Research Article ISSN 2639-9342

Gynecology & Reproductive Health

Sexual Health after Menopause: A Qualitative Study

Adekemi E. Olowokere RM, PhD, Ademidun O. Adedeji RM, MSc, Aanuoluwapo O. Olajubu RM, PhD, Mercy K. Aladegboye RM, MSc and Omolola O Irinoye RM, PhD

Department of Nursing Science, Obafemi Awolowo University, Ile-Ife, Osun State, Nigeria

***Correspondence:**
Adekemi E. Olowokere PhD, Department of Nursing Science, Obafemi Awolowo University, Ile-Ife, Osun state Nigeria, ORCID No: https://orcid.org/0000-0002-0499-6015.

Received: 29 August 2021; **Accepted:** 02 October 2021

Citation: Olowokere AE, Adedeji AO, Olajubu AO, et al. Sexual Health after Menopause: A Qualitative Study. Gynecol Reprod Health. 2021; 5(5): 1-9.

ABSTRACT

Background: *Menopause has been associated with decline in sexual well-being among women. The quality of sexual interactions in heterosexual relationship are increasingly being considered as an important indicator of positive health and quality of life.*

Objectives: *This article describes the sexual health status of menopausal women and the challenges preventing them from having a fulfilling sexual life.*

Method: *This was an exploratory qualitative interview. Seventeen (17) menopausal women were interviewed individually and face-to-face using semi-structured interview guide. The interviews were analyzed using content and thematic analysis.*

Results: *The analysis yielded two themes for sexual health status; (a) good sexual health status and (b) poor sexual health status. Majority of the study participants claimed to have poor sexual health status. The challenges to having a fulfilling sexual life yielded four themes; (a) fear (b) lack of sexual partner (c) ageing process and (c) being breadwinner of the family.*

Conclusion: *The study concludes that majority of the women in the study have poor sexual health status and diverse challenges to having a fulfilling sexual life. This article offers a premise for healthcare providers to see the necessity to inquire about sexual health from post-reproductive age women and to provide necessary support that can help improve their sexual health.*

Keywords

Ageing, Sexuality, Post-reproductive age, Women's health, Nigeria.

Introduction

Human sexuality is a complex phenomenon and an integral part of human's life. It is a major topic of discourse across lifespan and an integral part of healthy life that should not abruptly come to an end with the onset of menopause [1]. It becomes an important issue, particularly during older age when couples become closer as a result of the children leaving home for school or to have their own family. Human sexuality is a universal part of living; and positive sexual relationships and sexual functions are increasingly recognized as important indicators of positive health and quality of life [2]. However, ageing has diverse consequences on sexuality with gender variations. As a woman ages, she transits from the reproductive period to menopause. Menopause is a period in a woman's life when there is cessation of menstruation. This period is associated with varying health and social challenges, one of which is a decline in sexual function due to ageing and

the associated reduction or loss of sexual hormones. It is widely accepted that sexual function worsens with advancing menopause status, independent of age [3]. Menopause is often associated with changes in sexual desire, painful intercourse, orgasmic disorder and loss of lubrication [4]. Sexual problems during menopause are rooted in a wide range of factors, which may be biological, psychological and socio-cultural in origin [5,6]. These problems often affect women's relationships with their spouse. Thus, paying attention to these problems is extremely important for post-reproductive age women to have a fulfilling sexual life.

Poor self-rated health and chronic health conditions are associated with decreased in sexual activity and functioning among older men and women [7]. However, the challenge is, women may experience changes in their sex life in the years around and after menopause. While some women enjoy sex more, other women find that they think about sex less often or don't enjoy it as much due to low hormone levels after menopause which often cause vaginal tissues to be thinner or dry thus making sexual intercourse painful or distressing [8]. These physiological changes with their attendant psychosocial consequences have influence on the sexual health of women. Sexual health is "…a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity [9]. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence" [9]. The WHO definition further affirms that "for sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled" [9]. Female sexuality has been recognized by the World Health Organization not only as an important component of women's health, but also as a basic human right [9]. Attainment of sexual health is therefore a fundamental right of everyone irrespective of the stage along the life span. Healthcare professionals especially the community health nurse have critical roles to play for women to attain optimal sexual health across the life span. Thus, asking about sexual health during menopause is of a great necessity on the part of healthcare providers.

Sexual health and rights of women in the Nigerian society have faced the challenge of constant violation [10]. This manifests in different forms, such as lack of, or very little information on their sexual and reproductive health and their rights, and denial of access to good and quality sexual and reproductive health services [10]. Just as with any other age group, menopausal women have sexual health concerns which are rarely addressed by healthcare providers [11]. Also, there has been less attention on sexual health of women of post-reproductive age when compared with those in the reproductive age in previous studies [12,13]. It is worthy to note that in most studies conducted among menopausal women, issues relating to changes in sexual desires often come up but there has been lack of qualitative evidence to have an in-depth exploration of the concept of sexual health among menopausal women in a Nigerian setting till date. Most of the previous studies were quantitative in design, focusing on symptomatology of menopause [14-16]; attitudes and perception towards menopause [17]; sexual activity and urological morbidity [18]; and sexual experiences and perception [19]. Also, a mixed method study was conducted among older Yoruba people (male and female) 60^{+} above on their perceptions of menopause and sexuality in old age [20]. There is scarcity of qualitative studies that explore the concept of sexual health among menopausal women, their sexual health status and challenges they experience in Nigeria settings. Such data are necessary to have in-depth understanding of the phenomenon of sexual health among the menopausal women [21].

