst other criteria, the making of correlations, relationships, and elements of causality in as objective a way as possible.

7.5.5.4 The methodology concerned with qualitative data was designed from a more holistic viewpoint. It aimed to gather supporting data through the use of Focus Group Discussions. This meant that information was collected in a more natural and informal context.

7.5.5.5 By combining both methods, the advantages of each method complemented the other, resulting in greater validity and reliability and therefore a higher degree of faith in the veracity of the data collected. This provided a firm foundation on which to build the conclusion and recommendations.

7.5.6 The Research Instrument

7.5.6.1 The most suitable approach for the quantitative element of this project was the questionnaire-based survey. This choice was obvious because it is a survey technique that is descriptive in nature, and which enabled the survey team to comfortably elicit the knowledge of the respondents on the subject of the Menopause. It also facilitated the recording of the respondents' experiences and feelings on the matter, albeit within the defined parameters of the survey instrument layout and use.

7.5.7 Questionnaire design

7.5.7.1 The design and construction of questionnaires is a predominantly subjective process. The face-to-face survey method is very practical in implementation as it facilitates the recording of opinions in a situation where the sample population was relatively large. It was also decided, that in order to maximize the response rate, the questionnaire would be produced in a format that would make it “respondent friendly” during the personal interviews.

7.5.7.2 It was recognized from pre-testing and previous research experience, that there was an optimum duration for an interview, after which time the respondent becomes uneasy and the quality of the data recorded is negatively affected. Therefore, the

questionnaire length was kept to a size that meant that the average completed interview would not take more than 15 minutes.

7.5.7.3 The implementation of the survey was further facilitated by using a pre-prepared “Kreol“ translation sheet, issued to the interviewers and used in the actual face-to-face interviews. This also made sure that any translations were pre-determined and not left to the discretion of the interviewer. This was to maintain the element of standardization of the interviews and to ensure that questions were not being distorted in translation, which would have introduced an element of invalidity and bias into the data gathering exercise. Even though the questionnaire was thought the best option as the main survey instrument, we were aware of its limitations. It was clearly impossible to restrict all the questions to the same format, because quantitative as well as qualitative data needed to be collected.

7.5.7.4 Although it is difficult to process qualitative data, it was important to elicit this kind of information to assist in interpretation and in formulating the conclusion and the recommendations. Each question was formatted according to the nature of the question being asked and the requirements of the data analysis. In essence they fell into the following four categories.

1. Multiple choice questions
2. Dichotomous questions
3. Open-ended questions
4. Semantic differential scale based questions

7.5.7.5 The designing of the questionnaire followed a procedure that attempted to predict any undue stress or bias in question formulation. It was also necessary to be sure of the relevance to the study topic of the different lines of questioning. As

said before, we were aware of the need to keep the questionnaires to such a length that the interviews could be successfully completed in no more than 15 minutes.

7.5.7.6 The “finished” questionnaire was pre-tested on a sample of people equal to 10% of the final sample population. This exercise gave us essential insight into actual problematic areas of the survey implementation. It was realized that the use of complicated and technical language had to be minimized to clarify any ambiguity that may lie in the formulation of the questions.

7.5.7.7 Wherever possible the maxim of “simple is best” was adopted in question formulation. Simple words, specifically chosen to be unambiguous and to avoid any misunderstanding, also saved time during the completion of the questionnaires. Further advice was also sought from professionals in fields related to the study topic before finalizing the questionnaire.

7.5.7.8 The questionnaire was designed to cater for:

- pre-menopausal women, that is women who reported regular menstruation or had a similar menstrual pattern from that of the preceding years
- peri-menopausal women, women who were experiencing a different menstrual pattern and/or symptoms of the Menopause
- and post-menopausal women, that is, women whose last menstrual period occurred more than 12 months previously

7.5.7.9 The resulting questionnaire was clear, detailed and as unambiguous as possible. The language use was concise and simple. Clear pathways were incorporated that meant that no time was wasted on areas of questioning that were not relevant to the respondent.

7.5.8 Other survey instruments used

7.5.8.1 To act as a counter balance to the questionnaire, Focus Group Discussions were held nationwide. These provided a better view of the various opinions and expectations of women in general, outside of the rigid confines of the questionnaire with its multiple-choice selections. For the Focus Groups, great effort was

made to try to ensure that, as far as was possible, the invited individuals formed a reasonably unbiased sample of the female population aged between 40 to 69 years.

7.5.9 Sampling Methodology

7.5.9.1 **Sample Design:** The study population was women aged 40 - 69 years. Due to cost and other constraints the sample size was predetermined and a sampling method using quota controls was used for selection and allocation of the sampling units [see section 1.5.9.3 for selection of sampling units]. Selection of sampling units was not done randomly but efforts were made to have variables of interest being proportionately represented.

7.5.9.2 **Sample size**: Two separate sample sizes were used. One for the Island of Mauritius and the other for the Island of Rodrigues. Information on the distributions of variables for women aged 40 - 69 years was obtained from the Central Statistical Office, Ministry of Women's Rights, Child Development & Family Welfare and the Ministry of Health and Quality of Life.

7.5.9.3 **Sample size for the Island of Mauritius:** The sample size for the Island of Mauritius was partly determined by various constraints such as available funding and the number of variables that would have to be examined simultaneously. Following this, the final sample size was determined albeit with the constraints of the original proposed number of interviewees. It was decided to choose a sample size of 360 purposely, all the nine districts of the Island of Mauritius being allocated with 40 interviewees each, i.e. 40 X 9 = 360.

7.5.9.4 No provision was made for non-response because the selection of the sampling units was to be done on field by the interviewers until the desired sample size was obtained.

7.5.9.5 To verify whether the sample size was adequate to give precise and meaningful results, a statistical calculation was performed, although the actual sampling method is a non-probability one. The calculation below shows the statistical

formulae for sample size to determine precision given a fixed predetermined sample size n

$$k\ \frac{z^2\ pq}{d^2} \qquad \text{or} \qquad d=\sqrt{\frac{k\ z^2\ pq}{n}}$$

where n = 360 is the sample size

k= 2 is the design effect (*see footnote*)[102]

p=0.5 or 50% example the statement about the unknown prevalence of the proportion of respondents with knowledge of menopause (in the absence of prior information on the subject)

q=(1-p)

z=1.96 is the normal deviate corresponding to 5% significance level

d=0.07 or 7% is the degree of precision (calculated) i.e. p would lie between 43% and 57%.

7.5.9.6 From the above definitions, with a "fixed" sample size of 360 and a hypothetical prevalence of 50% it was estimated that the proportion would lie between 43% and 57%, which is an acceptable precision. However, It should be understood that the above calculation was only a simple exercise to obtain some information about the expected precision given a "fixed" sample size in case probability sampling would have been used. No analysis using parametric statistical distributions or tests is or should be applied to the data for this actual survey given the non-probability nature of the sample design chosen.

7.5.9.7 Selection of sampling units for the Island of Mauritius. As we can see in Table I, the final sample size for the Island of Mauritius was 380. Given a predetermined sample size of 380 elements, the sampling units were allocated to each of the nine districts while ensuring proportional representation by income level and by age distribution (see Table III). For the purpose of this survey the districts of Savanne and Black River were merged to form one and same district whereas Plaines Wilhems was split into two different districts to maintain proportionality.

[102] A design effect is a bias introduced in the sampling design, by selecting subjects whose results are not independent from each other. This may result in a lower variance of the estimation because the subjects are more likely to be similar with respect to the factor studied than if they had been randomly selected. The design effect can be estimated once the survey has been completed but should be accounted for when calculating the sample size. It is usually estimated that the design effect is 2 for most epidemiological surveys although it varies according to the factor studied.

7.5.9.8 Each district was then allocated with around 40 questionnaires. Each interviewer was then instructed to contact and interview around 40 respondents, each interviewer working in a specific district. A control was exerted to ensure the proportional representation of factors like “income” and “age” (see Table V). Some interviews were carried out at MFPA and MCH Clinics.

Table 7. 1 : Final working sample for the Island of Mauritius

AGE GROUPS / DISTRICTS	<45	45-49	50-54	55-59	60-64	65-69	TOTAL
Port-Louis	13	10	9	4	7	5	48
Black-River/ Savanne	10	9	8	4	5	5	41
Flacq	12	8	7	5	5	4	41
Grand-Port	11	8	7	6	5	4	41
Lower P. Wilhems	6	12	7	6	5	4	40
Upper P. Wilhems	13	12	7	7	6	4	49
Moka	11	8	6	5	6	4	40
Pamplemousses	13	7	6	5	5	4	40
Riviere du Rempart	12	9	5	5	5	4	40
Total	101	83	62	47	49	38	380

7.5.9.9 Given a predetermined sample size of 380 elements, different sized sampling units were allocated to each of the nine districts.

7.5.9.10 For the purpose of this survey, the districts of Savanne and Black River were merged to form one and same district whereas Plaines Wilhems was split into two different districts, Upper and Lower Plaines Wilhems to keep proportionality.

7.5.9.11 Each district was then allocated around 40 questionnaires. Each interviewer was instructed to contact and interview around 40 respondents, each one working in a specific

district. A control was exerted to ensure the proportional representation of factors such as income and age (see Table V). Some interviews were carried out at the MFPA Health Clinic.

Table 7.2
Sample by Salary for islands of Mauritius and Rodrigues

Wage & Salary earners	Set			Achieved			Deviation		
Rs	Mts	Rod	Total	Mts	Rod	Total	Mts	Rod	Total
Under 2000	160	56	216	152	68	220	-8	+12	+4
2001 – 4000	123	43	166	130	33	163	+7	-10	-3
4001 –6000	37	13	50	37	10	47	0	-3	-3
6001-8000	20	7	27	20	7	27	0	0	0
8001-10000	11	4	15	11	5	16	0	+1	+1
10001-15000	10	3	13	10	4	14	0	+1	+1
15001-20000	10	1	11	11	0	11	+1	-1	0
20001 +	9	0	9	9	0	9	0	0	0
Total	380	127	507	380	127	507	0	0	0

7.5.9.12 The Island of Rodrigues, owing to its specificity, had been given an allocation of 127 sampling units. It was decided that a smaller size would not be appropriate given that the sub-sets of data would become too small to have any real meaning. Rodrigues was divided into 12 zones.

