Factors influencing the age at natural menopause in Sinhalese women

R. Jayasekara¹

The Ceylon Journal of Medical Science 1994; 37: 23-27

Summary

In this preliminary study, the median age at natural menopause for Sinhalese women was determined as 51.12 years and the effects of socio-demographic, menstrual and reproductive factors on the age at natural menopause were studied. The age at menarche, the socio-economic class and age of the subjects at their first live births did not have a significant predictive value in establishing age at onset of natural menopause. However women who had no live births or one birth, reached menopause significantly earlier than those who had two or more live births. The effects of a prolonged menopause on women is discussed.

Key Words: Natural menopause, sinhalese, number of live births.

Introduction

The length of the female biological reproductive lifespan is a vital source of differential fertility to the student of biology. In Sri Lanka, there is a paucity of information on this period of fertility, the definition of its senescence and the influence of biological and socio-economic factors on it. The trend towards earlier menarche during the last century in industrialised societies is well documented (1). This is purported to be associated with improved nutrition, health and socio-economic conditions. This has led to speculation about the age at which menopause occurs and whether it too may be influenced by such factors.

Menopause, which is characterised by a depletion of oocytes and waning ovarian function, according to some studies, appears predetermined with an apparent lack of biological, cultural and environmental influences (2, 3, 4, 5). Other studies however,

showed that a number of environmental factors did influence it, like parity (6, 7, 8, 9), age at menarche (6, 8) and race (6, 10). Oral contraceptive use (11), obesity (6, 12) and smoking (13, 14, 15, 16) have been some of the other factors studied. Other diverse sociodemographic factors (6, 9, 11, 15) too have been shown to have an effect on ovarian function.

In this preliminary study, an attempt is made to record the results of a survey on the age at natural menopause of Sri Lankan women of a particular ethnic group and the possible influence of some socio-demographic factors on its onset. Such basic information is useful for a developing country like Sri Lanka, as the country itself attempts to establish its health standards and formulate its general health policies, particularly in family planning and the care of the elderly.

Population and Methods

The study sample consisted of adult Sinhalese females (the majority ethnic group in Sri Lanka). The subjects were residents of Colombo and its suburbs. Five hundred and twenty (520) subjects in the age range 45-55 years were interviewed at random, from the population of Sinhalese women, by a team of medical students. The status quo method was used, where the main question asked was, have you attained menopause? for which the answer was yes or no. A woman was considered naturally menopausal if the interval since the last menses was greater than three months. The three month limit was adopted to enable the subject to define whether she was "menopausal" or "not". If the answer was yes, it was verified whether she was pregnant, lactating, had a hysterectomy or was afflicted by any other disease or disorder or was malnourished.

1 Human Genetics Unit, Faculty of Medicine, University of Colombo, Colombo 8.

Fifty two (52) women were excluded from the study as they had either a hysterectomy or a disease which may have contributed to the cessation of menstruation. Other information that was recorded included her date of birth, the socio-economic status (17), number of live births, recalled age at menarche and age at first live birth. The descriptive data of the study sample are shown in Tables 1, 2, and 3.

Table 1. Distribution of sample (n = 468) by age and menstrual status

	Menstrual Status			
Age	Yes		No	
	N	%	N	%
< 45 yr	123	82.6	59	18.6
45 - 49 yr	25	16.6	81	25.5
50 - 54 yr	2	1.4	76	23.9
≥ 55 yr	_	-	102	32.1

The median age at menopause for the sample was calculated using probit analysis (18) and the effects on the age at menarche, of her socio-economic class, her age at the first live birth and the number of live births, on the onset of menopause were determined for the subjects (n = 318) who responded "yes" to the question, "Have you attained menopause?" by an estimation of the relative median potency. These calculations were carried out using the SPSS-X programme (SPSS-X 1988) on the AMDAHL

Table 2. Distribution of sample (n = 468) by socio-economic class

Class	N	%
I	22	4.7
II	118	25.2
III	328	70.1

Table 3. Distribution of sample (n = 318) by number of live births

Live Births	N	%
0	12	3.8
1	22	6.9
2	45	14.1
3	38	11.9
4	34	10.7
5	44	13.8
6	38	11.9
7	41	12.9
8	20	6.4
9	24	7.6

main frame computer at the University of Newcastle-upon-Tyne U.K.

Results

The median age at menopause for the entire sample was 51.12 years with the range for 95% confidence limits being 50.17 years to 51.93 yrs. Table 4 shows the medians for the two menarcheal groups 10-13 yrs and 14-19 yrs which showed no significant differences.