Promoting the sexual health of menopausal women demands an exploration of their current sexual health status and challenges. This is with a view to developing appropriate interventions to improve post-reproductive sexual health services that could assist women lead a meaningful and healthy sexual life in the menopausal stage. Also, the importance and socio-cultural values placed on sexual interactions in heterosexual relationship in the study setting necessitates the need to explore sexual health among menopausal women. Therefore, this study describes the sexual health status of menopausal women and their challenges.

Methods

A community-based qualitative descriptive design was used to explore women's sexual health and associated challenges. The design recognizes and allows subjective aspects of a phenomenon [21,22] and it is mostly useful when little is known about an issue [23]. The purpose of using the design was to get detailed information on sexual health among menopausal women.

The study was conducted in Ilesa West Local Council Area (IWLCA) of Osun State, Nigeria. The local government area is located in Ilesa, a semi-urban town in Osun state and it is mainly populated by the Yoruba of southwestern Nigeria. It is one of the oldest settlements in Yoruba land. The local government has an area of $63km^2$. It is about 25km southeast of Osogbo, the capital of Osun State in Nigeria. The local government has a mixture of both local and newly developed communities. The local communities are mainly populated by the core indigenes of the town while the outskirt communities have more of the elites and the civil servants. Ilesa is mainly a Yoruba community and there is lack of evidence on their sexual views or experiences. The selection of participants takes into consideration, the local and the new areas.

A purposive sampling technique was used to select the menopausal women that participated in the study. The women were selected at household level from selected communities (Isokun, Araromi, Omofe, Oke-Ese, Orinkiran, Oke-Iyin, Adeti, and Ilaje) out of the twenty-three communities in IWLG. The household selection of the women allows for a wide variety of individuals as much as possible, those who are of Yoruba extraction regardless of whether they are indigenes of Ilesa or not but reside in the selected communities. Only women who gave their consent were recruited into the study. The inclusion criterion is that the woman

must have stopped menstruation for at least one year. Exclusion criteria included record of any debilitating illnesses (cancer, renal problem, poorly managed diabetes with injuries or wounds, and mental illness). Seventeen women participated in the qualitative study and the interview was stopped after data saturation had been reached. This was based on the submission of an author who opined that researchers should keep collecting data until no new or relevant data seems to emerge regarding a category [24].

Data were collected through one-on-one in-depth interview that lasted 45-60 minutes. A semi-structured interview guide was used to collect data in respect of participants' sexual health status and associated challenges. The instrument was translated to Yoruba and back translated to English by experts in Yoruba and English languages to ensure the consistency in the use of the instrument; and also to help participants who feel more comfortable with the local language to express themselves. Participants were interviewed based on their preferred date, time and location.

The interviews were conducted by the first two authors and this took place from November 2019 to February, 2020. The first author conducted the interview while the second author who was not interviewing participants had opportunity to ask follow up questions to clarify issues or get additional information during the interview. Ten (10) of the interview sessions were conducted in the local language (Yoruba) while the rest were in English. Back translation occurred for all the ten interviews conducted in Yoruba by an expert. Before the commencement of the interview, each participant was informed about the purpose of the study and the interviewer's intention to tape record the interview. The key questions are as follows: What is your own conception of sexual health? How would you describe your sexual health status? Which one word do you think is mostly appropriate to describe your sexual health status? What are the challenges you face that make it difficult for you to have a fulfilling sexual life? What are the things you need to have a fulfilling or good sexual health status? Follow up questions such as: Could you expatiate more about what you just said, could you explain further? How do you mean? Could you give relevant example to buttress your point? were used to obtain more in-depth understanding about participants' responses. Such questions serve as encouragers to facilitate more explanation on participants' responses to the initial questions asked [21].

The rigor of the data collection was ensured through the criteria of credibility, transferability, confirmability and dependability [25]. Participants were selected with maximum variation and sufficient time was assigned for data collection, interviews were conducted at different times and locations. Dependability and confirmability were ensured by documenting the research process clearly, using the same IDI for all interviews, audio-taping and transcribing all interviews verbatim and by comparing the codes, categories and themes. There was a member of research team checking with the participants after data transcription. Description of the participants, data collection procedure, analysis and quotes from the participants are used to enable readers assess the transferability of the findings to other contexts. Credibility was ensured through prolong engagement, external check on the research process, and data coding simultaneously with data collection.

