

**PERCEPTION AND PREVAILING SYMPTOMS OF MENOPAUSE
WOMAN WITH THEIR COPING STRATEGIES**



A Thesis

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Master Degree of Social Work

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DECLARATION

I, Rashmi Paudel, hereby declare that this thesis entitled “**Perception and Prevailing Symptoms of Menopause Women with their Coping Strategies**” is submitted to Department of Social Work, faculty of Humanities and Social Sciences, Tribhuvan University is the result of my original and independent work done by me under the close supervision and guidance of Mr. Laxman Subedi, Department of Social Work. All the ideas borrowed to complete this thesis from any sources are acknowledged and cited accordingly. The paper has not been submitted for any kind of assessment to any other college or university and the work herein represents the sole work of the author.

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The thesis entitled “**Perception and Prevailing Symptoms of Menopause Women with their Coping Strategies**” has been prepared and submitted by Ms. Rashmi Paudel to the Department of Social Work, Tribhuvan University under my guidance and supervision for the partial fulfillment of the requirements for the degree of Master’s in Social Work. I would like to recommend this thesis for the final evaluation.

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LETTER OF APPROVAL

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ABSTRACT

Menstruation stops, and the woman's reproductive years come to an end during the menopause, a natural stage of her life. Women go through a variety of physical, psychological, and emotional changes during this transitional time as a result of their hormone levels, especially estrogen and progesterone, dropping. A woman's quality of life may be greatly impacted by these hormonal changes, which result in a wide variety of menopausal symptoms.

This abstract explores the typical symptoms menopausal women face and their coping mechanisms to successfully get through this transitional stage. Hot flashes, mood swings, dry vagina, disturbed sleep, and lowered libido are some of the signs of menopause. Each woman's experience of menopause is different and subjective due to the broad range in the severity and duration of these symptoms.

Women use a variety of coping mechanisms in response to these difficulties in order to reduce discomfort and uphold general wellbeing. To control the physical and mental symptoms of menopause, some women make changes to their lifestyles, such as getting regular exercise, eating a balanced diet, and learning stress management strategies. Additionally, it has been noted that relaxation techniques and mindfulness exercises can support women in managing their anxiety and mood fluctuations during this time. Furthermore, it is important to remember the value of social interaction and assistance when coping with menopause. Open discussions with medical professionals, close friends, or family members give women a sense of affirmation and certainty, fostering a better menopause transition. In conclusion, hormonal changes associated with menopause cause a variety of physical, emotional, and psychological changes in women. Coping mechanisms are essential for reducing the severity of menopausal symptoms and enhancing general wellbeing. In order to ensure that menopause is a journey of empowerment and growth for women, healthcare practitioners and support providers need to have a thorough awareness of these coping mechanisms in order to design successful treatments for women navigating this transformational stage of life.

Keywords: Menopause, Coping Strategies, Symptoms

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ABBREVIATIONS

BPS: Bio-psycho-social model

CEDAW: Convention on Elimination of Discrimination against Woman

FDA: Food and Drug Administration

HRT: Hormone Replacement Therapy

JNMA: Journal of Nepal Medical Association

KII: Key Informant Interview

MoHP: Ministry of Health and Population

MoWCSW: Ministry of Women, Children and Social Welfare

MMR: Mixed Method Research

MT: Menopause Transition

NHRC: National Human Rights Commission

SPSS: Statistical Package for Social Sciences

SWAN: Study of Women's Health across the Nation

UTI: Urinary Tract Infection

WHO: World Health Organization

WHI: Women's Health Initiatives

VMS: Vasometer Symptoms

CHAPTER I

INTRODUCTION

1.1 Background of the study

Menopause, which is the natural end to monthly periods and fertility, is an important stage in a woman's life. When a woman goes 12 months without a menstrual period, it is regarded as having happened. Menopause, which mainly affects women between the ages of 45 and 55 but can occur earlier or later, is a normal and inevitable component of the aging process.

Menopause, which normally occurs between the ages of 45 and 55, with an average age of onset of roughly 51 years, is a natural biological process that signals the end of a woman's reproductive years. In this period of transition, a woman's ovaries gradually reduce the amount of estrogen and progesterone they produce, which causes her monthly cycles to stop. While menopause is a universal experience for women, each person will experience this period at a different time and with a different set of symptoms.

The primary cause of the menopause's defining symptoms is thought to be hormonal changes, specifically the fall in estrogen levels. These signs and symptoms can appear in a variety of ways and frequently have a significant effect on a woman's physical, emotional, and mental health. Women have a variety of health issues during menopause, which is inescapable and occasionally problematic followed by diverse symptoms. Understanding the main menopause symptoms help ease the load and stress that come with the disease. In such situation, a study was carried out to gather baseline information on menopausal health issues among Nepalese women (Subedi, 2017). Around one in ten women experience early natural menopause,

which is defined here as menopause that happens before the age of 45 and is not medically induced. So, this condition has major health repercussions.

Menopause is an individual experience with some women making the transition smoothly, while other women have their lives and relationships disrupted by troubling symptoms (George, 2002; Wilhelm, 2002). Therapies that target both vasomotor symptoms and chronic disease prevention are currently hormone based and hormone therapy (HT) is significantly more effective than available non-hormonal treatments for menopausal symptoms (Lewis, 2009). Hormone therapy, still the gold standard treatment for menopausal symptoms and sequelae (Lewis, 2009), commonly refers to estrogen and estrogen/progestin preparations in oral, vaginal, dermal patch, dermal spray or vaginal ring form (Alexander & Moore, 2007). Prior to 2002 and publication of the WHI results, women were routinely prescribed hormone therapy (then referred to as hormone replacement therapy) for menopausal symptoms to improve quality of life (Nelson, 2005). Approved by the FDA in 1942, oral hormone replacement therapy was the standard of care for menopausal women for 60 years (U.S. Food and Drug, 1997).

The severity and duration of these symptoms can vary greatly from person to person, and it is important to understand that not all women will experience them all. In addition, the menopausal experience can be influenced by variables like heredity, lifestyle, and general health.

Understanding and controlling menopause are of highest importance given the wide-ranging effects of menopausal symptoms in majority of woman's life. Healthcare professionals can help women during this phase by giving support, advice on symptom management, and where necessary, discussion of the various treatment options. For the purpose of promoting empathy and enabling women to experience this natural transition with self-assurance and wellbeing, it is essential to have a thorough awareness of menopause and its accompanying symptoms.

Research has shown that children who were not nursed or were only breastfed briefly, who had a limited food intake, and who experienced sluggish postpartum growth may experience menopause earlier. Researchers are needed because these compounding psychological distresses brought on by internal and external circumstances have the potential to significantly lower women's quality of life throughout the MT (Menopausal Transition).

Menopause is one point in a continuum of life stages for women and marks the end of their reproductive years. Most women experience menopause between the ages of 45 and 55 years as a natural part of biological ageing. The menopausal transition can be gradual, usually beginning with changes in the menstrual cycle. (WHO, 2022) 'Perimenopause' refers to the period from when these signs are first observed and ends one year after the final menstrual period. After menopause, a woman cannot become pregnant, except in rare cases when specialized fertility treatments are used. According to several research, early menopause is linked to decreased cognitive ability in childhood exams done earlier in life show a stronger relationship with age at menopause than exams done later in life.

In their post-reproductive and menopausal years, women deal with a variety of health problems, such as pelvic pain, incontinence, and obstetric fistula (Subedi, P.K., 2017). The importance of these health issues is growing in Nepal as the population ages, yet women frequently lack access to competent health care because of ingrained gender norms and preconceived notions about menopause. Menopause is currently understood based on a tiny percentage of mostly unwell women. (Misled menopause, 2016) Women going through menopause require access to high-quality healthcare as well as communities and support networks. Unfortunately, in most nations, there is still a big problem with access to and

understanding of information and services connected to menopause. It is common for families, communities, organizations, and medical environments to avoid talking about menopause.

Most of the women are not aware that the symptoms they are having are caused by menopause or that there are counseling and therapy alternatives available to help them feel better. Menopausal symptoms sufferers could feel humiliated or embarrassed to freely discuss their issues and request assistance. It's possible that medical professionals lack the training necessary to identify peri-menopausal and postmenopausal symptoms and advice patients on available treatments and ways to maintain their health following the menopause transition. In many nations, menopausal women's sexual health is neglected. This suggests that typical gynecological side effects of menopause, such as vaginal dryness and pain during sexual activity, may go untreated. Similar to older men, older women may not think they are at risk for STDs, such as HIV, or they may not get advice from their healthcare practitioners to engage in safer sex or get tested. Many nations lack the health policies and funding necessary to routinely offer diagnosis, counseling, and treatment services connected to the menopause. Services associated to menopause present a unique challenge in environments where there are frequently other pressing and conflicting objectives for supporting healthcare.

Investigating lifestyle factors like diet, exercise, and stress management during menopause helps identify ways women can promote their overall well-being and reduce specific menopausal symptoms. Menopause experiences can vary across different cultures and societies due to varying attitudes, beliefs, and healthcare practices. Studying menopausal women helps shed light on the cultural context and its impact on menopausal health.

1.2 Statement of the problem

The shift from late middle age to elder adulthood is marked by the important stage of old age. The transitional period between a woman's reproductive (pre-menopause) and non-reproductive (post-menopause) lives is known as the menopause transition (MT), and it is a time when women are particularly vulnerable. Multiple vasomotor, physical, cognitive, and sexual symptoms are linked to the reduction in estrogen levels that occurs along with the cessation of menstruation, and these symptoms may have a negative impact on quality of life. For many women, what ought to be a healthy, physiological procedure has turned into a discouraging, embarrassing, and frequently terrifying event? An adequate level of variation in adaptation to perceived menopausal stress appears to be explained by emotional stability.

Menopausal women experience mood changes due to a variety of causes other than hormonal changes. These include genitourinary symptoms (such as vaginal dryness/dyspareunia), history of smoking, history of anxiety and postpartum depression, obesity, stressful life events, inadequate social support, partner death, low self-esteem, unemployment, dealing with multiple stressors, and poor coping mechanisms. While the transition to old age should be a healthy stage of life, the lack of access to services and knowledge regarding reproductive health, as well as the requirement to comply with such laws, results in the repression of sentiments, which can result in significant mental stress (Sapkota et al., 2014).

The government of Nepal is lacking in creating projects that can be more than fruitful in every way for the menopausal woman. There is no specific rule that have been created for menopausal woman by Ministry of Health and Population, due to which more the research done in this field of area, more people will be aware and speak about it. The use of coping mechanisms to address all the symptoms of menopause before or after the beginning of

menopause is currently not well taught in health institutions. Also, the woman do not know about how a nutritious and healthy eating and meditation can help them overcome the pressure and stress they feel during this phase.

Unaware about many areas of topic of menopause inside Nepal have led people in creating myths regarding the menopausal phase in woman's life. Woman think after their reproductive age is crossed, they will die after a year or two. Thus, focusing on prevailing symptoms of woman, which includes the biological, psychological and social symptoms and also focusing on proper coping of the symptoms in age difference is to be studied. It is a fact that this is a research age, and one cannot speak about a topic without proven fact and without proper and scientific research, it becomes very difficult to aware the general public on these topics, thus, the research will be a base for all the general public of our country.

End of fertility leading to misconceptions: Menopause is stigmatized, as is reproductive health in general. Women have struggled with menopause symptoms for years with little to no help. Hot flashes, brain fog, mood swings, disturbed sleep, night sweats, weight gain, and muscle and joint aches are a few of the more serious symptoms that might occur. Menopausal women are often portrayed negatively in the media as being emotional and illogical, which adds to the stigma around them. Going to the doctor, exhibiting these symptoms at work, or talking about menopause with friends and family makes them feel humiliated and embarrassed.

The topic of aging women in general can be seen as a taboo. Because women's social status is so strongly linked with their physical attractiveness, youth is given such high value in the context of women. Women's social status is perceived to deteriorate as they get older. In fact, the 'Invisible Woman Syndrome' has been coined to describe this condition because it is so widespread.

According to a Gransnet survey, 70% of women felt "unseen, overlooked, and patronized" in

their early fifties and thought they would become "invisible." Menopause can be considered as a clear sign of aging, so why wouldn't we handle it that way if society ignores the existence of older women? For many, menopause can be seen as the end of something, described by some as a 'barren land signaling the end of fertility, youthfulness and sexuality'. But it's time to reclaim menopause as a positive and exciting milestone. It's a time of new beginnings and marks the entrance into the next stage of life. Let's celebrate periods, menopause and everything in between and fight the stigma that exists around reproductive health (Z.Eliza, 2022).

The majority of our understanding and opinions of menopause are based on research of white women, many of which used clinic-based samples of women rather than population-based samples. As a result, up until recently, much of the knowledge regarding the timing of the natural final menstrual period was influenced by the types of women who were included in the study samples and a variety of other methodological variations. These differences must be taken into account when comparing and summarizing the findings of these studies.

