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Menopause in low-resource settings: Challenges and practical solutions with special reference to Sri Lanka

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Abstract

With increasing female life expectancy, a substantial proportion of women in Sri Lanka now live several decades beyond menopause. Despite this demographic transition, menopausal health remains inadequately addressed within routine clinical practice, particularly in low-resource settings. Multiple challenges, including sociocultural perceptions, health system limitations, restricted access to hormone replacement therapy (HRT), and limited clinician training, contribute to suboptimal care. This narrative review examines the burden of menopausal symptoms in Sri Lanka and discusses pragmatic, context-appropriate solutions. Particular emphasis is placed on difficulties in individualising HRT, limitations in available therapeutic options, constraints in investigating abnormal uterine bleeding associated with HRT, health economic considerations, lack of structured postgraduate training, and low acceptance of HRT among eligible women. Strengthening primary care-based services, improving clinician capacity, and adopting evidence-based yet resource-sensitive strategies are essential to improve menopausal care and promote healthy ageing.

Key words: Menopause; Sri Lanka; low-resource settings; hormone replacement therapy; women's health

Introduction

Menopause is defined as the permanent cessation of menstruation following loss of ovarian follicular activity and is diagnosed retrospectively after twelve months of amenorrhoea (1). In Sri Lanka, increasing female life expectancy has resulted in a growing population of women spending a significant proportion of their lives in the postmenopausal period (2). However, healthcare services continue to focus predominantly on reproductive and maternal health, with limited structured attention given to menopausal and post-reproductive care.

In low-resource settings, menopausal symptoms are frequently under-recognised and underreported (2). Women often present late, when symptoms have already affected quality of life or when long-term sequelae such as osteoporosis and cardiovascular disease have developed (3,8). This narrative review examines challenges related to menopausal care in Sri Lanka and proposes practical solutions that can be implemented within existing healthcare and economic constraints.

Burden of Menopausal Symptoms

Menopausal symptoms encompass vasomotor disturbances, psychological symptoms, sleep disorders, musculoskeletal pain, urogenital symptoms, and sexual dysfunction (8,9). Evidence from South Asian and global populations suggests that although vasomotor symptoms may be less frequently reported than in Western populations, somatic symptoms, fatigue, mood disturbances, and sleep problems are common and clinically significant (3,4).

In the Sri Lankan context, many women perceive these symptoms as an inevitable consequence of ageing rather than a health condition amenable to intervention (2). Consequently, opportunities for early symptom management and prevention of long-term morbidity are frequently missed (7).

Sociocultural Challenges

Sociocultural perceptions play a substantial role in shaping experiences of menopause and health-seeking behaviour. In Sri Lankan society, menopause is often regarded as a private issue, and discussion of sexual health, emotional well-being, and urinary symptoms may be socially discouraged. Women frequently prioritise family and caregiving responsibilities over personal health needs.

Misinformation and fear regarding menopause and its treatment are common. Concerns about cancer, weight gain, and long-term adverse effects of hormone therapy, largely influenced by global media coverage and misinterpretation of earlier studies, contribute to reluctance in accepting medical treatment, even when symptoms are severe (5,6,11).

Health System Constraints

Although Sri Lanka provides universal access to healthcare, the system faces significant constraints including high patient volumes, limited consultation time, and lack of dedicated menopause services. Menopausal assessment is often opportunistic rather than systematic.

Access to investigations relevant to menopausal care, such as bone mineral density testing, lipid profiling, and endometrial evaluation, is limited, particularly outside tertiary centres. These constraints influence clinical decision-making and may discourage initiation of hormone therapy, despite international recommendations supporting its use in appropriately selected women (5,6).

Challenges in Individualizing Hormone Replacement Therapy

Individualization of HRT is essential to maximise benefits and minimise risks (5,6,11,12). However, in Sri Lanka, availability of HRT preparations is limited, particularly within the state sector. Choices are often restricted to a small number of oral oestrogen–progestogen combinations, limiting flexibility in tailoring therapy.

Transdermal oestrogen, micronised progesterone, and newer combination preparations recommended in international guidelines are either unavailable, inconsistently supplied, or unaffordable for many women, limiting alignment with best practice recommendations (6,11).

Abnormal Uterine Bleeding and HRT

Abnormal uterine bleeding in women receiving HRT presents a common and challenging clinical scenario (13). International recommendations emphasise structured evaluation including transvaginal ultrasound and, where indicated, endometrial sampling (5,6,13). In low-resource settings, access to timely investigations may be limited, resulting in delays, unnecessary discontinuation of HRT, and increased anxiety.

Limited access to hysteroscopy services further complicates management of persistent or recurrent bleeding, contributing to clinician reluctance to initiate HRT despite guideline support (5,11).

Health Economics and Access to Novel HRT Preparations

Health economic considerations significantly influence menopausal care (2). Introduction of newer HRT preparations into the public sector is constrained by cost, competing healthcare priorities, and limited pharmaceutical budgets. Menopause-related morbidity is often perceived as a lower priority compared to maternal health and non-communicable diseases.

However, untreated menopausal symptoms contribute to reduced quality of life, impaired

productivity, and increased long-term healthcare costs, underscoring the importance of preventive and early-intervention approaches (3,8).

Training and Capacity Building

Despite increasing relevance of menopausal health, structured postgraduate training opportunities focusing specifically on menopause and HRT remain limited in Sri Lanka. There are no dedicated diploma or certificate programmes in menopausal medicine in the country.

This lack of formal training contributes to uncertainty among clinicians regarding patient selection, risk stratification, and management of HRT-related complications, leading to conservative prescribing practices that may not reflect current evidence (5,11).

Low Acceptance of HRT

Even when clinically indicated, acceptance of HRT among eligible women remains low. Fear of malignancy, negative media influence, anecdotal experiences, and inadequate counselling contribute to reluctance. Limited consultation time restricts opportunities for detailed discussion of benefits and risks, despite evidence supporting the safety and efficacy of HRT when appropriately prescribed (6,11).

Practical Solutions

Integration of menopausal care into primary healthcare services is feasible and sustainable. Structured symptom assessment tools, basic cardiovascular risk evaluation, and clear referral pathways can be implemented with minimal additional resources (8).

Lifestyle modification and non-hormonal pharmacological options play a central role where HRT is contraindicated or declined (8). Rational, individualised use of HRT should be encouraged where appropriate, supported by simplified national guidelines adapted from international consensus statements (5,6,11,12).

Conclusion

Menopause represents an increasingly important yet under-addressed aspect of women's health in Sri Lanka (2). Challenges related to sociocultural perceptions, health system constraints, limited HRT options, economic considerations, and lack of structured training contribute to suboptimal care. Addressing these issues through pragmatic, context-sensitive strategies, informed by international evidence and adapted to local realities, is essential to improve quality of life and promote healthy ageing among Sri Lankan women (2,5,6,11).

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