Journal of
Community & Public Health Nursing

Research Article Open Access

Do Menopausal Stage Determines Dietary Practices? A Narrative by Menopausal Women in South Africa

Ramakuela NJ *

Department of Advanced Nursing, School of health Sciences, University of Venda, South Africa

Abstract

Perceived dietary practices by rural menopausal women of Limpopo Province in South Africa are narrated. Diet can stage vital roles in management of dietary challenges for rural menopausal women due to poor dietary practices. Food habits and cultural context play an important role in every rural village. This paper attempt to determine perceived lived experiences of these rural women during consultations with them.

The purpose of the study was to determine dietary practices of rural menopausal women in Limpopo Province. A qualitative explorative design using phenomelogical approach was employed. Population was women between 40 years and above and purposive sampling was used to select four villages and focus groups. Sample size was determined by data saturation after the fourth focus group discussion. Data was collected through four focus group interviews and one central question guided the discussions " Please tell me your dietary practices during menopause" Tesch's eight steps of qualitative data analysis was used. Measures to ensure trustworthiness and ethical considerations were ensured. Findings of this study revealed a major theme of dietary practices of menopausal women and four sub-themes namely description of type, portions and time for meals, An explanation of Socio-cultural and religious practices related to food and Existing perceptions that eating together promote family bonds. This study recommends good dietary practices for all rural menopausal women to be encouraged through capacity building efforts in workshops, churches and tribal gathering to promote healthy living and longevity through healthy meals, socio cultural and good religious practices and family bonds. In conclusion economic constraints were found to be a major barrier for good dietary practices leading to inadequate dietary practices impacting negatively to those women staying alone and not eating well.

Keywords: Dietary practices; Menopause; Menopausal women; Rural

Introduction

Globally, health challenges like menopause are linked to many uncomfortable health disorders such as obesity, hypertension and diabetes aggravated by dietary practices. These disorders are prevalent in many part of the world [1,2]. Dietary habits or practices are actually food choices preferred by people of different cultures and ages in their daily life. These dietary habits are habitual decision an individual or culture dictates when choosing the type of food to eat on daily basis. Mostly, when people get older, their different food choices tend to affect health negatively. Whilst, only a minority of elderly women tend to stick well to a well-managed diet. In addition, elderly people especially during their menopausal period, are more likely to stick to their traditional food rather than new food products as a result menopausal challenges taking place in their bodies [3]. However, avoidance of certain foods due to food beliefs has been reported in a proportion of rural elderly Malays [4].

Menopause and ageing is a multidimensional process in humans, that of physical, psychological, and social changes with an impact on and the need of energy in elderly people [5]. As people grow older, there is a decrease in the number of taste buds and sense of smell that affect their food choices and decline in food volume [6]. A reduction of sensitivity of bitter taste might be responsible for increasing acceptance of bitter-tasting foods [6,7]. This can perhaps lead to a low intake of other foods. This imbalance in the intake of nutritional intake and requirements leads to an increased risk of developing menopausal challenges. However, some elderly people may change their food preference due to health reasons and beliefs [8].

The post-menopausal group who are older than the other two groups make different food choices as they get older and their daily volume of foods and beverages expressed in grams per day also declines as a function of age [9]. As people get older, there is a shift from diet which is high in calories, sugar and meat to a diet which is rich in fruits and vegetables [10]. This imbalance in the intake of nutritional intake and requirements leads to an increased risk of developing protein-energy malnutrition and micronutrients malnutrition.

The elderly always rate the taste of foods as the main determinant of food selection and the chief reason for the enjoyment and appreciation of foods. Food "taste" typically includes both taste and olfaction. Food preferences are determined not only by taste and by smell, but also by other sensory cues including food texture, temperature, colour and appearance. However, some elderly people may change their food preference due to health reasons and beliefs [8]. As a result of both physiological and psychological factors, elderly people, in particular, showed a decrease in associating food intake with pleasantness.

In the rural villages menopausal women aged 60 years and above in South Africa, are no exception in that dietary practices centre around traditional dishes preferred by many irrespective of other factors that might limit them [11]. Improper dietary practices by such women apparently lead to increased mortality and morbidity in these age groups [12]. Majority of cultures tend to have a positive, healthy attitude to food and eating. Liedberg, Stoltze, Norlen and Owal [6], indicated that food preferences for elderly people change due to physiological, social and psychological factors. It is known that as people grow older, there is a decrease in the number of taste buds and sense of smell, which, in turn, reduce taste acuity.