1.3 Research Question

Academic Writing and research require a distinct focus and direction. A well-designed research question gives purpose and clarity to your research. (The Writing Center, 2018) Research questions help writers focus their research by providing a path through the research and writing process. The specificity of a well-developed research question helps writers avoid the "all-about" paper and work toward supporting a specific, arguable thesis.

The study's goal is to evaluate the menopause process and experiences based on the literature and conversation. This study will thereby, focus on answering the following questions:

1. How does menopausal woman perceive menopause?
2. What are the prevailing menopausal symptoms (physical, social and psychological) among the woman in their adulthood?
3. How do they cope the situation in their social context?

1.4 Objectives of the study

The objectives of this research are:

- To explore the perception of woman towards menopause.
- To analyze the various symptoms (physical, psychological and social) symptoms of menopause in adulthood woman.
- To know the coping strategies adopted.

1.5 Significance of the study

This study aims to examine the existing social, physical, and psychological symptoms that menopausal women experience during this phase of their lives. The research is very important since it focuses one of the most importance of majority of woman's life stages, menopause.

Some of significance of this research are as follows

Societal and cultural significance: Educating and empowering women:

Menopause is a normal stage of a woman's life, yet it is frequently accompanied with myths and social taboos. Women can make educated decisions about their health thanks to the factual information provided by research studies that help remove misunderstandings surrounding menopause. Research helps to de-stigmatize menopause and foster positive attitudes around this stage of life by increasing awareness and fostering knowledge.

Understanding the physical changes: Menopause, which signifies the end of a woman's reproductive years, is associated with major hormonal and physical changes. Research enables us to fully comprehend these changes, including the drop in estrogen levels and how it affects various biological systems. This information aids in improving awareness of women's health and the creation of focused interventions.

Gender Perspectives on Menopause and Biological differences among male and female:

Given that menopause affects not only the women who experience it but also their spouses, families, and society as a whole, it is crucial to take gender viewpoints into account. Menopause is a biological process that only affects those whose gender at birth is designated as female. Women alone experience the physical symptoms and hormonal changes related to menopause. It is crucial to comprehend and accept these biological distinctions in order to give women the proper care and support while they go through this transition. Menopause frequently occurs during midlife, which is a crucial period for professional development and career advancement. Understanding the possible effects of menopause on women's careers, including the difficulties of managing symptoms at work, adjusting to changes in cognitive function, and negotiating workplace attitudes and biases, is made easier by gender perspectives. A theory of gender studies, essentialist perspectives focuses that being a woman going through menopause is defined by certain fixed characteristics. By concentrating on a small number of defining qualities and presuming universality among all menopausal women, these approaches may reduce the complexity of the menopause experience. Addressing these difficulties is essential for advancing gender equality and helping women advance in their careers.

Psychological and Mental Health Significance: Impact on mental health and well-being:

Menopause can have a considerable negative impact on a woman's mental health as well as general well-being. Studies on mood disorders, anxiety, and depression as well as other psychological and emotional changes brought on by menopause are investigated. The assistance for women's mental health throughout this stage of life can be improved by comprehending these effects and figuring out effective remedies.

Physical Health Significance: Identifying long-term health risks: Cardiovascular disease, osteoporosis, and cognitive decline are all connected with an increased chance of occurring after menopause. The identification of these illnesses' underlying mechanisms and risk factors by research paves the way for the creation of preventive measures. Researchers can help improve health outcomes and the creation of individualized healthcare strategies by better understanding the long-term health effects of menopause.

Thus, this research on menopause will be represented as a guide when the institutions (governmental/ non-governmental, international) working in woman and its sector will look this research as a supporting materials for their further study. The findings of this study will accurately teach upcoming academics, medical professionals, and campaign designers on creating a new policy for woman on ageing and health related policy.

Organization of the study

The structure or the organization of the study is to spotlight the research “sign posts” to look for in the chapters that follow. A component of the organization of the study is to briefly establish how each chapter is constructed to achieve your research objectives.

Chapter II: Literature Review

This chapter aims to portray the entire literature related to the thesis topic. It traces the history of the menopausal symptoms, the problems that arose during ancient past. It also focuses on three basic symptoms seen in the woman's late adulthood age and tries to clearly explain those symptoms. Moreover, the chapter introduces coping strategy which every woman tends to use to ease their day-to-day lifestyle.

Chapter III: Research Methodology

This chapter focuses on practical base on how the research will be done in the field. It consists of mixed methodology, tools used during the data collection method. The tools such as KII, Questionnaire and Interview Checklist were used to collect data from primary level.

Chapter IV: Presentation and Interpretation of the data

It encompasses the secondary data and data analysis process. The data analysis process was done in three different ways. Quantitative Data Analysis through use of SPSS, Qualitative Data Analysis through content analysis.

Chapter V: Discussion, perception of menopause and coping strategy of menopausal symptoms

The findings of research questions and answer of objectives are presented in this chapter. This chapter also guides the reader to understand perception of women about concept of menopause. And the ways participants are trying to cope with the symptoms.

Chapter VI: Conclusion, Recommendation, Social Work Interventions

The chapter summarizes the whole findings of the study. It also outlines the important aspects of study through pointing out some limitations and necessary interventions required in this field.

CHAPTER II

REVIEW OF LITERATURE

This chapter presents the background and significance of the study, introduces relevant terms, and reviews the literature on clinical and public health issues, demographic factors, and treatments for menopausal symptoms.

2.1 Theoretical Review

There are several theories proposed to explain the perception of late adulthood population and why they are strongly linked with their strong mindset and development. . These doctrines are used to explain the possible reasons for the existence of the symptoms in menopausal phase. There are also some theories that explains about the variation in coping strategies as per the culture and personality of every woman. This research is mainly based on Bio-psycho-social theory, Health theory of coping and Activity theory.

2.1.1 Bio-psycho-social theory (BPS)

The biopsychosocial model of wellness and medicine examines how the three aspects – biological, psychological and social – occupy roles in relative health or changes in natural livelihood in human body. The BPS model stresses the interconnectedness of these factors. Biological symptoms of human is often associated with the relationship of disease and bodily health. Psychological aspects are the mental and emotional wellness that also relate to behavior. These new life dynamics have impacted people who had not before experienced any differing symptoms in life. The social symptoms are associated with interpersonal factors such as social interactions and differences in the daily chores resulting in imbalance in relationships. The BPS

model states that relative health and their effects is dependent on the interactions between these three factors. Their interplay thus determines the cause, manifestation and resolution of illness.

Thus, here in order to answer the research questions and understand the relatedness of all the symptoms, this model was very important to understand. The psychological, social and biological symptoms of a human body are interrelated, effect in one symptoms associates another symptoms. Thus, menopause is a natural phenomenon, a biological nature of female body, and its effects i.e. the hormonal decline leads to psychological and social surrounding and its imbalance i.e. the weakness of cognitive thinking, stress, thus effecting the overall social relationships.

2.1.2 Health theory of coping

The theory recognizes that all coping reactions are adaptive and may initially reduce distress and categorizes these strategies as either healthy or unhealthy, depending on their likelihood of adverse consequences. The theory captures a hierarchy of strategies across the continua of internality, intensity, and adversity. Healthy coping categories are self-soothing, relaxing or distracting activities, social support, and professional support. Unhealthy categories are negative self-talk, harmful activities, social withdrawal, and suicidality. All coping strategies fit within one of these categories. (Hellen,M. Stallman, 2020)

While answering the third research question which was to understand the coping strategy of the menopausal woman, it was very important to notice weather they were adopting the positive and healthy coping strategies by self, or through certain sources of influence. It was a necessity to understand their support system in social environment, if there exist, and also their will power for understanding their way of coping with the symptoms.

2.1.3 Active ageing theory

Robert j. Havighust focuses on staying mentally and physically active keep the older adult happy and functionally fit. Successful aging occurs when elderly stay active and maintain ties of social connection around them. The theory assumes positive connection between activity and life satisfaction. Keeping active life in old age result socially, physically and psychologically fit.

Active ageing theory states that in order to maintain a positive sense of self elderly person must find new roles in old age. A development tasks arise when a individual successful achievement of which leads to his happiness and success. Failure leads to unhappiness in the society and difficulty with later tasks.

2.1.4 Objectification theory

“One is not born, but rather becomes, a woman.” (Beauvior, 1949, p.293)

It is a social construction – a product of centuries of civilization which has defined the characteristic difference between men and women and their positions in society. Among the many ways in which such gender socialization is materialized is through sexual objectification.

Through their research, Fredrickson and Roberts (1997) have discussed how bodies exist within social and cultural contexts and are, therefore, constructed through sociocultural practices. Many gender differences are based on the variances in the socialization of boys and girls and the hierarchical difference between the two, rather than just their biological identities. Women are objectified in this process that is, their bodies are treated as objects which solely exist for the use and pleasure of others. They also outline the emotion of shame, anxiety, peak motivation states/flow and the awareness of internal body states are the consequences of sexual objectification. Besides these, there are also effects on a woman's

mental health which include depression, sexual dysfunctions and eating disorders.

Often, women internalize the perspectives of others on themselves in a process which has been termed “self-objectification”. (Moradi & Huang, 2008) They learn that their appearance matters because it can determine how they are treated by others as well as their social life and economic outcomes. (Tiedens & Leach, 2004) In the 1953 movie *Gentlemen Prefer Blondes*, Marilyn Monroe has famously been quoted saying,

“Don’t you know that a man being rich is like a girl being pretty? You wouldn’t marry a girl just because she is pretty, but my goodness, doesn’t it help?” (Hawks, 1953, 1:28:38) Habits that are often considered normal or to do with hygiene such as putting on makeup, deodorizing, dressing up, using perfume and the like have often been linked as resulting from self-objectification.

2.1.5 Gender perspectives

An interdisciplinary framework called gender perspectives theory, commonly referred to as feminist theory or gender theory, examines how society constructs gender and how that affects both individuals and societies. It aims to comprehend the different cultural, social, and historical settings in which gender identities, roles, and expectations are established, upheld, and challenged. The gender perspectives hypothesis acknowledges that gender is a socially constructed idea that affects and influences our sense of masculinity, femininity, and everything in between rather than an innate or biological trait.

In the context of menopausal women, essentialist ideas allude to the idea that being a woman going through menopause is defined by certain fixed characteristics. By concentrating on a small number of defining qualities and presuming universality among all menopausal women, these approaches may reduce the complexity of the menopause experience. It's crucial to understand,

though, that menopausal experiences can vary and have multiple facets, depending on a person's unique characteristics, cultural background, and social circumstances.

Essentialist approaches on menopause may place more emphasis on the biological aspects of this period of life, paying particular attention to the hormonal shifts and physiological processes involved. But on the contrary, essentialism may oversimplify women's coping mechanisms for menopausal symptoms when in fact, they use a range of techniques, such as lifestyle changes, medical treatments, and social support networks.

Gender as a Social Construction: This idea contends that gender is produced through social interactions, cultural norms, and power dynamics rather than being purely determined by biological sex. It highlights how gender varies across different countries and is a result of socialization.

To conclude, all these theories explain perspectives of understanding a woman with certain symptoms of menopause and their behavior (understanding their coping) and also about the gender perspectives that play an important factor while living in the society. Every theory has its own perspective of understanding the topic, but I take stand of this active ageing and health coping theory, because these two theory give us the exact theoretical analysis of understanding woman.

2.2 Empirical Review

Empirical study will elaborate the relevant previous researches that is correlated with the methods used in this research. It will be used as a references to develop the methods and solving the problems in this research. They include the phenomena that can be observed and measured. However, it remains unclear with the most published studies, conducted in rich industrialized and western countries, about the natural way of taking care of yourself. Because menopause is

just a natural phenomenon that occurs to majority of woman girl in her life. But, when all of the symptoms will need medicines, there will not be any life for the woman to run her life freely.

Due to the lacking of appropriate understanding on eastern woman and its literature, this thesis will focus on doing observation and taking expert advice on analyzing the prevailing symptoms and the ways of treatment through understanding own body. Also, going for a regular check-up and understanding the phases of human body as a whole.

2.2.1 Menopause

Mensuration, pregnancy, and menopause are the three stages of life that most of the woman experiences. All three of these stages are connected. The first menstrual cycle, or first menstrual bleeding, in female humans is known as menstruation or menarche. Starting from ages 11 to 16, it. It is natural for there to be several physical and mental changes. The phase of pregnancy can only continue if there is mensuration. Women's menopause can begin at any age between 40 and 65. It marks the culmination of a woman's menstrual cycle. Despite being an expected transition, menopause may be a stressful and psychologically taxing experience and is linked to a number of hard physical problems.

Due to the aging population and changing lifestyles, women's non-reproductive health is becoming a more significant public health concern in Nepal. However, there are many taboos in Nepal and little general information about menopause and the issues it might cause. It has been specifically noted in the United Nations Development Assistance Framework that social inclusion needs to be greatly increased because vulnerable groups of women have particularly low access to good healthcare. (Willmore, A. 2015, July 13) There is no disparity between how women acquire knowledge and how males do. The only context in which the human body is learned only from books. Only when a person's sickness is advanced and causing severe agony

do they go in for a checkup. For many years, it was theorized that this increased risk was due to women's grief over the loss of their fertility or that depressive mood was triggered by the empty nest syndrome as adult offspring moved away from the family home, however these outdated theories have since been dispelled and abandoned.

