

The Afro-Asian Burden of Menopause

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Abstract

Menopause spans one third of a woman's life with the worst symptoms experienced in perimenopause. More than three-quarters of the world's population lives on two continents, Asia and Africa. The majority of women in the Afro-Asian region consider menopause a natural phenomenon and develop a positive attitude to it, despite significant unmet needs for the proper management of this phase. This region is highly affected by variations in menopause onset age and life expectancy, demographic shifts, and social attitudes toward menopause. The lack of proper knowledge about menopause, social attitudes towards symptoms and sexuality, and restricted access to healthcare including decreased use of menopausal hormone therapy (MHT) by women highlights the urgent need for multi-disciplinary menopause clinics in the Afro-Asian region for healthcare and MHT.

Keywords: Menopause; Africa; Asia; Attitudes; Knowledge; Sexuality

Abbreviations

WHO: World Health Organization; MHT: Menopausal Hormone Therapy; WHI: Women's Health Initiative

Introduction

Menopause is a natural biological process that marks the end of a woman's menstrual cycle. The World Health Organization (WHO) defines natural menopause as the permanent cessation of menstruation resulting from the loss of ovarian follicular activity after 12 consecutive months of amenorrhea [1]. The aging phase of women marks the transition from the reproductive state to the non-reproductive state, which is known as climacteric. The lack of estrogen during menopause leads to women experiencing common symptoms such as vaginal dryness, hot flushes, and sleep disorders. Neurological symptoms, pain/discomfort, and external symptoms like itchy skin are also frequently reported [1].

The life expectancy of women has increased over the years [2], leading to a rise in the population of women aged between 45-60 years and hence a growing percentage of women is affected by menopause. Not only does the median age of onset of menopause vary per continent - estimated at 54.0 years in Europe and 48.6 years in Latin America [3], but it also varies across countries; in the United States and Russia, the median age of onset of natural menopause is estimated between 49.0 years [4] and 50.0 years [5], respectively. Women in

the Middle East however experience menopause around two years earlier than their Western counterparts (Table 1), indicating regional differences.

Country	Mean Age (SD) in years	Reference	
Saudi Arabia	48.1 (+/-5.9)	Addar., et al. 2005 [6]	
	47.9 (+/-6.0)	Alquaiz., et al. 2013 [7]	
United Arab Emirates	47.3 (+/-3.3)	Rizk., et al. 1998 [8]	
Bahrain	48.7 (+/-2.9)	Jassim., <i>et al</i> . 2008 [9]	
Egypt	46.7	Sallam., et al. 2006 [10]	
	46.6 (+/- 3.4)	Shams-Eldin 2018 [11]	
Iraq	47.4 (+/-4.3)	Mustafa., et al. 2012 [12]	
Lebanon	49.3	Reynolds and Obermeyer, 2001 [13]	
Jordan	48.7 (+/-2.5)	Gharaibeh., et al. 2009 [14]	
Palestine	49.4 (+/-2.9)	Belkebir., et al. 2024 [15]	
Yemen	47.8 (+/- 1.2)	AbdulHalim., et al. 2018 [16]	

Table 1: Biological age of menopause in the Middle East.

Available information on addressing menopause in women is designed with the circumstances of women of high-income countries in mind. More than three-quarters of the world's population (77.33%) lives on two continents, Asia and Africa. By 2030, 76% of post-menopausal women globally will be living in developing countries, many in sub-Saharan Africa [17]. The situation for menopausal women, especially in low- and middle-income countries, is dire [18]. Therefore, this review aims to highlight the characteristics of menopause in Afro-Asian women, with a focus on the Middle East region.

Regional menopausal differences

The differences between the Western world and Afro-Asian contexts regarding menopause can be observed across several dimensions, including average age of onset, symptom prevalence, cultural attitudes, and access to healthcare.

Age of onset of menopause

As mentioned earlier, in Western countries, the average age of menopause tends to be around 49.5 years or more. In contrast, women in Afro-Asian regions, such as the Middle East, tend to experience menopause earlier, with averages ranging from 46.6 to 49.4 years depending on the specific country (Table 1). In Pakistan, a lower age of natural menopause among women correlates with poor socioeconomic condition and low BMI [19].

