



## Study on the Influence of Climacteric Syndrome on the Quality of Life of Perimenopausal and Confirmed Menopausal Women in the City of Kati in Mali

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Received: September 21, 2023

Published: November 08, 2023

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### Abstract

**Introduction:** Menopause is a natural phenomenon that generally occurs in women between 45 and 55 years of age, it causes annoying manifestations called climacteric syndrome. The objective of this work was to study the influence of climacteric syndrome on the quality of life of perimenopausal and confirmed menopausal women in the city of Kati in Mali.

**Patients and Methods:** This is a mixed, quantitative and qualitative descriptive cross-sectional study, carried out in the city of Kati from 1 February to 31 July 2021. Were included, 113 women in perimenopause and confirmed menopause and 20 husbands in individual interview, 02 Focus groups of six husbands each. The women were selected from a household survey in accordance with the sampling step and husbands in the places of discussion. We were interested in marital, family and professional life, self-esteem and the state of health of women in general.

**Results:** More than half of the women in our study were already menopausal (52.2%); the average age was 50.5 years with the extremes ranging from 41 to 62 years. They were mostly married (69.9%), housewives (43.4%) and Bambara (53.1%). The climacteric syndromes most found were: joint pain (65.5%), hot flashes (62.8%) and night sweat (56.6%). Genital-urinary syndromes (42.5%) were dominated by decreased libido (41.7%), urination disorder (23%) and vaginal dryness (14.6%). Genital-urinary syndromes increased the frequency of disagreements with the husband; Pearson chi-square = 33.63; ddl = 1; P = 0.001. There was a statistically significant relationship between night sweating, genital-urinary syndrome, joint pain and increased disease frequency with: Pearson's chi-square = 4.660; ddl = 1; P = 0.031; Fisher's exact test, P = 0.001, Pearson's chi-square = 8.434; ddl = 1; P = 0.004. There was no statistically significant relationship between climacteric syndrome and family life, work life and self-esteem. Changes in the professional relationship between women and their co-workers concerned respectively: disputes (50%); disagreements (25%) and disobedience (25%).

**Keywords:** Menopause and Perimenopause; Climacteric Syndrome; Quality of Life; Kati-Mali

## Introduction

Menopause is a natural phenomenon that usually occurs in women between the ages of 45 and 55. It is defined by the WHO as the permanent cessation of menstruation, resulting from the loss of ovarian follicular activity for at least 12 months [1,2].

Perimenopause is the period before menopause, characterized by menstrual irregularities and hormonal disorders. This period extends from 3 to 11 months during which we can witness various symptoms called climacteric syndrome. The latter is characterized by hot flashes, night sweats, genitourinary syndromes and joint pain [3]. These four signs that form the climacteric syndrome will lead secondarily, either by domino effect or by central effect, sleep disorders, anxiety disorders, an increase in the depressive state, mood disorders, skin disorders and also a decrease in libido [3].

It is accepted that quality of life is proportional to the degree of satisfaction of needs and achievement of goals in the individual's life. It measures the intensity or severity appreciated by the individual himself of the physical, mental and partially social symptoms of climacteric syndrome [4,5]. According to data from the French study group on menopause and hormonal aging (GEMVI) in 2018: 88% of women aged 45 to 60 have at least one climacteric symptom, and 65% of women have had hot flashes. Vaginal dryness has also occurred in 36% of women, decreased sexual desire in 40%, and 52% of them also have joint disorders [3].

In Mali according to the demographic health survey (EDSM VI), 8% of women are in menopause [6], there are very few studies that have focused on the problem of menopause in Mali, however we can note the study on the isoflavone of *Sida acuta* «Inoclim<sup>®</sup>» in the improvement of menopausal symptoms in women in Bamako [7] and hospital studies carried out at the reference health center of commune V [8] and CHU-Gabriel Touré [9] on the epidemiological and clinical aspects of menopause. But none of these studies has focused on this specific aspect of women's quality of life during these perimenopausal and menopausal periods in relation to the influence of climacteric syndrome, hence the motivation for our research. The objectives of this study were to analyze the influence of climacteric syndrome on the quality of life, marital and family, on professional life, on the decrease in women's self-esteem and on the state of health of women in general.

## Patients and Methods

This is a mixed study, quantitative and qualitative, descriptive and cross-sectional, the procedure used is non-experimental without a control group.

It took place in the city of Kati from February 1<sup>st</sup> to July 31, 2021.

