

EXPLORING A SENSITIVE ISSUE: MENOPAUSE EXPERIENCE AMONG URBAN MALAY WOMEN IN MALAYSIA

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Abstract

This paper aims to explore the practicalities of using qualitative methodology, specifically in-depth interviews and participant observation, in researching a sensitive issue. This method was chosen in order to gain an understanding of menopausal experiences among urban Malay women. Generally, menopause is not discussed openly in the Malay society. However, other areas of reproductive health like fertility, childbirth and post-partum experience are spoken about publicly, making menopause an area of relatively marginal concern in regards to women's health. Researching a sensitive issue like menopause is therefore taxing and at times overwhelming. Reluctance to discuss the issue is the first of a number of challenges faced in researching the topic. This paper examines these challenges which include recruiting participants into the study, building trust and rapport, and communicating effectively with participants throughout the fieldwork. Some strategies used to overcome the challenges are included in the paper. The most important of these is the justification of the research topic. Menopause can be of concern to many women. Given the changing demographics of the ageing society and women continued and important place in the workforce, the health of menopausal women should be taken seriously and open discussion will help to improve this situation. The paper concludes that qualitative methodology enables us to gain new information not accessible through other methods of data collection, especially for topics that are of a sensitive nature like menopause.

Keywords: menopause, sensitive issue, *Malay*, urban women, qualitative, self-disclosure, challenges

[1] Introduction

Researching a sensitive issue needs a careful selection of methodology. Qualitative methodology is most often chosen by researchers (Warr, 2004; Chirawatkul & Manderson, 1994; McNamara, 2001) who undertake research in sensitive issues due to its strength in providing rich textual descriptions of people's experiences in any given situation. Qualitative methodology may also help a researcher to identify the contradictory behaviours, beliefs, opinions, and emotions from the participant's perspective (Punch, 1998; Hughes, 1998).

This paper is an example of researching a sensitive issue employing qualitative methodology. The research was designed to explore menopausal experiences among urban Malay women in Malaysia. Menopause marks the end of a woman's child-bearing years. It is not a disease or a condition to be suffered through, but is a biological change women experience as part of a life stage. Every woman's experience of, and attitude to menopause is individual and unique (Wright, 1983; Gifford, 1994; Lock, 1993; Boulet, Oddens, et. al, 1994), although most often it is considered a private or sensitive issue.

In this paper, I will explore the practicalities of using qualitative methodology, specifically in-depth interviews and participant observation, as well as some of the challenges encountered during my fieldwork aimed at understanding the menopausal experiences among urban Malay women in Malaysia. Strategies to overcome the challenges are also offered in this paper. I argue that using quantitative research for a topic as sensitive as menopausal experience will not produce the same degree of understanding of this area of a woman's life-stage.

[2] Using Qualitative Methodology to Explore a Sensitive Issue

In this section I will highlight the advantages of using qualitative methodology to research sensitive issues. According to Ezzy and Rice (2005), qualitative research's

flexibility helps the researcher to understand meanings, interpretations and subjective experiences of vulnerable groups. In addition, qualitative research methods allow researchers to listen to “voices of the silenced, othered, [and those] marginalized by the social order” (Rice, 2007, p. 7). Since my method employed an open-ended approach, it allows participants to speak freely about their feelings and experiences using their own words rather than follow a set of pre-determined questions that are usually employed in survey research. Warr (2004), who conducts a research on street sex workers, claims that qualitative methods provide her with rich and complex data that are unlikely to come to light using solely quantitative methods.

Strauss and Corbin (1990) explain that through qualitative methods, a researcher learns about ‘persons’ lives, stories and behaviour’. In addition to learning about and understanding people’s behaviour, we need to understand the meaning and interpretations that people give to their behaviour (Punch, 1998). Thus, qualitative methods can be used to discover the meanings people attach to their experiences of the social world and how they make sense of that world. The strength of the qualitative method lies in its holistic nature as it provides room to understand the interconnectedness and tensions between different dimensions.

Following Denzin’s triangulation (Denzin & Lincoln, 1998) method, I employed both in-depth interviews and participant observation in my research among urban Malay women in order to elicit an understanding of their menopausal experiences. In addition, I also analyzed magazines, advertisements, health brochures and any other materials the women shared with me.

The epistemological rationale for this approach was the dearth of knowledge regarding the meaning and experience of menopause among urban Malay women in Malaysia. Most of the studies on menopause to date have been medically and quantitatively

oriented. I conducted my fieldwork in Kuala Lumpur from December 2005 until December 2006. My study was conducted principally on 30 urban Malay women in Kuala Lumpur who were at their menopausal stage; these women had stopped menstruating for a year.¹ Most of the women worked in administrative positions within large organizations.