Symptom prevalence

While menopausal women experience common symptoms like hot flushes and sleep disturbances ubiquitously, the prevalence and reporting of climacteric symptoms may differ widely depending on the ethnic and cultural backgrounds of women [20]. For example, hot flushes are reportedly experienced by 75% of women during perimenopause in the Middle East, which may compare to varying rates in Western studies (Figure 1). Fatigue affects 70% of women in Kazakhstan [21]; while women in Turkey reported less menopausal symptoms which could be a result of marriage at 20 years of age [22].

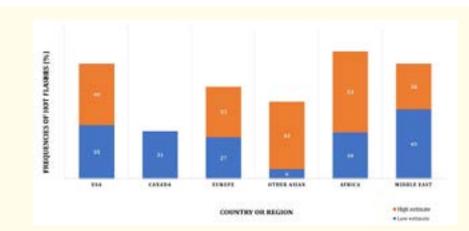


Figure 1: Frequency of vasomotor symptoms across countries, regions and continents. Adapted from Obermeyer CM, Menopause across cultures: A review of the evidence, menopause. 2000; 7, 3:184-92 [20].

Cultural factors and societal expectations may influence how symptoms are perceived and reported. It has been reported that Tunisia women's menopausal symptom experiences are not biologically determined but linked to social class and the degree of male domination [23]. In the Middle East, severe symptoms of menopause will affect less educated women with lower incomes and poor housing, in addition to women with poor health status who are single and sexually inactive. Male domination and the husband's job - if of low income or low standard - will also affect how severe women's menopausal symptoms are in the Middle East.

Cultural attitudes

In many Afro-Asian cultures, menopause can be viewed negatively, with significant stigma attached to aging and decreased sexual activity. For instance, many Arab women in the Middle East express concerns about menopause, with studies showing a predominantly negative view towards this life stage [20]. Conversely, women in some Western cultures may have a more open and supportive discourse about menopause, recognizing it as a natural phase of life and often discussing it more freely.

Access to healthcare

In the Western world, access to medical health treatments related to menopause such as hormone replacement therapy, is generally more available and widely accepted. In contrast, Afro-Asian countries, particularly sub-Saharan Africa, face significant barriers, such as limited accessibility to menopausal hormone therapy (MHT) and lack of education regarding menopause, which can lead to detrimental health outcomes [17]. MHT is almost inaccessible to women in sub-Saharan Africa [17]; and remains low in Ukraine and Kazakhstan (2%) [24].

Studies in the Arab world revealed very low knowledge about MHT and low usage of this treatment [25]. Moreover, cultural attitudes toward seeking medical help for menopausal symptoms might differ, with some Afro-Asian women more likely to endure symptoms without seeking assistance due to societal norms.

Following the publication of the Women's Health Initiative (WHI) study in 2002 that reported harmful findings for women using hormone replacement therapy [26], a significant drop in MHT use was reported in the Middle East. The use of MHT before this report was approximately 20% in the Middle East [20], the aftermath of which led to a drop in MHT use of 5% in Saudi Arabia [27], 0.4% in Bahrain [28] and 12% in Jordan [29].

Educational gaps

There is often a greater lack of knowledge surrounding menopause in Afro-Asian regions, contributing to misconceptions and stigmas about the condition, while Western societies may have more comprehensive education and awareness campaigns.

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Overall, these contrasts highlight the influence of cultural, societal, and healthcare factors on women's experiences of menopause across different regions.

Sexuality and attitude

Sexuality at menopause in the Afro-Asian region is often viewed as shameful, especially when women have grown-up children. Women also experience a decreased sexual desire due to lack of knowledge about sexuality and sexual rights. Several studies have reported higher prevalence of lack of sexual desire in older women in Jordan, Iran, Morocco, Turkey, Saudi Arabia, and sub-Saharan Africa [30-35]. Women in the Afro-Asian region mostly view sex as an activity for the young and for procreation. Existing family disputes over monetary issues, polygamy, or children's affairs further lead to the ruining of women's sexual life. Moreover, the shared myth that 'the husband can be a brother after the age of fifty' influences women's sexuality even further.

Women in the Arab region reported an overall positive attitude to menopause. Positive attitudes include feeling closer to Allah through worship and gaining respect. Women also experience joy due to social responsibility as mothers and wives and reduced stress [36]. In Bahrain, two thirds of the women reported concern towards menopause, while half felt optimistic [28]. One third of the women in Egypt reported a positive attitude [10]. Despite this, studies from Iraq reported that 71.2% of women's lives are altered by menopause, and 53% view it negatively [12].