The circle of Kati is one of the largest health districts of the Koulikoro region (2<sup>nd</sup> administrative region of Mali). It has an area of 9,636 km<sup>2</sup> and a population of 710,545 inhabitants in 2020 with a density of 70 inhabitants/km<sup>2</sup>. The city of Kati which served as a framework for study has five (05) health areas with the respective populations: Farada: 8669 inhabitants; Sananfara: 20114 inhabitants; Koko1: 10193 inhabitants; Koko 2: 10763 inhabitants; Malibougou: 31761 inhabitants. The population of Kati city was estimated at 81,500 inhabitants in 2020 according to national statistics [10]. It is the 3<sup>rd</sup> military region of Mali after that of Gao and Ségou. The study involved women in perimenopausal and confirmed menopause who met our inclusion criteria as well as some husbands who agreed to answer our questionnaires. The inclusion criteria were as follows:

- **Perimenopausal women:** Women aged 40 years or older who have irregular menstrual cycles in the absence of any pregnancy, without any notion of contraceptive use, residing in the city of Kati and who agreed to participate in the study.
- **Postmenopausal women:** Women aged 40 years or older who have had a total absence of menstruation for at least 12 months, in the absence of any pregnancy, without any notion of taking contraception, residing in the city of Kati and who have agreed to answer our questionnaires. Some husbands, wives who are included in the study, and some men aged 45 or older who are in union in the relationship.

## The exclusion criteria were

All women under 40, all women over 40 who are on contraception, all women who have regular menstrual cycles, all pregnant women, all women who live outside the city of Kati, all women who refused to participate in the study, Husbands who refused to participate in the study and groups of men under 40 years of age or those who refused to participate in the study.

The sample involved 113 women in semi-structured interviews through a household survey respecting the sampling step.

We interviewed 20 husbands in semi-structured interviews and conducted 02 Focus groups of six husbands each. The sample size was determined according to the SCHWARTZ formula:  $n = ((Z \times Z) \times P (1-P) / (d \times d)) \times 100$ .

We used a survey sheet for the semi-structured interview and an interview guide for the husbands' interviews and focus groups.

This study looked at the clinical, familial, social, occupational and psychological aspects of menopausal symptoms.

It did not take into account the biological aspects of confirmation, complications, therapeutic aspects or monitoring of the evolution of late complications related to menopause.

The difficulties concerned the scarcity of similar studies and especially the fact that there is no data from the literature in Mali that have dealt with this subject.

We used SPSS.20 software for data capture and analysis.

We considered as independent variable: The onset of climacteric syndrome and for dependent variables: increase in marital and family conflicts, decrease in self-esteem, increase in diseases in women.

The climacteric syndromes studied concerned hot flashes, night sweat, joint pain and genitourinary syndrome (vaginal dryness, urination disorder and decreased libido).

The woman's quality of marital and family life was assessed in relation to disagreement with the husband and other family members, and her intimacy with the husband.

The quality of professional life concerned disagreements, disputes and disobedience in the daily work of the woman, whether paid or not.

Self-esteem was based on three pillars: self-love, assertiveness and finally [self-confidence](#).

The health status of the woman in general has been assessed in relation to the occurrence of more diseases now than in the previous state.

We performed univariate and bivariate analysis to interpret the data. Pearson's chi-squares and Fisher's test were used to compare variables, with significant P if less than 0.05.

We carried out a manual thematic analysis of qualitative data from the semi-structured individual interviews of husbands and 02 focus groups. The comparative analysis was conducted through discussions to compare our results with those of other research in other locations.

We took the ethical aspect into account by informing each respondent of the value of this study and leaving them willing to choose to participate. All the women surveyed committed themselves through a consent form. This fiche was read in front of the respondent to have his voluntary adherence and the possibility to withdraw at any time. No financial incentives were proposed as a condition of participation in this study.

## Results

### Results for the quantitative survey

These results are obtained after the analysis of a survey sheet sent to a sample of one hundred and thirteen (113) women in individual interviews in households respecting the sampling steps.

### Socio-demographic profile

More than half of our women included (52.2%) were already in confirmed menopause compared to 47.8% of perimenopausal women.

The average age was 50.5 years with the extremes ranging from 41 and 62 years.