Using a variety of recruitment strategies, including attending a menopause clinic and women's social gatherings, I identified women who were willing to take part in my research. In addition, family members were also invited to participate in this study. Each woman was asked to describe her menopausal symptoms, feelings and cultural beliefs as well as how her family members responded to her changes in lifestyle. The interviews took place in an environment where the participants were most comfortable, easily accessible and able to respond freely. Some women chose to be interviewed in a cafe or the lounge area of their office. Most women chose to be interviewed in their homes or at the menopause clinic. Other interviews took place in beauty salons, hospitals, community halls and business premises. Interviews were conducted in a conversational way, using open-ended questions. The interviews were conducted in English or Malay depending on the respondent's preference. However, the interviews conducted in the Malay language were then translated into English. Each interview varied in length, for example, after sixty minutes, some participants felt they had given enough information. Some women talked only for thirty minutes and refused to elaborate further. To preserve the actual words of the participants, all interviews were audio-taped with their knowledge and consent; the interviews were then transcribed. Permission to quote from the interviews to be used in this paper was granted by the women. Pseudonyms were used to replace their real names.

[3] Researching a Sensitive Issue

Some research topics are more likely to be sensitive than others. Studies on sexual health and deviance have frequently been regarded as having a sensitive nature. Those studied are likely to be “identified, stigmatized or incriminated” (Lee, 1993, p. 6). According to Lee (1993), all topics are potentially sensitive depending on the context. Renzetti and Lee (1993) suggest that:

a sensitive topic is one that potentially poses for those involved a substantial threat, the emergence of which renders problematic for the researcher and/or the researched the collection, holding, and/or dissemination of research data (p. 5)

From the above definition, ‘sensitive’ in research covers many areas which are believed to be potentially difficult or risky. In this sense, research into topics like sexually transmitted diseases (Hughes, 1998), pregnancy loss (Abboud & Liamputtong, 2003), sexual education (Hirst, 2004), deviance (Romero-Daza, Weeks, & Singer, 2003), dying and death (McNamara, 2001), and homelessness (Booth, 1999) are typically regarded as ‘sensitive’ in research terms. Shahidian (2001) contends that his research about Iranian refugees is sensitive as it involved “sensitive information regarding ‘subversive’ activities, political imprisonment, and ‘illegal’ crossings of borders” (p. 59). Research that is sensitive often has elements of threat or controversy that impose problems on the researcher or the researched (Langford, 2000; Peritore, 1990). For example, McNamara (2001) claims that her research is sensitive as it involves discussing issues related to death, illness and dying that generates a degree of emotion in the research. Researchers dealing with illness and death may experience sadness and other emotions as they empathise with respondents. Renzetti and Lee (1993) have identified four areas in which research is more likely to be sensitive than others: a) research into the private sphere or personal experience, b) study on deviance and social

control, c) areas that invade the vested interests of powerful persons or the exercise of coercion or domination, and d) research on sacred things.

Menopause is one of a number of challenging topics. In my literature review, I found very few anthropologists have focused on the study of menopause. Beyenne (1986) claims that ethnographic findings on menopause are “scanty, anecdotal, inconsistent or peripheral” (p. 48) compared to other topics of study. The main factor that contributes to the rareness of this research is due to the social taboos (Im & Meleis 2000; Agee 2000) that surround menopause, making research in the area difficult. Rice and Manderson (1996) highlighted that issues about reproductive health, including menopause, are also unspoken simply because “women want to maintain discretion and privacy” (p. 2).

Similarly in Malaysia, menopause is a sensitive issue that most women will disclose only to doctors or to other women of a similar age who may be experiencing similar symptoms and concerns. Studies on menopause in Malaysia are very few because it is not a topic that is discussed (Ismael 1994). Most of the studies on menopause to date in Malaysia have been medically and quantitatively oriented. The only qualitative study was conducted by Omar (1995) thirteen years ago in a rural village. My study is sensitive because it “intrudes into the private sphere and delves into some deeply personal experiences” (Renzetti & Lee, 1993, p. 6). The study involved obtaining information that could have been embarrassing to the menopausal women in many ways. I obtained information for instance about the uneasiness these women felt when engaging in intercourse with their husbands, the inability of some of their husbands to perform sexually, how they experienced unwelcome remarks and jokes about their bodily changes, as well as their concerns that their husbands were looking for younger women.