Although a large number of food preference studies have been conducted in developed countries, there is a paucity of data concerning

***Corresponding author:** Ramakuela NJ, United States, Department of Advanced Nursing, School of health Sciences, University of Venda, South Africa; E-mail: Nditsheni.Ramakuela@univen.ac.za

Received December 18, 2019; **Accepted** May 06, 2020; **Published** May 13, 2020

Citation: Ramakuela NJ (2020) Do Menopausal Stage Determines Dietary Practices? A Narrative by Menopausal Women in South Africa. J Comm Pub Health Nursing 6: 240.

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the dietary practices by rural menopausal women of South Africa in particular. In view of this, we conducted this study to determine the dietary practices by rural menopausal women of Limpopo Province, South Africa. Thus this study aims at exploring and describing the dietary practices by rural menopausal women in Limpopo Province of South Africa.

Methodology

Research method and design

Study designs: Qualitative phenomenological explorative approach was used to understand elderly rural menopausal women' experiences and deeper insight into dietary practices whereby facts were established and researchers gained facts and new insights into the phenomenon to be studied [13]. The study was conducted at contextual natural settings which are the rural villages of Limpopo Province [14].

Population and sampling: Target population were women aged 40 years and above who resided in the selected villages of the rural villages in the Limpopo Province and were willing to participate. The participants were selected purposefully and included in the focus group interviews. The sample size was determined by data saturation in the fourth focus group consisting of eight participants.

Data collection

Four focus group interviews were conducted by the researcher which promoted self-disclosure and discern of what women really thought and felt. Each focus group comprised six to eight women and lasted for approximately 60 minutes. Interview dates were arranged with the contact people chosen at selected venues. A central question which was asked in all FG interviews 'Please tell me your dietary practices during menopause'. Probing questions followed after each response from the participants until saturation was reached. Interviews were conducted in Tshivenda. Data were voice-recorded and field notes which were used to augment the data recorded. Ethical considerations were ensured through obtaining University of Venda ethical clearance, permission to conduct the study was sought from the tribal office of the villages. Voluntary consent was obtained from participants and necessary information regarding their participation was provided to them. Trustworthiness was also ensured through credibility, dependability, transferability and conformability.

Data analysis

Tape- recorded interviews were transcribed verbatim into English. Data were analysed manually using content analysis in which the content of the interviews will be analysed to identify main themes from the participants' responses.using Tesch's open coding method as outlined in Creswell [15]. All transcripts were read carefully to get a sense of the whole study. Data were typed without names a list was made of all similar topics. Data was then grouped according to main theme and three sub-theme emerged [16].

Results and Discussion

Table 1 below presents a theme and sub-themes that emerged from the collected data reflecting dietary practices by rural menopausal women of Limpopo Province.

Description of types

Portions and time for meals: In general, the majority of menopausal women in the rural areas reported the types, portions and time for meals that they eat two meals comprising of breakfast and dinner unlike western cultures that eat even lunch as indicated by a post-menopausal woman who said:

"In the rural villages, we have no time to sit and have many dishes like in western culture. Once we have one heavy meal in the morning, we have another heavy one in the evening for dinner".

Another one said, "We are always in the fields working thus one heavy breakfast that is nutritious suffices. We usually not eat eggs, cheese, meat and juices and once we in the fields during the day we survive on water, available fruits in that season. Eggs and meat could only be available for dinner sometimes consumed with pap as they are not readily affordable and available. We are aware of their protein content but these are not cost effective for us and can protect us from many diseases."

For such women, home-cooked dinner contributed to more calories from staple and cultural foods such as maize that lead to more physiological symptoms such as hot flushes, joint pains, weight gains, DM and high BP, heart diseases, cancers especially among the peri and postmenopausal women. Typically, this study is similar to the French breakfast where food such as eggs, cheese, cold cuts, juices are not served but only French bread products with a choice of jam, butter or honey and tea or coffee. The only difference is that French breakfast is light and many adults skip breakfast unlike in the rural villages where one heavy breakfast is consumed for the day [17]. While in Ghana their staple food is starchy roots and fruits readily available and cost-effective in their field.

This was supported by one menopausal woman who said "What can we do most of us survive on staple food such as maize prepared in different forms such as pap can be plain or sour, soft or hard pap consumed with milk, meat or greens. Then soft porridge either for breakfast, corn or samp as all are readily available, cheap and filling. We understand we tend to gain weight if we overeat it. These are our staple and pride dishes that can be substituted with samp or sweet potatoes that are also carbohydrates".