**Table 1:** Socio-demographic profile of women surveyed.

Socio-demographic profile (N = 113)	N	Percentage %
Age		
40-44	6	5,3
45-49	41	36,3
50-54	52	46,0
55-59	12	10,6
Greater or = 60	2	1,8
Marital status		

Married	79	69,9
Divorcee	4	3,5
Widow	29	25,7
Bachelor	1	0,9
Matrimonial property regime		
Monogamous	54	47,8
Polygamist	25	22,1
Not in a couple	34	30,1
Household size		
More than seven people in the family	83	73,5
Five to six people in the family	20	17,7
Three to four people in the family	10	8,8
Profession		
Housewife	49	43,4
Salesperson	28	24,8
Employed	7	6,2
Artist	2	1,8
Without profession	27	23,9
Ethnic group		
Bambara	60	53,1
Malinké	20	17,7
Fulani	15	13,3
Soninke	7	6,2
Sonraih	4	3,5
Senufo	2	1,8
Dogon	2	1,8
Others (Mossi, Kasso, Yoroba)	3	2,6

**Table 2:** Distribution of women surveyed by climatic presence.

Syndrome climacteric (N = 113)	N	Percentage %
Hot flashes	71	62,8
Nocturnal Sister	64	56,6
Urinary genital syndrome	48	42,5
Particular	74	65,5

**Presence of climacteric syndrome in the women surveyed**

Genital-urinary syndromes (42.5%), were dominated by decreased libido (41.7%), urination disorder (23%) and vaginal dryness (14.6%). All these signs appeared mostly during the period of confirmed menopause with respectively: 77% for joint pain; 64.8% for hot flash; 68.7% for night sweat; and 75% for genital-urinary syndromes.

**Climacteric syndrome in relation to marital and family life**

**Table 3:** Change of marital and family life.

Change of marital and family life (N = 113)	N	Percentage %
Change in the quality and frequency of sexual intercourse	50	44,2
Change of relationship with husband	39	34,5
Marital disagreement with husband	32	28,3
Marital disagreement with abusive husband	23	20,4
Change of relationship with other family members	07	6,2

**Table 4:** Type of marital disagreement.

Type of marital disagreement (N = 32)	N	Percentages %
Frequent argument	16	50
Financial restriction	7	21
Dispute and financial restriction	6	18,7
Dispute, restriction of speech and financial	3	9,4

**Table 5:** Relationship between urinary genital syndromes and disagreement with the husband.

Urinary genital syndromes	Disagreement with the husband		Total
	Yes	No	
Yes	27	20	47
No	5	61	66
Total	32	81	113

Of all the climacteric syndromes studied, there was only a statistically significant relationship between urinary genital syndromes and marital disagreement; Pearson chi-square = 33.63; ddl = 1; P = 0.001.

There was no statistically significant relationship between climacteric syndrome and family life.

**Climacteric syndrome and working life**

Among those who reported changes in their work relationship, these changes were mainly concerned by: more absenteeism at work (47.1%), more absenteeism and availability (31.4%), and less assiduity at work (21.5%).

Compared to the change in relationship with co-workers, only 3.5% of women noticed a change in relationship with colleagues compared to 96.5% who noticed absolutely nothing. The types of change in professional relationship noted by the women surveyed concerned respectively: Dispute (50%); disagreement (25%) and disobedience of their hierarchy (25%).

However, there was no statistically significant relationship between climacteric syndrome and working life.

**Climacteric syndrome and self-esteem**

**Table 6:** Climacteric syndrome and change in the labour relationship.

Change in labour relationship (N = 113)	N	Percentage %
Yes	28	24,8
No	85	75,2

Among the elements related to self-esteem, 91.1% of women said they were able to play the role of wife, while 39.8% confirmed that they were appreciated by other colleagues and 22.1% already have an idea of mental decrease. There was no statistically significant relationship between climacteric syndrome and self-esteem, but there was a relationship between urinary genital syndromes and self-esteem. Fisher’s exact test, P = 0.000.

The appearance of climacteric syndrome in connection with increased frequency of diseases.

There was a statistically significant relationship between night sweat and increased disease frequency. Pearson chi-square = 4.660; ddl = 1; P = 0.031, between urinary genital syndromes and

**Table 7:** Types of diseases found in the women surveyed.

Types of diseases found in women surveyed (N = 113)	N	Percentage %
High blood pressure	17	15.1
Diabetes	19	16.8
Heart disease	4	3.5
Arthrosis	25	22.1
Low back pain	8	7.1
Urinary incontinence	2	1.8
No disease found	38	33,6

increased disease frequency s. Fisher’s exact test, P = 0.001; and between joint pain and increased disease frequency. Pearson chi-square = 8.434; ddl = 1; P = 0.004. On the other hand, there is no statistically significant relationship between hot flashes and increased disease frequency. Pearson chi-square = 0.516; ddl = 1; P = 0.473.