[4] Challenges in the Research

There are many challenges to researching sensitive issues. In my study, I will highlight the challenges of managing relationships in the field, recruiting participants, building trust and rapport as well as the problem of communication. Prior to conducting research involving humans, higher degree candidates must submit a Human Ethics clearance form before proceeding with the research. It was anticipated that my research would create an uncomfortable environment for at least some of the participants, so I believed the topic had to be addressed with a high level of sensitivity and respect. Permission to conduct the study was granted by the University of Western Australia Human Ethics Committee. The nature of my study is more than just eliciting people's co-operation in giving an interview as they were invited to disclose their personal experience to a stranger and it was open to outside scrutiny. My research did not specifically focus only on their menopausal symptoms, but upon other experiences as well. For instance, their relationship with their husbands, feelings about their bodily changes, ageing, as well as the risks and benefits of taking Hormone Replacement Therapy (HRT).

During my fieldwork, I faced many challenges. Firstly, most of my respondents questioned my interest in menopause as they had never come across a non-menopausal woman asking about menopause before. I am a young Malay woman, though I have two children of my own. In addition, I have not spoken about menopause to my own mother. My respondents claimed their own daughters did not ask about menopause, and my own experience of not communicating with my own mother confirmed this. I sensed that many were uneasy talking about menopause with me, perhaps because of the age difference between us. I was asked questions like 'Why are you interested in menopause?' and 'How did you end-up with this topic?' I answered these questions in-depth and in a polite manner;

in time I believed they opened up to me and spoke freely. Secondly, because I am an academic the women seemed to talk to me about their menopausal experiences differently compared to how they spoke to the doctors or nurses.

Most of the women told me that they had never before spoken about their menopausal experiences with a stranger and that never before had anyone ever listened to them for any length of time. The interviews I conducted were not therapy, but I did empathise with their situation and listened attentively to what they had to say. In fact, some women expressed their curiosity in regards to how academics might help with menopausal problems. Overtime, I was able to answer their questions especially on my academic position and research which enabled me to build better relationships with the women, their family members, doctors and nurses and thus I was able to proceed more effectively with my data collection. Overcoming these challenges took time, commitment, careful thought and strategies. I joined the women in their group activities, delivered talks, joined family gatherings and helped the menopause clinic staff. Through my fieldwork, I recorded my fieldnotes, which later provided important data. Joining the women's groups and activities as well as keeping good fieldnotes, helped facilitate my awareness about menopausal women and their problems. It also assisted me in gaining trust from the women and health personnel.

[5] Managing relationships in the field

In the early days of my fieldwork, my presence in the menopause clinic was awkward. I was told by a senior nurse that the clinic had never had a researcher with them before, but only medical students who were doing their practical studies there. The nurses always mistakenly identified me as a patient. I remembered clearly my first day at the clinic, a nurse said:

Yes Ma'am. Please leave your appointment card here, take your number and have a seat. I will call your name later.

It was even more confusing because the nurses had their duty roster changed every six months so I had to introduce myself again to the new nurses. I was amused when one nurse once asked me:

So, when was your last period? What symptoms have you got?

In another situation, the nurses called me doctor. I jokingly told them "Please call me by my name. My 'DR' is under construction!" Over and over again I reminded them of who I was and my purpose of coming to the clinic. It was important for me to use humour and a friendly approach to establish trust and to differentiate my position from that of a patient. The nurses and doctors maintained more formal relationships with their patients. I needed to avoid the formality so that they would confide in me and speak at length about their practices and their attitudes to their patients and to menopause in general.

[6] Recruiting participants

One of the challenges of my study was recruiting women who were prepared to talk about their menopausal experiences. Although menopause is a woman's health priority in Malaysia, my study appeared to be regarded by most as marginal. Recruiting women to participate in my study was laborious work.

After gaining permission from interested offices, I pasted advertisements on their notice board to recruit participants. After one month of waiting, no one responded to the advertisements. My next step was to send an e-mail about my research to offices through their representatives; this too did not work. It struck me that I should give a call to my former students. I kept a good record of their addresses and contact numbers. I explained to them about my research and the problem of recruiting interested women to my study. I was very

lucky that one student volunteered to introduce me to his aunt. It was through him that I met my key-informants. The first step to gaining access was when I began to establish contact with some leaders in women's groups. Through a snowball sampling technique the leaders were asked to introduce their friends who matched the criteria and who would volunteer to participate in the study. Once I was able to contact menopausal women, they welcomed the opportunity to discuss their experiences with me and were surprised at my interest. The snowball technique had several advantages: I was introduced by someone known to the women, which helped make the first interview less stressful and through the women contacts, it widened my social network among women who were difficult to approach directly.

