

MARIE-Sri Lanka-WP2a: Exploring Population Characteristics and Menopausal-care Services for Women (Interim Analysis)

¹Tharanga Mudalige, ¹Nirmala Rathnayake, ¹Vindya Pathiraja, ¹Thamudi Sundarapperuma, ¹Lanka Dasanayake, ²Damayanthi Dassanayake, ³Prasanna Herath, ⁴Pradeep Mitra, ⁵Teck-Hock Toh, ⁷Julie Taylor, ⁸Paula Briggs, ⁹Om Kurmi, ¹⁰Kathleen Riach, ¹¹Sharron Hinchliff, ¹²Carol Atkinson, ¹³Kristina Potocnik, ^{14,15}Vikram Talaulikar, ⁷Ian Litchfield, ¹⁶Lucky Saraswat, ⁶Jian Qing Shi, ^{14,15}Ashish Shetty, ⁶Jeremy Van Vlymen, ¹⁷Lamiya Al-Kharusi, ¹⁷Nihal Al-Riyami, ¹⁷Yassine Bouchareb, ¹⁸George Uchenna Eleje, ¹⁹Cristina Benetti-Pinto, ⁶Nana Mintah-Afful, ²⁰leera Aggarwal, ²¹Helen Felicity Kemp, ^{6,22}Peter Phiri, ^{14,15}Sohier Elneil, ^{6,7}Gayathri Delanerolle

¹University of Ruhuna, Sri Lanka, ²University of Peradeniya, Sri Lanka, ³General Sir John Kotelawala Defense University, Sri Lanka, ⁴Endometriosis Society, India, ⁵Clinical Research Centre, Sibu Hospital, Ministry of Health Malaysia, Sarawak, Malaysia, ⁶Research and Innovation Department, Southern Health NHS Foundation Trust, SO40 2RZ, Southampton, UK, ⁷University of Birmingham, UK, ⁸Liverpool Women’s Hospital Foundation NHS Trust, ⁹University of Coventry, Coventry, UK, ¹⁰Adam Smith Business School, University of Glasgow, Scotland, ¹¹University of Sheffield, Sheffield, UK, ¹²Manchester Metropolitan University, ¹³University of Edinburgh, Scotland, UK, ¹⁴University College London Hospitals NHS Foundation Trust, NW1 2PG, London, UK, ¹⁵Female Pelvic Medicine and Reconstructive Surgery, University College London, WC1E 6BT, London, UK, ¹⁶Aberdeen Royal Infirmary, University of Aberdeen, ¹⁷College of Medicine and Health Sciences, Sultan Qaboos University, Muscat, Oman, ¹⁸Department of Obstetrics and Gynaecology, Nnamdi Azikiwe University, Awka, Nigeria, ¹⁹Department of Obstetrics and Gynaecology, University of Campinas, UNICAMP, Brazil, ²⁰KK Women’s and Children Hospital, Singapore, ²¹Trauma Healing Together, Scotland, UK, ²²Psychology Department, Faculty of Environmental and Life Sciences, University of Southampton, SO17 1BJ, Southampton, UK.



Background

- Menopause poses a significant challenge to women's health in Sri Lanka, with profound effects on quality of life, productivity, and long-term health outcomes.
- Unaddressed menopausal symptoms, spanning physical, psychological, and vasomotor challenges, remain a pressing concern requiring focused attention.
- Barriers to addressing menopause include insufficient research, socio-cultural stigmas, limited awareness, restricted access to specialized care, and the lack of evidence-based solutions.
- Addressing these challenges demands comprehensive research on menopause and the development of targeted healthcare strategies to improve interventions and access to care.

Objectives

- To identify the mental health implications among perimenopausal, menopausal, and post-menopausal women undergoing natural, surgical, or medical menopause in Sri Lanka.