Table 7.3
Correlating Zones and Age Groups

Zone \ Age Groups	40- 44	45- 49	50-54	55-59	60-64	65-69	TOTAL
Piment-Baie Topaze	1	1	1	1	1	1	6
La Ferme-Baie Malgache	3	2	0	0	1	0	6
Oyster Bay	2	2	2	1	1	3	11
Port Mathurin-Soupir	3	4	3	2	2	5	19
Grand Baie / Mgne Goyaves – Roche Bon Dieu / Trefles	2	2	3	2	1	2	12
Lataniers – Mont Lubin	2	4	3	3	1	3	16
Petit Gabriel	4	0	2	3	1	3	13
Mangues/Quatre Vents	0	2	2	3	4	0	11
La Fourche Corail/Plaine Corail	1	2	2	1	1	1	8
Riviere Cocos	2	2	3	1	1	2	11
Port Sud Est	1	2	1	1	1	2	8
Coromandel-Graviers	1	1	1	1	1	1	6
Total	22	23	23	19	16	23	127

7.5.10 Pilot Study

7.5.10.1 After finalizing the overall aims and structure of the survey, and having drawn up the sampling frame and procedure, a pilot study was implemented. 50 interviews were conducted using the finished questionnaires. The efficiency of the questionnaires and the way that respondents acted toward certain questions was closely monitored. This aided in “fine tuning” the questionnaire in readiness for the main survey. Factors taken into account were the response rate, the laying out of questions and how easy they were to respond to, the ease of recording responses and questions that solicited noticeable variations in styles of response.

7.5.10.2 For example simple dichotomous response questions should have been answerable by yes or no. If we found that respondents could not then the question was revised. After all of the re-adjustments, the questionnaire was ready for the full implementation stage of the study.

7.5.11 Contact Methods

7.5.11.1 Personal interviews were preferred to mail shots or telephone interviews. This was to enable the interviewer to clarify any ambiguity that the respondent might encounter within questions. Personal interviews also allowed the interviewer to pick up more about the respondent's attitudes and reactions. Moreover, any topic related to sexuality needs to be approached with great care and sensitivity. Interviewers were fully briefed on the ethical and moral implications of taking part in this type of study and were issued with identity badges. They were trained on what type of demeanor was acceptable during the implementation process.

7.5.11.2 The majority of contacts were established through the textile industries, community health centers, women's centers and the MFPA New Family Health Clinic. Permission was sought before any implementation was

carried out and the managers and responsible persons were clearly informed of the objectives of the survey.

7.5.12 Collection of Information

7.5.12.1 The survey interview team was made up of the Principal Investigator, the Research Assistant and 13 interviewers (10 in Mauritius and 3 in Rodrigues). The interviewers were selected on the basis of their experience in survey implementation and having educational qualifications within relevant Social Science disciplines.

7.5.12.2 A one-day training session was held to acquaint the team with interview techniques, the implementation procedure and the aims and objectives of the study.

7.5.12.3 Personal bias can be easily introduced into data collection. A system of checks and balances was utilized to try to identify if and when this occurred. Random questionnaires returned by interviewers were scrutinized and any problem identified or suspected was discussed with the original interviewer. A number of re-interviews were performed by the Research Assistant. These were used as a benchmark when random sampling questionnaires being returned by the interview team.

7.5.13 Limitations of the study

7.5.13.1 It is essential to bear in mind that there are always sources of potential error in any form of data collection. One must also remain aware of the limitations of any study. Believing that your survey procedure is watertight or in some way "perfect", will lead you to put too much confidence in the final conclusions drawn.

7.5.13.2 All possible efforts were made to try to identify and reduce possible sources of errors. Everything was cross-tabulated and checked and re-checked several times. Observational errors were more easily identified. Where question responses appeared to have been recorded incorrectly or where there seemed reasonable doubt that the views expressed were being accurately recorded by the interviewer, the interviewer concerned was asked to re-do the interview, if necessary with the guidance of the Research Assistant.

7.5.13.3 Once the data had been collated and coded, a strict watch was kept for any possible computational errors that can occur during the processing stage. Both human error and process error can occur. Efforts were made to minimize the incidence of such errors through the careful crosschecking of all data processed.

7.5.13.4 Limits to the study were set during the framing of the objectives and the design of the sampling frame. For example, we interviewed only women aged 40 to 69 years of age. Although it would have been interesting to know the point of view of younger women and men on the Menopause it would have entailed designing a far bigger study with all of the accompanying logistical and cost factors.

7.5.13.5 We were also limited to adhering to the deadlines set. A long-term longitudinal survey would illicit more information on the experiences of women passing through the transition of the Menopause.

7.5.13.6 Cost constraints meant that we had to meet our deadline and to come in on budget. The working schedule was clearly set out in the original survey proposal and every effort had to be made to adhere to it.

7.5.13.7 It could be argued that the survey could have been more extensive in subject area but this would have diluted the study topic. However, we were cognizant of relative topics that could form the basis of future linked surveys. These include:

- Contraception usage and prevalence among menopausal women. A significant number of respondents said that they do not use any contraceptive method as they feel that it can cause menstrual irregularities. The result is that in many cases, they have to resort to abortion.
- Natural or Surgical Menopause. This survey did not collect data on whether women had had natural or surgically induced Menopause. It would be beneficial to compile data for others who were investigating into the Menopause.
- The extent the subject has been discussed. In this study, this question was only asked of those women that said that they were peri or post-menopausal. With hindsight, it would be interesting to know whether all women discuss the topic and to whom they would look for information and support.
- Any future survey might find it useful to include a method of ascertaining details on the respondents' Body Mass Index.

7.5.14 Data processing and analysis

7.5.14.1 Because the processing of survey data is a multi-stage process, there were various elements involved in converting the raw survey data into a form for analysis. Analysis of the data began with the basic data summarization and continued into more complex statistical and graphical representations.

7.5.15 Pre-processing of data

7.5.15.2 Before they could be of any real use, all of the data had to be processed. A primary task was to identify any human error in the data compilation. Unusable data, that is any data that were ambiguous or un-codable, were identified and eliminated. Because of the thoroughness of the pre-testing phase not many "unusable" data were identified.

7.5.15.3 Prior to the commencement of coding and collating data some pre-processing had to be performed. Checks were made for internal inconsistencies and appropriate action was taken. Any questionnaires which had elements unfilled or filled incorrectly were discussed with the interviewers concerned and appropriate action taken. Finally, inferred data, not compiled by the interviewers, was collated and stored for possible later inclusion where warranted.

7.5.16 Conversion

7.5.16.1 Finally all of the raw data was coded. This was done using EPI INFO Version 6.

Appendix I

FGD REPORTS

INTRODUCTION

Focus Group Discussions (FGDs), are an effective means of gathering data outside of the use of questionnaires. They are planned group discussions that offer a means of discovering a different perception of the pre-defined study topic. They are more often than not used before the construction of the questionnaire. The information achieved is used as an informed base on which to build the questionnaire for the ensuing survey.

In this instance, the questionnaire for the survey was developed from conversations with patients attending the Family Health Clinic at the MFPA. A fairly thorough analysis was also made of the case notes of patients previously presenting at the clinic with symptoms of the Menopause. Finally, the questions were roughed out through consultations with the survey team's Doctor's and Medical Advisors.

However, the FGD methodology was not abandoned. It was decided to incorporate FGDs into the survey as a means of counter-checking the data the gathered from the questionnaires and as a means of discovering more general qualitative data that would not have been included in the general survey. It was also recognized as a valuable means of uncovering unforeseen or unpredictable avenues of investigation. This certainly proved to be the case as far as personal experience of the Menopause was concerned.

These Focus Group Discussions allowed a in-more depth overview of the various opinions and expectations of women outside of the rigid confines of the questionnaire. The information gained was then merged with the data from the questionnaire-based survey.

Great efforts were made to try to ensure that, as far as was possible, the invited individuals formed a reasonably unbiased sample of the targeted female population aged between 40 to 69 years.

THE FOCUS GROUP INITIATIVE

Typically, Focus Groups were conducted to obtain qualitative data and to gain a greater insight into issues pertaining to the menopausal transition experience. However, interesting and important though they are, the findings cannot be considered as an exact replication of the experiences of the whole targeted population. For that reason the information is collated here as a separate element of the survey.

Several elements were taken into account to try to reduce bias inherent in the selection of the FGD participants. Variable used when deciding upon a selection criteria included age, income level, educational level and ethnic group representation.

SELECTION OF FOCUS GROUP PARTICIPANTS

Great care was taken in the selection of FGD participants. The active participation of various organizations was sought in order that proposed participants were not selected by the research team members. These included the Mauritius Alliance of Women, the Women's Panel of the Mauritius Family Planning Association and the Rodrigues Family Planning Branch. Each FGD had, on average, 10 participants. Among the pre-set criteria for the selection of participants included was that

- Women should be between 40 and 69 years of age
- There should be an appropriate mix of married and single women
- Participants need to be comfortable in expressing their opinions
- As far as possible, they should not be known to each other
- They should not have participated in any previous survey on the Menopause
- They should be aware of the time frame of the Focus Group Discussion (at most 90 minutes).

- They should fit within the pre-defined income strata as stated on the Survey Teams "Organization of FGD schedule"
- There was no restriction on ethnic groups
- That the group contain representatives of pre- , peri- and post menopausal women

Using the above criteria as guidelines, surveyors were recruited to compile a list of potential participants. Each participant was paid Rs100 for attending the FGD and the surveyors were paid Rs200 for their assistance in identifying participants that fit the profiles set.

An information pack was created so that each FGD was conducted according to a standard structure and procedure. The pack included precise details on the preparation of the discussion and offered a guide for the role of the moderator, the setting of the agenda and how note-taking should be performed. All of the FGDs were recorded on audio tape.

On the completion of the FGD information leaflets on the Menopause were distributed among the participants.

The FGDs were conducted in a relaxed and fairly informal atmosphere with refreshments available during the process and not saved for after the event.

SCHEDULE OF FOCUS GROUPS BY REGION

5 Focus Group sessions were scheduled to be held across the country during the period November 2000 to January 2001. The regions identified were

1. Rodrigues (Port Mathurin)
2. Rivière de Rempart (North)
3. Flacq (East)
4. Quatre Bornes (West and Central)
5. Chemin Grenier (South)

SELECTION OF ISSUES FOR THE FOCUS GROUPS

Arising out of the pre-testing of the questionnaire and the early results of the questionnaire survey implementation, several broad issues were seen as appropriate for discussion within the FGDs. These issues were cross-checked for relevance with other available data such as the findings of other international surveys in the same field. Finally, the list of areas for discussion within the focus groups included:

Knowledge of the Menopause

- Menopause terminology
- Meaning of the menopause
- Men and their understanding of the Menopause
- Mens' attitudes towards the Menopause
- Age of onset of Menopause
- Symptoms associated to the Menopause
- Duration of the symptoms
- Treatment options
- Recommendations

Hormone Replacement Therapy (HRT)

- Knowledge of HRT
- Side-effects
- Types of HRT
- Use of HRT
- Opinions on HRT

Although there was a set pattern, each of the FGDs created its own set of dynamics related to the interaction of the participants. The transcripts of the full FGDS have been condensed into the following summary after translating from the original creol used during the discussion groups.

FGDs Summary

Few participants knew of any Menopause terminology, and, in some of the discussions, none knew any terminology of the Menopause. However, this did not mena that they did not know of the phenomenon which they termed *"faire retour"* .

When asked to explain *"faire retour"* the most usual explanation was that menstruation stops. Nevertheless, there seemed to be a persistent suspicion among participants that it can begin again around the age of 75/80 years. Not surprisingly, this was seen as a very frightening experience, with some participants even believing that it could be fatal.

