



Experience of Menopause in Couples Living in the Healthcare Area Matete of Kisangani in the Democratic Republic of Congo

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

The study on the experience of menopause in couples living in the Matete health area in Kisangani in the Democratic Republic of Congo was carried out from June 1st to December 31st, 2019. The purpose of the study was to determine the monthly frequency of coitus during menopause; the type of relationship that exists in the couple where the woman is menopausal and to identify the difficulties encountered in the couple during menopause.

This is a cross-sectional descriptive study involving 70 menopausal women selected using the cluster sampling technique.

After analysis, we noted that the monthly frequency of coitus was around 0 to 1 time in 84.3% of menopausal women; 64.2% of menopausal women rejected their husbands in conjugal life; the difficulties encountered during the menopause period were that most husbands had become incomprehensible to menopausal wives in a proportion of 88.6% and also infidelity was the social problem most observed by menopausal women in 78.6% of cases.

Keywords: Experience; menopause; couples; healthcare area Matete; Kisangani.

1. INTRODUCTION

Menopause is a natural phenomenon that could be described as a physiological retreat of the ovary. However, it is a potentially pathological situation due to the disorders induced by oestrogen deficiency. Estrogen deficiency can be responsible for symptomatic manifestations affecting quality of life and for the occurrence of certain pathologies [1].

Generally speaking, according to the World Health Organization, menopause appears between the ages of 40 and 55. It can occur early before the age of 40 and late after the age of 55, with an average age of 51 (70% of women) [2].

It is a natural problem that affects a greater number of women around the world. In many countries, menopause is a taboo subject, as is sexuality. Women discuss it discreetly with their sisters and friends and avoid talking about it to strangers. Rarely do they discuss it as a couple, but never in front of the children. As a result, menopause remains for many people one of the little-known natural phenomena.

In Palestine, menopause is negatively perceived by women and is linked to the fear of getting old. To this end, men sometimes look for younger women who can have children with them. It occurs here, around 40 to 50 years of age [3].

In Africa, menopause is perceived differently depending on religious beliefs. Thus, if menstruation is God's punishment to female human nature, its cessation will be experienced as a state of grace. For many African women, discussing menopause in a group is a new, even unusual, approach. Generally speaking, menopause is not a subject of annoyance or valorization. Rather, it is an ignored and/or very private subject, whatever it is (menopause) considered a natural stage of life. However, the perception of menopause is part of a cultural baggage made up of what was heard in the family, what was said in a low voice among women [4].

It goes without saying that among African women, sexual intercourse in the couple will be private or even difficult and it will be difficult to verify whether menopause will have any repulsive effects on the couple. But in polygamous families, the man will no longer be

able to spend the night with the menopausal woman. And if some quarrels or misunderstandings arise between the young and old wives of the polygamous husband, the menopause (climacteric age) could be used as an insult against these old wives. One will not fail to hear "that they are no longer looked at by the husband, that they are put in the garage". Words were hurled by the opposing party. Indeed, we note that the age of menopause is less than 50 years old on average in some African countries. This is due to the simple fact that the diet and the lifestyle of African women induce the early onset of menopause [5].

In North Africa, menopause is experienced as a punishment because it is associated with loss of fertility. A study among menopausal women has shown that the average age of menopause is 50 years [1]. Another study by Rozenbaum found that the average age of menopause, this time in South Africa, among urban women is 49 years, while the average age of menopause among rural women is 50 years [6].

The estimate in our circles still seems to be gloomy. Isabelle et al. [3] found that the average age is 50 years. On the other hand, Ngeleka [7] carried out a study on Chinese menopausal women at the University Clinics of Kinshasa where it was shown that the average age was 49.7 years. For her part, Labama [4] specifies that menopause occurs in Kisangani between 45 and 55 years of age. The physical and psychological manifestations or symptoms of menopause can vary from one woman to another. On the whole, what women talk about most often is hot flashes, mood swings, insomnia, asthenia, dyspareunia, sex drive, osteoporosis.