According to JNMA (Journal of Nepal Medical Association) research, the average age of a woman going through menopause is 48.7 years old. The majority was unaware of menopausal health issues. It is advised to conduct more research using a nationally representative sample to better understand the menopausal health issues faced by Nepalese women. But it is now known that the majority of women deal with this problem before the age of 45, which has a significant negative influence on their health from a young age. When examining this problem, the research will pay particular attention to the causes of early menopause.

Menstruation permanently stops when the menstrual cycle hasn't started in more than a year, a condition known as menopause. Women with additional risk factors for illness can develop it during the menopause. Premenopausal years are linked to increased central adiposity, weight gain, and decreased physical activity. Menopause is a point in time and not a process- it is the time point in at which a woman's last period ends. Of course, a woman will not know when that time point has occurred until she has been 12 consecutive months without a period. The symptoms of menopause, on the other hand, may begin years before the actual menopause occurs and may persist for some years afterward as well. (Subedi, 2017). Some women's health concerns, like fertility struggles and postpartum depression, have already been acknowledged as issues that employers can address. But until recently, discussing the symptoms of menopause and perimenopause, the years long stretch that precedes the end of a woman's reproductive years,

was largely taboo. That is beginning to change. A new movement to create “menopause-friendly workplaces” is catching on, beginning in Britain, where menopausal women are believed to be the fastest growing work force. This is because perimenopause is the time when your sex hormones — estrogen, progesterone, and testosterone — naturally start to fluctuate more, and it’s these changes to your hormones that can lead to troubling symptoms. The first step to a menopause-friendly workplace is to provide education to reduce the stigma, said Deborah Garlick, the founder of Henpicked. This can mean posting information on company websites and training employees and managers, regardless of gender.

2.2.2 PHASES OF MENOPAUSE

Peri-menopause, the actual menopausal phase, and post-menopause are the three stages that make up the menopause phase. The symptoms alter throughout each of these stages. There are several pre-menopausal symptoms present, such as vaginal irregularity, fatigue, and sleep problems. Memory problems, weight gain, sharp mood changes, and vaginal symptoms including dryness and thinning are some other symptoms. There are various factors that contribute in variation in age of menopausal phase in a woman. Some of such important factors are: Geographical Differences

Health- related influences

Body mass and composition

Familial, genetic, and early childhood factors

Unfortunately, the causes of menopause are not widely known. Currently, it is believed that menopause results from the ovaries' egg supply depleting. As a result, the hormones that the ovaries make and the hormones that the brain uses to regulate the ovaries change. Menstrual

cycles eventually come to an end permanently when the ovaries stop releasing eggs. The ovaries continue to generate testosterone and estrogen after menopause, but at decreased quantities.

2.2.3 Symptoms of Menopause

Hot flushes, mood swings, exhaustion and stress, vaginal dryness and itching, consistent pain in the upper shoulder and lower stomach, vertigo, and allergies. Menopause symptoms include changes in body odor, an unpredictable heartbeat, breast discomfort, and a burning tongue. It is normal and typical for women in the perimenopause to skip periods (Cleveland Clinic).

Menstrual cycles frequently skip a month and come back, or skip several months and then resume for a few months. Periods also typically occur on shorter cycles, making them more frequent. Pregnancy is still possible despite irregular periods. Consider a pregnancy test if you have missed a period but are unsure if the menopausal transition has begun.

Weight Gain in Menopause

Though more research is needed, menopause generally isn't considered the main reason for weight gain between ages 45 and 55. However, the decrease in estrogen levels that comes with menopause can contribute in a couple ways. First, estrogen promotes muscle mass, and muscle mass affects metabolism – which is how your body uses energy. Less estrogen means less muscle mass, so you're more likely to develop a slower metabolism during perimenopause and after you reach menopause. With a slower metabolism, you don't need as many calories to maintain the same weight. Decreased estrogen can also cause your body to start storing more fat in your abdomen compared to other areas of your body – some people refer to this as the “menopause belly.” Together with decreasing muscle mass, this can lead to higher levels of body fat and a heavier appearance, even without a change in weight. Aging and lifestyle factors are

more commonly associated with perimenopause weight gain and post-menopause weight gain. Like changes in hormones, aging also brings natural decreases in muscle mass and metabolism. So it becomes especially easy to take in more calories than your body needs, and store that extra energy as fat (Sanchez, 2023). Menopause can result from naturally declining reproductive hormones. As you approach your late 30s, your ovaries start making less estrogen and progesterone — the hormones that regulate menstruation — and your fertility declines.

In your 40s, your menstrual periods may become longer or shorter, heavier or lighter, and more or less frequent, until eventually — on average, by age 51 — your ovaries stop releasing eggs, and you have no more periods. About 1% of women experience menopause before age 40 (premature menopause) (M. Clinic, 2017). Premature menopause may result from the failure of your ovaries to produce normal levels of reproductive hormones (primary ovarian insufficiency), which can stem from genetic factors or autoimmune disease. But often no cause of premature menopause can be found. For these women, hormone therapy is typically recommended at least until the natural age of menopause in order to protect the brain, heart and bones.

2.2.4 Issues after post menopause

Some of the psychological symptoms reported with menopause include anxiety and a sense of helplessness. Heart conditions, weight loss, diabetes, joint pain, UTIs, shoulder discomfort, and vaginal pain are a few of the physiological symptoms that affect women. In fact, when the menopause eliminates premenstrual syndrome, painful, lengthy periods, menstrual migraine, and chronic cyclical depression, many women experience good health for the first time in many years. Menopausal symptoms like hot flashes may lessen during this phase. However, a decade or longer following the menopause transition, some persons still

suffer menopausal symptoms.

2.2.5 Test of Menopause

The most accurate way to tell if it's happening to you is to watch your menstrual cycles for 12 months in a row. It helps to keep track of your periods and chart them as they become irregular. Menopause has happened when you have not had any period for an entire 12 months.

2.2.6 Treatment of Menopause

Menopausal symptoms can be treated medically with antidepressants, hormone replacement therapy, and anti-seizure drugs. Due to a decreasing estrogen level, postmenopausal women are more prone to a variety of illnesses, such as osteoporosis and heart disease (2014, Sapkota et al.). While aging should be a healthy stage of life, the lack of access to reproductive health care and information, as well as the need to abide by such rules, leads to the suppression of emotions, which can cause severe mental stress.

The most successful treatment for menopausal symptoms is estrogen replacement therapy. Although there have been questions in the past about the safety of hormone therapy, it is safe, low-risk, and helpful for the majority of healthy women seeking relief from menopausal symptoms. Women who have a history of breast cancer, heart disease, or stroke should not receive hormone therapy, which is routinely administered for up to five years. Some antidepressants, in addition to hormone replacement therapy, can reduce hot flashes and other menopausal symptoms, even in women who are not sad. Anti-seizure drugs can also be used to treat some women's hot flashes.

Nontraditional options: There are many unproven methods for treating symptoms. Some work better than others. Acupuncture, meditation, and relaxation techniques are harmless ways to

ease the stress of menopause, and some people believe they help. Many women also try herbal or natural remedies. Talk to a doctor before trying any of these. Before using any natural therapies, women should consult with a healthcare professional because some of them may not be safe, especially for those with a history of breast cancer. There are other menopause treatments available without the usage of hormones, such as calcium supplements and vitamin D for osteoporosis prevention.

Consuming a balanced diet full of healthy foods will also help you handle menopause. Increase your intake of fruits, vegetables, and whole grains, particularly those high in vitamin C and beta-carotene, while reducing your intake of foods high in saturated fat, cholesterol, salt, and processed sugars. Regular exercise strengthens bones and the heart and controls weight while enhancing mood. It can help minimize the symptoms of menopause and maintain overall good health. Exercises involving weight bearing assist build bone mass and lower the risk of fracture. Finally, smokers are urged to stop because research indicates that smoking makes hot flashes worse. Yoga, meditation, deep breathing and other relaxation techniques can reduce the stress of menopause. It's also a good idea to finally kick any old, unhealthy habits, such as smoking or drinking too much alcohol. Other interventions that may be helpful are to dress lightly and in layers and avoid potential triggers like caffeine and spicy foods (Traci, 2022).

2.2.7 Global Perspectives

Punjab found mean age at menopause to be 44.0 years which is very close to the findings of the present study. It is evident that among the Indian populations, highest mean menopausal age (48.44 years) is observed among the women of Assam (Gogoi 1977) and lowest (39.65 years) among the women of Orissa (Bebarta 1977), but another study (Sharma 1978) on a tribal

community of Orissa shows the mean menopausal age as 47.0 years. The European females do not differ much from their Indian counterparts in respect to the average duration of menstrual life (Curtej 1970). The Zulu women of South Africa (Abramson et al. 1960) and white South African women (Benjamin et al. 1960) differ from each other with their mean menopausal ages 47.7 years and 48.7 years, respectively.

On the other hand the Swiss women and inhabitants of Israel (Hauser et al. 1961, 1963) show a little difference with their mean menopausal age of 49.8 years and 49.5 years, respectively. The rural women of Poland (Bielicki & Welon 1964) show a difference in their mean menopausal age (49.3 years) when compared with that of British women (47.49 years, McKinley et al. 1972). But, however, a study of 324 cases at the University of Minnesota (Treloar 1974) infers the mean menopausal age as 49.50 years (Singh, Dr. Lakhbir, Dept of Human biology, Punjabi University).

A cohort of 2073 women (ages 40-60 years) participated in the research, among them 2000 yielded complete response. The study revealed that 820 (41%) women had reached menopause. The average age of menopause was 48.7 years. Majority of the women 1183 (59.2%) in the study did not know about menopausal health problems. Abnormal bleeding 353 (17.65%), sweating 315 (15.75%), hot flushes 299 (14.95%), joint/muscle pain 285 (14.25%) were the most common menopausal symptoms known by the women. Joint pain 736 (36.8%), hot flushes 584 (29.2%), irregular bleeding 582 (29.1%) were the most common experienced symptoms of menopause and only 586 (29.3%) consulted the health workers to alleviate menopausal symptoms. Moreover, most of the women 926 (46.3%) accepted menopause as a part of life (Paudel, 2017). Perhaps not surprisingly, vaginal dryness was the top complaint both men and women reported, regardless of nationality, the researchers report in the journal Menopause.

Across all of the countries in the study, this symptom was most commonly reported in Canada, where 85 percent of women and 81 percent of men cited this as a concern. Italians were least likely to list this complaint, which was reported by 65 percent of women and 61 percent of men.

The commonest menopausal symptom was mood swings and irritability (80% and 68% respectively) followed by vasomotor symptoms like hot flashes in 42% and night sweats in 24% of the women. These symptoms interfered with the women's daily work performances in 46% of the cases, affected family life in 28% and affected social life in 32% of the cases. Majority of the women have menopausal symptoms during pre-menopause and postmenopausal period. These symptoms have major impact on women's personal, social, and family lives (Shrestha, N. S., & Pandey, A, 2017). Among the women, residents of Denmark, Sweden and Norway were most likely to report that going through menopause turned out better than they expected, while participants living in the U.S., U.K., France and Canada were more prone to find menopause much worse than they had anticipated.

Japanese: The Japanese language, known for its precise detail, has several words referring to flushes of heat, depending on cause and location. There's a word for fever and sweats associated with a cold or flu, a word for soaking in a hot bath, and a word for the aftereffects of drinking too much alcohol, but until now no specific term for a menopausal hot flash. Not wishing to be left behind, the globally-oriented Japanese media has recently coined new words — *hotto furasshur* (hot flash) and *horumon baransu* (hormone balance) — for menopausal symptoms. Japanese women today rarely ever mention “estrogen depletion,” and instead refer mostly to hormone balance. Their way of dealing with the peri-menopausal transition doesn't involve replacing estrogen or recreating menstrual periods. And while the medicalization and media

attention to menopause in the last decade have increased (Japan, too, has a baby-boomer crop of women), rates of hot flashes remain considerably lower there than among white Americans or Japanese-Americans.

In fact, only about 25% of Japanese women reportedly experience hot flashes, though a review of culture and symptoms in the literature in 2005 did find slightly higher incidence among older peri-menopausal women of ever having had a hot flush. Chilliness is the vasomotor symptom reported more often than hot flashes, but the most common symptom during this time for Japanese women is reportedly shoulder stiffness. However, frozen shoulders are common among middle-aged men as well. Menopause in Japan, or *konenki*, is thought to begin in the early 40's and last until around 60 years of age. It's often characterized as a time when the body loses its balance, and the Japanese see the causes as both cultural and biological. Some Japanese women don't worry about menopause much at all. This may have something to do with the breakdown of the word *konenki*. Literally translated, *ko* means "renewal and regeneration," *nen* means "year" or "years," and *ki* means "season" or "energy." While translated into English as "menopause," *konenki* connotes a much lengthier, gradual transition where the end of periods is just one contributing feature (WHN, 2023).