Table 4. An analysis of the effect of the age at menarche on the age at menopause (n = 318)

Menarche yr	N	LD 50 ED 50 50th Centile	95 percent confidence limits	
10 - 13	171	50.85 yr	49.57	51.99
14 - 19	147	51.45 yr	50.18	52.62

Relative median potency (0.988, 95 percent confidence limits 0.955 - 1.020)

The medians for the socio-economic classes I (professional), II (skilled manual) and III (unskilled manual) were calculated separately. Since they showed no significant differences, and the sample sizes were small, classes I and II were grouped together and their combined median was compared with that of class III. Socio-economic class did not have a significant effect on the median age at menopause (see Table 5).

Table 6 shows the median values for the two age groups 10-24 yr and 25-44 yr with regard to the

age at first live birth, which once again showed no effect on the age at natural menopause.

Table 7 shows the median ages at menopause for the two groups having 0-1 live births and 2-9 live births. A comparison of the differences between the two median values shows that each falls outside the 95% confidence limits of the other and this significant difference between the series was confirmed by estimates of the relative median potency (0.935, 95% confidence limits 0.862-0.997).

Table 5. An analysis of the effect of socio-economic class on the age at menopause (n = 318)

Socio-economic Class	N	LD 50 ED 50 50th Centile	95 percent confidence limits	
I & II	96	51.90 yr	50.38	53.39
- III	222	50.76 yr	49.61	51.76

Relative median potency (1.022, 95 percent confidence limits 0.988 - 1.061)

Table 6. An analysis of the effect of age at first live birth on the age at menopause (n = 318)

Age at first live birth yr	N	LD 50 ED 50 50th Centile	95 percent confidence limits	
10 - 24	194	50.76 yr	49.61	51.79
23 - 44	124	52.04 yr	50.65	53.33

Relative median potency (0.975, 95 percent confidence limits 0.939 - 1.007)

Table 7. An analysis of the effects of the number of live births on the age at menopause (n = 318)

Number of live births	N	LD 50 ED 50 50th Centile	95 percent confidence limits	
0 - 1	23	48.04 yr	45.08	51.07
> / = 2	295	51.40 yr	50.46	52.22

Relative median potency (0.935, 95 percent confidence limits 0.862 - 0.997)

Discussion

Sri Lanka being a developing country, a median age at natural menopause of 51.12 yr was striking. A review of literature reveals that the average age at natural menopause in diverse populations worldwide ranges between 48 and 51 years (19, 20). There have even been reports of a trend toward increasing age at menopause in European populations (21). A delay in cessation of menstruation prolongs the length of the reproductive lifespan of the female and with it focuses on another aspect in the life of a Sinhalese woman.

A number of factors like the socio-economic class, the age at menarche, the age at the first live birth and the number of live births were investigated as potential influences on the onset of menopause. Sinhalese women who attained menarche later, reached menopause later and so did the women who had their first live birth after 25 years compared to those before that age. These trends were however not significant. As expected, women in the upper two socioeconomic classes reached menopause later than those in the lower socio-economic class (manual skilled). This difference was once again not significant. A trend in the opposite direction has been observed in the age at menarche of Sinhalese girls (22, 23).

In this study, the number of live births appear to be the only factor which influences and delayed natural menopause, as seen in other studies (6, 7, 8). It was significant when the woman had either two or more live births. This is probably due to a prolongation of the duration of anovulatory ovarian cycles.

In view of the importance of menopause being an indicator of senescence of the reproductive system and a helpful marker in development after maturity, this study, although a preliminary one, is of importance to the country. Menopause being a scientifically defined arbitrary point on a continuum of events, shows a wide population variation and adds to our knowledge of this milestone in the life of a female. From a clinical point of view a

prolonged reproductive period may lead to important implications: for example, it may increase the risk of breast and cervical malignancies and may postpone post menopausal conditions like cardiovascular disorders and osteoporosis. The clinician needs to be receptive to the symptoms and signs of the onset of menopause.

Acknowledgements

I would like to express my sincere appreciation to Ms. Anthea Stephenson of the Department of Human Genetics, University of Newcastle – upon – Tyne for the statistical assistance given me and to Prof. F. Roberts for his advice.