This period of life often corresponds to the departure of the children and the retirement of the husband; these are several transitions to which one must adapt at the same time [8].

In Central Africa in general, and in the Democratic Republic of Congo in particular, menopause care is, as far as we know, marginal, not to say almost non-existent, in the care offered at the level of health structures. Very few women come to seek help, in other words, care related to menopause.

As the problem seems to be clear, we are therefore entitled to ask the question whether this

is a particular experience specific to black African women, especially Congolese women, or whether it is simply a lack of information which is at the root of this insignificant approach on the part of menopausal women. However, and no doubt this situation can be improved through the establishment of an action plan to promote the management of menopause. This action plan can, of course, be perfectly integrated into reproductive health programs without requiring the mobilization of a significant resource.

Given the lack of sufficient knowledge of spouses on the management of menopause, which sometimes poses serious problems for the couple in general and the woman in particular, we thought it would be useful to conduct a study on "the experience of menopause in couples in the Matete/Kisangani health area". In order to better understand our objectives, we asked ourselves the following questions: What is the monthly frequency of intercourse during menopause? What type of relationship exists in couples where the woman is menopausal? What difficulties do these couples encounter?

The general objective of this study is to contribute to the management of menopause in the couple by identifying the difficulties encountered by the couple.

Specifically, this study aims to:

1. Determine the monthly frequency of intercourse during menopause ;
2. Determine the type of relationship that exists in the couple where the woman is menopausal ;
3. To identify the difficulties encountered in the couple during menopause.

2. METHODOLOGY

2.1 Description of the Search Field

Our research field is the Matete Health Area of Kisangani which is located on Lindi Avenue, Matete district in the commune of Mangobo, township of Kisangani, Tshopo Province, in The Democratic Republic of Congo.

The Matete Health Area is bounded to the east by the Umoja and Siloé Health Centers on Fataki Avenue; to the west by the Segama Health Center on Congo Avenue; to the north by the Anuarite Health Center on Mahagi Avenue and to

the south by the Jamaa Health Center on 1st Aspiro Avenue (Magopi).

2.2 Population

This study involved 416 couples living in the Matete district in the Mangobo commune of Kisangani.

2.3 Sample

The type of sampling used in our study is cluster sampling.

This technique consists of dividing a homogeneous geographical area with respect to the variable under study into more or less equal sections or groups corresponding to administrative or geographical units.

For our purposes, the clusters were made up of different avenues that include the Matete neighborhood, which is our research area. For this purpose, we counted 35 clusters to constitute our sample; then a random selection of the subjects contained in the clusters was carried out in each cluster where we selected two respondents per avenue, which amounts to a total of 70 menopausal women.

To be selected in our sample, the following criteria were used:

- Being menopausal;
- To have lived on one of the avenues of the Matete district;
- To be available to answer our research questionnaire;
- To be between 1 and 10 years old at the age of menopause.

2.4 Type of Study

Our study is a cross-sectional descriptive study conducted among menopausal women residing in the Matete district of Mangobo commune in Kisangani during the period from June 1st to December 31st, 2019.

2.5 Data Collection Process

To collect the data, we used the questionnaire. In fact, we developed an interview guide that contained a series of questions administered to respondents.

In addition, to ensure the authenticity of the data, we used a Dictaphone to record the single, direct interview, administered a series of the questions to menopausal women and at the same time recorded it using a Dictaphone.

The variables sought in the questionnaire include: age, length of marriage, education level, age of last child, age of onset of menopause, attitude at the onset of menopause, time lived in menopause, observed menopause manifestation, observed manifestation during intercourse, monthly frequency of coitus, attitude of menopausal women towards spouses, attitude of spouses towards menopausal women, observed social problems, adopted behavior.

2.6 Data Processing Technique

The data thus collected were analyzed and grouped together in frequency tables. The percentage calculation and arithmetic mean were used for analysis and interpretation.