The age of the onset of the Menopause was generally put at 50 years but it was often pointed out that there are exceptions. For instance, one of the respondents recalled that her sister, who was 54 years old, was still having her periods as usual. Another respondent gave an example of another extreme and spoke of someone only 30 years of age, the mother of a child, who had had 7 stillbirths and had already had her Menopause.

There was little belief that men had a similar experience. In general the response was along the lines of "banne zommes pas gagne sa …" (Men don't get that). However, particular concern was expressed that even though they didn't have the Menopause, men did have other problems around the age of 55 such as strokes, diabetes, high blood pressure, irritability etc.

The FGD participants mirrored those of the questionnaire survey in stating that they thought that men knew little or nothing about the Menopause. Participants were also cynical about the levels of support that men offered their Menopausal partners.

Nevertheless, the participants did generally agree that TV, and public talks could be effective means of dispersing information on the subject

.

When asked about the symptoms that are most connected with the Menopause the list is almost identical to that compiled from the questionnaire based study.

Order of mention:

- Hot flushes
- Night sweats
- Heavy bleeding
- Irregular menses
- Weight gain

- Migraine, headaches
- Vertigo
- Irritability
- Irregularity in blood pressure
- “feel” pregnant

There was also the similar varied range of responses as to how long the symptoms would last. Some participants said that they thought that the symptoms were short-lived while others thought that they could last for up to ten years or longer.

It was generally agreed that the Menopause can be a very difficult period at a personal level. It was felt that it can be quite embarrasing and that one can feel isolated because of the different problems experienced such as vertigo, hot flushes …that may happen at any time. There was general agreement that the Menopause seemed to be contiguous with a general feeling of growing old and a decrease in sexual intimacy, although for different reasons … “ li pa parey … ena so jur u envi …lakor pas parey, kan laz monte,senti nu lakor pa kapav tenir nu mari …”

It was agreed in principle that family life is also negatively, an opinion that was shared virtually unanimously by the participants.

Work was also seen as a problematical area during the Menopause. It was felt that employers do not accept the taking of leave because of problems associated with the Menopause. This was because physical problems can be proved, but feeling the associated symptoms of the “hot flush”, anxiety or not feeling well is not something you can prove”.

The group participants underlined the un-supportive attitude of their male counterparts in all the spheres of their lives.

When attention was turned to treatment, nearly all of the participants agreed that they usually go to the hospital or a dispensary, where the usual treatment given is painkillers such as Panadol. Herbal treatment also came highly recommended for the different symptoms associated with the Menopause.

Some examples of herbal remedies offered by the participants were:

- to decrease the effect of a hot flush, you have to reduce high blood pressure. To do this you need to drink lemon or orange juice, or take “feuilles olives”, “feuilles mason” or “prend l’ail”
- Irregular periods can be alleviated by taking “artichaud” or “lilas persé” (eclaircir le sang).
- Other remedies resorted to are “Bigagnon”, “fardamon” for painful or swollen joints pain
- To decrease tension you should take “4 epingles”, “ feuilles corensole”, or “persil frisée” to “tire la graisse”.

Very few of the participants had heard of HRT and where they had heard of it they had difficulty in describing its benefits or costs.

Overall the opinions and remarks of the participants of the Focus Group discussions closely matched and supported the information gained through the questionnaire study.

Let us now look at the actual outcomes of the groups themselves. The following reports of the FGDs have been created from the notes taken at the meetings and the transcripts of the audio recordings. The transcripts have not been presented here *verbatim* but have been incorporated into the flow of the report. Some elements have been left in the original Kreol. This is both to give a flavour of the way opinions were presented, and where there is a difficulty in translating the essence of what was being said without sacrificing some of the more subtle nuances conveyed by the words of the original speaker.

Some sentences or phrases tail off without a conclusion. This is because of interruption by another group member or because of the natural flow of normal conversation where many sentences are left hanging. These have often been left unfinished in the text of

the report so that the views of the reporter are not transferred into the words of the participant in the FGD.

FGD at RIVIERE DU REMPART

Q. have you ever heard of "menopause"?

None of the participants knew of any Menopause terminology. 80% appeared to have a knowledge of what they referred to as *"faire retour"* . The rest had not heard of either the Menopause or *"faire retour".* It was also mentioned by the group that, in their opinion, many people were not aware of it.

Q. why is it called "faire retour"? what does it mean?

"Parski ver 75/80 an, regla li retourne … ena lamor ladan …"
It was generally believed among the group that the menses do stop but come back around the age 75/80 years. This was seen as a very frightening experience. The group members thought that it was dangerous, and can even prove to be fatal.

Q. at what age does it usually occur?

Most of the group members mentioned the age of 50 years as the start of Menopause but also pointed out that there are exceptions. For instance, one of the respondents recalled that her sister who was 54 years old, was still having her periods as usual.Another respondent talked of someone of only 30 years of age, the mother of a child, who had had 7 stillbirths and had already had her Menopause by the age of 30.

Q. do you think men go through a similar phase?

There was a lot of giggling with this question. An immediate answer was "banne zommes pas gagne sa …" (Men don't get that). However, particular concern was expressed that even though they didn't have the Menopause, men did have other problems around the age of 55 such as strokes, diabetes, high blood pressure, irritability etc. The group members argued that

women are very lucky because their menstruation “protects” them to some extent from such problems.

Q. **do you think men understand the female menopause?**

According to this group, it would seem not. One group member cited an example where a woman had gone through her menopause at the age of 42 but she fell pregnant around the age of 52. Her husband did not accept the child as his. The woman felt she was putting on weight but it was only when her baby started moving, she knew she was pregnant. More group members acknowledged that husbands are not very supportive. However, one member said that, in her opinion, men were not supportive before but the younger generation is different “zot plis solider …” she thought that this was because they are educated, they have learned all these …

Q. what methods do you think can help men better understand the effects of the menopause?

The group members did not believe men would actually understand this transition in a woman’s life, simply because they don’t want to. However, they did mention TV, and public talks as being a means of promoting understanding, albeit in an unconvincing manner.

Q. what are the symptoms you know women have prior to menopause?

Order of mention:

- Hot flushes
- Night sweats
- Heavy bleeding

- Irregular menses
- Weight gain
- Migraine, headaches
- Vertigo
- Irritability
- Irregularity in blood pressure

- “feel” pregnant

Q. how long do they last?

There was a lot of confusion among the group on this point. A few of the group members said that they thought that the symptoms were short-lived. One of the respondents pointed out “ depi plis ki 10 ans, mo pe gaye problem lasante…” (for more than 10 years, I’ve been having trouble with my health…).

Q. effects of menopause

Some of the group members said that the Menopause could be a very difficult period at a personal level. They said that it can be quite embarrasing and one feels isolated because of the different problems experienced such as vertigo, hot flushes …that may happen at any time. They feet they were becoming “dependents” of their family. There seemed to be a general feeling of growing old and there was a decrease in sexual intimacy, although for different reasons … “ li pa parey … ena so jur u envi …lakor pas parey, kan laz monte,senti nu lakor pa kapav tenir nu mari …”

They pointed out that family life is also negatively affected because they feel so tired that they can no longer do the household tasks they used to do. This was an opinion shared unanimously by the group members.

Work wise, it seems that employers do not accept the taking of leave because of problems associated with the Menopause. The women in the group said that they need to work and they cannot afford not to be productive, especially if they are working on an assembly line. “si lame kasse, ena preuve … si ganye so u si u pa senti byen …pena preuve …” physical problems can be proved, but feeling hot or not feeling well is not something you can prove”.

The group participants underlined the un-supportive attitude of their male counterparts in all the spheres of their lives.

Q. is there any treatment for the symptoms?

All of the group participants agreed that they usually go to the hospital or a dispensary. The usual treatment given is pain-killers such as panadol. Herbal treatment was also highly recommended

for the different symptoms associated to menopause. Some examples are:

- to decrease the effect of a hot flush, you have to reduce high blood pressure. To do this you need to drink lemon or orange juice, or take “feuilles olives”, “feuilles mason” or “prend l’ail”
- Irregular periods can be alleviated by taking “artichaud” or “lilas persé” (eclaircir le sang).
- Other remedies resorted to are “Bigagnon”, “fardamon” for painful or swollen joints pain
- To decrease tension you should take “4 epingles”, “ feuilles corensole”, or “persil frisée” to “tire la graisse”.

(for a fuller desciption of the herbs and cited here and other herbal remedies see Chapter ??? p??)

Q. have you ever heard of HRT?

A puzzled look was the first response followed by the unanimous answer “ pa finn tande” (never heard of it…..)

None of the group members had ever heard of any treatment concerning the alleviation of menopausal symptoms.

FLACQ

Q. have you ever heard of “menopause”?

All the participants acknowledged having heard of the Menopause. Some said that they had heard of it throughTV documentaries such as “Envoyé Spécial” (a documentary series produced in France and shown on the Mauritius Broadcasting Corporation each Monday evening)

Q. what does it mean?

Paradoxically, even if all of the group members had heard about the Menopause, none of them seemed to know what it was. One of the participants explained it as being the irregularity of

menstruation until it eventually stops. “period arrete parfwa kuma mo mem, mo ganye li dans 3 mwa, apre dan 6 mwa osi … lerla mo finn alle get enn docter ki finn dir mwa mo ki alle alle li pu arrete …” It was pointed out by the group members that they know the Menopause as “faire retour”.

Q. at what age does it usually occur?

6 members of the group said that it occurred before the age of 45 years old, the other 4 group members said it should stop after 45 years. One group member clarified the situation by stating that
“ tu lekor pa parey …” (all bodies are different)

Q. do you think men go through a similar phase?

The majority of the group agreed with the statement. “misye si pa par enn period parey …” Others suggested that “enn madame li ganye zenfan li ganye period, arriv Menopause ena bann sanzman dan so lekor …me bann zomm pa parey, zott lekor pa sanze kuma nu….” However, a consensus was reached among the group that men do change, perhaps not as physically as women but in terms of their behaviour and mood.

Q. do you think men understand female menopause?

The group members approached this question from personal and individual standpoints. One group member emphasised that her husband was very supportive, although they didn’t have any children. 4 of the group believed some men do and some don’t. One woman said that she had heard from her peers about how many partners are not very concerned about the female menopause. Many problems occurred related to peoples’ more intimate moments. “ena jours pa pe envi ganye relations avec mari me li pa compran …” Some of the group believed that this unsupportive attitude stems from a lack of communication with one’s partner.

Q. what methods do you think can help men better understand the effects of the menopause?

The participants believed it was essential that men first have information themselves for the benefit of their health. they also thought that there was scope for discussion groups. they also suggested that talks in factories or community centres could be organized to bring about a change in men's attitude and to help their wives during this period.