Another one said, "I was told to by the healthcare workers to reduce weight as it is the one contributing to joint pains, high blood pressure and diabetes from these carbohydrates we rely on". On probing she continued by saying: "You see other foods such as bread can be baked at home in the traditional oven in the ground if the necessary ingredient are available or be purchased if money is there. But cookies and other nice junk is expensive and require skill to prepare of which most of us do not have".

Alongside their diet, menopausal women are big fans of okra and other bush greens known for their antioxidants and fighting cancer. Okra and such greens are readily available in the bush and can also be grown in gardens. Other nutritious, inexpensive and healthy dishes are sweet potatoes that not only provide carbohydrates but also fight cancer and can be served anytime of the day either as snacks or main meals.

Table 1: Theme and Sub-themes.

Theme 1	Sub-themes
Dietary Practices of rural Menopausal women	1.1 Description of type, portions and time for meals
	1.2 An explanation of Socio-cultural and religious practices related to food
	1.3 Existing perceptions that eating together promote family bonds

This was exemplified by a peri-menopausal woman who said "Some greens we plough while others are obtainable from the bush such as okra, nngu (traditional green leafs that also serve as herbs) and they assists in many ailments and prevention of cancer. Mopani worms, locusts and other forms of eatable creatures are proteins abtainable seasonally in some areas. Err we pride ourselves with dishes such as those of okra and mopani worms that people from all over the country want to taste. We also grow some fruit trees are in the yards while others grow in the bushes such as mangoos, bananas and avocados depending on season. So there is not much poverty in the rural homesteads and as menopausal women have a wide choice to eat from and avoid for the sake of our health".

The results of the study reveal that menopausal women in rural villages frequently consume green leafy vegetables such as various forms of okra with their natural gelatin as a form of remedy for many ailments. However, types and portions varied with individual women depending on their personal preferences. More so, such types of dishes are inexpensive as some are readily available in their gardens and bush. One other dish said to be not only nutritious and less expensive is the one with various types of nuts ponda and samp. This is one form of dish rural women take pride from and usually cooked in many occasions. It can be enjoyed as is because of its nutritious value or eaten with stewed meat. However, nuts and beans are good for bones and joints conditions such as osteoarthritis and backache. Additionally, traditional protein is also derived from mopani worms obtainable from trees in some areas in the bushes.

In the rural areas, no such thing as eating principles like in other nationalities such as whites were many dishes are served and people eat small portions at a time. Majority of rural menopausal women prefer to serve one large bowl or plate of food mainly comprised of carbohydrates (maize) staple food with either a protein (e.g. mopani worms) or any other traditional creature or greens. A point of interest is that these women are quiet aware of complications arising from consuming a lot of carbs that lead to obesity, joint ailments, diabetes, hypertensions and cancers if frequently consumed. Rural menopausal women are strong believers of serving one big dish without treats and snacks in between as mostly are in the field if not employed. For those with gardens often plough nuts or fruits trees such as mangoos, avocados, bananas etc to boost in cases of poverty and draughts.

Other nationalities like Muslims eat less as a principle of good health and a balanced diet. It is said nothing is worse than a person who fills his stomach. As such is better to eat less than too much eating too much was associated with the onset of diseases and obesity. Good eating is essential to sustain life however, it should not be too much Of course this si different for most of the South African rural cultures are aware of a balanced diet they can't just afford it as it is too expensive to buy and maintain [18].

Whilst, poultry, beef or fish are not daily food as they are expensive to buy and if they form part of the animals at home, they cannot be slaughtered daily.

A peri-menopausal woman said: "Err you see majority of homes in rural villages have life stock but that cannot be slaughtered always and buying tend to be too expensive. Those whose families afford to purchase and those who cannot live on what is available".

Shahah, Earland, and Rahman [4] also found that some food such as poultry, beef and fish some families struggle to obtain and only families that earn for a living can afford them.

An explanation of socio-cultural and religious practices related or norms to food: Traditionally, the majority of cultures have no laws that permit them to eat only certain foods except those not allowed by certain churches. Some cultures and churches do not permit the consumption of pork and they do not farm it either.

One premenopausal woman said rolling her eyes "I enjoy pork where I come from is permissible to eat it, now that I'm married to a family where pork and pork-related food is not allowed to be touched nor eaten. The meat is nice to the taste if cooked well and good for our health".

Another one said, "You see some food is not permissible in the family not to be eaten nor touched like pork".

On probing she continued by saying "Mmmm it is our belief or myths prevailing within families and culture for long generation after generation and we have to abide by it. Of course we are allowed to eat any other meat except pork".