The qualitative data (the in-depth interviews) were transcribed, sorted, categorised, and were analysed using thematic and content analysis techniques [26]. The authors listened to the audio-recorded interviews and transcribed simultaneously. Also, two experts were involved in the back-to-back translation of the transcripts. The transcribed data were cross-checked again by re-listening to the audio-recorded interviews several times to obtain a sense of comprehension [27]. This was then imported into Atlas ti software for further analysis. Similarities and differences between codes were identified; themes and subthemes were then delineated. The research team was divided into two groups. Each group independently analysed the data before comparing the results and reaching a consensus. The themes, subthemes and relevant quotes that emerged from the analysis of participants' account of their sexual health status are as stated in Table 1. Also, the themes, subthemes and relevant quotes that emerged from participants' account of challenges associated with their sexual health are stated in Table 2.

Approval for this study was obtained from the Health Research Ethical Committee (HREC) of the Institute of Public Health, in Obafemi Awolowo University, Ile-Ife (IPHOAU/12/1404). Letter of permission to collect data was also obtained from the appropriate authorities including the Chairman of Ilesa West Local Government Area. Individual informed verbal and written consents were obtained after brief explanation on the purpose of the study to each participant before any data collection. Privacy and confidentiality were strictly protected by ensuring that no personal identifiers were included in the documentation (participants' responses) rather, a unique identification number was allocated to each participant. All documents (both written and electronic) pertaining to the participants' responses were kept secure. Voluntary participation was ensured and right to take part or terminate at any time they wanted was emphasised to the women.

Results

The mean age of the participants was 53.00±4.28 years and their mean age at menopause was 47.35±4.48. The highest percentages of the participants were married (82.4%), 11.8% were widow and 5.8% separated. Also, most of the participants were educated to tertiary level (41.2%). All participants were Yoruba by ethnic group and had natural menopause.

Participants' Conceptions of Sexual Health

Participants' conception of sexual health could be described as the ability to desire love and intimacy with one's partner. Also, being sexually healthy was described as ability to show love, engage in sexual intimacy with one's partner and to derive pleasure from such intimacy. The key words that came out of the participants' conceptualization of sexual health are maintaining physical attraction, desiring for safe and enjoyable sexual intimacy and

deriving satisfaction from such experiences. Some of the quotes from participants are as stated below:

"Sexual health is when one is able to desire and have safe sexual intimacy with one's husband without coercion and problems like itching, pain and sexually transmitted infections" (No. 15, 48 years)

"Sexual health is about maintaining good physical attraction, showing desire for love and enjoying sexual intimacy with one's spouse. I mean getting to climax" (No. 5, 54 years)

"……. from my own view of sexual health…. I feel it is when a woman and her spouse are able to have a great and enjoyable sex life that gives them satisfaction and good relaxation. I feel both people involved must desire it and must also enjoy it. When this happens, I can say that both the man and the woman are sexually healthy" (No. 4, 51 years)

Participants' Sexual Health Status

Table 1 shows that two themes and five subcategories emerged from participants' description of their sexual health status. The two themes are poor and good sexual health statuses. These themes were arrived at based on participant's use of the words that describe their sexual health status.

Theme 1: Poor Sexual Health Status

The result revealed that majority of the participants (n=10) which constitute 58.8% of the participants claimed to have poor sexual health status. Those that have poor sexual health status are those

Table 1. Themes, Subthemes, and Quotes that Emerge from Participants' Views of their Sexual Health Status

Themes	Subthemes	Quotes from Participants
Poor sexual health status	Death of spouse/lack of sexual partner	"I lost my husband before I reach menopause and ever since then, I have not had any sexual intercourse and that makes my sexual life to be poor and I always feel the urge but there is nobody to have sex with me. This often makes me unhappy but presently I still have interest" (No. 2, 51 years) "I don't feel happy most times because I usually have sexual urge, and my husband is late. Had it been that he is still alive; he would satisfy my sexual urge" (No. 9, 51 years)
	Pain during and after sexual intercourse	"I would say that my sexual health is poor. This is because after each time I have sexual intercourse, I normally feel pain, my body will be so weak, and that makes me lose interest in sexual intercourse" (No. 1, 52 years) "I don't find intercourse easy because of the pain. So, I'm always afraid any time my husband requests for sex "(No. 3, 49 years) "The only thing I consider as problem is the sexual intercourse itself because it causes vaginal pain for me. This makes me tell my husband that I don't have interest again. He however said that he would go outside to have intercourse but I told him to be careful and to always use protection "(No. 4, 51years) "I'm always afraid of engaging in sexual intimacy with my husband because of the pain I experience during sexual intercourse" (No 10, 57 years)
	Belief System	"I have been avoiding intimacy with my spouse because I heard that having sexual intercourse during menopause can weaken a woman and cause disease" (No. 14, 46 years) "I don't engage in sexual intercourse regularly because I believe that during menopause, women don't need sex again and I believe that sexual intercourse is only meant for people who are still menstruating because they want to bear children. So far, the menses has stopped, there is no need for much intercourse. During menopause, sexual intercourse should be minimal". (No. 3, 49 years) "During menopause, people usually say that women are prone to have sexual related diseases like gonorrhoea and that it is not necessary for women to be having sexual intercourse because the sperm remains in the womb. If the woman is menstruating, the sperm would have come out with the menstruation. I think it is advisable for women who have reached menopause not to engage in sex in order to live longer". (No. 15, 48 years)
Good Sexual Health Status	Mutual interest driven intercourse	"My sexual life has been good because I still engage in sexual intimacy once in a while and I do enjoy it. I mean we still play with each other and engage in sexual intercourse" (No. 5, 54 years) "I am still sexually active. Nothing stops me and my husband from doing it. We do it when we have time" (No. 6, 55 years) "My status is good because I do enjoy my husband sexually. I have sexual intimacy with my husband whenever I feel so." (No. 11, 52 years).
	Satisfying spouse sexually	"My sexual health is good because I normally satisfy my husband. He doesn't go outside to see other women, its only me" (No. 12, 59 years) "I want to say that I am sexually active and I feel good each time I have sexual intimacy with my husband. In fact, my husband makes it more interesting now that we are the only one at home. It is always a fun period with him" (No. 17, 52 years)