References

- Tanner J M. Growth at Adolescence. Blackwell Scientific Publications, Oxford. 2nd Edition, 1962.
- Gray R H. The menopause epidemiological and demographic considerations. In: The Menopause. A guide to current Research and Practice. Ed. Beard R. J. Baltimore, University Park Press, 1976.
- Goodman M J, Gove J S, Gilbert F. Age at menopause in relation to reproductive history in Japanese, Caucasian, Chinese and Hawaiian women living in Hawaii. Journal of Gerontology. 1978; 33: 688-694.
- Malina R M. Secular trends in human growth, maturation and development. Monographs of the Society for Research in Child Development 1970; 7934: 59-102.
- 5. Beall C M. Ages at menopause and menarche in a high-altitude Himalayan population. Annals of Human Biology 1983; 10 (4): 365-370.
- MacMahon B, Worcester J. Age at Menopause: United States 1960-1962. Rockville, Maryland: National Centre for Health Statistics. Vital and Health Statistics Series 11, No. 19. PHS Publications No. 1000. 1966.

- World Health Organization. Research on the menopause. Technical Report Series No. 670. Geneva, 1981.
- Brand P C, Lehert P H. A new way of looking at environmental variables that may affect the age at menopause. Maturitas 1978; 1: 121-132.
- 9. Stanford J L, Hartge P, Brinton L A, Hoover R N, Brookmeyer R. Factors influencing the age at natural menopause. Journal of Chronic Disease. 1987; 40 (11): 995-1002.
- Walker A R P, Walker B F, Ncongwane J, Tshabalala E N. Age of menopause in black women in South Africa. British Journal of Obstetrics and Gynaecology. 1984: 91: 797-801.
- 11. Van Keep P A, Brand P C, Lehert P H. Factors affecting the age at menopause. Journal of Biosocial Science (Suppl.) 1979; 6: 37-55.
- 12. Sherman B, Wallace R, Bean J, Schlabaugh L. Relationship of body wight to menarcheal and menopausal age: Implications for breast cancer risk. Journal of Clinical Endocrinology and Metabolism. 1981; 52: 488-493.
- Jick H, Porter J, Morrison A S. Relation between smoking and age of natural menopause. Lancet 1977; 1: 1354-1355.
- Kaufman D W, Stone D, Rosenberg L, Miettinen O S, Shapiro S. Cigarette smoking and age at natural menopause. American Journal of Public Health. 1980; 70: 420-422.
- Mckinlay S M, Bifano N L, Mackinlay J B. Smoking and age at menopause in women.

- Annals of Internal Medicine. 1985; 103: 350-356.
- 16. Willett W, Stampfer M J, Bain C, Lipnick R, Speizer F E, Rosner B, Cramer D, Hennekens C H. Cigarette smoking, relative weight and menopause. American Journal of Epidemiology. 1983; 117: 651-658.
- Department of Census and Statistics, Ministry of Plan Implementation. Census of population and housing. Preliminary release No. 1. Colombo. The Democratic Socialist Republic of Sri Lanka, 1981.
- Finney D J. Probit Analysis. p. 333.
 Cambridge: Cambridge University Press, 3rd edition, 1971.
- Benjamin F. The age of the menarche and the menopause in white South African women and certain factors influencing these times. South African Medical Journal. 1960; 34: 316-320.
- Frere G. Mean age at menopause and menarche in South Africa. South African Journal of Medical Science. 1971; 36: 21-24.
- 21. Frommer D J. Changing age at menopause. British Medical Journal. 1964; 2: 349-351.
- Jayasekara R, Goonewardene S. The Influence of Socio-economic Factors on Mean Age of Menarche in Sri Lanka. Ceylon Medical Journal. 1987; 32: 89-94.
- 23. Godawatta R, Wikramanayake T W. Some factors influencing the age at menarche of Sri Lankans. Ceylon Journal of Medical Science 1988; 31: 53-69.



Instructions to Authors

Authorship

Each author should have participated sufficiently in the work to take public responsibility for the contents of the paper submitted. Participation solely in the collection of data does not justify authorship. All authors must give signed consent for publication.

Acknowledgements and Other Information

Acknowledgements will appear as an appendix to the text, and should specify

- (a) contributions that need acknowledging but do not justify authorship. The persons concerned should be named and their contributions described – for example, "advice", "critical review of study proposal", "participation in clinical trial". Such persons must have given their permission to be named.
- (b) acknowledgements of technical help, and
- (c) acknowledgements of financial and material support.

Manuscripts should be accompanied by a covering letter which must include (a) information on prior or duplication or submission elsewhere of any part of the work; (b) a statement that the manuscript has been read and approved by all authors; and (c) the name, address, telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs.

Where appropriate the manuscript must be accompanied by copies of permission to reproduce published material or to use illustrations of identifiable persons.

Text

Papers should be submitted in triplicate – including the original typewritten copy – typed throughout in double spacing on one side only,

with a margin 4 cm wide at the left-hand side of each page. When submitted they must be in the final form for printing. Additions, amendations and corrections in the proofs add considerably to the Editors' duties and to the cost of production.