3. RESULTS

3.1 Socio-demographic Data

3.1.1 Ages of respondents

In relation to age, it emerges that out of 70 menopausal women, 41 were between 46 and 50 years old, i.e. 58.6%. The lowest group is the 35 to 40 year olds with 2 cases, or 2.9%. It is also observed that the highest age of the spouses

varies around 51 to 55 years, or 44.3% of cases, and the lowest varies between 35 and 40 years, or 1.4%.

3.1.2 Age of the last child

Table 2 shows that the age of the last child varies at the limit from 6 to 10 years, with 70 cases, i.e. 70% the most numerous, and from 16 to 20 years, i.e. 1.4% the least numerous.

3.2 Study Variables

3.2.1 Duration of the Marriage

This table shows that 40.0% of the respondents had been married for between 21 and 30 years, compared to 10 respondents, or 14.3% who had been married for between 0 and 10 years.

3.2.2 Education levels and marital status

Reading this table reveals that the majority of the subjects surveyed had a secondary school education, respectively 70% of the husbands and 47.1% of the wives.

3.2.3 Sources of information on menopause

Analysis of this table shows that 97.1% of subjects were informed about menopause by friends and family; a low rate was observed on the Internet and personal reading, 5.7% in each case.

Table 1. Age distribution of respondents

Ages (in years)	Wife		Husband		Total	
	Effectives	%	Effectives	%	Effectives	%
35 - 40	2	2.9	1	1.4	3	2.1
41 - 45	9	12.9	5	7.1	14	10.0
46 - 50	41	58.6	20	28.6	61	43.6
51 - 55	11	15.7	31	44.3	42	30.0
56 - 60	7	10.0	13	18.6	20	14.3
Total	70	100	70	100	140	100

Table 2. Distribution of by age of last child

Ages (in years)	Effectives	%
0 - 5	16	22.9
6 - 10	49	70.0
11 - 15	4	5.7
16 - 20	1	1.4
Total	70	100

Table 3. Distribution of respondents by length of marriage

Duration of the marriage (in years)	Effectives	%
0 - 10	10	14.3
11 - 20	19	27.1
21 - 30	28	40.0
31 - 40	13	18.6
Total	70	100

Table 4. Distribution of respondents by level of education

Level of education	Wife		Husband		Total	
	Effectives	%	Effectives	%	Effectives	%
Primary	15	21.4	4	5.7	19	13.6
Secondary	33	47.1	49	70.0	82	58.6
High school	10	14.3	15	21.4	25	17.8
No level	12	17.1	2	2.9	14	10.0

Table 5. Distribution of respondents according to sources of information (N = 70)

Sources of information	Effectives	%
Friends, family	68	97.1
Nurses	59	84.3
Physicians	22	31.4
Radio/TV	7	10.0
Internet	4	5.7
Personal reading	4	5.7

3.2.4 Age of onset of menopause

This table shows that almost a majority of subjects had menopause between the ages of 45 and 50, i.e. 71.4%, and a minority of subjects had menopause between the ages of 56 and 60, i.e. 1.4%.

3.2.5 Attitudes at the onset of menopause

The analysis made of this table shows us that the majority of menopausal women, 85.7% had an attitude of satisfaction at the onset of menopause; on the other hand, 2 respondents, 2.9%, had an attitude of disappointment.

Table 6. Distribution of respondents by age at the onset of menopause

Age (in years)	Effectives	%
35 - 40	3	4.3
41 - 44	11	15.7
45 - 50	50	71.4
51 - 55	6	8.6
Total	70	100

3.2.6 Time in menopause

It can be seen from this table that the majority of subjects had completed 1 to 5 years of life in

menopause, i.e. 78.5% of cases; while 15 subjects, i.e. 21.5% had already spent 6 to 10 years of menopausal life.

3.2.7 Observed menopausal manifestations

Among the manifestations observed, menopausal women cited hot flushes, insomnia, and mood disorders as the most common, at 100.0%; while 24 menopausal women had experienced urinary tract infections, at 34.3%.