Table 2: Themes, Subthemes, and Quotes that Emerge from Participants' Views of the Factors /Challenges Associated with their Sexual Health Status.

Themes	Subthemes	Quotes from Participants
Fear of engaging in sexual intercourse	Risk of infection from partner's infidelity	"I am afraid of contracting sexually transmitted disease from my husband because he is a public man, that's why I don't feel like engaging in sex with him" (No. 1, 58years) "I'm always afraid of engaging in sexual intimacy with my husband because he engages in extra marital affairs" (No. 10, 57 years)
Lack of sexual partner	Familial Restrain	"My husband is dead, so there is no one to engage in sexual intimacy or intercourse with. This often makes me sick and sad. The worst part of it is that my children refused to allow me remarry and there is nothing I can do about it because they are all I have" (No. 2), 51 years) I do have sexual urge but …….my children have refused me having another partner (No 9, 51 years)
	Societal stigma of widow	"My husband is late and you know that in our society many widows that marry after the death of their husband are labelled as not being serious. Some people would even say that instead of her to take care of her children she is looking for another husband. Although painful but what do we do?" (No. 9, 51 years) "The eye with which the society looks at the widow who remarry after their spouses had died is bad ---You know they often label them as being promiscuous. This is why I decided not to have a sexual partner even though I do have the urge. I do not want to be labelled as promiscuous" (No 2, 51 years)
Ageing process	Loss of libido	"one thing that I know is that as I become older, my urge for sexual intimacy reduces, I don't have the sexual urge as I used to have it when I was still young" (No. 6, 55 years) "There is no much hormone in my body to arouse the sexual urge as it used to be when I was younger. You know that as we age, the hormone that makes one feel like having intimacy reduces" (No. 5, 54 years)
Being breadwinner of the family	Spouse Abstinence from responsibility	"My husband does not contribute to the family financially, so what I always have in my mind is how to take care of myself and the children. I don't think about sex or any sexual intimacy with a man who cannot put food on the table or care for my children." (No. 3, 49 years) " …. . My children are all in the University. I need money to support them and that is why I am totally given to my business. The fathers of nowadays are not responsible and sexual intimacy or relationship is not my business now because it will not keep my children in school. I don't think it… I am extremely busy with my business and children" (No 13, 52 years)

who do have sexual urge but could not engage in sexual intimacy because of loss of spouse, pain they experience during sexual intercourse, and myths/ beliefs around sex during menopause. Some of them still desire sexual intimacy and have interest in sex but these needs have not been met which makes them unhappy. Also, some of the participants were afraid of engaging in sexual activity to satisfy their urge because of some misinformation they have heard from either friends or older women that engaging in sex during menopause may lead to disease as there is no menses to wash the sperms away. Selected quotes from participants are as presented in Table 1.

Theme 2: Good Sexual Health Status

The study also shows that 41.2% (n=7) of the participants reported good sexual health status. The participants in this category engage in sexual activity occasionally and enjoy intimacy with their spouse even during menopause. One important statement from participants' responses is the fact that engagement in sexual intimacy is not a regular thing between them and their spouses. Selected quotes to support the points above are as stated in Table 1. According to the participants, the reasons for irregular sexual intimacy were age, lack of vigor or strength and separation between the spouse due to some societal gender roles which often take some of the women away from their spouses to go and nurture their grandchildren. Those that reported good sexual health status attributed it to spouse understanding, fidelity and partners' support. Also, some attributed it to participation in lifestyle activities such as relaxation exercise and good nutrition.