[7] Building trust and rapport

A study on menopause demands a close relationship between the researcher and the participants. I quickly realized I needed to develop trust and good rapport with the women. Flexibility is very important. I did not enter the research setting with a rigid plan of what I wanted to achieve. Rather, I entered with an open mind about what I could offer rather than what I could acquire. By projecting both personal and academic interests, I attempted to portray a particular image that I suspected would be received favourably. I modified my behaviour in the expectation that this would enhance my acceptance among the menopausal women; for example, I was respectful and polite when talking to them. I realized that how I presented myself was an important process in establishing trust. At times, my self-presentation was as much influenced by personal considerations and commitments as it was by academic ones. Building trust in qualitative research is the key to creating a safe surrounding and to self-disclosure where respondents talk about private or emotional topics (Elam & Fenton, 2003). Since confidentiality is a major ethical issue in sensitive research (Demi & Warren, 1995; Langford, 2000), the reassurance of confidentiality at the beginning

and the end of the interview was strongly emphasized. The respondents needed to believe that their feelings would be respected and their information kept confidential.

There are few basic rules that underlie the rapport-building process: first, obtaining information is a two-way process of gathering and giving information (Booth & Booth, 1994). Both the women and I exchanged personal questions, telephone numbers and home addresses. Second, observing so-called common-sense rules (Reid, Speed, et. al, 1998) like observing punctuality, keeping appointments, returning phone calls, attending family gatherings and so forth. Third, being friendly and practicing a non-threatening approach and openness (Booth, 1999) such as providing participants time to think about the research questions and not being pushy.

Conducting research on sensitive topics demands creativity from the researcher (Lee, 1993). According to Frijda (1986), humour helps to emotionally disengage those involved in intense situations. On one occasion, Sally aged 53 told me:

I remember my husband jokingly said that I'm just like a car which has an expired road-tax! It can't be used on the road. You know what I mean?
[Laugh]

Using women's responses as a guide, if they laughed, I laughed.

[8] Supporting the self-disclosure of the participants

The findings of this study show that employing qualitative methodologies in exploring a sensitive issue produces information that is equally, if not more important than that gained from quantitative methodology. This was particularly the case when the women wished to disclose sensitive information about themselves. Self-disclosure is referred to as "the act of revealing personal information to others" (Jourard and Jaffee cited in Gilbert,

1976, p. 221). The following quotes are examples of sensitive topics which were discussed with me during interviews. Sherry aged 50 whom I interviewed in her house told me:

After ten years of marriage, my husband wrote me a letter last week. He said, 'I'm sorry. I'm writing this letter for our own good. You keep the house clean, you keep your body fit, but you're cold on bed! And please, I remind you that I enjoy sex'. My self-esteem went very low and I cried! That's what he wrote in the letter.

Although I was in fact shocked by her candid admission, I felt it was important to project an empathetic and professional approach.

Renee, 49 confessed that:

Following menopause, my vagina is dry. It feels painful having sex with my husband. He doesn't understand. I feel trauma whenever we have sex.

Again, I did not expect such honest self-disclosure especially as I had not asked specifically about her sex life. I felt it was important that I did not act shocked but accepted what she had to say. If I acted shocked, she might have felt embarrassed or not continue to disclose her other menopausal experiences.

Another woman, Diana, 53 found it was easy to talk about her sexual experiences after menopause:

I use KY gel. It's easy. I have no problem. I can still fulfill his sexual needs.

The above quotes show the extent to which I was able to develop trust and rapport with the women I interviewed. In fact, some participants reported that they did not disclose their sexual problem even to doctors unless they were asked. As one woman explained:

When I saw the doctor, she asked when my last period was. Then she asked me what symptoms I had. She checked my blood, my sugar levels, gave me advice and prescribed HRT. I didn't tell her about my sexual life.

To obtain information on intimate and sensitive topics, a researcher must be sensitive, gently steer the conversation, and be a willing listener to the participants (Warr, 2004) involved in the study.