Table 7. Distribution of respondents by attitude at the onset of menopause

Attitudes	Effectives	%
Satisfaction	60	85.7
Undecided	8	11.4
Disappointment	2	2.9
Total	70	100

Table 8. Distribution of respondents by time spent in menopause

Time lived (in years)	Effectives	%
1 - 5	55	78.5
6 - 10	15	21.5
Total	70	100

Table 9. Distribution of respondents by observed menopausal manifestations (N=70)

Manifestations	Effectives	%
Hot flashes	70	100.0
Sleeplessness	70	100.0
Mood disorders	70	100.0
Vaginal atrophy	67	95.7
Headache	60	85.7
Constipations	44	62.9
Urinary Infections	24	34.3

3.2.8 Events observed during sexual intercourse

It emerges from this table that all the menopausal subjects, i.e. 100%, had the following manifestations during sexual intercourse: dyspareunia, decreased libido and vaginal dryness; only 3 respondents, i.e. 4.3%, had observed a positive orgasm.

Table 10. Distribution of subjects according to the Manifestations observed during sexual intercourse (N = 70)

Manifestations	Effectives	%
Dyspareunia	70	100.0
Decreased libido	70	100.0
Vaginal dryness	70	100.0
Sexual Intolerance	67	95.7
No orgasm	67	95.7
Positive orgasm	3	4.3

3.2.9 Monthly coitus frequencies

The data in Table 11 indicate that 84.3% of menopausal women had almost no intercourse during the month, compared with 4.3% who had intercourse 4 to 5 times a month.

3.2.10 Marital life

- Attitudes of menopausal women towards spouses:** Analysis of the data in this table shows that 45 postmenopausal women, or 64.2%, had an attitude of rejection towards the husband, followed by nervousness and withdrawal with each 43 cases, or 61.4%.
- Attitudes of the spouses during menopause:** The observation in this table that 88.6% of husbands had become incomprehensible to their menopausal wives, followed by parity in the data, i.e. 87.1% whose husbands had become both unfaithful and liars.

Table 11. Distribution of respondents by monthly frequency of coitus

Frequency	Effectives	%
0 - 1	59	84.3
2 - 3	8	11.4
4 - 5	3	4.3
Total	70	100

Table 12. Distribution of menopausal women according to their attitude towards their spouses (N=70)

Attitudes of menopausal	Effectives	%
Rejection of husband	45	64.2
Nervousness	43	61.4
Withdrawal	43	61.4
Lack of trust	41	58.6
Trust	29	41.4

Table 13. Distribution of respondents according to the attitudes of the spouses during menopause (N=70)

Attitudes of the spouses	Effectives	%
Misunderstandings	62	88.6
Infidelity	61	87.1
Lie	61	87.1
Drunkenness	39	55.7

3.2.11 Social problems observed during menopause

It emerges from the analysis of this table that infidelity was the most observed social problem during menopause among the respondents in a proportion of 78.6%; followed by a tie of 64.3% for lack of marital harmony and misunderstandings characterizing the subjects under study.

3.2.12 Behavioral responses to social problems

Looking at this table, we note that all menopausal women, i.e. 100%, had adopted the behaviour of entertainment in the face of social problems; while 7.1% of cases had resorted to bed separation as the adopted behaviour.

4. DISCUSSION

4.1 Ages of couples

At the end of our research, it was observed that the majority of menopausal women were aged 46 to 50, or 58.6%, while the majority of spouses

were aged 51 to 55, or 44.3%. These results corroborate both those of Caleb [9] who found 59% among nuns living in the town of Kisangani in DR Congo, and Danny [10] who had 48.8% of menopausal cases and 45.1% of husbands aged between 51 and 55 years.

These high frequencies could be explained on the one hand by the fact that menopause does not occur until the age of 40, and on the other hand, it may be due to chance.

There is one fact that is worth noting, the age of marriage. Some people are aware and also it is what the tradition wants, the husband must always be older than his wife's age.