Q. what are the symptoms you know women have prior to menopause?

Order of mention:

- Hot flushes
- "feel not normal" why? "enn kiksoz ki sale ki pas pe desann
- Sweating
- Headache
- Irregular menses
- Migraine "latet lour"

- Pain everywhere
- Vertigo "febless pren nu"
- Nausea
- Stomach-ache
- "lekor brile"
- "lipye feb"

One of the participants, with the support of the rest of the group, argued that their bodies weren't the same as before. They said that they did feel different. "Mo senti andan ena kiksoz, dan mo lekor ki nu pa senti normal. Salte rantre dan nu lekor, pa ganye li normal, ganye li tigit tigit…"

Q. how long do they last?

Most of the participants thought it was a question of months or weeks. One of the group emphasised that hot flushes should stop after a number of days … but as for how long they actually persist they said that they had no idea.

Q. effects of menopause

All of the participants discussed the problems women have with their partners. "Misye pa compran sirtu kan enn madam pa envi rentre dan menage… kan laz monte, nu senti nu lekor pa kapav

tini nu mari …pa ganye relation suvan … pa parey avan ek apres menopause … enn dimun kan li zenn li normal mem si pas alle dan menage tu les zours, ena so zour pu alle me apre enn sertenn laz, nu mem nu pas le …"

According to this particular group, men are very unsupportive with regard to their private life. As such, family life suffers because of frequent quarrels. The group felt that at work the situation is very difficult. They are faced with the golden rule of being productive at all costs and they thought that little or no consideration is paid to their health.

Q. is there any treatment for the symptoms?

All of the group members were very clear in stating that there is no treatment available for the relief of Menopausal symptoms. They did hope that there would be in the near future.

However, they did mention the use of herbs to relieve some of the problems they had encountered

- sel bwar (epson) kan ganye lour
- vineg rouze pu pass lor front
- rafraichi kan ganye bouffee de chaleurs - l'orge, racine coco, grenn de lin, dilo coco.
- Pu bann enflures: bigaignon ek fardamon
- Pour tension: 4 epingles, fey corensol persi frise (tir la gress), lilas perse (eclaircir le sanag)
- Regles - artichaud (fer retar)

The participants also believed in controlling one's diet by eating a lot of salad or food that doesn't create high blood pressure (ki pa fer tension monte)

Q. have you ever heard of HRT?

None of the group had heard of HRT.

FGD at QUATRE-BORNES

Q. have you ever heard of "menopause"?

All of the participants said that they had heard of the Menopause.

Q. what does it mean?

The group members agreed that it meant a period in a woman's life when menstruation will stop. They also said that women feel that they can no longer give birth and this can give rise to psychological problems such as depression.

Q. if you know what it means – can't you prepare for it?

The group members felt that not many can because most of us live in nuclear families. Left on our own, with little advice we cannot prepare for it simply because we don't know how to.

Q. what are the symptoms you know women have prior to menopause?

Order of mention:

- hot flushes
- migraine
- lack of sleep
- irritability
- put on weight
- unbearable pain
- extreme sweating
- heaving bleeding
- feel useless and depressed

The majority of the participants also noted that these associated symptoms are not natural. Very often they have to go for medical advice. However, the doctors usually only check blood pressure and, according to the group members, “they themselves do not know what’s happening “ They said that they thought that doctors treat each individual symptom but not the menopause as a whole.

An example given was, “you go because of your hot flushes – they take your blood pressure and if it’s high (which it quite obviously is) doctors will prescribe something for blood pressure.

Q. how long do they last?

All participants agreed that it might be a matter of years, anything from1-2 years up to 15 years, together with an unpredictable frequency “It can come at any time …”

Q. do you think men go through a similar phase?

The group, seemed quite confused about males and how they act in their later years. They said that men can’t be as active sexually as they used to, that they have prostate problems and that they become nervous. Eventually, the group finally came to the conclusion that men might be experiencing some kind of menopause too.

Q. effects of menopause

All of the group members agreed that being menopausal is a very depressing period on both the personal and family levels. They have to confront other problems as well as the physical changes such as children leaving home, being near retirement or already retired, financial problems etc. In fact, they had to come to terms with growing old.

It was unanimous in the group that work is very difficult during the time of the Menopause. “at work, if you say you are not well because of menopause, they will laugh at you …”

Q. is there any treatment for the symptoms?

The majority of the participants acknowledged that in Mauritius, in practice, people wait until they are really sick before they go to see

a doctor. However, the opinion of the group members was that it was very fashionable to have regular checks on one's blood pressure.

The group did not seem to be so knowledgeable about herbal remedies. However, they did offer up some mixtures such as the recipe given below for menstrual problems.

- feuilles avocats
- feuilles olives
- feuilles bibasse
- thym
- citronelle
- coffee leaves infused

Although there was a limited knowledge of local herbal remedies, 5 of the group had heard of HRT.

Q. taking hormonal replacement therapy

the 5 women in the group who said that they had heard of HRT explained it as being hormonal treatment given to women at the beginning of their menopause. They said it was to decrease dizziness and the feeling of weakness. They said that it is usually prescribed by a doctor and it is also available at the MFPA. Other group members asked if it was expensive, but it was generally agreed that it was not. "It's not expensive for good health …" However, the group did were quite worried about the possible side-effects of HRT.

FGD at CHEMIN-GRENIER

Q. have you ever heard of "menopause"?

All the participants said that they had heard of the menopause.

Q. what does it mean?

One group member said that it was the end of the childbearing age. However, this view was questioned by another group member as not necessarily being "the end" of childbirth because she had heard that even though a woman stops menstruating, she can still give birth.

Another group member said that she believed the Menopause to be when a woman stops menstruating. Again, this view was disputed by other participants who thought that the Menopause was when menstruation became "irregular" rather than "stopping."

Another group member believed that we cannot speak of "stopping" because it's a "pause", and this means a temporary temporary halt. She continued by stating that it doesn't stop women from reproducing and that even at the age of 70 or later, the monthly menstrual period can return.

One comment was that "ena buku madam kone reg irregulier me zot pa kone kifer …."

The conclusion of the group was that the simple question "what does menopause mean" was as easily answered as originally though.The final impression of the group as regards this point was that the menopause is associated with irregular menstruation but the group members did not know why or what happens afterwards

Q. at what age does it usually occur?

The group members agreed that it all depends on the person. According to them, are no fixed age limits. However, they did say that it usually occurs between the ages of 45 and 55 years. They mentioned known exceptions and concurred that there is an hereditary factor linked to the age of menopause " li vinn lor lafami…"

Q. do you think men go through a similar phase?

4 members of the group said that the Menopause does not exist for men, but the other 6 group members were of the opinion that it might be the case. They said that males are also going through certain changes at around the age of 50, they can still reproduce but they get other problems such as a decrease in erection and other sexual problems.

Q. do you think men understand female menopause?

3 of the group felt that men do understand if "s'il vont vivre cela avec nous, ils vont comprendre …" However, they also thought that many men don't understand the Menopause and that it depends on their level of education. One group member pointed out that "ena buku bann madam kan zot finn arriv laz menopause, zot pa zwir sexuelman ent mari ek feem, alor zot pa ose dir zot mari … ena buku kasyet parski mari pu alle get lot famm …"

This view was not shared by the other group members.They argued that women do "zwir" (enjoy?)because there is no fear of pregnancy.

Q. what methods do you think can help men better understand the effects of the menopause?

The ideas stated were

- education, the use of the media
- encouraging dialogue between partners (though one participant argued it would be embarrasing to do so)
- pamphlets
- weekly magazines should include information every week to sustain interest in the subject instead of putting all the information in one edition and finishing with the topic
- A Peer-to-Peer approach with men talking to men
- Educating young people in school so that they can be prepared
- To educate women because if they don't know it will be difficult to educate children and husbands
- They also mentioned the fact that they are not interested in this subject until it happened to them – once at this stage, they would like to get information. But they did not know from where. They proposed that specialist Menopause medical centre should be set up that could advise them.

Q. what are the symptoms you know women have prior to menopause?

Order of mention:

- *Hot flushes*
- *Irregular menses*
- *Excessive bleeding*
- *Weight gain*
- *Fatigue*
- *Lack of concentration*

- *Osteoporosis*
- *Depression*
- *Weak*
- *Headache, migraine*
- *Risk of pregnancy*
- *Joint aches*
- *Sexual changes such as vaginal dryness*
- *“latet vid” (explained as a feeling of falling, of being lost …)*

Q. how long do they last?

According to most of the group members, symptoms persist for quite a long time, matter of years rather than weeks or months. However, one group member was adamant that it can’t be indefinite and that it should be only short-term and then you return to being “normal” like everybody else.

Q. effects of menopause

The group felt that it was a question of how you take it. If you perceive it as a problem, then it will cause problems on an individual, family and work level. The group members were agreed that we need to live with it and make appropriate “concessions”.

Q. is there any treatment for the symptoms?

The majority of the group members believed that there should be treatment, even though it's only temporary relief of the menopausal symptoms. One group member stated that it's not necessary to have treatment because it's normal, so you need to deal with it; to live with it.

- Herbal treatment wa not used by the group members, although they had heard of They heard of older people and friends mentioning the use of Epsom salts for relieving hot flushes and "gluco B' for "latet vid."

However, the group did mention the use of ayurvedic medicines for menopausal women. 3 of the group members said that they had heard of HRT.

Q. taking hormonal replacement therapy?

"Because of our depleted estrogen and progesterone, we need to replace it by taking HRT …" was the first explanation offered up by one of the Group members. The benefits of HRT were viewed differently by different group members as some put it " kan enn madam pe ganye problem dan menaz, li pu vinn enpe pre normal ek kote sexuel li pu vinn plis actif …" . It was thought by some of the group that HRT can relieve hot flushes and stress.

Concerning the side-effects, some group members were concerned that it may cause cancer. However, one group member reassured the group that before a medicine is put on the market, it is researched and tested so that " li bizin bon"! but that, "apre tu medicaman ena so lefe negatif." Nevertheless, she continued to say that HRT is given only on prescription and there should be a suitable follow-up.

Different medications cited by group members were pills, injections and vaginal creams available either from the MFPA, or any gynaecologist or hospital. The group members also pointed out that the medical fee is usually Rs300 plus the medication, which may be as much as Rs600 per month. This was felt by the group members to be and quite a large sum of money to pay. However, they felt that it all depended on the duration of treatment. A final comment made was that "tu zafer cute"

The group members were quite clear in their belief that individualisation in treatment of the Menopause was necessary. If

someone cannot cope with a hot flush, HRT might be useful though one of the participant, currently using HRT was not satisfied with the treatment and was about to quit after 3 month's use. The discussion ended on the note that "malgre li en zaffer naturel, mo tia content swiv en tretman si li pu sulaz bann symtom ki pa kapav tini …"

FGD in RODRIGUES

Q. have you ever heard of "menopause"?

Everybody in the group said that they had heard about the Menopause. They also agreed that locally they knew this transition period as "faire retour".

Q. what does it mean?

The answer was unanimous, short and very precise; no menstruation. On response to further probing some of the group members also said that it can lead to that cancer of uterus or cervix, fibroids or "maladi nerf."

Q. at what age does it usually occur?

Nearly all of the group members were I agreement that it might occur as early as 35 years of age. They also said that it was genetically determined and that there was an heredity factor involved in the age of the onset of Menopause and one's experience of it.