The majority of us in the West don't view menopause as a time of regeneration or rejuvenation, but rather as something terrible that will inevitably happen to us and over which we have no control. The cultural distinctions between the Japanese phrase and our own are clear when we compare them. Menopause derives from the Greek words *men* meaning "month" and *pauses* meaning to "stop" or "cease," which means that the only significance of this stage of life is that we stop bleeding on a monthly basis. It makes sense why so many of us feel lost. Even in the

words we employ, the Western attempt to immediately "deal with the problem" is evident. We are aware that Japanese women currently have the highest life expectancy worldwide and suffer from the least amount of chronic illnesses, such as diabetes, high blood pressure, arthritis, or allergies. Despite the fact that Asian women often have lower bone densities, the incidence of osteoporosis in Japan is half that of white women in North America. And despite their low birth rate and older age at first birth, their incidence of breast cancer is about one-third that of ours. Researchers who have studied this population have not found a magic bullet, but think that the good health of Japanese women results from a combination of diet, exercise, universal public education, equal access to good healthcare, and a longstanding tradition of preventative healthcare. Genetics and cultural overlay, of course, greatly contribute as well.

Knowing that hot flashes and other symptoms are not mandatory in menopause can help us to understand that, whether through change in diet, exercise, stress management or hormonal balance, we *do* have a lot more control over our own menopause than we might have thought in the past. World Health Organization (WHO, 2015) defined natural menopause as the "permanent cessation of menstruation resulting from the loss of ovarian follicular activity." The main issue is the menopausal woman who do not go for checkup because they are not aware of their health and changes happening in their body and mind during and after menopause.

Yes, every woman will experience Menopause. Menopause occurs due to a complex series of hormonal changes. Associated with the menopause is a decline in the number of functioning eggs within the ovaries. At the time of birth, most females have about 1 to 3 million eggs, which are gradually lost throughout a woman's life. By the time of a girl's first menstrual period, she has an average of about 400,000 eggs. By the time of menopause, a woman may have fewer than 10,000 eggs. A small percentage of these eggs are lost through normal ovulation (the

monthly cycle). Most eggs die off through a process called atresia (the degeneration and subsequent resorption of immature ovarian follicles - fluid filled cysts that contain the eggs). (Guidebook Menopause, 2019)

Peri-menopausal and early menopausal instability of estrogen and progesterone levels are accompanied by a variety of troubling symptoms. Vasomotor symptoms, commonly called “hot flashes” are one of the hallmark symptoms of the menopause transition and early menopause. While the precise cause of vasomotor instability is still uncertain, it has been linked with declining levels of estrogen (Menopause Practice, 2007).

The literature reports that up to eighty-five percent of women over age 45 experience hot flashes (Bertero, 2003; Col, Guthrie, Politi, & Dennerstein, 2009; Guttuso, Kurlan, McDermott, & Kiebertz, 2003; Lewis, 2009; Utian, 2005). Most women experience vasomotor symptoms that are mild to moderate in intensity; however 10% to 15% of women experience severe symptoms (Menopause Practice, 2007). While there are few studies published on symptom experience and surgically induced menopause, anecdotal evidence reveals hot flash rates up to 90% and more frequent and severe vasomotor symptoms associated with rapidly declining levels of sex hormones (Collaris, Sidhu, & Chan, 2010; Menopause Practice, 2007).

2.2.8 Discussing Physical Symptoms impacting Menopause

According to the North American Menopause Society (2004), hot flashes and nocturnal sweats are the same physiological phenomena. As frequent awakenings from night sweats have been connected to moderate depression, alterations in attention span and memory, irritability, exhaustion, and a poor quality of life (Long et al., 2006; Fitzpatrick & Santen, 2002; Liu,

2004), frequent awakenings are frequently disruptive to sleep. According to Menopause Practice (2007), the majority of menopausal women suffer vasomotor symptoms over the first two years, varying in frequency from hourly to infrequently (weekly or monthly). Aruna Uprety asserts that menopausal women in Japan and the United States complain about muscle discomfort and acne in substantially different ways.

Menopause affects any woman who has lived long enough to experience ovarian failure and the associated changes in gonadal hormone levels. Given the large number of menopausal women, significant quality of life issues, and serious health implications related to menopause, as well as the significant public health issues, associated treatment costs, and health care utilization, it is obvious why research on menopause and quality of life is important. The direct effects of menopause on women's quality of life are unclear

2.2.9 Discussing Psychological Symptoms impacting Menopause

Issues with mental health connected to mood swings: Mood swings are another common menopausal symptom. Low estrogen levels can cause anxiety, hopelessness, and irritation. Your feelings can change radically and unexpectedly, and you could go from laughing to crying in a matter of minutes. According to several studies that demonstrate the hormone has mood-enhancing qualities, low levels may cause depressive symptoms. Majority of women are actually two to four times more likely to experience a major depressive episode during menopause than at other points in their lives. Menopause's low estrogen levels can make mental health issues like schizophrenia and bipolar disorder worse. Lack of sleep can affect mood in addition to changing estrogen levels. You might get hot flashes, night sweats, and heart palpitations, which during the day can make you feel agitated, anxious, and irritable.

2.2.10 Social and Cultural Perspectives impacting menopause

According to an article, culture may have an impact on how menopausal women feel.

Menopausal symptoms are substantially less unpleasant in communities where older women are valued as wiser and better women, according to main study author Dr. Mary Jane Minkin, a professor of obstetrics, gynecology, and reproductive health at Yale Medical School. Many women mistakenly associate menopause with old age, and the symptoms can be far more debilitating. According to Thompson, a woman's perspective and experience of the menopausal transition depend on the social milieu in which she lives. Language differences, culturally driven expectations regarding menopause, culturally shaped gender roles, and socioeconomic status can all be blamed for disparities in symptom reporting among nations.2015's (Rapaport, L.)

2.11 Coping Strategies

The findings of this study indicate that problem-oriented techniques like social support, problem solving, and target replacement are the most effective ways to boost performance or increase sexual satisfaction, while emotion-focused techniques like avoidance are linked to increased sexual dysfunction. It is advised that problem-oriented coping techniques be used to deal with sexual dissatisfaction. Postmenopausal women's mental health can be improved by lowering or eliminating sexual dysfunction, and health policymakers should emphasize this importance. In order to prepare women for entering the delicate and vulnerable menopausal period, the importance of the involvement of health professionals in this field is highlighted.

At Women's Health Network, we know from experience that being conscious about lowering our stress levels, taking care to exercise regularly, and eating healthy fats, adequate

protein, plentiful vegetables and natural grains can take us a long way in working and playing with our menopausal symptoms. They suggest that intake of medication can cure every difficulty caused because of physical and psychological symptoms. And the science has tested the medicines for every symptoms as well. And they do prescribe those medicines for the menopausal woman in western societies. But, medicalizing the natural process must not be a trend. In eastern trend, more research is needed. Thus, Coping mechanisms assist you in enduring, minimizing, and managing stressful circumstances. Effective stress management can improve your physical and mental health as well as your capacity for peak performance. The emotion-focused coping dimension and the employment of four coping techniques were found to be more frequently endorsed by females than by males. Self-distraction, emotional support, instrumental support, and venting were among them.

Investigating lifestyle factors like diet, exercise, and stress management during menopause helps identify ways women can promote their overall well-being and reduce specific menopausal symptoms. Menopause experiences can vary across different cultures and societies due to varying attitudes, beliefs, and healthcare practices. Studying menopausal women helps shed light on the cultural context and its impact on menopausal health.

2.3 Research Gap

Numerous research have covered the basic symptoms of menopause, but none have specifically examined the unique set of predominating symptoms of Nepalese women. The biological, psychological, and social symptoms of menopause in women will be the main focus of this research project. Most investigations on the relationship between menopause and

psychiatric symptoms failed to provide any conclusive proof. The large knowledge gap between what women know about menopause and what is actually known about it.

The majority of research don't cover ways to deal with menopause, and the literature only focuses on its symptoms. The focus of this thesis and its examination is women's coping strategies throughout the menopausal stage. These studies are all conducted using western concepts as opposed to eastern concepts. In light of this, research on the western concepts of the medicalization of menopause and menopause as a sickness does not accurately reflect what menopause actually means in our surroundings. In addition to presenting groundbreaking studies on menopause and women's health and defining pertinent words, this chapter also evaluated the literature on clinical and public health issues as well as current therapies. Although historically menopause has been recognized as a medical disease that requires treatment, no empirical study on menopausal health issues or remedies was conducted until the late 1990s, and early studies mostly went unreported.

The Women's Health Initiative altered the direction of menopausal research for women. Menopausal studies were thrust into the spotlight by WHI, and quality of life as a goal for healthcare gained popularity. Menopause has just recently become a topic of extensive empirical research investigations, therefore the context and historical background provided in this chapter are crucial for studies on women's health.

Menopausal sufferers are in great need of assistance. They are sick of navigating a sea of fear and disinformation that is constantly there in the media and occasionally spread by doctors. The transition to menopause is a time of vulnerability. Women in their middle years are particularly susceptible to significant depression throughout the menopause transition and early menopause. They are also not well aware about the mental health condition that the woman face

during this period, thus the gap in understanding knowledge and facts about the menopause is fully lacking.

Menopause-related stigma is largely a result of unfavorable attitudes about women. Their objectification causes them to be viewed as less valued and to be "washed up" when they are older and no longer fertile. Women's lives should not terminate with menopause. Women ought to be treated with the same respect as previously. A lot of false information and myths have been created in Asian countries due to less research done among menopausal woman. This have led to huge gap between the people's understanding among even with the symptoms in menopause. Menopause is the natural cessation of a woman's menstrual cycle. It can be quite unpleasant, and the fact that it's still a taboo topic in many cultures doesn't help. Thus, only with the proper research and discussion about the topic, one will understand the real essence of human health.

CHAPTER III

RESEARCH METHODOLOGY

A research project's "how" is referred to as its methodology. In essence, the researcher decided what information to get, from whom to gather it, how to gather it, and how to analyze it. It focuses on how a researcher structures their study to accomplish their research goals and collect valid and trustworthy data.

3.1 Rationale of Site Selection

The research was conducted in Suryabinayak Municipality, Ward no. 4, Dhadikot, Bhaktapur.

3.2 Research Design

Research design refers to the framework of research methods and techniques chosen by the researcher. It helps the researcher to pursue their journey with a systematic approach by their side.

There are three recognized methods for conducting research: quantitative, qualitative, and mixed. This study employed mixed methods. In mixed method research (MMR), the researcher combined both quantitative and qualitative methods for their study. The purpose of this form of research is that both quantitative and qualitative research, in combination, provide a better understanding of a research problem or issue than either research problem alone. (Creswell, 2007)

The researcher considered it apt to employ MMR in the present study for several reasons. Firstly, it allowed her to utilize the strengths of both the quantitative and the qualitative methods. Furthermore, since this is a sociological study, it was essential to not only represent the testimonies of the participants through statistical data but to explore their

experiences in depth. It would simply not be sufficient to rely only on statistical data to develop a comprehensive understanding of the issue. Therefore, in second phase, case study and key informant interview was conducted. The data derived from this was then added to form the analysis of the research.

3.3 Population and sampling procedure

A population is a complete set of people with specified characteristics, while a sample is a subset of the population. (Thacker, 2020). While designing the research, the researcher aimed to gather data from 70-140 woman aged 45-55 as the participants on the site location had not reached the phase and some did not give their consent.

Sample size/universe

The total population of Suryabinayak Municipality, Ward No. 4 is 20,965. Among them, 10,693 are female population and 10,272 is male population. Among them, only around 2,300 are woman above 45 years old. There were 70 participants in the study's overall sample size. But only 45 participants in the study were selected out of them because of age group.

| Population | Sample Size |
|------------------------------|--------------------|
| Number of women aged (45-60) | 70 |
| Covered menopausal women | 45 |
| Key Informant Interview | 2 |
| Case Study | 4 |

3.4 Nature and Sources of data collection

This research used both primary and secondary data. Primary data is a raw data that has been generated by the researcher to understand the research problem at hand. For this study, primary data was obtained through a structured questionnaire. The questionnaire was self-administered and was carried out from April 2023 – June 2023. Apart from that, the primary data was also collected via in-depth interview and check list by using semi structured questions. The list of questions was prepared based on key research questions with an aim to fulfill research questions.

Secondary data, on the other hand, is data that has already been collected through primary sources and made readily available for researchers to use for their own research. This was collected through a variety of sources such as books, journal articles, conference proceedings, documentaries and the like.

The following tools of mixed method was used in the data collection and finding process.

3.4.1 Questionnaire

The researcher selected the questionnaire for the first phase of data collection as it is an apt tool to collect the data and code it later for analysis. The questions were made relatable, clear and concise. The results from questionnaire guided the researcher in order to conduct key informant interview and in-depth interview on second session more accurately.