[9] Communication about menopause

From my observation, Malay women in my study were experiencing a communication change from high-context communication to low-context communication. Samovar and Porter (1991) refer to high-context communication as information that is not told explicitly while low-context communication information is shared in an explicit way. Asian and Middle-Easterners are regarded as using high-context communication techniques whereas Westerners are regarded as being low-context communicators. According to Hall (1976), high-context communication is characterized by indirectness. However, as I illustrate below, the women in my study were *moving* from high-context to low-context communication; that is, they used both forms to some extent. While they were being more explicit, they continued to use some techniques which also allowed them to avoid being *entirely* explicit. For example, in my study, some women talked about their menopausal experiences expecting me to be able to pick up the cues. In other words, they provided part of the information and I was expected to fill in the rest. For instance, Rosie, 54 said:

This [menopause] is a husband's problem too. Menopause happens to women at a later age. Husbands, when their wives are menopausal and lack this and that, men don't understand. Just like me, my husband couldn't care less. If he wants it, I have to give.

In this case lack this and that means decreased sexual interest or vaginal dryness that makes sexual activity uncomfortable. The word it refers to 'to have sex'. However, I had to infer this meaning from her implication. If Rosie had had to say directly what her experiences were and what her husband wants, she would have found it difficult. Thus, she talked around what she experienced, and as the researcher I was expected to understand the cues. Meenah, 52 shyly explained:

I came to see the doctor to get treatment. Doctors and friends said HRT is good. They said it will make your that life [sexual life] better. When your

that [vagina] thing dried, it is very uncomfortable to *anu*² [have sex] with your husband. When we grow old our *that life* is not like in the twenties or thirties.

In this situation, members in a high-context culture are expected to know what is disturbing a group member (Hall, 1976). In short, details of the story were not provided by the women, but problems they experienced were assumed to be understood by the researcher.

I found this kind of communication a challenging experience because I have not experienced menopause and was not previously aware of the problems and concerns facing women experiencing menopause. However, my interviews earlier with doctors and nurses and the reading I had done on the topic had given me the necessary information about the kinds of menopausal symptoms some women experience that may affect their lives. The doctors and nurses also cited some cases that gave me a general idea of how menopausal symptoms affected some patients in the clinic.

In general, when a Malay woman experiences menopause, she tells nobody what she is going through. She feels there is no need to expose her private life. In contrast, Western women tend to discuss their biological changes so they can share with others and inform them about their experience (Breheny & Stephens, 2003). However, I found that some Malaysian women (for example Sherry, Renee and Diana quoted in the earlier section) have some low-context characteristics. This is probably partly due to their exposure to Western cultures and their level of education. These women had completed their tertiary education overseas in Western countries.

Some women in my study mentioned that their mothers had not taught them openly about menopause when they were younger. Instead, they were advised to deal with menopause

when their time came or to consult a doctor. Similarly, even though I found myself talking to women who were in my mother's age group, I had never spoken with my own mother about this topic. Like other daughters in this study, I had observed my own mother praying five times a day³ without fail. At times, I heard from my sisters that she had complained about hot flushes⁴ and tiredness but she never admitted that these experiences were linked to menopause.

Interestingly among Malay women, topics like menstruation, pregnancy and post-partum are discussed at length, but not menopause. The women I spoke to, felt that their mothers regarded menopause as either private or too insignificant to discuss even with their daughters. Many recalled the secrecy that surrounded the subject when they were young. Liza, 49 told me:

After I got married, I stayed with my mom. We shared a lot of things. But this *problem* [menopause] she never told me a word about it. Not at all! Never! I guess it's her way of doing things. She was hiding it from us, I don't know. I don't know how she feels. Now, I'm about to experience it, I know.

Balkis 54, recalled a similar situation with her mother:

My mom's menopause was in her early 40's. I was a small girl. I saw her bleeds heavily and sometimes she couldn't walk. She stayed at home. There was no medicine at that time. But, she never told me she was in the process of menopause.

Zila, 42 also shared her experience:

I guess we come from a different generation... my mom and I. My mom's generation is not very open on certain subjects like sexuality. It is a sensitive topic to be discussed. A lot of the time, old people don't discuss *this* [menopause] openly. We heard other people's cases, but not our own mom's. Then we compare stories with friends.

I found out through interviews that the women learnt about their mothers' menopause by looking at their daily practices like praying five times a day, fasting 30 days and no more pregnancies. The majority of the women admitted that they sought information from friends; by listening to stories, reading women's magazines and books and other media. Family

members, especially sons and daughters, tended to know very little about their mothers' experiences of menopause. Many were uncertain when their mothers acted out of character, whether the behaviour was associated with menopause or not.

Some children I interviewed recalled the effect that menopause had on their mothers.

