

**AFRICAN WOMEN EXPERIENCING PERIMENOPAUSE:  
SEXUAL INTERCOURSE AND LACK OF LIBIDO**

**By**

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## **African Women Experiencing Perimenopause: Sexual Intercourse and Lack of Libido**

This paper focuses on women in the poorer nations, such as in Africa, who experience perimenopause and are coping with symptoms associated with perimenopause. The lack of libido is associated with perimenopause, a condition involving changes in the hormones impacting middle-aged women (“Perimenopause Symptoms,” n.d.). The association of a lack of libido experienced by African women with relationships formed in a male dominated culture and scent marking experienced by other species will be compared, and natural approaches aimed to help women who experience these conditions will be presented.

### **Martial Relations of Africa Women**

Being involved in a healthy sexual relationship can be difficult without finding the right marriage contract civil marriage, customary marriage, and religious marriage (Social Institutions & Gender Index [SIGI], 2012). Nearly 50% of African women get married by the age 18, whereby, “one in three women is in a polygamous marriage” (Manuh, 1998, Section 1). An African male (email communications, October 11, 2011; June 10, 2012) from Republic of Benin, in West Africa (West side of Nigeria), currently living in Paris, France wrote, “their parents or the family council can choose for them.” In customary marriage in South Africa, women perform the majority of the household tasks nearly 16 hours a day while the spouse labors only 5 hours a day (SIGI, 2012).

Gender role culturally defined behavior that differentiates men and women (O’Sullivan, Harrison, Morrell, Monroe-wise, Kuberka, 2006a). Gender, sexuality, relationships are negotiated at three levels: cultural, interpersonal, and individual level (O’Sullivan, Hoffman, Harrison, & Dolezal, 2006). Based on the script theory or sexual scripts, men are the initiator or aggressor in sexual interactions, leaving woman to adopt the role of gatekeeper that is socialized

to be passive sexually and to accept or refuse men sexual quests (O'Sullivan, Harrison et al., 2006; O'Sullivan, Hoffman et al., 2006).

The African male from Republic of Benin (email communications, October 11, 2011; June 10, 2012) further shared:

Menopause in Africa means the end of women lives. African husbands can have a lot of wives in many counties. . . So women suffer in silence [no medication] when men can have younger wife. But nowadays women can have a word to say about a second wife. Muslim can have many wives, two three. . . five, six . . . So women knows and the majority of them cannot do nothing against this way of doing.

A high risk of woman experience intimate partner violence in African nations (Dunkle et al., 2004). Because women in South Africa have a history of sexual violence based on measures derived from the Sexual Relationship Power Scale (SRPS), sex researchers may further investigate how natural remedies may normalize the chemistry of brain cells in African men, especially men with HIV, to subdue any further disruption to the cells that may stimulate violent behaviors (Dunkle et al., 2004). Compounding the experience of sexual violence, many women in Africa are experiencing conditions associated with perimenopause (Dunkle et al., 2004; Setorglo, Keddey, Agbemafle, Kumordizi, Steiner-Asiedu, 2012).

Many women diagnosed with perimenopause suffer vaginitis or vaginal atrophy, which includes vaginal dryness, soreness, and burning and painful intercourse (Simon & Krychman, 2010). Vaginal dryness has been reported to derive from the lower level of estrogen stimulation resulting in the skin losing moisture and elasticity and becoming thinner (Simon & Krychman, 2010). Urinary tract infections often result from vaginal dryness (Simon & Krychman, 2010).

### **Stimulation Associated with Sexual Intercourse**

During perimenopause, body odor changes as a result of hot flashes and night sweats (“34 Menopause Symptoms,” 2014). A lack of hygiene may further cause women to have odors, one particular fuming from the vaginal area. Because many African populations have a scarcity of water supply, maintaining hygiene may be difficult (Centre of Public Health, 2011). Vaginal odor may also fume from the lack of washing the under garments (Centre of Public Health, 2011). Feminine odor continues to be studied to find a correlation between scent and the stimulation of sexual receptors in the brain of male species (Been & Petruli, 2007). “Women in some societies use their vaginal secretions as a perfume, rubbing some behind the ear or on the neck to attract and arouse sexual partners” (Miracle, Miracle, & Baumeister, 2002, p. 78).

Nwosu (personal communications, January 30, 2014), a Native male of Nigeria living in the United States, shared:

Sex is a no-go area when it comes to discussion topics. I even feel uncomfortable writing on this now. Several people from underdeveloped nations believe that sex is sacred and should not be discussed. American corporations use almost nude women to advertise houses, cars, TV sets or electronic gadgets, and virtually everything that they want to advertise. African men marry simply to raise large families for agriculture/farming. Sexual intercourse is simply for that purpose. It is not a fun or pleasure thing. It is for producing successors. In African culture, sexual knowledge dissemination is believed to be a precursor to sexual promiscuity. It may be true or false, but the more knowledge people have about sex, the more experiments they are likely to perform. From that point, sexual intercourse efficiencies and deficiencies become clear on the parts of the parties. Marriages collapse due to those. Extra-marital escapades begin from there. Other ills

also follow. This has been confirmed in the United States among individual discussants. Of course, with CNN beaming everywhere, chances are that Africans (who receive CNN feeds) will learn American ways, become Americanized, and the rest will be history.