Q.do you think men go through a similar phase?

All the group were in agreement with the statement. They said that at this time men seemed absent-minded, very quiet, very nervous and very moody. One of the group members also said that after 80 years of age, men become more excited and jealous because women feel younger.

***Q.* do you think men understand female menopause?**

5 members of the group felt that men were highly supportive. The other five group members expressed no opinion. The group discussed the topic that certain women cannot fulfill their sexual role at this time, that because they cannot "satisfy their husband",the man goes and gets drunk. "pa kapav koze apre ar zot …"

Q. what methods do you think can help men better understand the effects of the menopause?

The group thought that understanding can be increased through public talks and television programs. They also stressed the importance of organizing "sketches", folkloric tales on the subject of the Menopause.

Q. effects of menopause

The group felt that on a personal level, women feel very uneasy. They can't go out because they fear they will get a hot flush or begin to feel unwell. They also agreed that a woman's relationship with her husbands or partner deteriorates.
"pa pran cont, senti nu lour, latet fer mal ek nu pe kumadir retur dan lenfanz …"

Q. what are the symptoms you know women have prior to menopause?

The group were clear in that they believed that the symptoms are very erratic in nature.

Order of mention:
- Irregular menstruation and the need to go for "curetage"
- Stressed
- Hair problems (hair loss)
- Skin problems (dark spots on the face)
- Weight gain
- Hot flushes
- Headaches
- Backache

- Very moody “pa sipor dimunn dan tu moman”
- Irritable
- “senti chaleur dan vent”
- “senti lour, vid …”
- senti kiksoz pa tourne ron dan latet”
- “febless dan lipye”

Q. is there any treatment for the symptoms?

The group were agreed that in Rodrigues herbal remedies are very commonly resorted to. This is simply because there is a lack of other medicines for this type of ailment. The group members also said that apart from “bouillir feuillages” (boiling leaves, details below), it is good to eat a lot of greens such as salad or “bred” for several months. One participant[103], said that she had heard about a treatment in Mauritius for menopausal women which involved taking hormones. However, another group member quickly countered that not everybody needs hormones. The group members also mentioned they mentioned taking vitamins and calcium but were sure that “tretman pena dan Rodrigues …”

Some of the Herbal treatment mentioned were:
- Yapana – taken for all problems
- L’herbe papillon – tire chaleur, pour la vessie ek colic

It was made clear by some members of the group that one needs to be careful with herbal medicine otherwise it will not be effective.

The group members concluded that menopausal women are not sick people. In their opinion the Menopause is a normal phase of life. the group felt that one of the major problems is the lack of doctors and gynaecologists in Rodrigues and the consequent difficulty visiting the only gynaecologist on the island. The group concurred that women going through their menopause need a full follow-up but very often “dimunn ki bizin tests pa ganye …” They were of the opinion that the Menopause doesn’t only have to mean getting old but may offer the opportunity of doing something else.There is also no risk of getting pregnant. However one of the group said that unfortunately the Menopause meant that for her

[103] From a higher income group

“pena lafors ki mo ti ena avan …” Most of the thought HRT would be an essential treatment option in alleviating the symptoms linked to the Menopause but their major concern was “will it be expensive ?”

One major outcome of these focus groups was the teminology used. We can see that women in the groups who came from a lower income group referred to the Menopause as “faire retour”. This term is associated with different myths and preconceptions. There is implicit in this term the idea that although menstruation ceases it can return and one can still get pregnant at any age. Among those who said that they knew of the Menopause, often seeming to say so because of group influence, many didn’t actually know of the associated symptoms and effects.

All the groups mentioned the same symptoms associated with the menopause. However, treatment options differed according to the level of education and income groups. There is also evidence that the urban population, in this set of FGDs represented by the those in the group held in Quatre Bornes, were much more knowledgeable about the actual effects of the Menopause, treatment and Hormone Replacement Therapy. This is backed up by evidence from the questionnaire survey. Therefore, there is a clear indication that knowledge and perception of the Menopause is different in the Urban and Rural areas of Mauritius.
Nearly all of the women taking part in the FGDs questioned the effectiveness of HRT in alleviating the symptoms of the Menopause. They were also concerned about any possible and the duration of treatment. Cost of any treatment was also a major factor. The cost of any treatment and the length of time that treatment lasts were a big consideration.

There was another clear split between the Urban and the Rural on the cost of treatment. What was fairly acceptable as a price to pay for the urban women was prohibitively expensive for the those in the more rural areas.

We can also see that the use of, and reliance on, herbal remedies increases the more rural the population, culminating in an almost total reliance on herbal remedies in Rodrigues. In comparison, the totally urbanised group in Quatre Bornes were almost totally unaware of herbal remedies and sought relief at the pharmacy.

The group members were clear as to what they considered the critical phase facing menopausal women on personal, family or work levels.

On mens' understanding of the female Menopause, views were very individualised. Most likely because each of the group members was presenting their response on the basis of how their own husband, partners or male significant others had responded to their menopausal experience. In many cases, "their" husbands were seen to be supportive while "other men" were not.

In the questionnaire survey it was often said by respondents that although they knew little of the Menopause they thought that men did understand.

Probed into the what women thought of the male transition into middle age, most group members spoke of mood changes and other signs that showed. However, can we take this a sign of the existence of a Male Menopause, the Andropause, or is it a reflexive symptom of the effect of the Menopause on those close to the woman experiencing the transition?

Appendix II

Male Menopause

The Menopause has traditionally been regarded as something that is uniquely female. By its usual definition this is quite understandable. Recently however, there has been an element of discovery with regard to a Male Menopause, that is, that middle-aged men experience something similar to the symptoms we associate with the Female Menopause. Nevertheless, this concept of a Male Menopause has been extensively debated albeit with a great degree of controversy.

This may be something to do with the attitudes that have previously prevailed with regard to the ageing of women and men. Women have been traditionally portrayed as going through a “middle-age crisis” with the associate problem of the end of menstruation signifying the end of their youthful and productive lives. Men, on the other hand, have traditionally liked to portray an image of an ageless male, maintaining elements of youthfulness and virility from puberty to the grave. Why have these views begun to change?

There may be argument for saying that medical science has identified certain changes with the body that affect both men and women and these changes impact on the ageing experience of both sexes.

It has also been argued, less scientifically, that men do not like the idea that women should have an extra element to their lives that was denied to men and that jealousy has fueled a search for a Male Menopause.

So our first task in this chapter is to try to identify if or not a male Menopause can be said to exist. If it does then what are the symptoms and attributes and how does it compare to the female experience of the Menopause; at what age is the onset and is there any treatment currently available or being researched?

Before going any further we can dispense of any argument over the terminology. Quite simply, Men cannot experience a Menopause. As we have seen the term relates to the cessation of menstruation and experience that cannot be applied to any phase of a man's life.

Having said that, there is evidence that men do experience and emotionally charged mid-life crisis. Many of the women who took part in our Focus Groups were quite clear in stating that men changed at about the same time and became more "nervous" or "depressive".

If we recognize the existence of some kind of condition affecting men of a certain age bracket then we can give it a name. The Andropause.

Where we have identified a key hormonal element in the triggering of the Menopause in women we can also identify a key hormone with regard to men; Testosterone.

Hill (1995) says that the Andropause is "….a naturally occurring psychological state that occurs in men's middle years, producing feelings of unhappiness and undermining men's sense of self-worth, identity and competence…"[104]

What are the symptoms and how does a man recognize if he is going through the menopause? One list includes the following amongst the most common symptoms, [105]

- erectile dysfunction
- reduced libido (or reduced desire for sex)
- tiredness, lethargy and fatigue
- reduced exercise tolerance
- changes in mood (commonly depressed, anxious or irritable)
- excessive sweating and night sweats
- joint pains and stiffness
- reduction in concentration or memory
- pale, dry skin
- increase in weight
- brittle bones (osteoporosis)

[104] A M Hill, 1995, Male Menopause, Times Books International, Singapore, p.197

[105] http://www.wellmanclinic.org/

Some research studies have made the point that Andropause symptoms are similar to those associated with the Menopause.

However, there are also differences in that,

"male menopause is a distinct physiological phenomenon that is in many ways akin to, yet in some ways quite different from the female menopause…"[106]

In a recent Australian study conducted by Monash University[107], men were given the same checklists to complete of symptoms from a typical PMS[108] questionnaire, although the female specific symptoms such as breast tenderness were removed. The result was that men reported experiencing many of the premenstrual symptoms that women suffer from such as reduced or increased energy, irritability or other negative moods, back pain, sleeplessness, headaches, and, perhaps significantly, confusion.

However, one major difference is that where we accept that the Menopause is a normal and undeniable phase of life for all women, current thinking suggests that the Andropause does not affect all men.

So, is the Andropause a hormonally triggered problem? Is it part of the normal maturation process? Or is it simply an imagined event used as a cover all for symptoms of Middle Age? After all, as with women, most men approach middle and late middle age facing the pressures of growing old, of dealing with the problems of work, of parenthood and grandparenthood? There is also the element of mortality to consider. As with women, it is at this time that men begin to see and feel the effects of ageing and have to come to terms with their own mortality.

Most of the research done in this area focuses on the possible effects of the decline in the amount of testosterone in the body.

Testosterone is

"the hormone derived from the testes and responsible for the development of the secondary male characteristics."[109]

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[106] http://www.andrology.com
[107] http://www.yoyo.cc.monash.edu.au
[108] PMS – Pre Menstrual Syndrome
[109] Christine Hancock, 1996, Churchill Livingstone's Dictionary of Nursing,17th Edition, Pearson Professional Limited

Among these secondary male characteristics are a deep voice, facial and pubic hair growth and a differently developed musculature.

"In a grown man, it *(testosterone)* fuels a healthy libido, builds muscle mass and helps maintain his energy levels…but too much – or too little – can wreak havoc on a man's behaviour and physique"[110].

Unlike Estrogen, which is no longer produced by women after the Menopause, men continue to produce sufficient testosterone throughout their life.

However, according to Hill (1995)[111], "between the ages of forty-eight and seventy, men can expect a thirty to forty per cent reduction in hormones produced by the metabolism of testosterone…" [112]

This decline in Testosterone appears to be common and "even in healthy men, by the age of 55, the amount of testosterone secreted into the bloodstream is significantly lower…in fact by age 80, most male hormone levels decrease to pre-puberty levels…"[113]

So would be right in suspecting that this hormonal shift is the sole or principle reason for the onset of the Andropause? In fact, in the world of medical research and opinion there is a clear split.

According to Hill (1992), the Andropause and Testosterone deficiency are 2 distinctly separate conditions. "In the normal healthy male, testosterone levels start dropping in the sixth decade, while the onset of male menopause is usually in the fourth or fifth decades. The amount of testosterone produced by the normal man starts decreasing gradually in the sixties, but it never drops low enough to interfere significantly with sexuality…. Hormonal deficiencies in middle-aged men, including testosterone deficiency, are seldom a contributing cause of the male menopause syndrome…"[114]

He further believes that the Andropause occurs between forty and sixty years of age and is a psychological disturbance.