4.2 Ages of the Last Children

At the end of this survey, it emerges that the age of the last children of menopausal women varies from 6 to 10 years, i.e. 70%. Our observation is similar to that of Naaman [11], who found 71.1% of cases for the same age interval. We believe that this follows logically from the results in Table 2 in the sense that when menopause occurs at around 45 to 50 years of age, the last child would have been born in the neighborhoods of 37.5 to 41.5 years of the mother's age before menopause.

4.3 Duration of Marriage

We observed that 40% of the subjects surveyed had been married for between 21 and 30 years. These results are similar to those of Caleb [9], who found 41.3% of cases. This could be justified by the fact that the majority of couples aspire to a lasting and sincere conjugal life that allows them to take care of their offspring for a better tomorrow.

4.4 Levels of Education

For the education level variable, it was found that the majority of subjects had a secondary school education, 70% for spouses and 47.1% for menopausal women. It is clear that our results corroborate those of Naaman [11] who, in her study, found 70.9% of the spouses and 47.7% of the wives all with a high school education, and of Danny [10] who found 73.3% of the husbands and 56.9% of the menopausal women with the same level of education.

Once again, we believe, as we said in the previous comment, that this would be a matter of chance.

4.5 Sources of Menopausal Information

It emerged from this survey that almost the majority of menopausal women, 97.1%, were informed by friends and family. In his study, Caleb [9] had 97.5% of cases and Naaman [11] found 97.5% from the same source. It seems plausible to us that menopause is indeed considered a taboo subject in our societies so that we only talk about it to third parties. Thus, the African sees menopause as a set of myths and beliefs related to this stage of life [12].

4.6 Age of Onset of Menopause

We observed that most of the subjects surveyed had gone through menopause at the age of 45 to 50, i.e. 71.4%. This finding is similar to that of Danny [10] who found 70.1% of cases. We clearly observe that the age of onset of menopause of the respondents is in line with the literature which states that menopause occurs early in African women and that the median age of onset of menopause in comparison with Europe, America, Asia and Africa included, is around 49 and 52 years and that menopause usually occurs in women's late forties or early fifties. These ages would correspond to the depletion of the follicular reserves of the ovaries, from which the victim would go through menopause [12].

Table 14. Distribution of respondents by observed social problems (N=70)

Social problems	Effectives	%
Infidelity	55	78.6
Lack of marital harmony	45	64.3
Misunderstandings	45	64.3
Lack of dialogue	44	62.9
Risk of divorce	39	55.7
Irresponsibility of the husband	31	44.3
Polygamy	29	41.4

Table 15. Distribution of respondents according to behaviors adopted (N = 70)

Behaviors adopted	Effectives	%
Entertainment	70	100.0
Alcoholism	68	97.1
Miscellaneous work / miscellaneous occupation	65	92.9
Bed separation	5	7.1

4.7 Attitudes at the onset of menopause

With regard to attitude at the onset of menopause, it was found that in the majority of

cases, 85.7% of menopausal women had an attitude of satisfaction. Our results are supported by those of Naaman [11], who had 89.9% of cases, and diverge from those of Caleb [9], who found 68.3%.

Since menopause is always preceded by a period of irregularity in the cycle, some women see this expression as overwhelming and wish to get rid of it. This is what Lansac et al. have stated that it is marked by menstrual cycle disorders secondary to luteal insufficiency and dysovulation. In addition, these disorders are often associated with circulatory disorders such as headaches, migraines, acroparesthesias, to name but a few [13].

When menopause sets in and all these disorders disappear, the menopausal woman can only rejoice.

For Stotland [14], menopause is synonymous with liberation, and is celebrated as the disappearance of the burden of pregnancy in Asia. According to the same source, a study shows that, apparently in the United States, menopause is viewed positively by many women, for whom it would be an opportunity for liberation and the transition to a fulfilling state.

4.8 Time Spent in Menopause

It emerged from this study that the majority of the subjects surveyed had completed 1 to 5 years of menopausal life, or 78.5%. Our results are close to those of Danny [10] who found 79.6% of those who had completed 1 to 6 years of menopausal life. We believe that this is a logical continuation of the inclusion criteria used in this study, which consider the age of menopause to be between 1 and 10 years among the respondents.