Compounding the embarrassment of having vaginal odors, many women in many African countries are subject to female genital mutilation (FGM). The procedure associated with FGM involves removing genital issues traditionally using unsterilized razor or knives, but contemporary using sterilized surgical scissors so women do not experience pleasure during sexual intercourse. FGM often results in obtaining urinary tract infections. In some cases, infections are controlled by the use of female condoms (Centre of Public Health, 2011).

Sex researchers may further investigate the authentic nature for FGM. Men who experience erectile dysfunction (ED) may be more prone to consider and perform this procedure on women who have a tendency to be highly sexual natured or active; thus, these men avoid exposure and seeking help for their dysfunction. Men with ED may further pursue younger women or wives as stimulators rather than a means to reproduce; thus again, masking the embarrassment of seeking help for their own condition. Sex researchers may further investigate if the changes in odor (as a result of perimenopause/menopause or lack of hygiene) stimulate the male species at different degrees.

Healthcare providers who perform FGM have to consider, sexual arousal is not only stimulated by touch, but by sight and smell (i.e., olfactory system; Been & Petrucci, 2007; Miracle et al., 2002). Based on science and the theory of adaptation, when one of the senses is lost, such as touch, the other senses heighten (Acoustical Society of America, 2012). Visual stimulation oftentimes can be more satisfactory than physical stimulation (Pillsworth, Haselton, & Buss, 2003). Visual stimulation may take place at food markets, doctor offices, and churches, in fields,

while watching television, and so forth. Mentally, women are often stimulated by a male mate who can provide food security; whereby many men cannot achieve based on the massive number of women and children dying from the lack of food and nourishment (Pillsworth et al., 2003; United Nations, 2010). Thus, to completely eliminate a woman's sexual desires, certain brain cells, tissues, and receptors will have to be altered or destroyed.

### **Suggestions to Approach a Lack of Libido**

The following suggestions aim to help women, to include women in Africa or other nations, who experience a lack of libido associated with perimenopause and are not aimed to diagnose, prescribe, treat, or cure. Although women may experience an increased sex drive during the ovulation phase, whereby their male mate may need to consume *A. arvensis*, *Catuaba*, *Tribulus terrestris*, or zinc to reverse or approach their ED, the suggestions will focus on natural methods to approach a lack of libido (Daolio et al., 2008; Meschino, 2002; Pillsworth et al., 2003; Prasad, Mantzoros, Beck, Hess, & Brewer, 1996). Natural techniques discussed in this paper aim to enlighten women on lifestyles and healthy living. Women who believe their condition results from a medical disease are recommended to seek assistance from an MD and naturopathic doctor (ND).

To have a healthy sexual relationship, women need fairness, equity, and rights and all aggression needs to cease, to include mandating quality health systems and healthcare providers (O'Sullivan, Harrison et al., 2006; United Nations, 2010). Healthcare for many women in Africa seem to focus on testing for HIV (Dunkle et al., 2004). Until equality laws are changed and implemented in certain nations, women in dominated male cultures and are experiencing perimenopause may need relief to endure symptoms associated with the lack of libido.

Estrogen plus bio-identical hormone therapy (HT) or progestogen therapy (EPT) have been found to significantly reduce vaginal dryness (Gass et al., 2011). Phytoestrogens (PEs), such as isoflavones, lignans, and coumestans, are plant compounds comprised of chemicals similar to estrogenic (or estrogens), which assist in metabolizing carbohydrates, protein, lipids and minerals and regulating the reproductive cycle, may be consumed to help normalize estrogen levels (Guine, Lima, & Barroca, 2009; Umland, Cauffield, Kirk, & Thomason, 2000). Manganese has been found to restore the loss of libido. The trace mineral is found in surface and in ground water and is stored in leeks (U.S. Environmental Protection Agency, 2004). Leeks, which are reported to also store Vitamin A, are vegetable plants grown in East Africa (American Culinary Foundation, 2012; East African Community [EAC], 2010).

Women who desire to refrain from sexual intercourse may consider subduing their vaginal odor that may stimulate the male sexual receptors. Bathing is essential to subdue body odors. If adequate water supply is limited, probiotics may be consumed to restore the natural balance of lactobacillus (bacteria/acidophilus) or inhibit the growth of other microorganisms (Shalev, 2002). Probiotics are stored in yogurt and pomegranate juice derived from pomegranates are grown in South Africa (Citrogold, 2011; Mousavi et al., 2013, Abstract section).

To enhance sexual visual stimulation, woman may ensure their visual receptors are functioning properly by having a physician check their vitamin A level; a low deficiency of vitamin A result in difficulties seeing at night (Lemp, 2007). To ensure olfactory receptors are functioning properly so sexual stimulation can persist, women may consider having their sinuses checked; sinuses problems, another symptom of perimenopause, and respiratory infections lead to a decreased or loss of smell of odors produced by their male mates (“34 Menopause

Symptoms,” 2014; National Institute of Health [NIH], 2009). Turmeric (*Zingiberaceae*), a herb or spice exported from South Africa, has been reported to help regulate the female reproductive system and approach symptoms associated with the respiratory and nerve systems (De Jager, 2003; Department of Agriculture, Forestry and Fisheries, 2013). Women taking medications may consider consulting a doctor prior to taking supplements, as supplements or a combination of supplements may cause harmful side effects when taken with medications (Nihira, 2012).



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