On what women would need to have good sexual health status, majority felt that women should be educated early about menopause and associated symptoms including those that have to do with changes in sexual desire. This means that it is always good to talk about sexual issues around menopause early with women. Many felt that they enter into menopause unprepared and that their experiences might be differ if they were prepared for it. Responses from two of the participants that summarize participants view are stated below:

"I think women need to be educated about menopause before it happens to them. Facing it without prior knowledge may put one's relationship in chaos. For example, I didn't prepare for it and I didn't find it funny at all. I just discovered that I no longer have desire for sexual intimacy. I became irritable and if not for the intervention of a friend, I would have lost my husband to those young girls out there. I would have probably coped better if I have the necessary information". (No. 13, 52 years)

"You know that healthcare providers should find a way of talking to women about sex and menopause. I mean how to enjoy sex during menopause. Do you know that many people feel shy to talk about it? Someone like me find it difficult to discuss my sexual problems with people. The problem is I am not sure of what they would say. I mean they may be thinking like what she is looking for? Hun! I am sure you know how our society views women in my category". (No .2, 51 years)

Challenges Associated with Sexual Health Status

Table 2 shows that four themes and five subthemes emerged from participants' responses on challenges that deprived them of having a fulfilling sexual health. The themes include fear of engaging in sexual intercourse, lack of sexual partner, ageing process and being the breadwinner of the family. Women were afraid of having sexual intimacy because of the risk of being infected with sexually transmitted infections, and pain experienced during sexual activity. Also, lack of partner mostly as a result of death was reported by women to influence their sexual health as there is nobody to satisfy their sexual urge. The societal stigma of being a widow in the setting has contributed immensely to poor sexual health status of the women. Many of the participants also attributed poor sexual urge with increase in age and reduction in sex hormones. Being a breadwinner of the family also affects the sexual life of some of the women in the sense that they are only preoccupied with how to care for their family. This could constitute a barrier to having sexual intimacy with their spouses.

Discussion

The purpose of this current study was to describe menopausal women's sexual health and their challenges. On their sexual health status, two themes were identified which are poor and good sexual health statuses. Four themes were generated from their responses on challenges associated with having desired sexual health which are fear of engaging in sexual intercourse, lack of husband/partner, ageing process and being the breadwinner of the family. The study contributes to knowledge in the area of sexual health by addressing menopausal women's challenges to having fulfilling sexual life. The focus on menopausal women is in contrast to previous works on sexual health that focus on women of reproductive age. The summary of the findings of the interview showed a need for knowledge about menopause and associated challenges. Appropriate measures such as having information about menopause early, participation in relaxation exercise, consumption of good nutrition and enlisting men's support were found to contribute to a fulfilling sexual life among the participants.

A critical review of participants' conceptualization of sexual health reflects key words such as safety (sexual intimacy free of infection and pain and without coercion), maintaining good physical attraction, enjoying sexual intimacy that promotes satisfaction and good relaxation. Their view of sexual health is beyond a mere intercourse as it reflects the physical, emotional, social and mental components of sexual health as stated in WHO definition of sexual health [9]. Their view also confirms WHO submission that for sexual health to be attained and maintained, the sexual right of all persons needs to be respected.

The finding of the current study has shown that a lesser proportion of the women reported that they still have good sexual health status. Although population studies suggest that women often experience a decline in sexual functioning with aging and menopausal transition, this does not apply to the whole female population [3]. The findings of this study have shown that sexual health is still desired by some menopausal women. A study revealed that most women consider sex to be an important part of their life and they strongly desire to maintain their sexual life [28]. It is interesting to observe that some of the menopausal women in this current study still engage in sexual intimacy and even have satisfying sexual experience with their spouses. It is also important to note that these are women in their 50s. According to Rogers, many people still remain sexually healthy throughout their lives and sexual interest and activity in later years may be influenced by the frequency of sexual activity when one is younger [29]. She further stated that if sex is central to one's lifestyle and happiness at younger age, it will probably still be important at later age. Also, the reason for good sexual health status by some of the women was attributed to partners' support and understanding. Previous studies have shown that spousal support could help improve women's health during menopausal period [30,31]. Also, engaging in lifestyle activities such as relaxation exercise and eating good food were some of the reasons the women felt they had good sexual health. This finding supports previous studies that found exercise and nutrition to be part of the factors that shape women's experiences during menopause [32,33]. Also, literature has shown that some women have reported increased sexual activity during menopause because there was no reason to fear for unplanned pregnancy [18].

On the other hand, majority of the women in this study reported poor sexual health status. Some could not take decision about their sexual life even though they have the interest, the urge; and the finding shows that they are unhappy about the fact that they could not meet their sexual health needs due to loss of partner. Despite the fact that the law permits women to remarry after the loss of their spouses, many women in Nigeria find it difficult to do so because of their children. It is either they are engrossed in economic activities to care for the children or even when the children are grown up; they refuse to allow their mother to remarry or have a sexual partner. This is against their fundamental human right and it negates the agreement of the International Conference on Population and Development (ICPD) held in 1994, that women have the right to have control over and to decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination, and violence. Unfortunately, this right is not upheld due to the fact that for these women, they allow their children to decide for them. Maintaining the status of widowhood by some of the women contributed to their poor sexual life and which they are not happy about. A study has shown that children's approval or disapproval of their parent's sexual or intimate relationship has more consequences for women than men [20]. However, it is important to state that, accepting their children's decision is deeply rooted in the socio-cultural belief among the Yoruba people that '*omo eni ni oko eni'* meaning that "*a woman's child is her husband*" even though it is culturally forbidden for the child to meet the mother's sexual needs.