One fact seems important to us here; when we consider on the one hand the education level and on the other hand the age of onset of menopause of the respondents, we say that the interval of 1 to 10 years of age in menopause allows us to have respondents who have all the mental and physical capacity to withstand the vagaries of research and to give us everything we could possibly need.

4.9 Observed Menopausal Events

At the end of our investigations, it emerges that hot flashes, insomnia, mood disorders had dominated the series of manifestations of

menopause, that is to say 100%. The results are similar to those of Naaman [11] and Caleb [9], who found 99.9% of cases.

It seems to us that our results are in line with the literature, in the sense that menopause is characterized by these facts. These manifestations, which affect women to varying degrees, are grouped together under the name of climacteric disorders. Progesterone and estrogen deficiency can lead to hot flashes, especially at night with frequent sweating, minor psychological disorders such as depression, asthenia, insomnia, etc., as well as to a lack of progesterone and estrogen. The other two authors have supported this fact; Lansac et al [13] have reported that 75% of women are most often affected by hot flashes and that psychological symptoms are also evident, according to Camus et al. [15].

4.10 Manifestations Observed during Sexual Intercourse

It appears from this study that all the respondents, i.e. 100% of the cases, had dyspareunia, decreased libido and vaginal dryness as manifestations during sexual intercourse. These constants are similar to those of Caleb [9], Danny [10] and Véronique [16], who had 100% of cases.

We obviously believe that these manifestations would be justified by the cessation of production of sex hormones, but especially of estrogen.

4.11 Monthly Frequency of Intercourse

In this study, the results showed that 84.3% of the respondents had almost no intercourse at all. Studies conducted by Véronique [16] and Litombe [17] reveal that 88.8% and 89.6% of subjects no longer have regular intercourse. Our results corroborate.

We believe that this is due to dyspareunia, decreased libido and vaginal dryness, which are the logical consequence of the manifestations observed or felt at the time of intercourse, which obstruct the hand, each time extended, of the husband to obtain a sexual favour from his wife.

4.12 Attitudes of the Spouses during Menopause

The observation made in this study indicates that 64.2% of menopausal women had an attitude of

rejection towards their husbands. On the other hand, Véronique [16] found 88% of cases.

We believe that in a panoply of disorders, both sexual and psychological, that women experience, adding to this the incomprehension and lies on the part of their husbands, rejection remains the preferred means for women to adopt.

4.13 Social problems Observed during Menopause

With regard to the social problems observed, our study showed that 78.6% of spouses live in infidelity. These constants join those of Caleb [9] and Danny [10] who found 79% of the respondents.

We believe that these social problems encountered during menopause are linked to the irregularity of sexual intercourse in the couple.

4.14 Behavioral Responses to Social Problems

It emerges from this study that 100% of the respondents had adopted the entertainment behavior, whereas Véronique [16] had found 98% of cases. Some people are aware of the virtue contained in distraction.

It is in this respect that we believe that all the respondents had to resort to it in order to overcome, however little, the evils of married life.

5. CONCLUSION

We proposed three specific objectives, namely: to determine the monthly frequency of intercourse during menopause, to determine the type of relationship that exists in the couple where the woman is menopausal and to identify the difficulties encountered in the couple during the menopause.

At the end of this research, the following results emerged: the monthly frequency of intercourse was almost nil in menopausal women; the majority of menopausal women rejected their husbands in married life; the difficulties encountered during the menopause period were that most husbands had become incomprehensible to a very high proportion of menopausal wives and also infidelity was the most common social problem observed by menopausal women.

In the light of these results, we make the following suggestions:

To married men: To accompany the wives in this period of life and to be patient enough with them.

To menopausal women:

- To consult regularly if necessary and to accept or even consider menopause as a happy outcome of sexual life;
- Not to reject the spouses, but to persuade them to accept the change in the spouses' sex life.

CONSENT

As per international standard, respondents' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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