A total of 40 questions were prepared, where 2 questions in general demographic understanding of the respondent. Part A (General Understanding of health and Perception of Menopause) consists of 7 questions. Part B (Analyzing the symptoms- Physical, Psychological

and Social symptoms) consists of 14 questions. Lastly, Part C (Coping Strategies) consists of two parts of strategies which the woman adopts while they are in pain due to menopause symptoms. These consists of 9 of positive and 7 negative coping strategies.

3.4.2 Key Informant Interview

A Key Informant Interview is a qualitative in-depth interview. This format consists of a longer and more in-depth review of an event. It includes research of background material. This is followed by semi-structured where key informants are encouraged to provide honest feedback on their experiences. There are basically two key informants for the better understanding of this topic. First key informant is a gynecologist Ms. Pema Shah, working full time in Nagarik Hospital, Gathaghar, Bhaktapur. Researcher chose her because, most of the respondents visit her for their checkup. Second informant is Dr. Aruna Uprety, a public health expert and a nutritionist who was chosen to understand the natural way of understanding the menopause concept and its symptoms. Thematic analysis was used to interpret the findings of the key experts. Using four key themes and codes, description of the expert were analyzed.

3.4.3 Case Study

A case study is an appropriate research design when you want to gain concrete, contextual, in-depth knowledge about a specific real-world subject. It allows you to explore the key characteristics, meanings, and implications of the case. They keep the research focused and manageable when you don't have the time or resources to do large-scale research. (Yin (2009) p. 18) defines case study as an empirical inquiry which investigates a phenomenon in its real-life context. In a case study research, multiple methods of data collection are used, as it involves an in-depth study of a phenomenon. A case study is one of the most commonly used methodologies

of social research. This thesis attempts to look into the various dimensions of a case study research strategy, the different epistemological strands which determine the particular case study type and approach adopted in the field, discusses the factors which can enhance the effectiveness of a case study research, and the debate surrounding the role of a case study in generating theoretical propositions with broader applicability. The prime focus of this thesis is to engage the reader with the intention of stimulating them to contribute their own bit, in order to add greater novelty and freshness to the methodology of case study. Four case studies have been done among the respondents from aged 50-55 years, according to purposive sampling (selection on the occupation and life style) (in depth study)

3.5 Data Analysis Procedures

The data analysis process in this study consisted of three steps: the first addressed the secondary data while the second and third addressed the primary data presented in the research.

3.5.1 Quantitative Data Analysis

The responses from the questionnaire were coded onto a computer program called IBM Statistical Package for Social Sciences (SPSS) 25 as part of the first phase of data gathering and analysis for this study. The process of data coding was as follows:

- i. All the questions were coded as numeric variables, with exception of questions 1 and 4, which were coded as string variable.
- ii. In questions where the variable has a scale measurement, that is, age and the realization of entering into the phase of menopause, the percentile value was also calculated and represented in the analysis in the form of pie chart.
- iii. The Yes/No questions were coded as 0 for “Yes” and 1 for “No”.

- iv. The prevailing symptoms in woman (physical, psychological and social symptoms) were measured in the Likert scale, the data were coded as 0 meaning “Not at all”, 1 meaning “A little”, 2 meaning “Quite a bit” and 3 meaning “Extremely”.
- v. Another Likert scale 4 point was used to measure the coping strategies used by woman to uncover positive and negative strategies. The data were coded as 0 meaning “don’t do”, 1 meaning “do little bit”, 2 meaning “do more frequently” and 3 meaning “usually do”.

The data was analyzed using descriptive statistics. Firstly, the data were subjected to frequency counts i.e. the participants’ responses were added to find the number of times that particular response occurred. Some of the data were cross-tabulated to measure whether the results were different based on different variables. The responses were then coded, quantified and presented in the form of bar graphs and pie chart.

3.5.2 Qualitative Data Analysis

The second phase of the data collection consisted of a KII (Key Informant Interview) and Case Study. After the discussions, the researcher transcribed the recorded files into writing. The responses were reviewed, categorized and trimmed to investigate which of the responses were to be kept. The transcriptions of the KII and case study were then validated. The participants have been kept anonymous. Content analysis was used to draw the findings from this phase which is presented in verbatim form.

3.5.3 Document Analysis

The researcher used both primary and secondary methods of data collection. With the collection of secondary data, document analysis acted as the first method of data collection and analysis for this research. Furthermore, various sources were used to acquire the documents required from the overview pertaining to this research such as journal articles, theses, related books, web pages, documentaries, video reports, and demographic surveys. The text then was compiled and sorted in a thematic literature review.

3.6 Limitation of the study

The delimitation of the study as also known as boundary of study helps to determine specialization on issue and specification on data on the study. The study emphasizes on the health issues and coping of such symptoms of menopausal woman, that's why the study will not be able to explore out of thematic areas of study.

Second limitation concerns the researcher's own experience. As this was the first time that the researcher conducted an independent study with the tools used and, on this scale, it was imperative that the study would be met with restraints that stem from the researcher's knowledge and experience.

Most importantly, there was lack of available data that was required in the study. The limitation on sampling as small as the study is conducted to meet academic objectives only. That's why the results might not be fully beneficial to the planner to develop a program only based on explored results. And this report may not be able to provide clear insight for other audiences.

Further, male perception were not included in this study. Due to this, the understanding of male's perception about woman's health and menopause symptoms will not be known. Either it is a husband (a partner) or a son, or any male figure and their understanding and perception on

menopause and the symptoms seen in woman could not be tapped. Similarly, the study is being prepared to meet academic dissertation requirements. It is important for policymakers and communities to address these limitations and ensure that adequate support is provided to women for their well-being and quality of life.

3.7 Ethical Considerations

As the study is preparing to meet an academic requirement for a master's degree in social work (MSW), it applies various ethical values, principles of social work practice. Some important ethical concerns that should be taken are anonymity, confidentiality, informed consent, professional competence, and respect for people's right, dignity and diversity. Voluntary participation and principle of non-violence i.e. do not harm are also major ones. While preparing the dissertation all required ethical considerations will apply as much as possible.

Here are some ethical considerations that should be kept in mind during the research process:

Informed consent: Participants in the study must be fully informed of the study's purpose, procedures, and potential risks and benefits before they agree to participate.

Researchers should ensure that participants understand their rights and can freely decide whether to participate or not.

Confidentiality: Participants' confidentiality must be protected throughout the research process. Researchers should take appropriate measures to ensure that participants' identities and personal information are kept confidential.

Voluntary participation: Participants must be allowed to freely choose whether or not to participate in the study, without coercion or pressure.

Respect for diversity: Researchers should respect the cultural, linguistic, and other diversity of participants and ensure that the research design and methods are appropriate and respectful of the participants' cultural backgrounds.

Avoidance of harm: Researchers must ensure that participants are not exposed to physical or emotional harm during the research process. They should take steps to minimize any potential harm to participants.

Ethical approval: Researchers must obtain ethical approval from the relevant institutional or government ethics committee before conducting the research. This ensures that the research is in compliance with ethical guidelines and standards

Overall, ethical considerations are critical when conducting research for an MSW degree. Researchers must ensure that they are following ethical guidelines and principles, and that they are prioritizing the welfare and dignity of their participants throughout the research process. Here are some steps which are followed while completing the research that can be taken to ensure that ethical considerations are followed during the research process:

Obtaining informed consent: Before conducting any research, it is essential to obtain informed consent from participants. This involves explaining the purpose and nature of the research, potential risks and benefits, and their right to withdraw at any time.

Ensuring confidentiality: Participants' confidentiality must be protected throughout the research process. Researchers can take measures such as using pseudonyms, keeping data safe and secure, and ensuring that only authorized individuals have access to the data.

Prioritizing voluntary participation: Participants must be allowed to freely choose whether or not to participate in the study, without coercion or pressure. Researchers should avoid any activities that may influence participants to participate against their will.

Respecting diversity: Researchers should be sensitive to the cultural and linguistic diversity of the participants and ensure that the research design and methods are appropriate and respectful.

Avoiding harm: Researchers should take measures to minimize any potential harm to participants, such as ensuring that questions are not invasive or distressing.

Obtaining ethical approval: Researchers must obtain ethical approval from the relevant institutional or government ethics committee before conducting the research.

This ensures that the research is in compliance with ethical guidelines and standards.

Overall, following ethical considerations when conducting research on (topic) can ensure that the research is conducted in an ethical and responsible manner, prioritizing the welfare and dignity of the participants.

3.8 Time frame

The study was conducted in the year 2080. It took a week after the letter was submitted in ward office. After the permission was granted, it took 15 days for the data collection process (survey). The key informant interview respondents were already picked by researcher. Thus, she had mailed one respondent and another was through the meeting. The interview was conducted only after they were given letter and consent. The interview timing varied due to which it took 3 weeks for completion of the qualitative tools to use. In overall, the proposal was provided at 2079 Falgun first week and the proposal defense took place at the end of Chaitra 2079. The overall study and field visits took researcher around a month and half. Finally, the documentation as per the chapters consumed most of the time and all editing works took researcher another two months. Thus, whole thesis was completed in 4 and half months.

3.9 Scoring System

For understanding about health and perception on menopause

It was a self-administered questionnaire that was aimed to assess participant's perception on menopause and understanding about menopause. There are 10 Close ended questionnaire prepared for measuring respondents' understanding on health and concept of menopause.

For Menopausal Symptoms: In other to understand the severity of the symptoms present in the participants (GREENBLUM, C.M. (2010).) Every symptom that was checked to be present was scored according to the Likert Scale from "0-3". The symptoms were divided into three aspects: Physical Symptoms, Social Symptoms and Psychological Symptoms. The scoring of Likert Scale was done as "0" as "Not at all", "1" as "a little", "2" as "Quite a bit" and "3" as "Extremely". A big or substantial amount of something is implied by the phrase "quite a bit". "A little bit" denotes a tiny or insignificant quantity of anything. It implies that although the quantity or extent is not great, it is still present to some level. This was intended to assess woman's knowledge about menopausal symptoms and its prevalence in every woman.

For Coping Mechanisms

A menopause toolkit is a standardized sets of questionnaire or an overall informed version of menopause and its concept, which are published after testing and study. The toolkit used in my thesis was adapted from journal article published by University of Florida "Women in perimenopause and menopause: stress, coping and quality of life" (Greanblum, 2010). It was translated into Nepali languages to be easily answered by the studied women to assess how the studied women coping with menopause. It was used to measure the coping strategies. The "coping with menopause symptoms" questionnaire (4 points Likert-scale) (Appendix III): This

Under two subscales which contain: Positive coping strategies: It contains 11 items; such as occupy yourself to forget menopause and Consult women override menopause, etc. Negative coping strategies): It contains 8 items; such as Neglect menopause consequences and Feel fail as a woman, etc. (Ali, Ahmed & Smail, 2020). Likert scale 4 point was used to measure the coping strategies used by woman to uncover positive and negative strategies. The data were coded as 0 meaning “don’t do”, 1 meaning “do little bit”, 2 meaning “do more frequently” and 3 meaning “usually do”.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

Analysis of the Perception of Woman towards Menopause

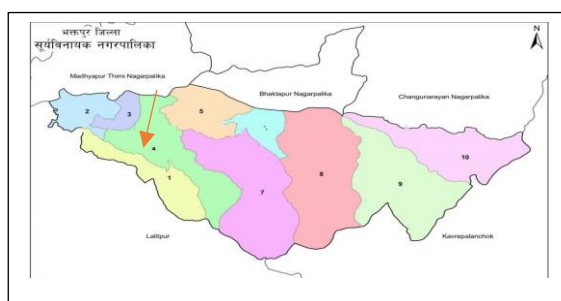
Research questions and objectives are the main base to the data collection process. The choosing of respondent till the analysis part of the topic is surrounded by the research questions. This chapter deals with the major findings of the participants' survey with an attempt to understand and answer the research questions. In order to complete the research, the researcher has done survey among 40-45 participants and conducted qualitative data analysis through key informant interview and discussion session. The demographic and other characteristics of the respondents are presented in table. In this analysis, data collected through questionnaire survey from respondents has been used.

Introduction of Site selection

The research was conducted in Suryabinayak Municipality, Ward no. 4, Dhadikot, Bhaktapur. With respect to the objectives of this research, it was important to link with woman aged 45-60, and after coordinating with the ward office and health clinic here, the location was selected. During a pilot study, the researcher visited two- three houses in this ward with the health workers of the ward. After weighting out the options on the basis of the requirements of the study, the site location was selected.

