

Domiciliary impact on Menopause experiences of Sub-saharan African women: Knowledge, Attitudes, Prevalence.

T.O. Adedipe¹⁻², Sanmi-Sule K², Djissi L-A², S.K. Kieghe-Kama³
1. Department of Obstetrics and Gynaecology, HUTH NHS Trust, NHS Humber Health Partnership, Hull, UK
2. Hull York Medical School, Hull, UK
3. SYNT Faculty, RCGP, UK

Results:

N= 124 women: 87 completed survey (30% attrition)
➤ Global average age of Menopause of 47.7years: 51% were in the 51-55yrs age range.
➤ African-domiciled (47.6%) underwent the menopause at 49.8years, 26.4 months later than their HIC cohorts- a subtle acquired migration-related health morbidity.

➤ LMIC cohort had more children (2.76 vs 2.4) and unlikely to report symptoms as compared to their HIC counterparts (0% vs 19%); due to lack of awareness of symptoms, dietary factors or cultural notions.

Though both cohorts had a similar job profile/educational attainment: mostly professional jobs(80%), LMIC's yearly household income was 33% of their HIC counterparts,

➤ This coupled with relatively increased household size led to comparatively reduced purchasing power, as 81% of LMIC vs 65% HIC had a >3person-household; with a higher preference for alternative +/- cheaper treatment strategies... most African health systems were fee-based and NOT free at point of need

➤ HRT was used by 7 HIC though 16.9% were on antihypertensive medication (<25.4 - 48% prevalence) raising the concern about missed cardio-protection opportunities.

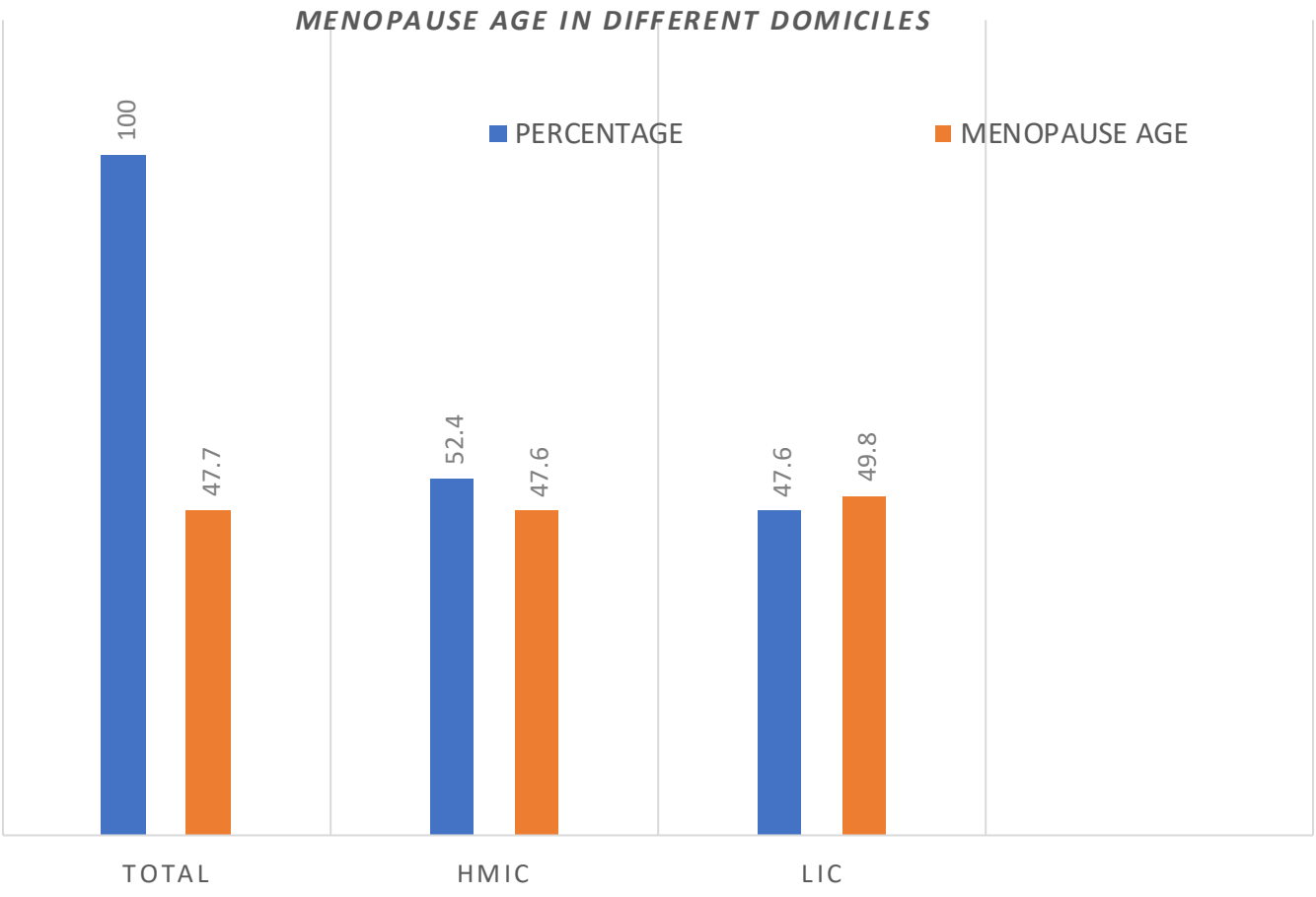
Reported symptomatology differed from previous data¹⁻⁴: and may not be largely representative of the typical LMIC woman due to the high levels of education and relatively generous household-income observed, a possible study limitation.

