

MARIE-Ghana (WP2a): A Mixed-Methods Study Exploring Menopause (Interim analysis)

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INTRODUCTION

Perimenopause, menopause, and postmenopause are important life stages for women, marked by hormonal changes that can influence physical health, emotional wellbeing, and social roles. In Ghana, the average age of natural menopause is estimated to be between 48 and 52 years, although this can vary depending on genetics, nutrition, and socio-economic conditions. Perimenopause, the transitional phase leading up to menopause, is often associated with symptoms such as irregular periods, hot flashes, night sweats, mood swings, and sleep difficulties. Menopause is diagnosed after 12 months without menstruation, leading into postmenopause, where women may face higher risks of osteoporosis, cardiovascular disease, and other chronic health issues.

Cultural beliefs in Ghana greatly shape women’s experiences of menopause. In some communities, menopause is seen as a natural and respected phase, while in others, it may carry stigma linked to aging or loss of fertility. Symptoms are frequently accepted as a normal part of aging and are often under-discussed in healthcare settings. Access to menopause-related information and healthcare services remains limited, especially in rural areas, and many women turn to traditional medicine for symptom management.

OBJECTIVE

To assess the mental health implications among perimenopausal, menopausal, or post-menopausal women that are undergoing natural, surgical, or medical menopause.

DESIGN

A mixed-methods study was designed and conducted in Ghana following Ethics committee approval.

METHODS

- This interim analysis encompasses 75 participants and focused on Hospital Anxiety and Depression Scale (HADS) and the Greene Climacteric Scale (GCS) scales.
- The sample included women aged 18-90 years living in Ghana, who provided informed consent.
- Participant recruitment was conducted through clinics associated with Narh-Bita Hospital.
- The Qualtrics XM platform was used for data collection. Descriptive statistics were employed to analyse the categorical data.

RESULTS

We obtained a diverse sample (n=75) comprising of participants from several tribes; Bono (n=5), Grushi (n=4), Krobo (n=2), Nzema (n=5), Akuapem (n=5), Moosi (n=1) and Larteh (n=1). In addition, women of Akan (25%), Akyem (1%), Ashanti (5%), Ewe (28%), Fanti (11%), Ga-adangbe (9%) and Guan (1%) origin were part of the sample.

Of the sample, 14 participants did not report their residential town and 61 were from Tema (n=24), Ashaiman (n=4), Ada (n=4), Spintex (n=4), Cape coast (n=2), Accra (n=4), Odumase (n=4), Dawhenyha (n=3), Kphone (n=5), Kusasi (n=2) and Zenu (n=5). Participants reported to be of either Islamic (4%) or Christian (96%) faith.

Participants were pre-menopause (13.3%), perimenopausal (12%), menopause (40%), and post-menopausal (34.7%). The sample reported a mean (SD) age, age for first period and age for entering menopause as 61 (±11.96), 15. (±2.35) and 47 (±4.79), respectively. The mean and standard deviation (SD) for HADS scores on Day 0 were 16.60 (6.20). The mean anxiety and depression scores were 7.25(4.01) and 9.34 (4.35), respectively.

The proportions of “Normal”, “Borderline abnormal” and Abnormal” were 52% (n=39), 25.3% (n=19) and 22.7% (n=17), respectively.

The mean (SD) values for the Greene Climacteric Scale (GCS) on Day 0 were 20 (10.35), respectively. The mean and SD values for psychological, somatic (physical) and vasomotor symptoms on Day 0 were 11.04 (6.37), 5.33 (4.21) and 2.07 (2.00), respectively. Mean SD scores for clinical anxiety and depression based on GCS were 6.31 (3..51) and 4.73 (3.33), respectively.

CONCLUSIONS

The interim evidence suggests Ghanian menopausal women may require mental health support and wellbeing support to better manage their psychological and vasomotor symptoms.

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