

MARIE-Nigeria (WP2a): A Mixed-Methods Study Exploring Menopausal Clinico-reproductive health experiences (Interim Analysis)

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INTRODUCTION

Perimenopause, menopause, and postmenopause are significant phases in a woman's life, each marked by complex hormonal, physical, and emotional changes. In Nigeria, the average age of natural menopause is reported to be between 48 and 50 years, although variations exist based on genetics, socio-economic status, and lifestyle factors. Perimenopause, the transition period before menopause, is often characterized by irregular menstrual cycles, hot flashes, sleep disturbances, mood swings, and joint pains. Menopause is confirmed after 12 consecutive months without menstruation, after which women enter the postmenopausal stage, facing increased risks of osteoporosis, cardiovascular disease, and urogenital symptoms.

Nigerian women's experiences of menopause are shaped by cultural, social, and religious beliefs. In many communities, menopause can be viewed positively as a transition to a respected elder status, yet symptoms are often underreported or normalized, leading to limited healthcare seeking. Awareness of menopause-related health risks remains low, and access to specialist care is uneven, particularly between urban and rural areas. Traditional remedies and herbal treatments are frequently used alongside or instead of biomedical care. Addressing the knowledge gaps, stigma, and access barriers around menopause is critical for improving women's health outcomes and quality of life across Nigeria's diverse population.

OBJECTIVE

To report the population characteristics of menopausal women and clinical and reproductive health experiences of menopause in Nigeria.

DESIGN

A mixed-methods study was designed and conducted in Nigeria following ethics approval.

METHODS

- An interim analysis was conducted using the first 433 participants aged between 18-90 years of age, residing in Nigeria.
- All participants provided informed consent and were recruited through the clinics linked with the tertiary hospitals in Nigeria.
- The Qualtrics XM platform was used to collect data.
- The interim analysis focused on exploring population characteristics and outcomes derived from the sociodemographic and some clinical/reproductive health features.
- Descriptive statistics were employed to analyse the categorical data.

RESULTS

The majority, 84%, of the participants are Igbo, with 16% from other ethnic groups, including Yoruba, Hausa, and Fulani. Majority, 79% are married, 10% are single, 8% are widowed, and 3% were either divorced or living with a partner. Participants were predominantly Christian, 93%, 6% as Muslim, and 1% as Jewish.

Majority, 83% of participants have children, while 17% do not. The age at first childbirth varies, with a common range between 20 and 30 years, although the youngest reported age was 14 years.

Only 1% of respondents have been diagnosed with Polycystic Ovary Syndrome (PCOS). Many respondents reported not using hormone replacement therapy (HRT), due to reasons such as avoiding side effects, personal preference, lack of professional advice, or simply not needing it.

A smaller portion, 3%, have used HRT in the past, but no data was explicitly provided on current usage. Regarding the use of traditional remedies, 11% of respondents use them, while 89% do not.

The sources for traditional remedies included relatives or friends (51%), traditional practitioners (9%), and online ads or other advertisements (14%). Only 11% of respondents reported limitations in activities, while 89% have no such limitations. The most common major impairments limiting activities included arthritis or rheumatism, diabetes mellitus, hypertension, and cancer.

Only 6% of respondents required assistance, while 94% did not. For routine needs, such as shopping or household chores, 12% required help, while 88% did not.

CONCLUSIONS

This interim evidence demonstrates the importance of understanding the multifaceted nature of menopausal experiences in Nigerian women. The findings revealed the need for culturally appropriate health interventions to address the clinical and psychosocial challenges associated with menopause.

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