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# Experience of Menopause for Women in the Niamey Region, Republic of Niger

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## Abstract

**Introduction:** Menopause is poorly documented in Africa. For most of the women living there, the experience of this period does not seem to be very problematic. For women living in rural areas, other concerns are more prominent. **Methods:** The study was prospective, quantitative and qualitative about 500 cases collected over a period of 6 months. The study involved postmenopausal women in the Niamey region of public services, in certain residential areas, or accompanying people in health structures. Parameters taken into account were sociocultural, antecedents, experience, knowledge, and management of menopause. The data was entered and analyzed using Microsoft Office Word 2010 and Microsoft Office Excel 2010 software. **Results:** The average age was 56.4 years with extremes of 40 and 80 years; 57% were still living with their husbands and 39% widows; 60.2% housewives; 53% uneducated, 17% have higher education; 60.2% had had at least 6 children and 39.6% had used contraception. The comorbidities observed were arterial hypertension (24.4%) and diabetes (7%). As for the representation that women made of menopause, for all of them, this stage is the beginning of old age. The most frequent signs were asthenia (86.2%) and mood disorders (70.6%). Almost all of the patients (99.8%) had not used hormonal treatment for the menopause and among them 27% the management of the menopause was with traditional means. **Conclusion:** Menopausal disorders are certainly a reality in our socio-cultural context. They are not a primary concern either through ignorance or resignation of the women concerned.

## Keywords

Menopausal Experience, Climacteric Syndrome, HTM, Niamey

## 1. Introduction

With the increase in life expectancy, menopause has become a new stage in a woman's life. It is a physiological phenomenon marking the total and definitive cessation of ovarian functioning, yet the latter holds all of women's femininity under its control. The WHO had already estimated that in 2030, 1.2 billion women will be aged 50 or over [1]. It is experienced differently depending on the regions of the world, influenced by socio-cultural and economic factors. In Africa, women rarely consult a health center of treatment for menopause-related disorders. This situation may be due to an experience of menopause specific to Nigerien women or to a lack of information on this stage of life and its therapeutic alternatives. The objective of our study was to analyze the experience of menopause for women in the Niamey region to improve their quality of life.

## 2. Patients and Method

This is a prospective, quantitative, and qualitative study about 500 cases collected over a period of 6 months. It concerned postmenopausal women in the Niamey region of public services, in certain residential areas or accompanying persons in health structures.

The inclusion criteria were the duration of confirmed menopause with a cessation of menstruation dating at least 2 years and an age greater than 40 years.

The noninclusion criteria were, among others, the refusal to participate and those whose age was less than 40 years.

Parameters taken into account were sociocultural, antecedents, experience, knowledge, and management of menopause.

Patients were recruited at the level of the consultation services of the various health centers in the Niamey region. Data collection was carried out using questionnaires during an interview with the patient.

Data were entered and analyzed using Microsoft Office Word 2010 and Microsoft Office Excel 2010.

Ethical aspect: the study was approved by the Dean of the Faculty of Health Sciences of Abdou Moumouni University in Niamey as well as by the administrative authorities of the health centers concerned. The consent of all participants in this study was obtained.

## 3. Results

The average age of the women was 56.4 years with extremes of 40 and 80 years. The age group between 51 and 60 was the largest (61%). Two hundred and eighty-four women (57%) were still married and 194 (39%) widows; 301 (60.2%) had at least 6 children and 9 nulliparous (1.8%). Profession As shown in **Table 1**, housewives were the most numerous.

We noted that 53% of women were not educated and only 87 (17%) had a higher level the symptomatology is summarized in **Table 2**.

As for menopausal management, only one woman had used short-term

Table 1. Socio-demographic characteristics of the patients.

| Parameters | Effectif | Pourcentage |
|---|---|---|
| **AGE (YEARS)** | | |
| Means | 56.4 years old | |
| Extemes | 40 and 80 years old | |
| 51 - 60 | 305 | 61% |
| **MARITAL STATUS** | | |
| Maried | **284** | **57%** |
| Widows | 194 | 39% |
| Single and divorced | 22 | 4.4% |
| **EDUCATION LEVEL** | | |
| Illiterate | 266 | 53.2% |
| Higher education | 171 | 34.2% |
| **FERTILITY** | | |
| Nuliparous | 09 | 1.8% |
| At less 6 childs | 301 | 60.2% |
| 7 childs | 139 | 27.8% |
| Last child age 11 - 21 years old | 287 | 57.4% |

Table 2. Profession of women.

| Profession | Number of cases | % |
|---|---|---|
| Housewife | 301 | 60.2 |
| Employee | 152 | 30.4 |
| Reseller/trader | 23 | 4.6 |
| Retired | 19 | 3.8 |
| Craftswoman | 5 | 1 |

continuous-type menopausal hormone therapy. Thirty-seven women (7.4%) personally managed their menopause (Table 3 and Table 4):

- 46% of women with personal management used hygieno-dietetic means.
- 27% of women used cosmetic means.
- 27% of women used traditional means.