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[110] http://www.cnn.com/1999/Health/men (3 December 1999)
[111] Hill, Op Cite, p.59.
[112] See also Simon D, Prezioso P, Barrett-Connor E et al, The Telecom Study, Am J, Epidemiol, 1992, p.783-91. Gray A, Bedin J A, McKinley JB, Longcope C, An Examination of research design effects on the association of testosterone and male ageing, J Clin Epidemiol, 1991; 44: 671-84 and Vermeulen A, Declining androgens with age – an overview, In: Androgens and the ageing male, Eds. Oddens B. Vermeulen A. Parthenon Publishing, New York, 1996.
[113] http://www.andrology.com

[114] Hill, Op Cite, p.165-166

Testosterone deficiency occurs in men over sixty and is a physical abnormality.

Hill (1995) also states that men under the age of fifty-five, in good health and with normal testes do not have any testosterone deficiency. It is only as a result of an illness such as mumps or as the result of injury that there may be a deficiency. This means that the Andropause would be seen as a purely psychological phenomenon. A low testosterone level is not a cause for concern for men in their mid-sixties and although it may impair sexuality in older men, Hill maintains that "most healthy men are able to remain sexually active throughout their lives."[115]

There is an argument though that men over fifty-five are more likely to develop a number of diseases specific to their hormonal system or genitalia and this can abnormally lower their testosterone and interfere with their sexuality.

But, it is not clear-cut. Others believe that the Andropause is related to the decline of Testosterone because, "There is a gradual decline in the level of testosterone as all men age. This natural decline starts after 30 and continues throughout life. Many men however, experience a lack of testosterone production sufficient to result in significant symptoms. This will have applied to approximately 50% of men by age 55…"[116]

Shulman, on the "urohealth website" is quite pessimistic in stating, "starting in the 4th decade, testosterone decreases at the rate of 1% a year… so if you live long enough, you'll end with nothing…"[117]

Because testosterone is crucial for the functioning of bones, joints and muscles, reduced testosterone production is likely to result in diminished muscular strength, energy, libido, erectile function, depression and osteoporosis.

"Low levels of testosterone may result in an increase in central and upper body fact, a decline in the amount of muscle in the body and decline in strength. Brittle bones (osteoporosis), which may lead to hip and spinal fractures, may also result from low testosterone levels. The bone marrow is less active and produces less hemoglobin and red blood cells which transport oxygen around the body … lack of testosterone can be a cause of high cholesterol levels, depressed mood, anxiety and problems of

[115] ibid
[116] http://www.wellmanclinic.org
[117] http://www.urohealth.org/uro/conference/2000/saus/session12.htm (SIU – Société Internationale d'Urologie, 25th Congress, 29 October to 2nd November 2000, Singapore)

concentration and even heart disease may also be linked to low testosterone levels … depression is also a symptom of hypotestosteronaemia …"[118]

There is no doubt that men's sexuality changes with age. Although seeing the Andropause as a psychological rather than physical event, Hill does point out that, "Most men suffering from male menopause do have some degree of sexual impairment or at least have concerns about their sexuality."[119] He sees the most visible and dramatic symptoms as being the lessening of the sex drive, less firmness of the penis, impotence and delayed orgasm.

Is it because the average middle-aged man is no longer as pre-occupied with sex as he was in his youth or is it part of the ongoing maturation process?

"Medically, the condition is known as hypogonadism- the underproduction of testosterone in the testes – but it's commonly referred to as "male menopause". This drop in testosterone is accompanied by a decrease in sex drive and sexual dysfunction…"[120]

If their female counterparts are experiencing their Menopause relationships problems are more than probable at this time of life as the sexual desires of the partners are prone to being mis-matched.

The psychological effect of ageing is not one that should be underestimated. Seeing the onset of the physical signs of growing old such as white hair or wrinkles can be devastating to the ego, particularly in a world that attaches so much importance to youth and virility.

"If a man's discovery that he can't realize his ambitions coincides with his discovery that his body isn't as reliable and as strong as it once was, the effects of male menopause are compounded. An awareness of the irreversibility of aging can surprise a man who has always prided himself on his fitness and strength"[121]

Middle-aged men often experience major shifts in their career, marriage and the shift from parenting to grand parenting. Accompanying the physical signs of aging is the realization of impending old age, retirement and, eventually, death.

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[118] http://www.wellmanclinic.org
[119] Hill, Op Cite p.150
[120] http://www.malemenopause.com
[121] Hill, Op Cite, p.56

Although all the possible causes of any "Male Menopause" have not yet been fully researched, there is evidence that some factors contribute to a Male condition that is in many ways similar, although not identical, to the Female Menopause

As with the women, these symptoms can be exacerbated by a man's lifestyle as, "hypothalamic sluggishness, hormone deficiencies, excessive alcohol consumption, obesity, smoking, hypertension, prescription and non-prescription medications, poor diet, lack of exercise, poor circulation, and psychological problems, notably mid-life depression."[122]

If the underlying cause of the Male Menopause is a decrease in testosterone levels, there are some that believe that replacement hormones for men will allow them to. "….manage these conditions of aging, (and) the value of testosterone replacing is currently receiving considerable attention …"[123]

But before any man reading this begins thinking of rushing out to buy a course of TRT (Testosterone Replacement Therapy), it should be pointed out that this will only be necessary after a careful diagnosis of the patient's testosterone deficiency. It would then be administered under close medical supervision. Laboratory testing of urine and blood is needed to see if the doctor suspects that any erectile difficulties or sexual inadequacies are in fact, the result of testosterone deficiency.

Basically, TRT is similar to HRT (Hormonal Replacement Therapy) that has long been available to women. Testosterone is also available in many forms – oral, injectables, trans-dermal and implants.

Any expected effects would be that "TRT will restore sexual desire, erectile capability, and vitality, … TRT reduces the amount of bone loss and therefore the risk of osteoporosis … muscle strength is improved and the amount of body fat is reduced … mood and a sense of well-being …TRT may also have beneficial effects upon the cardiovascular system as testosterone can cause a reduction in cholesterol and may even reduce blood pressure as it dilates up blood vessels …"[124]

[122] http://www.andrology.com
[123] http;//www.medscape.com/adis/DTP/2000/v16.n10/dtp161003/dtp1610.03.01.html
[124] http://www.wellman clinic.org/

It is important to understand that if the effects and symptoms suspected as being the Andropause are due to the failure of the testicles to produce enough testosterone, then TRT is a long-term treatment. There are also some side effects associated with the treatment. These include "thrombophlebitis[125] and hypercoagulability[126] of blood, liver toxicity and prostate cancer".[127]

Apart from TRT, many other treatments are available for the specific problems which when grouped together are seen as being indicative of the on-set of the Andropause.

Moving away from drug therapy, certain lifestyle changes might also be beneficial for assisting middle-aged men through this period. It would be beneficial to reduce stress levels such as through new relaxation methods, a change to a more nutritious, low-fat and high-fibre diet, increased and regular exercise, increased amounts of quality sleep, and a limit to the consumption of alcohol and caffeine.

Medically the Andropause is more likely to be treated as a syndrome than a natural phase of life. A syndrome is a "complex of symptoms that may require medical or psychological treatment …"[128]

As with the female Menopause, men should be encouraged to realize that there are many phases of life that are common to all and can be faced with understanding rather than fear. It may well be that "the purpose of male menopause is to signal the end of the first part of a man's life and prepare him for the second half. Male menopause is not the beginning of the end as many fear, but the end of the beginning. It is the passage to the most passionate, powerful, productive, and purposeful time of a man's life."[129] In this respect it closely mirrors the female Menopause. If then men wish to accept the idea that they themselves will have to pass through a similar stage in their lives that women are traditionally aware of, perhaps it will help them in developing a more understanding

[125] Inflammation of a vein associated with the formation of an intravascular formation of a blood clot.
[126] Excessive blood clotting
[127] http://www.andrology.com
[128] Hill, Op Cite, p.7
[129] http://www.malemennop.com/index1.htm

attitude to the Menopause and the effect it has on the daily experience of women experiencing it’s symptoms.

Appendix III

Frequently Asked Questions about Hormone Replacement Therapy (HRT)

2. When should I start taking HRT?

HRT can be started when a woman has reached menopause or before, when she is still in her premenopause period. The decision to begin HRT will depend on the severity of the symptoms she is experiencing.

3. What are the benefits of HRT?

- Short term relief of the symptoms associated with the menopause such as hot flushes etc
- Long term, prevention of osteoporosis, a reduction in the risk of cardiovascular disease and an improvement of vaginal dryness and urinary symptoms.

4. Will it work immediately?

A few days treatment will be needed before the hormone levels begin to relieve the symptoms. Prevention is, of course, long term and requires several years of treatment.

4. Are there different types of HRT for women, who have had a hysterectomy and those who have not?

A woman who has had a hysterectomy is free from the risk of endometrial cancer and can therefore receive oestrogen only, that is without progestogens being associated. Other women must be given progestogen-oestrogen combinations.

5. Will I get my periods again?

It depends on the type of HRT you are on and whether the treatment is continuous throughout the month or sequential, that is, for only 3 weeks out of 4. Sequential treatment will cause some minor bleeding every month.

6. Will HRT keep me young?

This will depend on you and what you mean by “staying young.” HRT alone is not enough, your lifestyle is just as important.

7. Can I get pregnant if I am on HRT?

If you are well past your menopause, you can’t get pregnant because your ovaries won’t be ovulating. However, if HRT is begun when you are in the pre-menopause period, then, yes, there is a risk of pregnancy because ovulation may still be occurring, albeit irregularly but the risk is very small.

8. What type of contraceptive method is recommended while I’m on the HRT?

Barrier methods or IUD are the most appropriate.

9. Can I take HRT if I have high blood pressure or if I’ve previously had heart attacks?

High Blood Pressure and a history of heart attacks are not absolute contra-indications to the use of HRT, especially if the transdermal (skin) route is used. However, caution and careful monitoring will be required and the decision is best made on an individual basis.

10. Can I take HRT if I smoke?

No. Do not take HRT if you smoke. Smoking is bad enough on its own. Taking Hormonal Therapy while smoking won't improve anything.

11. I have been taking HRT for several months, but I do not feel any better. Why?

Among the most common reasons are:

- The dose of hormones is insufficient or inappropriate
- The symptoms which you are experiencing are not related to the menopause
- You are not taking the treatment properly

12. Will HRT interfere with any other tablets I take?

Yes, there could be an interaction between HRT and other tablets. Always tell your doctor that you are on HRT if he or she prescribes other drugs.

13. What if I forget my HRT for a few days?

It won't have any harmful effect but some intermittent bleeding could occur.

14. Should I be concerned about spotting or menstrual –like bleeding?

It depends for how long it lasts and how heavy the bleeding is. If you have any cause for concern, you should see your doctor straightaway. Prolonged irregular bleeding will definitely require investigation.

15. What are my options for managing any spotting or menstrual - like bleeding?

As a first option, a change in the hormone therapy can be tried.