Methods

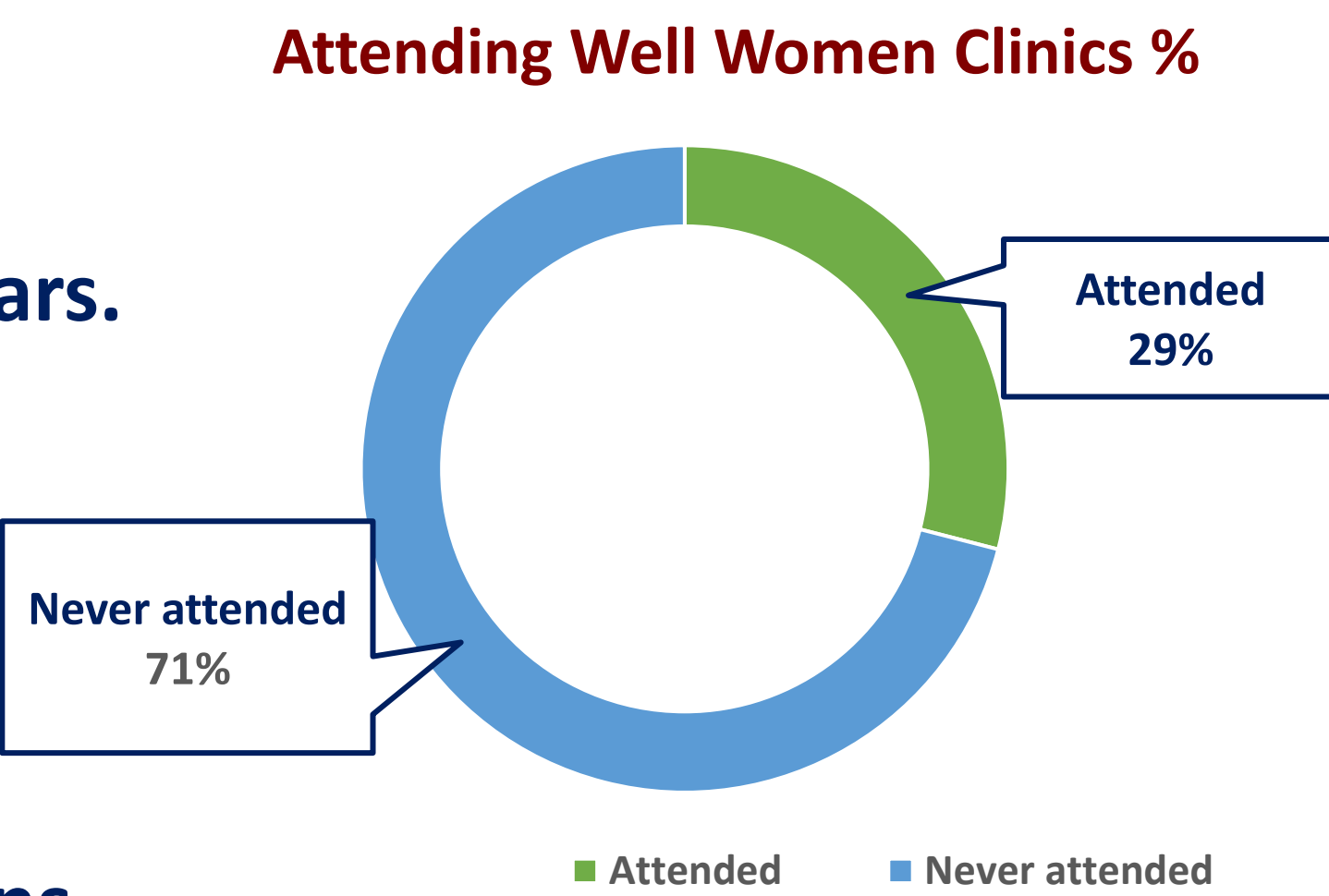
- A prospective mixed-methods study was conducted, spanning urban to rural areas. It integrated quantitative data from 100 postmenopausal women surveyed via the Qualtrics-XM Platform and qualitative insights from in-depth interviews with 20 participants, offering diverse geographical perspectives.
- Ethics approval was secured prior to the commencement of the study.

Conclusion & Recommendations

- Socio-economic challenges, including a quarter of women lacking formal education, over a third experiencing comorbidities, and the majority being financially dependent, underscore significant barriers to equitable healthcare access.
- Addressing menopausal health is crucial for fostering healthcare equity, enhancing health literacy, and reducing the prevalence of non-communicable diseases in later life.
- Menopause education and healthcare training are vital components in aligning with broader public health goals in Sri Lanka, aiming to build a healthier and more informed society.

Results

- The mean age of participants was 61.4 (±9.8) years, with the mean age at menopause recorded as 50.6 (±2.5) years.
- Most participants (93%) experienced natural menopause, while 7% underwent surgical menopause.
- In the sample population of 100 menopausal women, 96% identified as Sinhalese, while 4% identified as Tamil.
- Of the sample, 26% had no formal education, while 74% achieved secondary education or higher.
- Chronic conditions were reported by 38% of participants, whereas 59% had no reported comorbidities.
- Healthcare Consultation:** 96% of participants had never sought medical advice for menopause-related concerns.
- Barriers to Care:** Limited awareness, discomfort with male providers, a shortage of female gynaecologists, negative attitudes from healthcare staff, and misattributing symptoms to aging hinder effective menopause care.
- Service Accessibility:** Resource inequalities, communication challenges, and difficulties accessing services like Well Women Clinics were reported.
- Clinic Utilization:** While 29% attended Well Women Clinics at least once, 71% avoided these services due to embarrassment, lack of privacy, and perceived discrimination.



Employment Status	Count	Proportion
Employed full-time	25	25%
Home maker	11	11%
Retired	5	5%
Unemployed	59	59%

Table 1: Employment Status

Relationship Status	Count	Proportion
Married	77	77%
Single	5	5%
Widowed	18	18%

Table 2: Relationship Status

Residential status	Count	Proportion
Urban	14	14%
Semi-urban	52	52%
Rural	34	34%

Table 3: Residential Status

Family structure	Count	Proportion
Nuclear	92	92%
Single-parent	1	1%
extended	7	7%

Table 4: Family status

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Contact information

Ms.Tharanga Mudalige
Department of Nursing
Faculty of Allied Health Sciences
University of Ruhuna, Galle, Sri Lanka.
Contact: +9471442354
tharangamudalige@ahs.ruh.ac.lk
kjmdjayathilaka@gmail.com

Prof. Nirmala Rathnayake
Department of Nursing
Faculty of Allied Health Sciences
University of Ruhuna. Galle, Sri Lanka.
Contact: +94772264124
nirmala.priyanthi@gmail.com
nirmalapriyanthi@ahs.ruh.ac.lk



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