Conclusion

Menopause spans a third of a woman's life, however there is a great lack of knowledge and understanding of menopause. The majority of women in the Afro-Asian region consider menopause a natural phenomenon and develop a positive attitude to it despite significant unmet needs in knowledge, healthcare access, and support systems for this phase.

This region is highly affected by variations in menopause onset age and life expectancy, demographic shifts, and social attitudes toward menopause. The Middle East further boasts unique menopausal trends and influencing factors like socioeconomic conditions, education, male dominance, and cultural norms. Menopausal care for women in this region warrants inclusive methods that cater to their unique experiences.

It is worth noting that a study in Saudi Arabia conducted using biochemical bone turnover markers reported that bone turnover increases at menopause [37]. This is not surprising as women in the Middle East were found to have lower bone mineral density levels than women in Western countries and the prevalence of hypovitaminosis D is high [38]. The burden of osteoporosis in the Middle East is expected to increase, considering the steady growth of the aging population.

Following the WHI 2002 study's impact on hormone therapy adoption in the Middle East and other parts of the world, the observed decrease in the use of MHT by women highlights even further the urgent need for multi-disciplinary menopause clinics in the Afro-Asian region for healthcare and MHT.

Conflict of Interest

No financial interest or any conflict of interest exists.

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Bibliography

- 1. World Health Organization (WHO), W.H.O., Menopuase: Fact Sheets (2004).
- 2. Schumacher Austin E., *et al.* «Global Age-Sex-Specific Mortality, Life Expectancy, and Population Estimates in 204 Countries and Territories and 811 Subnational Locations, 1950-2013; 2021, and the Impact of the Covid-19 Pandemic: A Comprehensive Demographic Analysis for the Global Burden of Disease Study 2021". *The Lancet* 403.10440 (2024): 1989-2056.
- 3. Palacios S., et al. «Age of menopause and impact of climacteric symptoms by geographical region". Climacteric 13.5 (2010): 419-428.
- 4. McKnight KK., et al. «Racial and regional differences in age at menopause in the United States: Findings from the reasons for geographic and racial differences in stroke (Regards) study". American Journal of Obstetrics and Gynecology 205.4 (2011): 353.e1-8.
- 5. Stepaniak U., et al. «Age at natural menopause in three central and Eastern European urban populations: The Hapiee Study". Maturitas 75.1 (2013): 87-93.
- 6. Addar M., et al. «Correlates of age at menopause and osteoporosis in Saudi women". Clinical and Experimental Obstetrics and Gynecology 32.2 (2005): 135-137.
- 7. AlQuaiz AM., et al. «Assessment of symptoms of menopause and their severity among Saudi women in Riyadh". Annals of Saudi Medicine 33.1 (2013): 63-67.
- 8. Rizk DE., et al. «The age and symptomatology of natural menopause among United Arab Emirates women". *Maturitas* 29.3 (1998): 197-202.
- 9. Jassim GA and QM Al-Shboul. «Knowledge of Bahraini women about the menopause and hormone therapy: Implications for health-care policy". *Climacteric* 12.1 (2009): 38-48.
- 10. Sallam H., et al. «Menopause in Egypt: Past and present perspectives". Climacteric 9.6 (2006): 421-429.
- 11. AA Shams-Eldin. «Knowledge, attitude and severity of menopausal symptoms among women attending primary health care centers in Cairo, Egypt". *Al-Azhar Medical Journal* 47.2 (2018): 423-434.
- 12. Mustafa GN and JM Sabir. «Perception and experience regarding menopause among menopaused women attending teaching hospitals in Erbil city". *Global Journal of Health Sciences* 4.3 (2012): 170-178.
- 13. Reynolds RF and CM Obermeyer. «Age at natural menopause in Beirut, Lebanon: The role of reproductive and lifestyle factors". *Annals of Human Biology* 28.1 (2001): 21-29.
- 14. Gharaibeh M., et al. «Severity of menopausal symptoms of Jordanian women". Climacteric 13.4 (2010): 385-394.
- 15. Belkebir S., *et al.* «Menopausal symptoms and quality of life among Palestinian women: A cross-sectional study". *Palestinian Medical and Pharmaceutical Journal* 9.2 (2024): 171.
- 16. AbdulHalim F., et al. «Menopause among Yemen Women". Advances in Aging Research 7 (2018): 65-77.
- 17. Drew S., *et al.* «Improving experiences of the menopause for women in Zimbabwe and South Africa: Co-producing an information resource". *Social Sciences* 11.4 (2022): 143.
- 18. Delanerolle G., et al. «Menopause: A global health and wellbeing issue that needs urgent attention". Lancet Global Health 13.2 (2025): e196-e198.