**Results for the quality survey**

We obtained these results through the semi-structured interview at twenty (20) husbands and two focus groups in two (02) chat rooms with six (06) husbands in each group e.

All the information provided in this part concerns the opinions of the husbands.

**Climacteric syndrome related to marital and family life**

Individual interviews and two focus groups of husbands show that some husbands did not notice any change in their wife’s marital and family life during this period.

«Well, I didn’t see anything special compared to before» A.S., soldier, 60 years old, retired Kati Sananfara.

Unlike many others; «Yes, indeed, my wife became nervous, her reaction became fast, arguments all the time», A.M., school principal, 50, Kati Sananfara.

These changes noted by this 2<sup>nd</sup> group of husbands are among others: nervousness against everyone including the husband, multiple disagreements and misunderstanding within the couple and with other members of the family, laziness, the attitude of old wife...

«What I can say is the nervousness I experienced with her, she becomes nervous then she comes back to better feelings, she does not expect with anyone». Y.C., soldier, 50 years old, Kati Sananfara.

These changes have led to at the family level: the lack of consideration of family members, the mistrust of children, the role of counselor in the family for traditional medicines...

«The disagreement with the children and other members of the family, every little thing is the quarrel even with the housekeeper. In relation to the consequences, everyone became hypertensive because of her” A.N, shopkeeper, 51 years old, focus group1 Kati Sananfara.

### Climacteric syndrome and working life

At the professional level, some husbands have not noticed any change in their wife’s working life.

«My wife is a teacher, she goes out in the morning I don’t know what’s going on there» A.C., teacher, 46 years old, focus group2 in Kati Malibougou.

Others, however, have noticed changes such as difficulties in performing daily tasks, frequent arguments, diminished abilities in housework, misunderstandings with co-workers, refusal to leave one’s work to others, nervousness against everyone. To mitigate the consequences of these changes, husbands have mainly found the solution of giving advice to their wives.

«Very often she stays at home, with too much rest now», A.M., school principal, 50, Kati Sananfara.

### In relation to self-esteem

Apart from one husband who noticed a loss of confidence in his wife, the other husbands saw no change in their wife.

“Nothing special as far as I know” M.C, retired Master Sergeant, 59, focus group1 Kati Sananfara.

### Syndrome climacteric in connection with increased frequency of diseases.

Husbands fall into three categories:

The 1<sup>st</sup>, having noticed no change in the health of their wife.

“No change from before, I didn’t see anything/RAS” A.S., retired soldier, 60 years old, Kati Sananfara.

The 2<sup>nd</sup> having noticed more diseases in their wife during this period.

«For me she has more diseases now than before with the onset of high blood pressure and diabetes» Y.C., soldier, 50 years old, Kati Sananfara, A.N, shopkeeper, 51 years old, focus group1 Kati Sananfara, A.M, school principal, 50 years old, Kati Sananfara.

Finally the 3<sup>rd</sup> category of husband, believe that his wife has less disease now than before. Affirmed by a single husband here, «I think there are fewer illnesses now than before» M.C., retired master sergeant, 59 years old, focus group 1 Kati Sananfara.

The main pathologies listed by the husbands were, among others: back and lumbar pain, joint pain, headaches, stomach aches, obesity, diabetes, high blood pressure, etc.

## Discussion

### Socio-demographic profile of women interviewed

Our present study on the quality of life of women in periods of perimenopause and confirmed menopause in the city of Kati is the first of its kind in Mali. It consisted of doing a household survey to recruit women during this period as well as the opinion of this husband to assess the quality of life. However, menopause is said to be confirmed by the total absence of menstruation for at least twelve months, this accounted for just over half (52.2%) in our series. According to EDSM VI, 8% of women were in menopause [6]. For Blaise M. [11]; 76% of women aged 45 to 65 years reporting period menopause or confirmed menopause. This difference is explained by the fact that our study focused on the city of Kati and only on women in the perimenopausal period and already menopausal, unlike the EDSM which extends to the entire population of Mali [6].