These means consist of the use of:

- The leaves and fruits of acacia nilotica by their astringent and anti-inflammatory properties for intimate hygiene and to strengthen vulvovaginal tone.
- Shea butter against drying of the vagina and skin.
- Consumption of monkey bread and tapioca to improve vaginal lubrication.

For several years, awareness has been raised to avoid the introduction of traditional vaginal products which could be a risk factor for precancerous lesions.

**Table 3.** Distribution of patients according to symptomatology.

| Symptoms | Number | % |
|---|---|---|
| Asthenia | 432 | 86.2 |
| Mood disorder | 353 | 70.6 |
| Saggy tits | 330 | 66 |
| Hair loss | 310 | 62 |
| memory impairment | 296 | 59.2 |
| Hot flush | 289 | 57.8 |
| Nervousness | 253 | 55.2 |
| Skin dryness | 261 | 52.2 |
| Vaginal dryness | 254 | 50.8 |
| Insomnia | 253 | 50.6 |
| Nocturnal sweating | 216 | 43.3 |
| Weight gain | 194 | 38.8 |
| Dyspareunia | 131 | 29 |
| Stress urinary incontinence | 67 | 13.4 |

**Table 4.** Climacteric signs according to age groups are shown in the table. Age range.

| Symptoms | 40 - 50 years | 51 - 60 years | >60 years |
|---|---|---|---|
| Hot flush | 54.4% | 61.8% | 47.9% |
| Mood disorder | 75.7% | 67.1% | 75.3% |
| Nervousness | 44.7% | 58.3% | 56.4% |
| Insomnia | 40.2% | 50.7% | 61.3% |
| Asthenia | 86.4% | 85.4% | 88.3% |
| Weight gain | 41.7% | 35.8% | 44.1% |
| Vaginal dryness | 53.4% | 48.7% | 53.2% |
| Dyspareunia | 29% | 28.9% | 28.2% |
| Skin dryness | 48.5% | 51.3% | 59.6% |
| Hair loss | 44.7% | 63.6% | 75.5% |
| Saggy tits | 68% | 64% | 69.1% |
| Nocturnal sweating | 38.2% | 45.4% | 41.5% |
| Stress urinary incontinence | 11.7% | 13.9% | 13.8% |
| memory impairment | 59.2% | 56% | 69.1% |

## 4. Discussion

The improvement of better conditions has increased the life expectancy of wom-

en, who can thus spend a third of their life in menopause. In our study, the average age of onset of menopause was 51.5 years with extremes of 49 and 53 years. The extremes of the ages at recruitment were 40 and 80 years old, they were 34 and 84 for Cissé CT [2]. Two-year amenorrhea seemed to be an interesting criterion. Women with no schooling can understate or increase their age when there is no reference to a known event. An effort has certainly begun to provide a birth certificate to the new generation. Sidibé EH [3] in 2005 noted that menopause would occur earlier in African women compared to Euro-Americans. The ethnic diversity of a United States offers the comparative advantage between the different ethnic groups. The Study of Women's Health Across the Nation (SWAN) study reported by Sutton MY *et al.* [4] in the United States shows that the age of onset is 51.4 for white women; 1.7 years earlier for Hispanic women and 1.2 years earlier for Black and Chinese women. These disparities are due to the chronic stress developed by racialized women. In our study, 60.2% were housewives and 30.4% employees; 53.2% were not at school. The place of residence determines the ease of access to health centers. In our study, 75.2% of women are from urban areas and 92% in that of Cissé CT [2]. In Africa, living in the city does not mean having sufficient income; the poverty index in Niger was 7% in the capital (and 40.8% nationally) in 2019 [5].

As for the fertility of women, it rose in Niger in 2021 to an average of 6.2 children per woman, lower in Niamey with 5.0 children per woman, that of our study was 5.1 children per woman. Thus, 27.8% have at least 7 living children; the last born of 57.4% of women were between 11 and 21 years old.