Dewi, 26 said:

She complained of joint pain, numbness and wrinkled skin. After all she's 50. Once, she vomited. Not for only a day but for a week! She lay flat on her back. I was alarmed. I thought if she might be pregnant again! She spat, couldn't cook, and had a fever and a cough... like a pregnant woman. I noticed when she was angry; she broke glasses in the kitchen. Is this menopause?

Like Dewi, Feroz, 24 also noticed changes in his mother's behaviour:

I noticed she had mood swings so much; sometime she was not stable, always pissed off. Sometimes she was OK. We were all victims. All of us understand. I guess the older you grow, it's like that. We never asked her why.

Through my interviews, I found that not only had menopausal women desisted from questioning their mothers, their children were not encouraged to make enquiries of them. Even Malays who are urban and educated are not encouraged to ask too many questions about issues of sexuality. Those who ask questions regardless are regarded as "showing disrespect" (Zamani, 2002, p. 172). In addition, parents impose sanctions on their children to make them fear asking questions thus discouraging them from asking again in the future. Hence, most Malay children's experience of asking about sexuality is overshadowed by the fear of punishment and seen as pointless by them.

I was able to access intimate and sensitive information from menopausal women because of my status as an academic researcher and an insider to the Malay culture. According to Bruenjes (1998), there are three ways that anthropological researchers can

identify themselves: a) as an *insider*; that is a researcher from a dominant ethnic group conducting research at home, b) as a *native anthropologist*; that is a researcher from a minority group studying his or her own people and c) as an *indigenous anthropologist* that is, one who conducts research in his or her own society.

The insider category fits me best. I come from the dominant ethnic group in Malaysia and I returned to Kuala Lumpur from my place of study in Western Australia to do my research. My personal background as a Malay woman born and raised in an urban society helped facilitate my research. Being a well-educated, married woman working on a women's health issue, and belonging to the dominant religious group in Malaysia were all factors that helped minimize the problem of communication with the women in my study. In short, the strategies I mentioned above used during my fieldwork were paramount in helping me to obtain rich information from the women who participated in my study.

[10] Conclusion

Conducting research on a sensitive topic is taxing and at times overwhelming. I used several strategies to overcome the challenges I faced in the field including immersing myself in the environment. Flexibility, patience, being respectful and humorous helped me gain the information I required. In this paper, I have shown the advantages of using qualitative methods of research to explore delicate issues among women and their family members. I argue that this method of research is essential for gaining an understanding about the range of attitudes that urban Malay women have about menopause. I believe the depth and complexity of the issues I explored would not have come to light using solely quantitative methods. I hope that this attempt will encourage the use of qualitative methods for future research, especially on issues related to sexuality and health-promotion.

This topic is worth studying because it affects the well-being of Malaysian women in the later part of their lives. The relationship between health and well-being is important because women today play multiple roles in society. Indeed, women's life expectancy today is increasing and women will spend a significant proportion of their lives postmenopausal. The issue of menopause is closely related to woman's social status, their roles, life history, general health and personal circumstances. Although there is an abundance of literature on menopause based on medical and biological data, there are still very few anthropological studies available in Malaysia which address the social and cultural aspects of menopause.

Notes

- [1] The World Health Organization's (WHO) definition on natural menopause is used in this study. Natural menopause is defined as "the permanent cessation of menstruation resulting from the loss of ovarian follicular activity. It is recognized to have occurred after twelve consecutive months of amenorrhea for which there is no other obvious pathological or physiological cause" (See Utian, 2004, p. 135).
- [2] The word *anu* refers to a person, thing, behaviour or others that it is not directly mentioned or forgotten. For example: 'Please switch on that *anu* for me' or '*Anu* is coming tomorrow for lunch'. In Malay conversation it is widely used.
- [3] According to Islamic jurisprudence (*Fiqh*), women who are menstruating or having postpartum bleeding are exempted from both prayer and fasting. The law regulates menstruation as a time of ritual impurity. Once they are rid of it, they can resume praying and fasting. In my mother's case she was able to continue praying as she had ceased menstruating.
- [4] Hot flushes is "a sudden sensation of heat in the skin, especially in the face, neck and upper trunk, experienced by many women at the time of menopause". The American equivalent is 'hot flashes'. (In *Brewer's Dictionary of Modern Phrase and Fable*. Retrieved on 27 March 2007 from [http://www.xreferplus.com/entry/2133356Hot flushes](http://www.xreferplus.com/entry/2133356Hot%20flushes)).

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