In addition to the above, sexual health after menopause has been influenced by negative cultural beliefs towards sex in Nigeria [17].

Such local beliefs include the notion that menstrual flow cleanses a woman, and in the absence of menses, having sex will make impurities that are usually washed away by menses to accumulate in her which may lead to illness [34]. This makes some Nigerian women to often abstain from sexual intercourse after menopause [34]. Some of the women that abstain from sex did so because they acquire information related to sexual activities during menopause from older women or friends in the community. Study has shown that women source from their experiences and impressions about events through social interactions with a network of structures [35]. Abstaining from fulfilling their gender roles towards their spouse may lead to infidelity on the part of the husband and this may strain the family healthy relationship. This is an important reason while healthcare providers need to ask questions about sexual life of post-reproductive age women during regular routine clinic in order to provide sexual health information and other support that are necessary for them to have a fulfilling sexual life.

Menopausal women face diverse challenges in achieving a fulfilling sexual life. One of the challenges found in the current study is the fear of engaging in sexual intercourse due to the fear of being infected or pain experience during sexual intercourse. It is important to say that there is truly a risk of sexually transmitted infections if a sexual partner is having sex with other partners [36]. If a woman knows that her partner engages in multiple sex, she may be discouraged and not willing to have meaningful sexual intimacy with him. This may deprive her of having a fulfilling sexual life. Painful coitus may occur as a result of some psychological issues (e.g., concern about physical appearance, fear of intimacy or relationship problem); stress (e.g., the pelvic floor muscles tend to tighten in response to stress and this may contribute to pain during intercourse); and history of sexual abuse [37-39]. Pain experiences have been previously reported among menopausal women [40-42].

Loss of sexual partner also constitutes a major challenge to the women having fulfilling sexual life. Availability of husband has been identified as one of the factors that influence women's sexuality and sexual health [43]. Women are less likely to engage in sexual activity with another partner as they age because of a lack of partner owing to death or divorce. Nigerian socio-cultural context has a way of denying women the right to fully enjoy their sexual right after spouse's death or divorce. Most women are easily labelled and stigmatized as being promiscuous and not being able to respect their dead spouse. However, the opposite is often the case for men. A man is encouraged to remarry early under the disguise of averting the spirit of the woman from tormenting him, or to get someone to care for the children if they are still young or to help him cope emotionally with the demise of the wife. The deprivation of the basic right of the female folks in the African culture, most especially in Nigeria is entrenched in the cultural belief associated with the gender norms and expectations.

It is important to state that presence of low desire for sexual activities, the most common sexual problem, does not represent a sexual dysfunction *per se* [44] but it has been found to be associated with menopause [45,46]; and thus, women need to recognize it and find a means of addressing it. For most women, at least some aspects of sexuality such as level of desire or frequency of sexual activity decline with age [47]. There are many biological and non-biological reasons why this happens, including a person's general well-being and health, lifestyle, as well as interpersonal and psychosocial factors (like the quality of a relationship, or mental health issues) [47]. Studies have shown that factors connected to one's relationship and partner play an important role in levels of desire and the frequency of sexual activity [48,49]. A lesson from this is that it is important that women are educated early on the importance of staying healthy generally (physically, mentally, socially) to have good sexual health. Another challenge faced by the women in the current study is their engagement in economic activity as the breadwinner of the family to source for funds for the upkeep of their home which often arises from poor commitment of their spouse or loss of the spouse. Getting engrossed in the activity of sourcing for a means of livelihood to care for their children may constitute additional stress which may aggravate their loss of interest in sexual intimacy as a result of menopause. This further emphasizes the reason why men must be involved in the promotion of women's sexual health.

Interestingly, we found that some of the women in this current study were still able to overcome the challenges of menopause to enjoy sexual intimacy with the support of their spouses. Studies have shown that women who cope well with menopausal challenges were those who had enjoyed the support of their partners or spouses [20,48,49]. Men are crucial in reducing the influence of menopause on sexual health of older women [50].

Strengths and Limitations

The strength of the current study is that it provided in-depth information about menopausal women's sexual health status and their challenges. The household survey offers the opportunity to identify diverse groups of women which a hospital-based study may not offer. The major limitation of this study is that it cannot be generalized due to the research design adopted in studying the phenomenon. However, the findings can be transformed and applied to similar situations in other contexts. The sexual experiences found in this study may not represent the opinion of women that had surgical menopause. Further study in this area may look at sexual health of women who had surgical menopause. The information obtained from this study could help healthcare providers incorporate sexual health assessment into routine general health assessment in order to promote menopausal women's health outcomes and sexual health.