Regarding the medical history, 24.4% of women are hypertensive, 7% non-insulin dependent diabetics and whose therapeutic compliance is low at 41.8% and 42.9% respectively. This trend was reported in most African studies [2] [3] [6] [7]. There is no universal health coverage. Chronic diseases entail costs that are not always bearable for families. The network of specialists is not important. As for surgical history, 3.8% had a hysterectomy. Representations of menopause are often influenced by multiple socio-economic, cultural and religious factors. In our study, for 41% of women, stopping menstruation is considered as a comfort and release, the periods being considered impure and embarrassing. Prayers cannot be done during menstruation. Menopause allows women to fast without restriction and participate in Friday prayers. This contributes to a more devotional experience of religion. Similarly, women are valued, have more respectability, and sometimes more decision-making responsibility in society. Social recognition removes her from certain household chores. As for the disorders, they are experienced differently depending on the socio-cultural environment. In Niger, women accept their menopause despite the troubles that accompany it. They are not the subject of strong media coverage among women and the public. It appears from our study that asthenia is the most frequent sign with 86%. In Senegal, menopause is a situation considered unbearable by 50.6% of patients because of the functional symptoms [2]. They therefore indulge in various

treatments such as traditional medicine and rarely consult [2] [6]. In our study, thirty-seven women, or 7.4%, managed their menopause on their own, 27% of whom used traditional means. Marta [8] noted that in Switzerland, the "experiential dimension" is associated with the "cognitive dimension", women relate the disorders they have already heard of and to which they have been socialized before the cessation of treatment occurs rules due to its medicalization. The most common sign in Cameroonian and Swiss women was hot flushes with 73% [8]. For Owajionyi Dienye [7] the results on the severity of menopausal symptoms showed that 28.25%, 49.84% and 21.9% had severe, moderate and mild menopausal symptoms, respectively.

The results of our study revealed that only one woman (or 0.2%) with a higher level of education had benefited from hormone treatment for menopause for a few years. In France, hormonal treatment for menopause is prescribed to 500,000 to 600,000 women [9]. Since the US study, the Women's Health Initiative (WHI) reported an increased risk of breast cancer and cardiovascular disease. These results have caused a drop from 50% in the 2000s to less than 10% currently [9].

The indications are now reduced to patients with disabling climacteric symptoms, at the minimum effective dose and for the minimum effective duration, with the need for gynecological monitoring and regular reassessment of the benefit of extending treatment or not [10] [11]. It is necessary to encourage research on menopause and its treatments. These will certainly be the coming objectives for the years [10].

African-American women do not perceive menopausal symptoms as problems for which women should seek medical attention [4]. Vasomotor symptoms are more common in African-American and Hispanic women (4). The study by Diouf *et al.* [6] in Dakar showed that the majority of providers (62%) were favorable to the treatment of troubled menopause. However, he noted a certain insufficiency in the treatment of menopause, both in the context of hormonal therapy and in the use of alternative means. In Niger, few women are informed about THM due to the lack of awareness about menopause, like what is done in other areas of reproductive health, such as contraception. In the management of menopause, products exist for vaginal lubrication. The question of sexuality was rather bypassed in vaginal dryness. For Owajionyi Dienye [7], the drop in libido was 92.47%. The vetiver in decoction is used in personal hygiene; shea butter used for vaginal dryness, but it would degrade the latex and increase the risk of condom breakage. The acacia nilotica, very widespread in Sahelo-Sudanian Africa, is also used in powder in a mixture with shea butter to tighten the vagina. Alone it is also used in decoction for the healing of the perineum postpartum. As for gynecological follow-up in our study, only 10.6% of women are followed by a gynecologist; 18.2% of women are regularly screened for cervical cancer and 8.8% mammography. In developed countries cervical cancer has moved to 12th place, it is accessible to screening, even better to primary prevention through vaccina-

tion and early treatment of precancerous lesions.

This study has a limitation, including the lack of long-term follow-up of patients, even several years, to better understand their experiences of menopause.

## 5. Conclusion

It emerges from this study and in light of data from the literature that menopause certainly causes inconvenience for a large part of the patients in the African environment in general and in Niger in particular. However, the lack of information, the distance from health centers and the lack of consideration of menopause in health policies lead to patients' reluctance to consult. Management of menopause must be integrated into the national reproductive health program. Emphasis should be placed on carrying out collective awareness campaigns for the population on menopause.

## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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