16. Will I put on weight?

A moderate gain in weight is possible.

17. Will HRT help my sex life?

Most probably. It will certainly ease dyspareunia, that is, pain or discomfort experienced during intercourse. This is usually because of vaginal dryness or atrophy.

18. Will I have to take HRT for the rest of my life?

It depends on why you are taking HRT. If it is simply to alleviate the unpleasant symptoms related to the pre-menopause and menopause, the answer is no, as these symptoms may subside after a few months or years.

If on the other hand, you want to benefit from the preventive effects of HRT on osteoporosis, cardiovascular disease etc, then long-term treatment is warranted.

19. How do I stop taking HRT?

HRT can be discontinued at any time - no tapering off is required.

20. What happens when I stop taking HRT?

You may experience the symptoms of the menopause again if you are still menopausal.

21. What follow-up tests will I need and how often?

Regular follow-up by your doctor will be required. A PAP Smear and Mammogram will probably be done if they have never been done before. Your doctor will check your blood pressure and may ask for blood tests. A PAP Test is usually done every 2 years and a Mammogram is usually every 3 years although the frequency varies from country to country.

22. What are the different types of HRT available in Mauritius?

- Oral taken as tablets
- transdermal applied through the skin usually in gel form or as a patch

You will have to discuss with your doctor which form best suits you.

23. What is the best diet for me?

This will have to be discussed with your doctor as the decision is based on individual factors. However, it is recommended that you cut down on salt and sugar and that you increase your consumption of green vegetables and soya based products.

24. Is there any alternative treatment available for relief?

There are alternative modes of treatment available such as herbal treatment. However, you should seek advice from your doctor. Note that with compound remedies there is always a danger, particularly if taken without medical or pharmaceutical advice.

25. Is there any risk of breast cancer associated with HRT?

Some Doctors suspect that there may be a small increase of the risk of developing breast cancer but others do not share this view.

26. Is there any significant increase in my chances of getting blood clots?

No, unless you have a family or personal history of illnesses which would put you at a greater risk of this problem. Your doctor would know.

27. Unopposed estrogen therapy has been associated with endometrial cancer in women with an intact uterus. Is that true?

Yes. This is why for these women, progestogens for at least 10-12 days per month, must be associated with oestrogens.

28. Will I have high blood pressure during my menopause?

There is no direct link between loss of estrogen and high blood pressure. It might simply be a coincidental factor associated with age.

29. What else can I do to keep me healthy?

A healthier diet and more exercise are always recommended.

30. Is menopause usually associated with dark spots of the skin?

There is no real proof of this. Again, these could be changes more related to age than to menopause per se.[130]

31. Where can I go for advice?

At first talk to your doctor, a clinic or your gynaecologist

[130] See chapter 1

32. Can I test for my levels of progesterone and different hormones? How?

Your blood level of progesterone and other hormones can be obtained from a blood sample which can be analyzed in most labs.

However, these tests are costly and in practice are rarely used to diagnose premenopause or menopause. The symptoms you are experiencing should be enough to reach the correct diagnosis. The analyst uses a machine called an IMX Analyzer to detect the concentration of certain hormones.

33. What does progesterone have to do with menopause?

Although progesterone is one of the important female hormones, menopause related changes and symptoms are mainly due to a drop in oestrogen levels[131].

34. Will HRT help to counter hair loss often associated with menopause?

Not proven. There is not enough data to prove the case either way.

[131] see chapter 1

Appendix IV

Interview with Madame V (*real name available but withheld*)

The interview is included here to give the reader a flavour of the type of treatment that is being used in Rodrigues. What we cannot know is whether any of the herbs or plants used in Madame V's medicine is the same as those recommended by the participants of the Focus Group Discussions.

Background to the Interview

When during the study implementation in Rodrigues we realised that many people were using local folk remedies rather than prescription medicines or treatments available at the pharmacies and dispensaries, we was put on the trail of "Madame V" by a friend of a colleague who said that she was well known in the area for dispensing medicines. These medicines were made according to her own recipes.

It was decided that here was an ideal opportunity to of discovering something first hand of the nature of folk medicines in Rodrigues.

We made the first attempts at contacting her to ask if it would be possible for me to conduct an interview. At first, the message came back that she was "not interested in sharing her secret". I made it clear that I did not want to share the secret but just to gain an idea of what she was using and which ailments it would help in curing. This time the message was returned that she would consider meeting me, but only when she was "close to death". Deciding that I didn't have the time to wait and thinking it impolite to enquire about her current state of health, I persisted in trying to convince her that I could be trusted and that her secrets would be safe. I wanted her to believe that I was only interested in the types of medicine were available from her and in treating which ailments they were used.

After another day or so she agreed to meet me and arrangements were made for me to travel to her home. She said that the interview had to take place later that day or not at all and so, late one Saturday evening, the research assistant and I found ourselves walking across the hills of Rodrigues as the darkness closed in.

Location of Interview

The house was tucked away at the bottom of a very steep slope and was shaded by the overhanging branches of trees. By the time we reached there it was totally dark. In this part of Rodrigues there is no form of lighting, so it was every difficult to distinguish anything other than shadows.

Halfway down the hill, we were met by her husband, who guided usaround the holes and other hazards of the last few hundred yards.

The house was simple but of fairly good quality construction. It was one of two houses backing on to each other. One had a veranda that faced out toward the valley, and the other a veranda that faced inward toward deep undergrowth and overhanging trees. It was to this second that I was directed and asked to sit and wait. There were several animals in attendance, either walking about or tethered to various trees. Inside the house could be heard several voices and the sound of a television in the background. Outside, everything was dark. The environment made the likelihood of folk medicines working seem more real.

The Interviewee

Madame V joined us on the Veranda. She was of medium build and seemed very fit and well. She was wearing a large straw hat and had a huge crucifix, made of flat silver metal, hanging around her neck. She was dressed in black with a grey and red pinafore over the skirt.

We shook hands and sat around a small table, quite close – within touching distance. The light behind her gave an ethereal effect to her presence and made her seem larger than life. She was very

friendly, with great personal presence, and began by saying how nice it was for us to meet. She seemed much more friendly and approachable than I had imagined. The difficulty in arranging the interview had probably made her, in my mind, seem much less amenable.

Sitting on the veranda like this, surrounded by the darkness of the woods, the rustling of the animals, the starry night and the oppressiveness of the mountains, I could not fail to be impressed by her.

The interview was conducted in Kreol. I asked her if she would mind being recorded on audio tape. She seemed flattered by the idea and I set the mini-tape recorder on the table between us. She became quite shy and giggly at the idea of being interviewed on tape. Her husband appeared with a large bottle of Coca-Cola. After pouring some glasses he left the bottle on the table next to the tape recorder and left. I asked her about herself and where she came from. As I sipped my Coca – Cola she told me of some of her life experiences. The early part of the interview I left unstructured and let her drift in an out of some of her earlier experiences such as her marriage and her children and the building of her house etc. When she seemed relaxed with me, the research assistant and the presence of the tape recorder, I started to guide the interview towards the subjects of folk remedies.
A lot of the questions were put by the research assistant and the whole of the interview was conducted in Kreol.

The Interview

Translated from the original Kreol

My thoughts are presented here in Italics. Background noises were of crickets chirping and the rustling of animals in the undergrowth, mixed with the indistinct sound of a television and the various voices in the household which ranged from children to adults. The interviewee came across as being very comfortable with being interviewed and as a confident personality. Throughout the interview she sat upright with her arms folded across her chest only unfolding them to point in various directions, to indicate size and parts of the body and to accentuate the conversation. She was

seated on a hard chair while I was seated in a more comfortable, cushioned chair, which, by it's "as new" condition seemed to be reserved for guests. Where questions were presented by myself or
the research assistant they are recorded here as being asked by RT meaning the research team.

Nigel Richards *" Could you tell me about how you discovered the recipe for your medicine"*

Madame V ***"****I was married at 15 years old and that was when I had the first of my12 children. My husband was always good to me and had helped me a lot. I don't know if it's because of me having so many children that I began to get so many problems with my health.*

When my last child was born I had a problem with my ovary. A doctor called Dr…….*(name withheld N.R.)* took out the ovary from my right side because there was a cyst that needed to be removed. He told me that he was going to take out the ovary but he didn't warn me that I may have other problems connected with the removal of the cyst. He didn't say that I would get problems when my menopause began. This really annoys me because I didn't get any advice at all. If I had have got some advice, perhaps I could have more easily accepted the problems I suffered over the next seven years.

But I didn't get any advice, I thought that I was going to die and I didn't no what to do with my life. Actually, I prayed hard even when my spirits were low. All of the family prayed, in fact I got a lot of help because I'm well known in the village and everybody was sad for me and prayed for me.

I couldn't stay in the house because I would begin to feel so hot. All of my hair fell out. The heat I felt was unbearable and from time to time it seemed that it would go right through me an leave me through my back. Now and then it felt that it was in my stomach, then in my face; my skin didn't each it burned, it felt as if it was on fire. For seven years it was like that. Everyday for seven years a different problem."

RT *Did you have any medical treatment yourself for these problems?*

MV "I can tell you that Doctor ……*(name withheld N.R.),* I thought he was like a father to me but he didn't explain anything very well about this to me. That's why I'm a little unhappy because when we are sick, the doctors should make us understand what we have got, but he didn't tell me what it was I had got. I began to worry. I began to feel that I would always be sick. I was certain that I would die, even though they didn't tell me what was wrong with me I accepted that it was never going to leave me alone.

The doctor gave me an appointment every two or three weeks but the medicines did nothing for me. Let's say he gave me a little blue medicine to "lift my spirits" and another to sleep, another was vitamins. I just didn't want to eat but he just gave me two more serums.

Eventually he told a nurse to tell me to stop coming to the hospital. Then, my children stopped taking to the hospital. Oh my, I can tell you that for seven years I lived like that."

RT What was the effect on your family and home life?

MV "I lived in fear. I used to hide, because I didn't sleep. I wasn't well at all. I prayed even more. My family prayed as well to help me. I was scared of dying; I couldn't walk, stand up, lie on the bed. I didn't want to do my hair or make myself up. When my husband came to sit with me I would scream at him not to touch me. That means that my head was not good because of the lack of sleep.

But the doctors would not tell me what the problem was. Because of that I became more and more worried. What type of illness did I have that the doctors wouldn't tell me what it was? Nowadays, people understand.

My father told me that his mother had that same problem and it was when she was going through the menopause. 10 years, he told me it can take before it leaves you. That meant I had no hope of escape, and it was that that gave me the strength to talk of my problem. My mother died and I didn't, if she had been here, I could

have turned to her for help. My family hid her death from me. They told me about it three months after it happened. After I was better they told me about it. But god told me to accept it; I didn't worry. She was old. 82 years old. I accepted it.

I slept one day, three years after I hadn't slept at all. I slept for about 8 hours. A woman visited me and told me to take four herbs, I tell you its true, and then told me wake up and every thing would be fine. I told her I was sick and she told me "no, you just lack faith, get up you're fine" Then I got up. I jumped up in my sleep. I waited until dawn and then I went out and searched for my herbs. But I can tell you we were all very happy."

