

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

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INTRODUCTION

Perimenopause, menopause, and postmenopause are key stages in a woman’s life, driven by hormonal changes that affect physical health, emotional wellbeing, and social identity. In Tanzania, the average age of natural menopause is estimated to be around 48 to 50 years, although this varies based on genetic, nutritional, and environmental factors. During perimenopause, women often experience symptoms such as irregular menstruation, hot flashes, joint pains, mood changes, and sleep disturbances. Menopause is diagnosed after 12 months without menstruation, leading into postmenopause, where women may face increased risks of osteoporosis, heart disease, and urogenital problems.

In Tanzania, cultural beliefs and social norms significantly influence how women experience and manage menopause. In some communities, menopause is viewed positively, symbolizing wisdom and maturity, while in others it may be associated with stigma or reduced social status. Awareness and open discussion about menopausal symptoms are often limited, and many women accept discomfort as a natural part of aging.

OBJECTIVE

To report the mental health impact of menopause in a Tanzanian population.

DESIGN

A mixed-methods study was designed and conducted in Mbeya, Tanzania, following Institutional Research Ethical Board approval.

METHODS

- The interim analysis focused on the first 50 participants aged 18-90 years residing in Tanzania.
- All participants provided informed consent and were recruited through snowball community-based interviews.
- The Qualtrics XM platform was used to collate the data, followed by a descriptive analysis focused on outcomes derived from the Hospital Anxiety and Depression Scale (HADS) and population characteristics.

RESULTS

50 women aged 59.48±10.4 years participated in the survey, who reported their first period at 13.9 ±1.6 years and menopause at 46.4 ±3.9 years.

The majority of the tribe were Nyakyusa 20 (40%), followed by Safwa 6 (12%) and Kinga 6 (12%). Religion distribution was Christian 32 (64%), Islam 13 (26%) and Roman Catholic 5 (10%).

About 27 (54%) participants reported being married, and 18(36%) were widowed during the survey. About 25(50%) of the respondents had completed primary education, 9(18%) had no formal education, and the remaining had at least secondary education. About 46% were self-employed, and 24% were unemployed.

The distribution of the menopausal stage was pre-menopause 3 (6%), perimenopause 10 (20%), menopause 14 (28%), and post-menopause stage 23 (46%).

The scores for HADS were HADS, anxiety, and depression were 15.9 ± 6.0, 8.1 ± 3.7, and 7.8 ± 2.8, respectively. Based on the severity of HADS, Anxiety and Depression classification, at least 39 (78%) were borderline abnormal anxious, and 26 (52%) were borderline abnormal depressed.

The overall GCS score in the 50 participants was 23.0 ± 11.5, Psychological 12.1 ± 6.7, Somatic (physical) 7.7 ± 2.9, Vasomotor 1.6 ±1.4, Clinical anxiety 6.7 ± 3.8, Clinical depression 5.4 ± 3.4.

CONCLUSIONS

The Current interim analysis suggests the majority of menopausal women have different signs and symptoms indicative of anxiety, depression and psychological abnormalities. It is important to diagnose these conditions early so that menopausal women can seek medical help to relieve the symptoms or health issues.

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