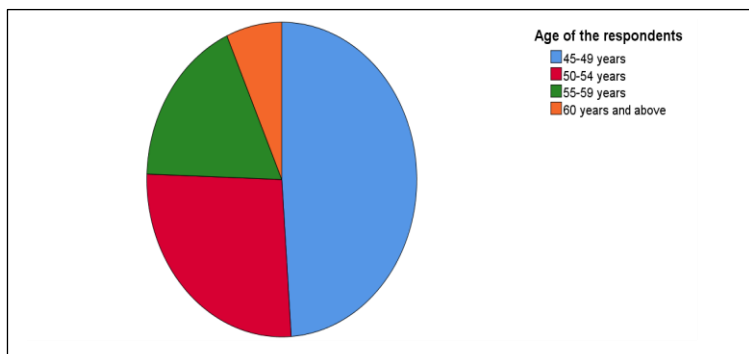
Source: Google Maps, 2023

Figure Map of Suryabinayak Municipality 4



4.1.1 Demographic Characteristics of the sample population

Age of the participants



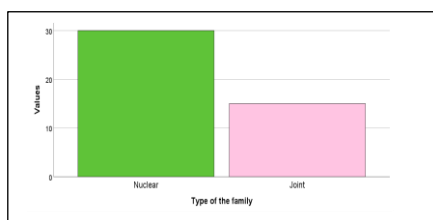
Source: Field Work, 2023

Figure: 4.1.1 Age of the respondents

The survey was conducted among 45 women from Suryabinayak Municipality ward 4. Since the survey was conducted among the woman aged 45-60 years of age. The pie chart shows the highest age group is 45-49 years, which are 22 in number. This population covers 48.9 percentage among total sample population. Least number of age group during data collection was found to be 60 years and above. The age group is 6.7 percentage, representing 3 persons.

4.2 Social Characteristics of the sample population

4.2.1 Family Characteristics



Source: Field Work, 2023

Figure 4.2.1 Family Characteristics

The above bar diagram represents the type of family of the respondents. The representations were either joint or nuclear family. Among 45 respondents, 30 of them belonged to nuclear type

of family, representing 66.7 percentage of the total sample population. Another type of family was joint family structure that represented 33.3 percentage of the respondent.

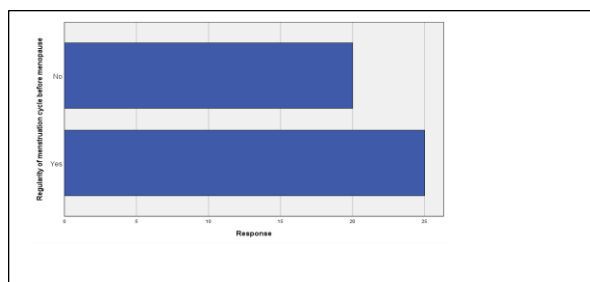
Basic information and Perception of Health Condition

There were three research questions in this thesis. My first research question was “How does menopausal woman perceive menopause?”

According to Collins Dictionary, the word “perception” is “the recognition of things using your senses, especially the sense of sight.” Perceived health refers to the perception of a person’s health in general, either by the person themselves or, in the case of proxy response, by the person responding. (Statistique Canada, 2009)

Uprety (2017) has explained menopause as a period of changes and for some women, it can be highly stressful. (Kathmandu Post, 2014) To understand about menopause and perception of woman on menopause, the following seven questions were asked through survey and case studies. The questions were related to basic information and perception on health condition.

4.3 Regularity of menstruation cycle before menopause



Source: Field Work, 2023

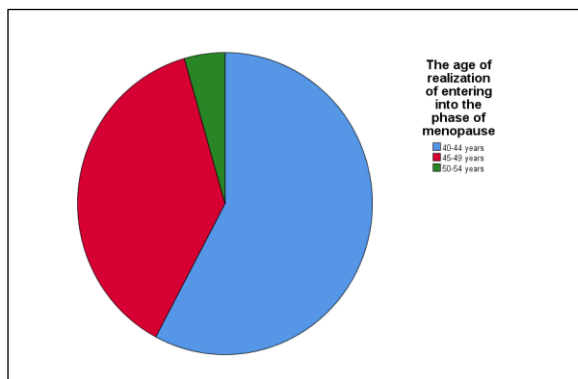
Fig 4.3 Regularity of menstruation cycle before menopause

The participants were asked about the regularity of menstruation before start of their menopause.

Majority of the population answered that they had their menstrual period on regular basis. 55.6

percent of the population explained they had regular mensuration. Whereas, 44.4 percent of the sample population answered not having a regular menstrual period.

4.4 The age of realization of entering into the phase of menopause

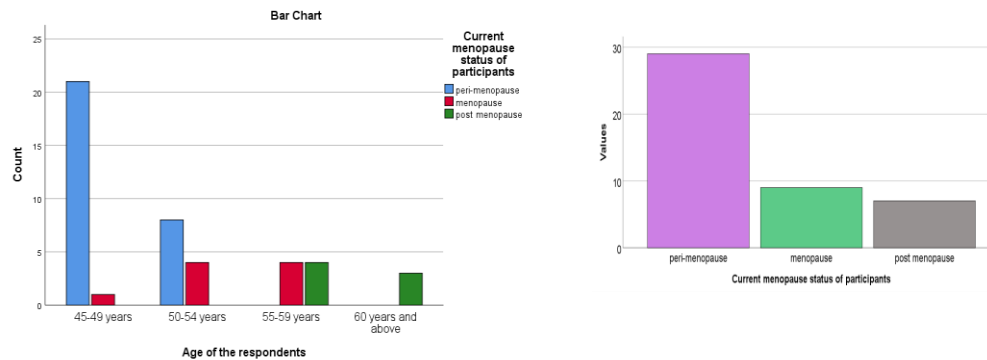


Source: Field Work, 2023

Figure 4.4 The age of realization of entering into the phase of menopause

The above pie chart represents the age when the respondent realized that they are entering into the phase of menopause. This question was very important in order to know if the participants had knowledge about their health. 40-44 age group had known about entering into the menopausal phase pre hand. Whereas, the 50-54 years of age group had not known about them before-hand about entering into this phase.

4.5 Current menopause status of participants

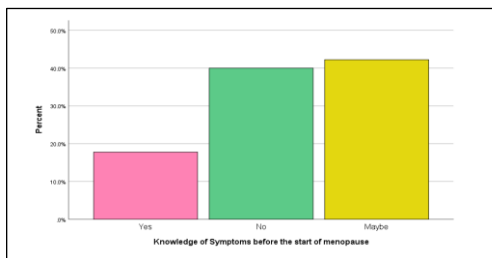


Source: Field Work, 2023 Figure 4.5 Current menopause status of participants and status of the menopause according to the age factor.

Among 45 of the respondents, 29 of them were in the peri-menopause phase. This phase was represented by 64.4 percentage. 9 of the respondents just reached the menopause phase. There were 20 percent of the respondents in this phase. Whereas, only 7 respondents represented post menopause.

Peri-menopause was seen high among the age group of 45-59 years old, while the post menopause was seen more in the age group of 60 years and above. The exact menopause among the woman was seen in the age group 55-59 years old.

4.6 Knowledge of Symptoms before the start of menopause



Source: Field Work, 2023

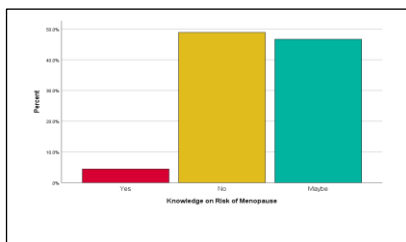
Figure 4.6 Understanding of symptoms before start of menopause

The participants were asked whether they had any knowledge about symptoms of menopause before they reached the menopause phase. A majority of the participants i.e. 42.2 % answered “Maybe” because they were unsure about if they knew about menopause or not, while only 17.8 % of the participants answered “Yes”.

The respondents who had answered “No” were 40% of the population. This shows

that woman who were from 45 age group also did not have any knowledge about the changes/symptoms they were facing/ about to face.

4.7 Understanding of risk of menopause before reaching the phase



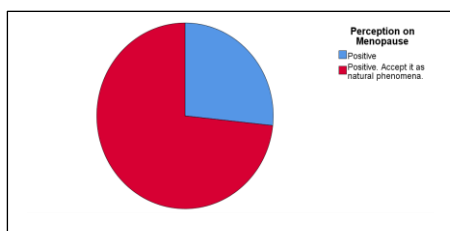
Source: Field Work, 2023

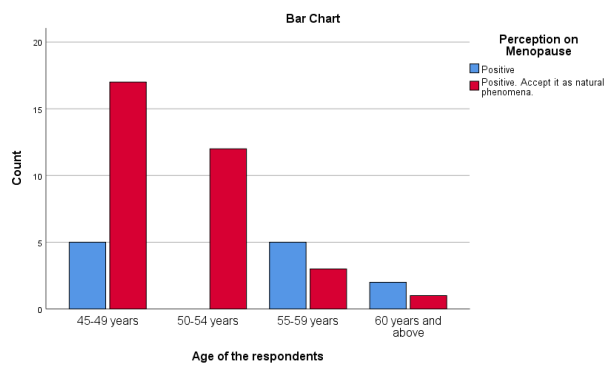
Figure 4.7 Understanding of risk of menopause before reaching the phase

The participants were asked whether they had any knowledge on the risk of menopause before they reached the menopause phase. The population who had full knowledge on risk of menopause were only 4.4%. Only 2 persons among 45 answered they had full knowledge about the risk of menopause before reaching the phase.

The population who was unsure if they know about risk or not had answered “Maybe” and this population represented 46.7% “I did not know if I had to see so many changes in my body, and more importantly I did not know it was because of the menopause.” This sentence of one of the respondents portrays the picture that the lack of awareness among the woman about the risk of menopause is very high.

4.8 Perception of menopause in your opinion





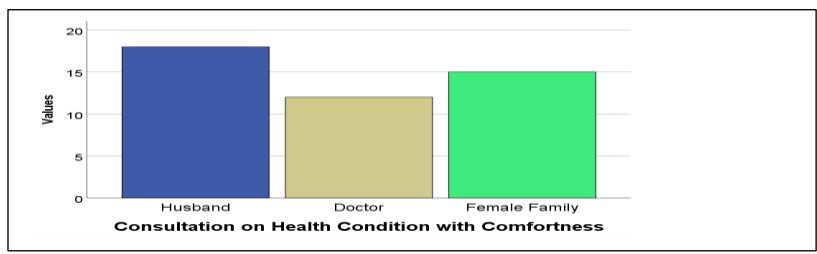
Source: Field Work, 2023

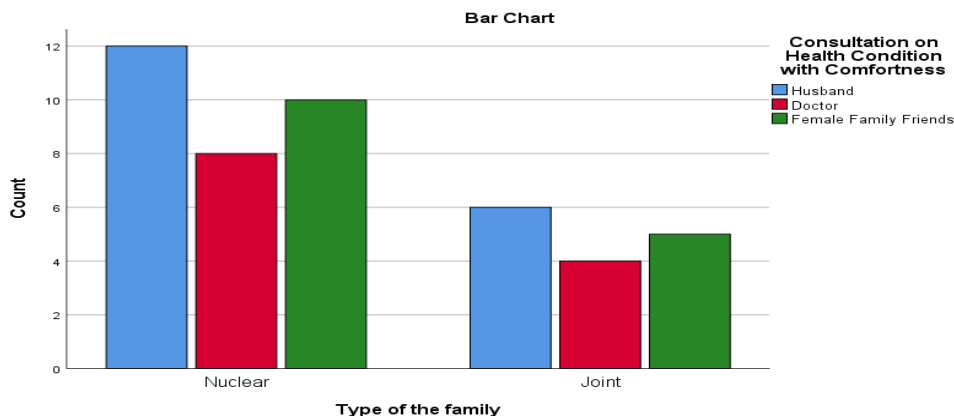
Figure 4.8 Perception of menopause in your opinion and the age wise perception of the menopause.

There were three options in analyzing the perception of menopause of the respondents. Three values were divided as Negative, Positive and positive- accept it as natural phenomena. 73.3% of the respondent answered as “Positive. Accept it as natural phenomena”, but a discomfort was seen while they were choosing this option. No one perceived or thought menopause as a negative process.

It was seen that all the age group had a positive attitude and perception about the menopause. But the group of the woman who also accepted the phase as a natural phenomenon were high in the age group 45-49 years and 50-54 years woman.

4.9 Consultation on health condition with comfort





Source: Field Work, 2023

Figure 4.9 Family wise Consultation on Health Condition with Comfort

The above bar graph represents the trusted person with whom respondent felt comfort to share about their health condition. 40% of the respondent preferred to consult with their husband about their health condition. 33.7% of respondent felt comfortable to share with their female family members. Only 12 of the respondents representing 26.7% consulted comfortably with doctors.

The second diagram shows the family type and the comfort woman had for consultation on health condition. Both the nuclear and joint family had more comfort to share with their husband. After husband, they preferred to share with female family members and less with the doctors.

Analysis of the symptoms of menopause

According to “Our Bodies, Ourselves”, hormonal changes during menopause affect all woman differently and each one of us needs to work out how best to manage these changes.

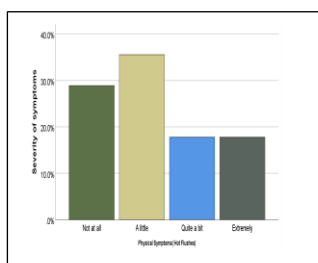
The second research question “What are the prevailing menopausal symptoms (physical, social and psychological) among the woman in their adulthood?” had the following findings.