- 19. Ali S., et al. «Average age of menopause and its climacteric symptoms in women of Multan city". *Pakistan Journal of Medical and Health Sciences* 9.1 (2015): 262.
- 20. Obermeyer CM. «Menopause across cultures: A review of the evidence". Menopause 7.3 (2000): 184-192.
- 21. Terzic Sanja., et al. «Menopausal status impact on the quality of life in Kazakhstani healthcare workers: A cross-sectional study". *Journal of General Internal Medicine* 39.6 (2024): 969-977.
- 22. Ceylan B and N Özerdoğan. «Menopausal symptoms and quality of life in Turkish women in the climacteric period". *Climacteric* 17.6 (2014): 705-712.
- 23. Delanoë Daniel., *et al.* «Class, gender and culture in the experience of menopause. A comparative survey in Tunisia and France". *Social Science and Medicine* 75.2 (2012): 401-409.
- 24. Editor R. «Resolution of the Iv international menopause expert forum". Reproductive Endocrinology 69 (2023): 89-94.
- 25. Smail L., et al. «Emirati women's knowledge about the menopause and menopausal hormone therapy". International Journal of Environmental Research and Public Health 17.13 (2020): 4875.
- 26. Rossouw JE., et al. «Risks and benefits of estrogen plus progestin in healthy postmenopausal women: principal results from the women's health initiative randomized controlled trial". *Journal of the American Medical Association* 288.3 (2002): 321-333.
- 27. Bakarman MA and HA Abu Ahmed. «Awareness of hormonal replacement therapy among females attending primary health care centers in western Saudi Arabia". *Saudi Medical Journal* 24.5 (2003): 488-492.
- 28. Jassim GA and Q Al-Shboul. «Attitudes of Bahraini women towards the menopause: Implications for health care policy". *Maturitas* 59.4 (2008): 358-372.
- 29. Alshogran OY, *et al*. «Knowledge and awareness toward menopause and hormone therapy among premenopausal women in Jordan". *Climacteric* 24.2 (2021): 171-178.
- 30. Maaita ME., et al. «Prevalence and associated risk factors of female sexual dysfunction among Jordanian women". *Journal of Family Medicine and Primary Care* 7.6 (2018): 1488-1492.
- 31. Madbouly K., et al. «Prevalence and predictive factors of female sexual dysfunction in a sample of Saudi women". Sexual Medicine 9.1 (2021): 100277.
- 32. Safarinejad MR. «Female sexual dysfunction in a population-based study in Iran: Prevalence and associated risk factors". *International Journal of Impotence Research* 18.4 (2006): 382-395.
- 33. Oksuz E and S Malhan. «Prevalence and risk factors for female sexual dysfunction in Turkish women". *Journal of Urology* 175.2 (2006): 654-658.
- 34. Bouhahi H., et al. «Hypoactive sexual desire disorder among menopausal women in Moroccan and factors influencing it". International Journal of Science and Research 10.12 (2021).
- 35. Diouf AA., *et al.* «[Sexuality in postmenopausal women in Sub-Saharan Africa: Example from Senegal]". *Pan African Medical Journal* 32 (2019): 1.
- 36. AlSwayied G., et al. «Menopause knowledge, attitudes and experiences of women in Saudi Arabia: A qualitative study". *BMC Womens Health* 24.1 (2024): 624.

- 37. Ardawi MS., *et al.* «Reference intervals of biochemical bone turnover markers for Saudi Arabian women: A cross-sectional study". *Bone* 47.4 (2010): 804-814.
- 38. Maalouf G., et al. «Middle East and North Africa consensus on osteoporosis". *Journal of Musculoskeletal Neuronal Interactions* 7.2 (2007): 131-143.

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