Each page of the manuscript should be numbered and the short title and page number indicated in the upper right-hand corner of each page. Page one should contain the full title, the name(s) of the author(s) and name and address of the establishment where the work was carried out. In the case of co-authors, respective addresses should be clearly indicated. When a series of related papers is submitted, each individual paper should have the same general heading, followed by a series number and title of the part. Any footnote to the title should be given at the bottom of this page.

The second page should contain an abstract (of not more than 250 words) which should be a summary of the entire paper and intelligible without reference to the paper itself. The text should begin on page three. Each subsequent major section-references, acknowledgements, should begin on a new sheet. The last page should indicate the number of manuscript pages, figures and tables submitted, the proposed running title and the name and address of the person to whom the proofs should be sent.

Papers should be as concise as possible and recognised physical and chemical abbreviations should be used. Abbreviations such as MCHC and MCV may be used as long as, in the first usage, the full term is stated and the abbreviations identified. When mentioning drugs, official and approved names should be used always; trade names may be indicated *in addition* but these should be in parenthesis. When official or approved names are not available, chemical or trade names may be used. Authors should use SI units. Scientific names of

plants, animals and microorganisms will be printed in italics and should be underlined in the manuscript. In the first citation, genus, species and authority must be given:

e.g. Vigna radiata (L), Wilczek.

In later citations, the generic name may be abbreviated to its initial letters:

e.g. V. radiata.

References to other work in the text, tables and legends should be indicated in arabic numerals in parentheses, referring to the list of references which must be on a separate page at the end of the paper.

Tables

Tables should be in double-spaced typing, on one side only, of foolscap sheet with a margin of not less than 4 cm on the left. Each should be typed on a separate sheet. Tables should be numbered consecutively in Arabic numerals. Tables should have legends which make their general meaning clear without reference to the text and all table columns should have explanatory headings. Units of measure should be indicated in the heading of each column. Footnotes to the table should be placed directly below the table and should be indicated by super-script lower case italic letters (a, b, c etc). The preferred position of each table should be indicated in pencil in the manuscript.

Illustrations

All illustrations are considered as figures. Each figure (graph, drawing, photograph) should be numbered in sequence with Arabic numerals. Each figure should carry a legend so written that the general meaning of each illustration can be understood without reference to the text. The amount of lettering on a drawing should be reduced as far as possible. Legends should be included in their proper place in the typescript and not written in the drawing. Each figure should be identified on the reverse with the running title of the paper and figure number.

Illustrations should be made by line drawings in Indian ink on plain white paper or board or tracing paper. Drawings should be lettered with a lettering set. Graphs should be plotted in white or blue-lined graph paper or tracing cloth. The caption of each axis should be lettered parallel to the axis. Photographs should be prepared on glossy paper, with sharp contrast between black and white areas.

References

Number the references consecutively in the order in which they appear in the text. The reference should include: author's names (in capitals) followed by initials, title of article, title of journal in full, year of publication, volume number in Arabic numerals and the numbers of the first and last pages in Arabic numerals. When reference is made to a book, the author's name should be followed by: title, editor's name and volume number or edition (if appropriate), town of origin and publisher, year of publication and page. The series title of a book should be given in parenthesis after the publisher.

The references will then appear in print thus;

Wilson WE. Observations relating to the innervation of sweat glands of the face. Clinical Science 1936; 2: 273-286.

Mora JO. Nutritional assessment by anthropometry. In: Brozek J, Schurch B, eds. Malnutrition and Behaviour: critical assessment of key issues. Lausanne: Nestle Foundation, 1984; 98-106.

Zitnack A. In: Chronic cassava toxicity: proceedings of an interdisciplinary workshop, London, England, 24-30 January 1993. Ottawa: International Development Research Centre (IDRC – ODE), 1973; 84-95.

Dews PB. In: Drill VA, ed. Pharmacology in Medicine, 2nd edition. New York: McGraw-Hill, 1958; 309.

Proofs

Corrected proofs must be returned to the Editors without delay. Failure to do so will result in delay in publication. Corrections must be restricted to printer's and similar errors, and should be marked in pencil. Any modification of the original text should be avoided. Responsibility for correcting proofs rests entirely on the authors. Cost of reproducing photographs and illustrations may be charged to the author.

Reprints will be supplied at cost. Details will be sent on request.

Manuscripts submitted for publication should be addressed to the Editors, Faculty of Medicine, University of Colombo, Kynsey Road, Colombo 8, Sri Lanka.