The average age of the women surveyed was 50.5 [41-62] years. This result is similar to that of Diarra L.S [8] and Camara D. [9] who found respectively an average age of onset of menopause of 52 [38-67] years and 48.2 [47.8-48.6] years. These studies were conducted in a care setting unlike ours which is a household survey. Married women were the most represented with nearly 7 out of 10 cases (69.9%) and were mostly housewives with 43.4%. For Blaise M.,



*et al.* the majority of women 45% were inactive (without occupation) [11]. The population of the city of Kati is composed mainly of Bambara, this ethnic group represented more than half of the cases (53.1%), followed by MaliNké (17.7%) and Peulh (13.3%) [12]. Perimenopause or confirmed menopause is a very difficult period for women because of the presence of so-called climacteric disorders, the presence of a spouse could help the woman to bear some of these discomforts especially for a harmonious couple. However, almost half (47.8%) of women were in a couple with their husbands and 30% of women were single. Just over 7 in 10 women lived in a family of more than seven. The presence of a large number in the family could improve the woman's chance of cohabitation.

### Search for climacteric syndrome

The prevalence of menopausal symptoms differs from study to study depending on several factors such as sample size, conception, hormonal status, and country [13]. The hormonal disorders leading to menstrual irregularities during perimenopause were much more observed in our respective women interviewed: joint pain (65.5%), hot flashes (62.8%), night sweat (56.6%). The decrease in estradiol levels has significant adverse effects on sexual functioning, desire and reactivity (arousal, sexual pleasure and orgasm). In our series, urinary genital syndromes (42.5%) were dominated by decreased libido (41.7%) followed by urination disorder (23%) and vaginal dryness (14.6%). Our results are superimposed on certain studies carried out in black and Maghreb Africa such as those of Amoussou M. in Cotonou in 2004: hot flashes (82.4%), excessive sweating (74.4%), libido disorders (67%), and joint pain (38.8%) [14]. Cissé C.T., *et al.* in 2006 in Dakar, found for hot flashes (83.1%), decreased libido (83%), asthenia (74.3%), arthralgia (74%), night sweats (73.4%), insomnia (65), dyspareunia (25.6%) [15]. According to a comparative overview of menopause in Tunisia and France, in 2012 the most common symptoms were hot flashes and pain in the joints and joints (74.4%) [16]. For Blaise M., *et al.* in 2013, hot flashes (60%), night sweats (46%), libido disorders (26%) and joint pain (14%) [11]. Although our study did not carry out on a large scale like these, there are practically no large differences with the data already known in the literature.

### Climacteric syndrome in relation to marital and family life

Among the changes in marital life that appeared during climacteric syndrome, Change in the quality and frequency of sexual intercourse was most represented (44.2%) in our series. Sexuality

being an important element in the couple is strongly correlated with the change of relationship with the husband (34.5%). According to Cissé C.T., *et al.* among the dominant symptom decreased libido accounted for 83% of women [15]. Marital disagreement and that associated with violence accounted for nearly half (48.7%) of the couple of our women surveyed. Regarding the types of marital disagreements, disputes accounted for 50% of cases and that associated with speech and financial restriction 9.4%. Individual interviews and focus groups with husbands in both groups showed that some husbands did not notice any change in their wife's marital and family life during this period, while others did not. Nervousness was more signaled by husbands «Yes, indeed, my wife became nervous, her reaction became fast, arguments all the time» A.M, school principal, 50 years old, Kati Sananfara. The essential changes noted by the second group of husbands were nervousness against everyone including the husband, multiple disagreements and misunderstanding within the couple and with other members of the family, laziness, the attitude of old wife.

According to an article published by Elisabeth Petit, 21% of men living with a woman aged 48 to 60 are affected by their partner's menopause and believe that it has consequences on their life as a couple.

«Since she went through menopause, my wife has been less patient and more irritable, but I can't explain why. I'd like to help him, but I'm afraid I'll be clumsy without doing it on purpose. What can we do to support him as best as possible?» [17].

Indeed, 97% of spouses say they are satisfied with their relations with their partner. Nevertheless, 28% believe that menopause has some or very significant consequences on their sex life, and 2% on their relationship with their partner [18].

In the bivariate analysis, it was found that among the climacteric syndromes, there was a statistically significant relationship only between the urinary genital syndromes and the disagreement with the husband. Pearson chi-square = 33.63; ddl = 1; P = 0.001.

Because of the condition of their wife, some husbands will be tempted to look for a second wife especially, if they have only one to meet their sexual need. The second wife very often the age of their daughter is considered for the husband as a solution to his

problem, very often at this age the real source of disagreement with the first wife and her children. Other husbands at this age who do not have the courage to remarry will be tempted to look for a «second office» companion. And finally the many «grins» of men aged 50 and over are justified as a solution to this period «Her sexual relationship with her husband deviates difficult, there are always misunderstandings at this level». M.T, Chief Warrant Officer, 61 years old, focus group 2 Kati Malibougou.