Implication for Practice

The findings of this study have implication for sexual health promotion and the information is useful for healthcare providers most especially nurses in providing support to menopausal women. It is important to say that nurses, regardless of the setting of practice, are one of the first line health-care professionals to meet menopausal women and they therefore have important roles

to play in improving their health outcomes most especially as it relates to sexual health. Nurses' awareness of the societal view of discussing issues relating to sex by menopausal women especially the ones who have lost their spouse should encourage the nurse to create a trusting atmosphere that can help women open up and discuss freely with them. Many menopausal women are suffering in silence on issues relating to sexual health. It is thus important that nurses help this category of women to have access to sexual health information and services that can promote their sexual well-being. Another important role that nurses can play is that of an advocate. Nurses and other healthcare providers need to advocate and support policy that promotes women's access to all rights at both family and community levels most especially as it relates to issues that affect sexual health of women including those in the post-reproductive age.

Recommendation

Based on the findings of this study, the following recommendations are made:

- Menopausal women would benefit from comprehensive assessment including those that have to do with their sexuality and sexual health
- There is need for societal re-orientation about the fundamental right of women and gender norms that constitute barriers to a fulfilling sexual life of post-reproductive age women.
- The need for community education and awareness to address how sexuality can affect well-being of menopausal women and correct the myths around sex during menopause is highly necessary.
- Women age 40 and above need to be assessed on their sexual needs and to be supported appropriately to promote their well-being and more importantly, they need to be encouraged to talk about sex after menopause.
- Perimenopausal and post-menopausal women need to be educated on menopause and lifestyle practices that could promote sexual wellbeing.
- Sexual health education should be factored into women's health intervention during regular clinic.
- Efforts to promote sexual well-being of women should also focus on the men for appropriate spousal support during menopause.

Conclusion

The study concludes that most of the menopausal women have poor sexual health status and experience diverse challenges that prevent them from having a fulfilling sexual life. Menopausal women have the right to be sexually healthy as they desire. Efforts should be made by healthcare providers to improve menopausal women's access to sexual health information and services in order for them to have a fulfilling sexual life. The findings of this study are relevant for the promotion of sexual health.

Acknowledgements

The authors would like to appreciate all the research assistants and the women who participated in the study.

References

1. Caruso S, Rapisarda A, Cianci S. Sexuality in menopausal women. Current Opinion in Psychiatry. 2016; 29: 323-330.
2. Lee DM, Vanhoutte B, Nazroo J, et al. Sexual health and positive subjective well-being in partnered older men and women. Journals of Gerontology Series. 2016; 71: 698-710.
3. Scavello I, Maseroli E, Di Stasi V, et al. Sexual health in menopause. Medicina. 2019; 55: 559.
4. https://www.womens-health-concern.org/help-and-advice/factsheets/menopause/
5. Clayton AH, Harsh V. Sexual function across aging. Current Psychiatry Reports. 2016; 18: 28.
6. Mernone L, Fiacco S, Ehlert U. Psychobiological factors of sexual functioning in aging women - Findings from the women 40+ healthy aging study. Frontiers in Psychology. 2019; 10: 546-548.
7. Lee DM, Nazroo J, O'Connor DB, et al. Sexual health and well-being among older men and women in England: Findings from the English longitudinal study of ageing. Archives of Sexual Behavior. 2016; 45: 133-144.
8. https://www.womenshealth.gov/menopause/menopause-and-sexuality
9. https://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/
10. https://www.hacey.org/advocacy/sexual-health-reproductive-women-girls/
11. Granville L, Pregler J. Women's Sexual Health and Aging. Journal of the American Geriatrics Society. 2018; 66: 595-601.
12. Aboderin I. Sexual and reproductive health and rights of older men and women: addressing a policy blind spot. Reproductive health matters. 2014; 22: 185-190.
13. Saka S, Oosthuizen F, Nlooto M. National Policies and Older People's Healthcare in Sub-Saharan Africa: A Scoping Review. Annals of global health. 2019; 85: 91.
14. Ameh N, Madugu NH, Onwusulu D, et al. Prevalence and predictors of menopausal symptoms among postmenopausal Ibo and Hausa women in Nigeria. Trop J Obstet Gynaecol. 2016; 33: 263-269.
15. Oloyede OA, Obajimi GO. Symptomatology of menopause among suburban Nigerian women. Tropical Journal of Obstetrics and Gynaecology. 2018; 35: 188-191.
16. Olarinoye JK, Olagbaye BA, Olarinoye AO, et al. Psychosocial Correlates of Menopausal Symptoms among Women in Ilorin, Nigeria. Medical Journal of Zambia. 2019; 46: 335-342.
17. Bello FA, Daramola OO. Attitude to the menopause and sex amongst middle-aged women in a family medicine clinic in Ibadan, Nigeria. Obstetrics and Gynecology International. 2016.
18. Adedokun B, Morhason-Bello I, Okonkwo S, et al. Sexual activity and urological morbidities among Nigerian menopausal women: Findings from a community-based survey. Annals of Medical and Health Sciences Research. 2014; 4: 206-209.