Context:

Menopause is often understood primarily as the cessation of menstruation, with limited awareness of the broader spectrum of symptoms particularly in the LMIC African woman who often has little formal education, relying on traditional knowledge and community wisdom. The reverse is the case in HIC due to better healthcare services and educational/awareness resources. In Africa, menopause is often seen through a socio-cultural lens, with emphasis on its naturalness and the associated social role changes.

Objectives and Methods:

Demographics, prevalent symptoms, knowledge and treatment gap specific to domiciles were identified.
An electronic cross-sectional survey administered securely, following stakeholder questionnaire-review, to SubSaharan African (SSA) women domiciled in Africa(LMIC), Europe, North America and the Middle-East (HIC)



Important points

*Lower menopause age in HIC by **26.4months!!**

*Despite good knowledge: poor symptom-recognition in SS Africa.

*CVD prevalence 15-21%

*Low global HRT use

Conclusions:

- There is a significant knowledge-gap and treatment-deficit regardless of financial/ educational/domiciliary status in the African woman.
- There is potential benefit from increasing awareness in this cohort of patients given possible cardiovascular protection, given significant prevalence of hypertensive diseases in these women.
An area that needs more research

HEADINGS	Sub-headings	HMIC	LIC- SS Africa	
Numbers		52.4%	47.6%	
	Geographical predominance	Largely Europe/ North America	Largely West Africa (95%), South-east Africa, East Africa	
Menopause age		47.6yrs±4.6	49.8yrs±3.3	P=0.0127 95%CI(0.479-3.9)
Menopause	awareness	85%	79%	
Symptom reporting	Perceived Actual deficit	34 43- 93.5% 9- 19.5%	22 38- 92.7% 16- 39.02%	P=0.046 95%CI(0.45% to 37.18%)
Parity		2.4	2.76	
Educational level	>= university level	67.4%	57.1%	
Household	Size >3 Income>£50,000 equivalent	65% 30.4%	81% 12%	
MHT Use		15.2%	0%	
	Spending preference		Alternative therapies or cheaper medical treatment	
Hypertension	Prevalence	15.2%	21.4%	

Limitations:

- Size of the study
- Higher than usual educational levels
- Higher income earnings than the average African woman (relatively higher purchasing power)
- Inter- and intra- population heterogeneity – (*Background SE women have an earlier menopause than SW for example*)
- Digital literacy: higher than average
- Herd effect

References:

1. Baber RJ. East is east and West is west: perspectives on the Menopause in Asia and the West. Climacteric. 2014 Feb;17(1):23-8. doi: 10.3109/13697137.2013.830607. Epub 2013
2. Palmer JR, Rosenburg L, Wise LA, Horton NJ, Adams-Campbell LL. Onset of natural menopause in African American women. Am J Public Health. 2003 Feb;93(2):299-306. doi: 10.2105/ajph.93.2.299. PMID:12154590; PMCID:PMC1447734
3. Obermeyer CM, Reher D, Saliba M. Symptoms , menopause status, and country differences: a comparative analysis from DAMES. Menopause. 2007 Jul-Aug;14(4):788-97. doi:10. .1097/gme.0b013e318046eb4a. PMID: 17507832
4. Prasad S . Menopause in ethnic minority women. British Menopause Society Tool for Clinicians Published June 2023 accessed on 9/10/24