RT What about the herbs you mentioned, what are they and how do you use them?

MV "Those four herbs made me better. After that, everyday she told me of another herb to add to the recipe. One day the woman came and told me of a herb that I said was not growing in Rodrigues. She told me exactly where to find it, I went out to look because I knew that these dreams were true, because there are people whose dreams are lies, but with me the dreams are true because where she said it would be I found it.

On the last visit she gave me a root and some really clear glasses. But I said to her that I already had two pairs of glasses; I couldn't believe that god would want to give me another pair of glasses, then when I thought about it I though that glasses help you to se more clearly which helped me to realise that the root was from a fruit and not a leaf like the other ingredients.

Okay, after this the first time I gave it to someone else it was a woman who told me "I feel like when I'm pregnant, I've got a feeling of heat and an itching in my vagina." I told her not to worry, because I have a medicine for women who are going through the menopause who get that hot feeling and the itching. I gave her a little bit, just nine leaves, and when she had drunk it she said "Sister, I feel much better". She explained to me that all of the gas had left her, which had made her stop eating like when she was pregnant.

Another second woman, she was married about 4 years and she hadn't had any children and she was getting problems like the other woman. I tried some more. I gave the woman two bottles. After 2 months she told me she was pregnant. She told me "perhaps the medicine has cleaned me inside, I don't know".

Then I carried on. Those two women that I had given the medicine to spread the rumours with other people, then women came. There is one who has been taking the treatment for 2 years. People talk.

Only, those people ask me if I can clean them well. I give them 3 litres to drink. They don't have to use more. After a break of three months I can give them some more. I don't know why. But people don't return for more because they already feel well."

RT 3 Litres seems a lot. Can you tell me about the eh… normal dosage? How much do you make and how much do people have to take? Oh,…and eh, how often, you know, how big a dose and how often was the medicine taken?

MV "You buy a packet of <drinking salts>. You put it in front of you and you divide it into three parts You take a handful for each bottle and put a portion in that litre. Every 2 days you have to drink a one litre bottle and really you will become well. If by chance you haven't finished drinking the bottle, because not everybody has the appetite to drink, you are not allowed to put anything in it. You put it in the fridge and in the morning you reheat it and drink it. But, I can tell you that for two and a half years I've been using this and I've helped about 300 people.

There is one girl who was about 14 years old when she had her first period, and no more until now when she is 26 years old. For 12 years she has had that problem. She had a dream that I could help her by giving her leaves. Then I boiled my leaves and gave them to her and. I can tell you, amazing, the young girl was well again, coco.

(She referred to me as "coco", a term of endearment, throughout my time there)

Her mother came one day and thanked me. I told her “Its God you have to thank, not me he has passed his message through me, a message for your young girl, God has chosen me to do it”.

So, there it is. I like people so much. I’m a woman with 12 children and all of them have been to school in spite of my poverty.

Before I boil the drink I pray to Jesus and “Pere Laval” *(a local Christian saint)* to act on my behalf so that I can help cure illness. When that angel speaks to me I can’t tell you who they are, but they must be a good person. The first time they were wearing a blue skirt and a white blouse. The head was naked *(no hat)* but each time they are different. Sometimes she has a hat on but with a different person’s face. I can’t explain it. She also told me not to give the medicine to men, she said its only for women with the same problems as me.

(I thought at this point that it was unlikely that my requests for a sample would be met)

She also said that when I have finished boiling the medicine I must not just throw the remains anywhere where people walk, because that recipe is a secret, a secret for just us two.”

RT You give the medicine away to anybody who asks for it?

MV “Do you know how many people have told me to sell my medicine for 50 Rupees? I wouldn’t need to work. But we are on the earth for a short time so why should I do that! Money can’t but God. He’s sent us upon to the earth one moment and we will all die. I’m almost dying and I must prepare for the Kingdom. I pray a lot that I will find somebody to pas the secret to before I die. Nobody can buy my spirit. I’m on the road to salvation so let me through….”

At this point the interviewee began to laugh and talk about religion and the importance it had on her life. I stopped recording the interview and gently dropped hints about the possibility of me having a sample of her medicine. Eventually, she went into the house and returned with a two litre plastic “Sprite” bottle full of a dark brown liquid. She said that this was the first dose to be drunk over two days, although I was not to drink it, being a man. I wasn’t

that upset that I was prohibited from tasting it. I thanked her profusely and after some time spent chatting and drinking soft drinks I said that I had to leave. I promised to send her some copies of the photos I had taken of her, and her husband returned to guide me up the mountain path to the road.

My intention was to bring the bottle with the medicine in to Mauritius and to have the contents analyzed to ascertain what, if any, were the active ingredients. My suspicions being that some natural analgesics were present in some of the herbal ingredients, however, none of the laboratories that we contacted in Mauritius could help us with an analysis.

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Glossary

Sorry, but as much as I have tried it is not possible to produce a book on this subject without some Medical. Biological or Sociological terminology creeping in. Personally, I've always had a dislike of glossaries hidden away at the back of books which mean that you having to keep flipping the pages backwards and forwards to understand what you are reading. So to make it a bit simpler some of the major terms and those that will turn up in the text most frequently are listed in this glossary, handily placed at the beginning of the book. In the text, terms that made need some clarification for the lay reader also have an explanation provided as a footnote. But it would be worth looking at and learning the meanings of some of the more common terms that will turn up in the text before reading the book.

Adrenal Gland
A gland situated above the kidney which produces adrenalin and steroid hormones
Amenorrhoea
An absence of Menstruation
Angina
Chest Pain that can feel as if it is the beginning of a heart attack
Atrophy
To waste and wither
Cardio Vascular Disease
Disorders of the heart and circulatory system
Cervix
The end of the vagina where the entrance to the womb is situated
Climacteric
The time when the ovarian functions begin to cease, reproduction abilities lessen and the Menopause begins
Dilation and Curettage
The removal of the endometrium and any waste embedded
Dysuria
Pain when urinating
Endometrium
The inner lining of the Uterus
Estrogen
One of the female sex hormones produced primarily by the ovaries before the menopause and by fat and other tissues after the menopause

Fibroid
A tumour in the uterus. Non-cancerous
Hormone Replacement Therapy
The use of oestrogen combined with progestin for the treatment of menopausal symptoms and the prevention of some long term effects of the menopause
Hysterectomy
Surgical removal of the Uterus
Menarche
When menstuation begins
Menopause
When menstruation stops permanently
Oestrogen
The same as Estrogen. This is the “English” English spelling while American spelling likes to remove the first “e”. In this book any original writing by the author will tend to have the “oe” spelling while quotes from american based literature will tend to have the “e” version. But it’s the same thing. Sorry about the confusion it might cause.
Osteoporosis
When calcium loss is the bones causes them to weaken and become susceptible to fracture
Parity
The number of pregnancies a woman has that result in live births
Peri menopause
The gradual transition phase that leads up to the ending of menstruation and the onset of the Menopause.
Pituitary gland
A gland under the brain that controls many of the glands in the endocrine system
Post menopause
Life after the Menopause, usually taken to begin 12 months after the woman’s final menstruation.
Progesterone
One of the female sex hormones produced by the ovaries
Progestin
A synthetic form of progesterone
Thyroid Gland
A gland located in the neck that produces thyroxin to regulate the metabolic rate

Uterus
The womb
Vagina
The entrance to the womb stretching form the vulva to the uterus
Vulva
The external female sexual organs

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Web Sites

These are some of the web sites that have proved useful in preparing the background for this study

Menopause

1. Menopause, another change of life

http://www.plannedparenthood.org/womenshealth/menopause.htm

2. Factors affecting the age of onset

http://popindex.princeton.educ/browse/v63/n4/j.html

3. The Menopause Misnomer

http://jpog.ispog.org/Editorials/menopausalmisnomer.asp

4. Conference report:5th European congress on Menopause European Menopause & Andropause Society, July 1-5, Copenhagen, Denmark

http://www.medscape.com/Medscape/WomensHealth/journal/2000/v05.n04/who719.denn-01.html

5. Menopause

http://health.yahoo.com/health/Diseases_and_Conditions/Disease_Feed_Data/Menopause/

http://www.menopauseresearch.com/symptoms.html

6. Life satisfaction, symptoms, and the Menopausal transition

http://www.medscape.com/Medscape/WomensHealth/journal/2000/v05.o4/wh7254.denn-01.html

Hormonal Replacement Therapy

7. Postmenopausal HRT and Breast Cancer

http://www.medscape.com/Medscape/WomensHealth/journal/2000/v05.n04/wh727.jaco-01.html

8. Older women may not use HRT long enough to benefit

http://womenshealth.medscape.com/reuters/prof/2001/02…./20010200003.htm

9. HRT does not increase stroke rate in women with CHD

http://womenshealth.medscape.com/reuters/prof/2001

10. The Basic Science of Estrogen

http://www.menopausalhealth.com

Treatment options and Menopause

11. High soy intake increases bone mass in postmenopausal women
http://womenshealth.medscape.com/32009.rhtml?srcmp:wh-010501

12. Menopausal women using complementary therapies for symptoms

http://womenshealth.medscape.com/reuters/prof/2000/10/10.30/2000102/epid2002.html

13. Menopause:Keeping healthy

http://www.menopauseresearch.com/nutrition.htm

14. Menopause Management for the Millennium

http://www.medscape.com/Medscape/WomensHealth/ClinicalManagement/CM.v01/public/index

15. Heart Diseases can be avoided with early healthy lifestyle

http://womenshealth.medscape.com/Medscape.htm

16. Menopausal Health: Can Chinese medicine help you?

http://216.92.231.121/html

17. Lifestyle Intervention reduces rise in LDL Cholesterol associated with menopause

http://womenshealth.medscape.com/reuters/prof/2001/01/01.09/20010108clin015.html

18. Menopause and Exercise

http://www.menopauseresearch.com/exercise.html

19. Addressing postmenopausal estrogen deficiency

http://womenshealth.medscape.com/Medscape/GeneralMedicine/journal/2001/v03.n01/mgm0126.s-01.html

20. Women's health care during the perimenopause

http://www.medscape.com/AphA/JAPhA/2000/v40.n06/jap4006.os.frac/jap4006.05.frac-01.html

Herbal Remedies

http://www.menopause_online.com

http://www.medscape.com/medscape/womesnshealth/treatmentupdate/2000/tu02/public/toc_tu02.html

http://pharminfo.com/disease/dardio/hrt_HD.html

Osteoporosis and Menopause

21. Primary care visits present opportunity for osteoporosis

http://womenshealth.medscape.com/reuters/prof/2001/01/…/20010130pab1001.htm

22. Osteoporosis progresses quickly once a verterbral fracture occurs

http://womenshealth.medscape.com/reuters/prof/2001/01…/200101004.htm

Andropause

23. Menopause and men

http://healthy.net/library/news/story.asp?Id=954

24. The testosterone syndrome

http://www.slimmeryou.org/older/andropause.htm

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