### Climacteric syndrome and working life

Of the women surveyed, 24.8% said they had changes in the work relationship, compared with 75.2% who reported nothing. Among those who reported a change in their employment relationship, these changes were mainly concerned by: more absenteeism at work (47.1%), more absenteeism and availability (31.4%), and less assiduity at work (21.5%). With regard to the change of relationship with co-workers, only 3.5% of women noticed a change in their relationship with colleagues compared to 96.5% who noticed absolutely nothing. The types of change of professional relationship noted by the women surveyed concerned respectively: Dispute (50%); disagreement (25%) and disobedience of their hierarchy (25%). However, there was no statistically significant relationship between climacteric syndrome and working life. At the professional level, some husbands have not noticed any change in their wife's life. «My wife is a teacher, she goes out in the morning I don't know what's going on there» A.C., teacher, 46 years old, focus group 2 in Kati Malibougou. The changes noted by husbands include difficulties in performing daily tasks, frequent arguments, misunderstandings with co-workers, refusal to leave one's work to others, nervousness against everyone. Most of the time, menopause has little or no impact on a person's ability to do their job, and employers may not notice these changes. However, for others, menopause can have an impact on health, performance and attendance [18].

### Climacteric syndrome related to self-esteem

Among the elements related to self-esteem, 91.1% of women said they were able to play the role of wife, while 39.8% confirmed that they were appreciated by other colleagues. There was no statistically significant relationship between climacteric syndrome and self-esteem, but there was a relationship between urinary genital syndromes and self-esteem. Fisher's exact test,  $P = 0.000$ .

With regard to husbands' views on self-esteem, apart from one husband who noticed a loss of confidence in his wife, the others saw no change in their wife during this period.

«I have not noticed anything change at this level» A.N, trader, 51 years old, focus group 1 Kati Sananfara. "Nothing special as far as I know" M.C, retired Master Sergeant, 59, focus group 1 Kati Sananfara.

The different experiences of menopause are related to social class and the degree of male domination. A certain level of independence and emancipation allows women an identity beyond their reproductive function and a status unaltered by menopause [18].

### Climacteric syndrome in connection with the increase in the frequency of diseases

Estrogen deficiency during this period can lead to chronic and degenerative diseases, however, in our study osteoarthritis, diabetes and high blood pressure were the most common in the women surveyed with respectively: 22.1%, 16.8% and 15.1%.

There is a statistically significant relationship between night sweating, urinary genital syndromes and joint pain and increased disease frequency with: Pearson's chi-square = 4,660;  $ddl = 1$ ;  $P = 0.031$ ; Fisher's exact test,  $P = 0.001$ , Pearson's chi-square = 8.434;  $ddl = 1$ ;  $P = 0.004$ .

The statements made by husbands in relation to the general state of health of their wives during the period indicated, are divided into three categories: (i) The first is made up of husbands who have not noticed any change in the health of their wives. «No change from before, I didn't see anything... RAS" A.S, retired soldier, 60 years old, Kati Sananfara. (ii) The second category of husbands interviewed stated that they had noticed the occurrence of more diseases in their wives during this period. «For me she has more diseases now than before with the onset of high blood pressure and diabetes» Y.C., military, 50 years old, Kati Sananfara, A.N, shopkeeper, 51 years old, focus group 1 Kati Sananfara, A.M, school principal, 50 years old, Kati Sananfara. The main pathologies listed by the husbands were: back and lumbar pain, joint pain, headaches, stomach aches, obesity, diabetes, high blood pressure, etc. (iii) Fi-



nally, it should be noted that a husband believes that his wife has fewer illnesses than before. «I think there are fewer illnesses now than before,» M.C., retired Master Sergeant, 59, focus group Kati Sananfara.

## Conclusion

Parmi the climacteric syndromes sought, joint pain was more frequent followed by night sweat and hot flashes. Genitourinary syndromes were dominated by decreased libido followed by urination disorder and vaginal dryness. The climacteric syndrome negatively influences marital and family life with increased disagreements with the husband and other family members. There are changes in professional relationships with a high frequency of arguments and disobedience of the hierarchy. There is a relationship between genitourinary syndrome and self-esteem because of the high frequency of low libido in women at this time. Women's health deteriorates at this time with an increase in the frequency of diseases including back, lumbar and joint pain, obesity, high blood pressure, diabetes etc.

Special attention must be devoted to women during this period by their husbands, families and the community in order to help them overcome their suffering.

## Conflict of Interest

None.

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