19. Ebirim CIC, Morankiyo OM, Abanobi OC. Postmenopausal sexual experience and perception in a Nigerian population. Journal of Health Sciences and Technology. 2010; 1: 70-75.
20. Agunbiade OM, Gilbert L. The night comes early for a woman: Menopause and sexual activities among urban older Yoruba men and women in Ibadan, Nigeria. Journal of Women & Aging. 2019; 32: 491-516.
21. Polit DF, Beck CT. Nursing Research: Generating and Assessing Evidence for Nursing Practice. Philadelphia: Wolters Kluwer. Tenth Edition. 2016.
22. Bradshaw C, Atkinson S, Doody O. Employing a qualitative description approach in health care research. Global Qualitative Nursing Research. 2017; 4.
23. Doyle A, Seery N, Gumaelius L. Operationalising pedagogical content knowledge research in technology education: Considerations for methodological approaches to exploring enacted practice. British Educational Research Journal. 2019; 45: 755-769.
24. Strauss A, Corbin J. Basics of qualitative research: Grounded theory procedures and techniques. Sage Publications. 1990.
25. Lincoln Y, Guba EG. Naturalistic inquiry. Newbury Park, CA: Sage. 1985.
26. Krrippendofrff K. Content Analysis: An introduction to its methodology. Sage Publications. 2018.
27. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Education Today. 2004; 24: 105-112.
28. Thornton K, Chervenak J, Neal-Perry G. Menopause and sexuality. Endocrinology and Metabolism Clinics. 2015; 44: 649-661.
29. https://www.healthline.com/health/healthy-sex-and-aging
30. Huang AJ, Subak LL, Thom DH, et al. Sexual function and aging in racially and ethnically diverse women. Journal of the American Geriatrics Society. 2009; 57: 1362-1368.
31. Yoshany N, Morowatisharifabad MA, Mihanpour H, et al. The effect of husbands' education regarding menopausal health on marital satisfaction of their wives. Journal of Menopausal Medicine. 2017; 23: 15-24.
32. Al-Musa HM, Ahmed RA, Alsamghan AS, et al. The prevalence of symptoms experienced during menopause, influence of socio-demographic variables on symptoms and quality of life among women at Abha, Saudi Arabia. Biomedical Research. 2017; 28: 2587-2595.
33. Rindner L, Strömme G, Nordeman L, et al. Prevalence of somatic and urogenital symptoms as well as psychological health in women aged 45 to 55 attending primary health care: A cross-sectional study. BMC women's health. 2017; 17: 128.
34. Ibraheem OM, Oyewole OE, Olaseha IO. Experiences and perceptions of menopause among women in Ibadan South East Local Government area. Nigeria. African Journal of Biomedical Research. 2015; 18: 81-94.
35. Greifeneder R, Bless H, Fiedler K. Social cognition: How individuals construct social reality (2nd ed). New York, NY: Routledge. 2018.
36. https://womanlab.org/whats-up-with-sexually-transmitted-infections-after-menopause
37. Thomtén J, Linton SJ. When sex hurts: Female genital pain with sexual consequences deserve attention: A position paper. Scandinavian Journal of Pain. 2014; 5: 202-205.
38. Meana M, Fertel E, Maykut C. Treating genital pain associated with sexual intercourse. The Wiley Handbook of Sex Therapy. Chichester: Wiley Blackwell. 2017; 98-114.
39. https://www.mayoclinic.org/diseases-conditions/painful-intercourse/symptoms-causes/syc-
40. Andac T, Aslan E. Sexual life of women in the climacterium: A community-based study. Health Care for Women International. 2017; 38: 1344-1355.
41. Jannini EA, Nappi RE. Couplepause: A new paradigm in treating sexual dysfunction during menopause and andropause. Sexual Medicine Reviews. 2018; 6: 384-395.
42. Sorensen J, Bautista KE, Lamvu G, et al. Evaluation and treatment of female sexual pain: A clinical review. Cureus. 2018; 10: e2379.
43. Kingsberg SA, Schaffir J, Faught BM, et al. Female sexual health: Barriers to optimal outcomes and a roadmap for improved patient–clinician communications. Journal of Women's Health. 2019; 28: 432-443.
44. Clayton AH, Goldstein I, Kim NN, et al. The international society for the study of women's sexual health process of care for management of hypoactive sexual desire disorder in women. In Mayo Clinic Proceedings. 2018; 93: 467-487.
45. Nazarpour S, Simber M, Tehrani FR. Factors affecting sexual function in Menopause: A review article. Taiwase Journal of obstetrics and Gynecology. 2016; 55: 480-487.
46. https://www.everydayhealth.com/womens-health/menopause/low-libido-heres-how-have-great-sex-after-menopause/
47. https://www.nwhn.org/menopause-sexuality-2/
48. Nazarpour S, Simbar M, Ramezani Tehrani F, et al. Relationship between sexual function and quality of life in post-menopausal women. Journal of Mazandaran University of Medical Sciences. 2016; 26: 90-98.
49. Nappi RE, Cucinella L, Martella S, et al. Female sexual dysfunction (FSD): Prevalence and impact on quality of life (QoL). Maturitas. 2016; 94: 87-91.
50. Wong EL, Huang F, Cheung AW, et al. The impact of menopause on the sexual health of Chinese Cantonese women: A mixed methods study. Journal of Advanced Nursing. 2018; 74: 1672-1684.