Another cultural and religious practice and norm revealed in the study was cleanliness which is said to be next to godliness. Washing hands and praying for/ before meals was also found to be good practice by majority of menopausal women of the rural villages of South Africa.

One menopausal woman said "Following good dietary habits such as washing hands and prayer before meals has been practiced and approved by many cultures, families and churches. We ask God to bless our food for good health and cleansing it from bad spirits is a good practice passed from generation to the next.

A premenopausal woman had also this to say about prayer before consumption of meals "I am a God-fearing person I will never touch food without prayer. It is good customary practice to pray before food. We learn this from our parents at childhood and churches emphasise it more. Those who ignore are either not Christians or non-believers but the good thing is to bless food before eating also remembering that food is from God to maintain good health and life just like any other thing on earth".

Nationalities such as Jews follow certain dietary laws that permit them to stick and cook some food in some ways and not permitted to consume larger than half portion of meat. Only certain types of animals, birds and fish that meet specific criteria can be consumed and pork and shellfish are forbidden [19]. Another Nation similar to some of South African culture that forbid the consumption of pork are Muslims except that they consider all food halal [18].

In many parts of the world prayer before meals is a norm and practised by many. However, it may not be a fast and strict rule for many it still remains customary to follow the rule of prayer before meals [20]. Other scholars argue that sustainable diets are not only accessible, acceptable, available, economically fair but also healthy and safe, affordable, nutritionally adequate, while optimising natural and human resources [21].

Existing perceptions that eating together promote family bonds: Existing perceptions that eating together promote family bonds was identified as another dietary practice by majority of rural menopausal women with family members. Participants highlighted that unity, harmony and support existed within families. People were better able to communicate with one another as indicated by a menopausal woman.

"Eating together at the same time daily strengthen family relations. We usually wait until everyone is home and the food would be ready. Usually we would not sit at table as we do not have one, but the fact that

we are together whilst eating means a lot to all of us sharing our home cooked warm dishes. You know every one eager to taste the meal for the night. Being there together bring unity within the family giving us the opportunity to hear from each one how the day was spend. Besides food is nicer when shared together I see family bonding taking place".

Another perimenopausal woman added "This is a good time for family unity and bonding all children are home, husband and in-laws all sharing a nice cooked home meal and this only happens with dinner when everyone is back home. During the day everyone is out except my in-laws who eat together without us but in the evening there is noise, talking, laughter and jokes sharing while eating".

On the other hand a postmenopausal woman said "Yoooh I stay alone" all my children have grown up and migrated to big cities for work and stay there. Cooking for one person is not always easy and food is no longer enjoyable as sometimes appetite is not there due to some emotional stress from physical ailments that cause the body to be sick. On probing she said "You see I'm hypertensive and diabetic I'm forbidden to eat a lot of nice food, the stomach is like it shrinked I do not eat much. My body aches a lot doctor said I also have arthritis so I tend to dislike standing for long and bending to prepare meals for myself. By the time I'm done I'm tired physically and psychologically and food is no longer nice eating alone every day".

The findings is supported by that people eating alone suffer from emotional stress, they are also unable to sit down for their food with their clear minds as others do [18,20]. Thus it is very hard to obtain satisfaction from food while the mind is engaged in straying thoughts. Food consumed by a person alone is not a social food.

All nutrients that human need is obtained from various food. Behaviours related to food choices, consumption and social bonds affect the nutritional intake whilst influenced by social, economic and cultural factors [18,20].

Limitations

The study focused on VhaVenda speaking rural menopausal woman of Limpopo Province thus their dietary practices could be different from those of other cultures. Thus the findings cannot be generalised to the whole of Limpopo Province.

Recommendations

This study recommends that good dietary practices for all rural menopausal women to be encouraged to promote healthy living and longevity through healthy meals, socio cultural and good religious practices and family bonds. The study further recommends that continuous capacity building efforts be strengthened by health care providers through home visits for those women who are sick and staying alone. A collaborative effort by all stakeholder (nurses, dieticians, doctors and social workers) for health education and training on good dietary practices was recommended.

Conclusion

This study investigated dietary practices by rural menopausal women of villages in Limpopo Province. Inadequate dietary practices may impact negatively to those women staying alone and not eating well.

Acknowledgement

Menopausal women of Ha Makuya villages in Limpopo Province are appreciated for sharing their dietary practices. Ha Makuya Tribal Authority for granting permission to conduct the study in their villages. Sincere gratitude goes to University of Venda, Research and Innovation for funding this project.

Disclosure

No potential conflict of interest relevant to this article was reported.

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