According to the Hormone Health Network, estrogen is responsible for the physical changes that turn a girl into a woman during puberty, including development of body to the menstrual till

menopausal phase. Literature explains, in addition to estrogen, levels of other hormones produced by the ovaries—progesterone (another female hormone)—are also changing during your midlife years. The tools that were used here are the home visits done to fill a questionnaire formed. The symptoms and severity of symptoms were measured as the analyzing must be done in a perfect way. The 4 point Likert Scale was used to measure all the symptoms.

Physical Symptoms

4.10 Hot Flashes



Source: Field Work, 2023

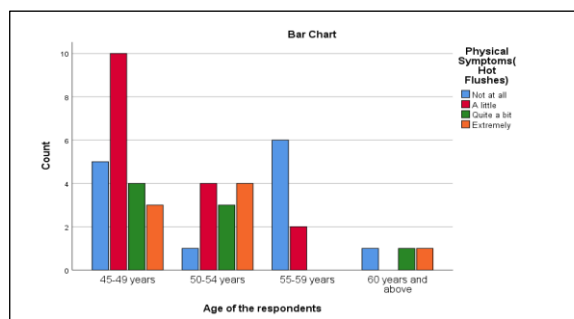


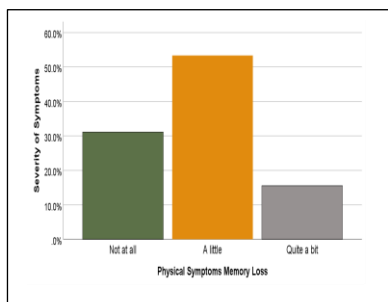
Figure 4.10 Physical Symptoms, Hot Flashes and Hot flushes as per the age group

The above bar graph demonstrates the frequency and severity of hot flashes as physical symptoms. Respondents were asked about the various symptom severity levels, which range from "not at all" to "extremely."

Extreme severity of hot flashes was seen among 8 respondents, which covered 17.8% of the total population. No symptoms of a hot flush were seen among the 13 respondents.

The second figure illustrates that the age group between 50-54 years old had extreme level of hot flashes as their symptoms. And the age group above 60 years did not have such symptoms of hot flushes.

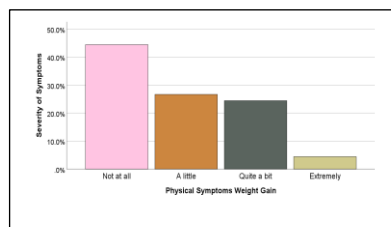
4.11 Memory Loss



Source: Field Work, 2023 Figure 4.11 Physical Symptoms, Memory Loss

The above bar graph demonstrates the frequency and severity of hot flushes as physical symptoms. Respondents were asked about the various symptom severity levels, which range from "not at all" to "extremely." A little severity of memory loss was seen among 24 respondents, which covered 53.3% of the total population. No symptoms of a memory loss were seen among 14 respondents. This can conclude that memory loss as a physical symptom is seen less as menopausal symptoms.

4.12 Weight Gain

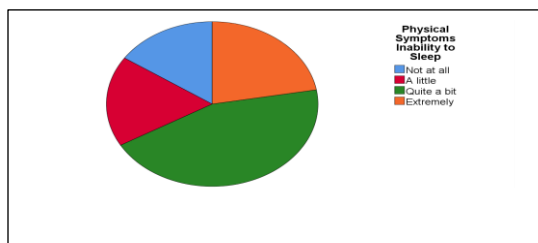


Source: Field Work, 2023 Figure 4.12 Physical Symptoms, Weight Gain

The above bar graph demonstrates the frequency and severity of weight gain as physical symptoms. 44.4% of all participants, reported experiencing no weight gain at this level. The answer of "Not at all" when asked if they had weight gain were 20 respondents. Twelve

participants—or 26.7% of the total—reported having weight gain symptoms that were "a little" severe. Only 2 respondents answered to have extreme weight gain during menopause phase.

4.13 Inability to Sleep

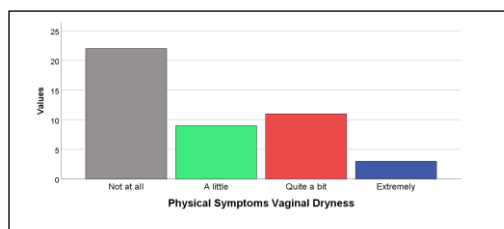


Source: Field Work, 2023 Figure 4.13 Physical Symptoms, Inability to Sleep

This table details the frequency and percentage of individuals who report various degrees of difficulty falling asleep as a physical symptom. 20 participants, or 44.4% of the total, reported facing quite a bit of the symptom of difficulty falling asleep. 10 participants—or 22.2% of the total—reported having difficulty falling or staying asleep at an "extremely" high level.

Seven people, or fifteen percent of those who participated, said that they had no such symptoms of insomnia during menopausal phase.

4.14 Vaginal Dryness

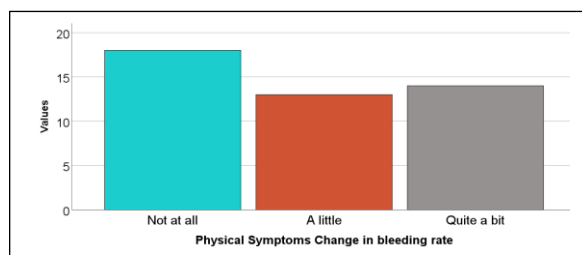


Source: Field Work, 2023

Figure 4.14 Physical Symptoms, Vaginal Dryness

The above bar graph represents the physical symptoms. Vaginal Dryness severity in extreme level is seen among 6.7% of the population. 48.9% of the population do not have this symptom at all.

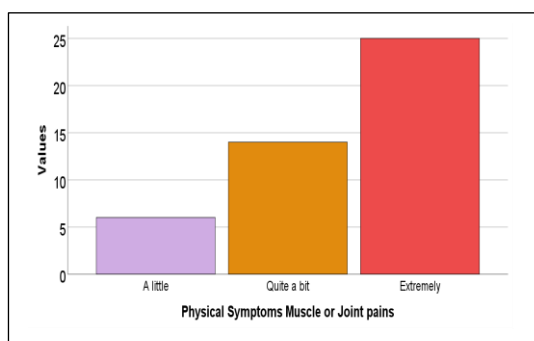
4.15 Change in bleeding rate



Source: Field Work, 2023 Figure 4.15 Physical Symptoms, Change in bleeding rate

The above bar graph represents changes in bleeding rate as a physical symptom. No extreme changes in bleeding rate were seen in any woman. Rather, 40% woman did not have this symptom at all. 28.9% had little changes in bleeding rate.

4.16 Muscle or Joint pains

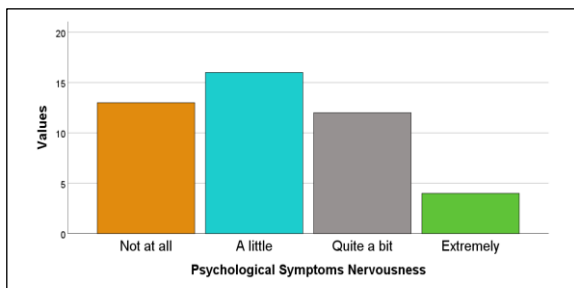


Source: Field Work, 2023 Figure 4.16 Physical Symptoms, Muscle or Joint Pains

The above bar graph represents the symptoms seen in woman during menopause phase. This symptom includes muscle or joint pain. Extreme severity of muscle pain was seen among 55.6% of the respondent. Quite a bit symptom was seen among 14 respondents.

Psychological Symptoms

4.17 Nervousness

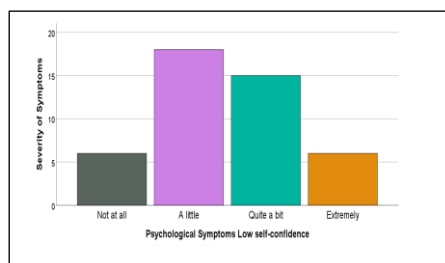


Source: Field Work, 2023 Figure 4.17 Psychological Symptoms, Nervousness

The categories ("Not at all," "A little," "Quite a bit," and "Extremely") are commonly represented by the horizontal axis in a bar graph, while the frequency or % values are represented by the vertical axis. A bar with a length corresponding to the frequency or percent value would be presented for each category.

28.9% represent the population who answered that they do not have nervousness as a psychological symptom. 36.6% answered that they have a little symptom seen among them. 12 of the respondents have quite a bit nervousness symptoms seen among them.

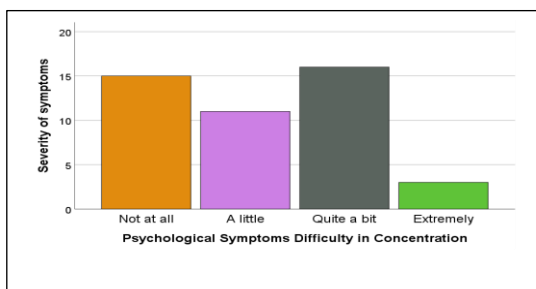
4.18 Low self-confidence



Source: Field Work, 2023 Figure 4.18 Psychological Symptoms, Low self-confidence

The above bar graph represents the psychological symptoms. 13.3% of the population did not feel that they had low self-confidence. 40% of the population felt that they had little symptoms seen in this age.

4.19 Difficulty in Concentration

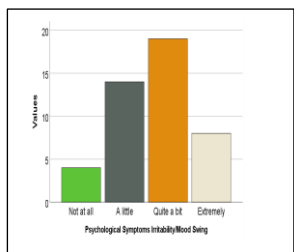


Source: Field Work, 2023

Figure 4.19 Psychological Symptoms, Difficulty in Concentration

The above bar diagram represents difficulty in concentration as a psychological symptom of menopausal woman. 3 respondents had this symptom on extreme level, while 15 respondents did not have any difficulty in concentration. While 11 respondents had few issues because of difficulty in concentration.

4.20 Irritability/Mood Swing

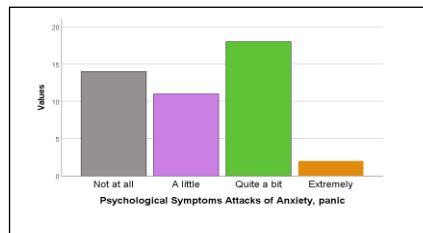


Source: Field Work, 2023 Figure 4.20 Psychological Symptoms, Irritability/ Mood Swing

Irritability and Mood Swing is one of the psychological symptoms seen among the woman facing menopausal woman. Only 8.9% of the population did not have this symptom. While other

respondent had mood swing for a little time. 8 respondents tend to have extreme severity of this psychological symptom.

4.21 Attacks of Anxiety, panic



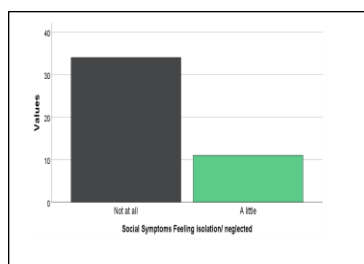
Source: Field Work, 2023

Figure 4.21 Psychological Symptoms, Attacks of Anxiety, Panic

The above symptoms represent the psychological symptoms in menopause cycle. Woman face attacks of anxiety, mostly panic in majority cases according to the research. But it was totally different in the field. 14 respondents did not agree on having this symptom, while only 2 respondents answered on having extreme severity of this symptom.

Social Symptoms

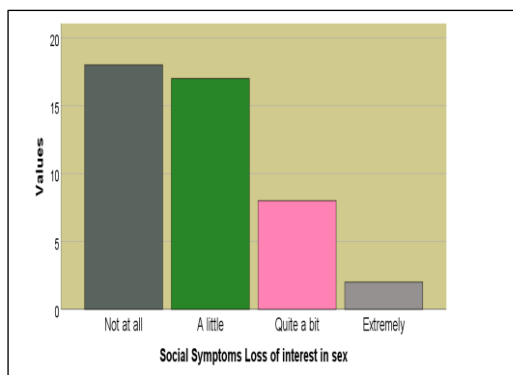
4.22 Feeling isolation/ neglected



Source: Field Work, 2023 Figure 4.22 Social Symptoms, feeling isolated/neglected

The above bar graph represents the social symptoms of feeling isolated or neglected during this phase. 34 respondents answered that they do not feel this way ever. While, only 11 of the respondents explained that they felt isolated/ neglected little bit.

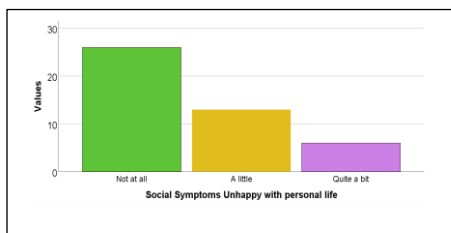
4.23 Loss of interest in sex



Source: Field Work, 2023 Figure 4.23 Social Symptoms, Loss of interest in sex

The above bar graph represents another social symptom of menopause. Loss of interest in sex according to the data in field shows that 17 of the respondents agreed on having this symptom a little bit. Whereas only 2 of the respondents answered facing this symptom extremely.

4.24 Unhappy with personal life



Source: Field Work, 2023

Figure 4.24 Social Symptoms, Unhappy with personal life

The bar diagram represents one of the social symptoms. 57.8 % answered that they are happy with their personal life, and no such problems have aroused because of menopausal changes in them. Whereas, 28.9% claimed that a little problem is seen in their personal life.

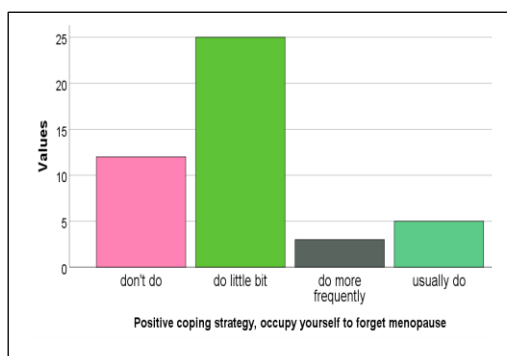
Analysis of the coping strategies adopted

The collected data was linked with the symptoms and severity of the symptoms while now it was related to exploring the coping mechanisms of the respondent. Third research question was “How do they cope the situation in their social context?”

Literature says that the word “coping” means “the fact of dealing successfully with difficult Situation.” “Coping Mechanisms” meaning “an adaptation to environmental stress that is based on conscious or unconscious choice and that enhances control over behavior or gives psychological comfort.”

Two coping mechanisms was found to be used by the people. Negative coping which is maladaptive way of coping and adaptive way meaning the positive ways of coping was seen. The third research questions and its findings are shown as below in graphs.

4.25 Positive coping strategy, occupy yourself to forget menopause

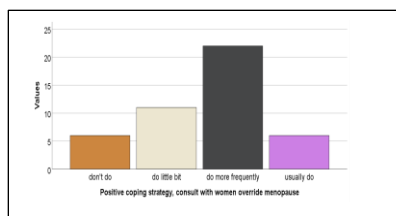


Source: Field Work, 2023

Figure 4.25 Positive Coping Strategy, occupy yourself to forget menopause

The above bar graph represents the positive coping strategy, where woman occupy themselves in other activities in order to forget menopause. 12 respondents do not adopt this coping strategy, but 25 respondents occupy themselves little bit in some work to forget about menopause.

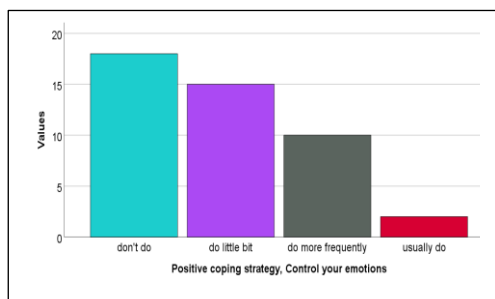
4.26 Positive coping strategy, consult with women override menopause



Source: Field Work, 2023 Figure 4.26 Positive coping strategy, consult with women override menopause

The above bar graph represents the positive coping strategy, where woman prefer to consult with woman who have already passed through menopause phase. 48.9% which is 22 respondents discuss about their health condition and symptoms frequently with the woman who have passed through menopause. Whereas, 6 respondents do not consult with the other woman.

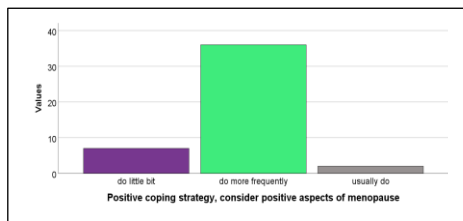
4.27 Positive coping strategy, Control your emotions



Source: Field Work, 2023 Figure 4.27 Positive Coping Strategy, Control your emotions

The above bar graph represents the positive coping strategy, where the woman controls their emotions. This adaptive coping strategy explains the woman ways of controlling emotions, when irritating and mood swings symptoms are seen. 18 of the respondents do not know try to control their emotions, whereas 10 respondents adopted this coping frequently.

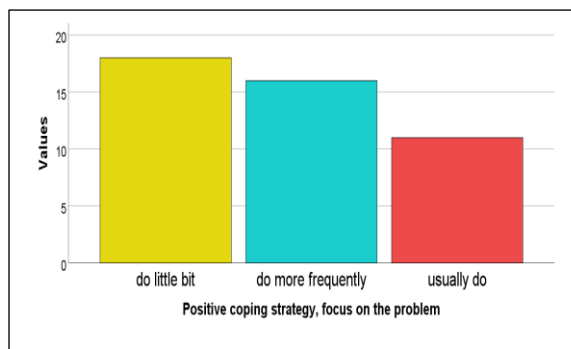
4.28 Positive coping strategy, consider positive aspects of menopause



Source: Field Work, 2023 Figure 4.28 Positive coping strategy, consider positive aspects of menopause

The above bar graph represents the positive coping strategy by considering the positive aspects of menopause. 36 of the respondents frequently adopt this coping strategy, and no one responded to not adopt this strategy. Here, the woman tends to understand that menopause is a natural phase, and going through this is good for development and growth in human body.

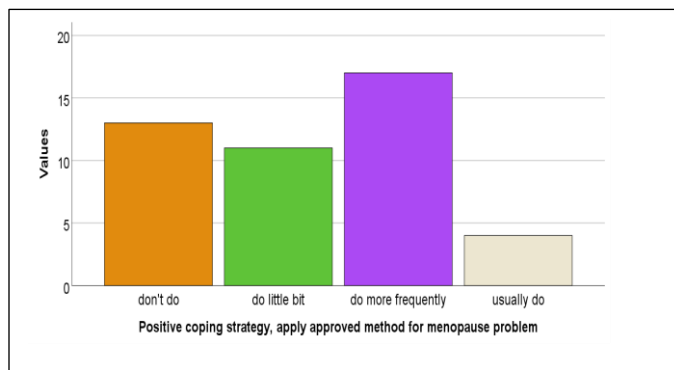
4.29 Positive coping strategy, focus on the problem



Source: Field Work, 2023 Figure 4.29 Positive Coping Strategy, focus on the problem

The above bar graph represents positive coping strategy, focusing on the problem that resulted from menopausal symptoms. This coping strategy was used by most of the woman. 35.6% of the woman focus on the problem frequently. While answering the question, adopting this coping had brought them smile.

4.30 Positive coping strategy, apply approved method for menopause problem

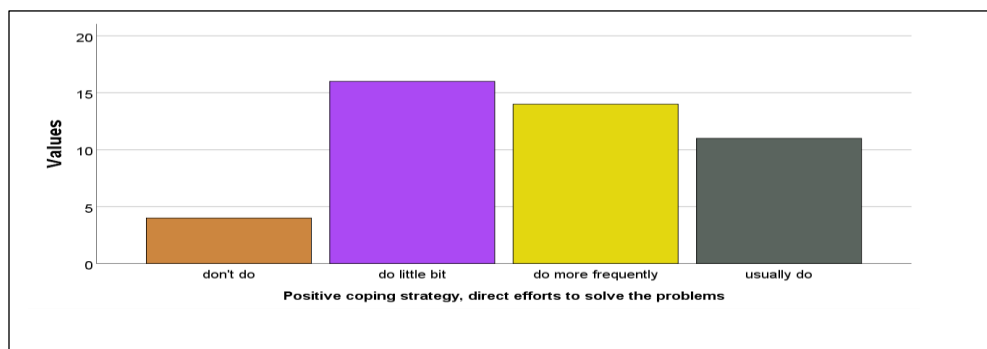


Source: Field Work, 2023

Figure 4.30 Positive Coping Strategy, apply approved method for menopause problem

The above bar diagram represents the positive coping strategy where woman apply approved method for menopause problem. 37% of the respondents adopt this method more frequently.

4.31 Positive coping strategy, direct efforts to solve the problems

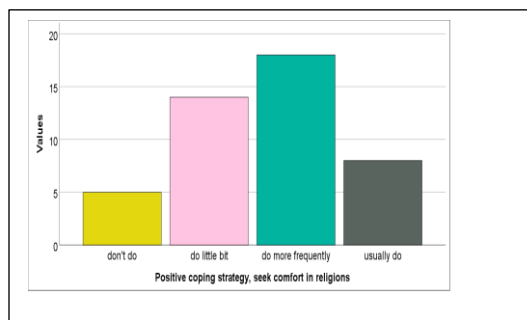


Source: Field Work, 2023

Figure 4.31 Positive Coping Strategy, direct efforts to solve the problems

The bar graph shows that, for coping strategy 31.1% of woman tend to put direct efforts to solve their prevailing symptoms. And only 8% do not adopt this coping strategy.

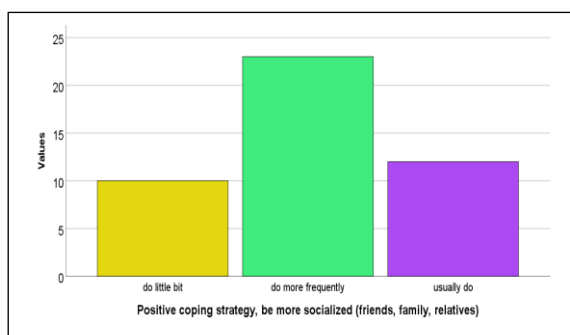
4.32 Positive coping strategy, seek comfort in religions



Source: Field Work, 2023 Figure 4.32 Positive Coping Strategy, Seek comfort in religion

The above bar graph explains the positive coping strategy where woman seek comfort in religion to distract from the menopausal symptoms and its consequences they face. 40% of the woman were found to seek comfort in religion frequently. Only 11% do not seek comfort in religion.

4.33 Positive coping strategy, be more socialized (friends, family, relatives)



Source: Field Work, 2023 Figure 4.33 Positive Coping Strategy, be more socialized (family, friends, relatives)

The above bar graph represents the woman coping with the symptoms of menopause by socializing with the friends, family and relatives. 51.1% of the woman adopt this coping more frequently. No one disagreed on adopting this coping strategy.

Findings of Positive Coping Strategy

The participants stated that in the face of these recent changes, they were trying to overcome the problems, and the efforts made by them were somewhat effective.

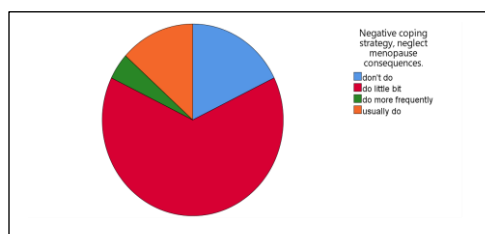
Trying to overcome problems: Most of the participants stated that they were trying to overcome the problems faced by them:

“I have to talk with someone to help me control myself so that I do not worry my husband and children. I want them to know that I can cope with this stage as I did with many other events.”

Effective efforts: Most of the participants stated that they were trying to reduce the problems by engaging in activities and hobbies such as exercising, going out with friends, shopping, etc., or reduce the problems by seeing a consultant and doctor and following the recommendations provided by them. Accordingly, they succeeded in reducing the problems to some extent by doing such activities.

Furthermore, women in the menopausal cycle need their husbands to understand them, and they need knowledge and also someone who can answer their questions. Besides, they need friends who have experienced a similar situation to empathize with them. An important point revealed in the present study is the role of peers and the need for women to consult and sympathize with women who are experiencing menopausal symptoms themselves, which has not been addressed in most studies. Considering the role of peers, effective strategies can be adopted to reduce the problems of women in this period.

4.34 Negative coping strategy, neglect menopause consequences.

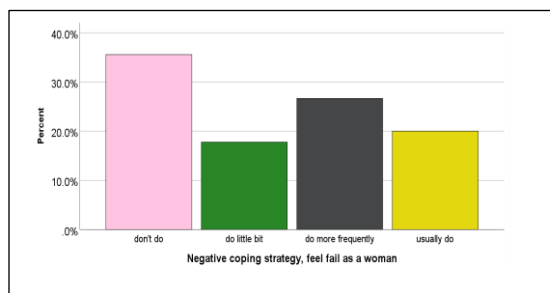


Source: Field Work, 2023 Figure 4.34 Negative

Coping Strategy, neglect menopause consequences.

The above pie chart represents the negative coping strategy where woman neglect the menopause consequences. While respondents were asked if they adopt this strategy, 64.4% explains that they adopt this strategy little bit.

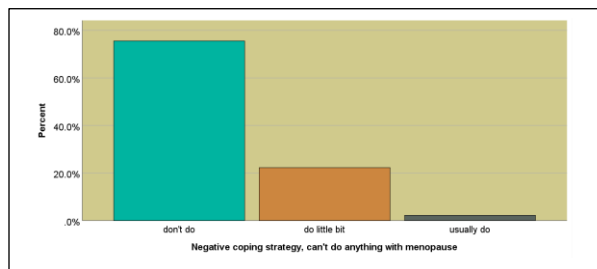
4.35 Negative coping strategy, feel fail as a woman



Source: Field Work, 2023 Figure 4.35 Negative Coping Strategy, feel fail as a woman

The above bar diagram portrays that 35.6% do not feel as a failure being a woman. But comparatively, 26.75% woman also tend to feel failure as a woman.

4.36 Negative coping strategy, can't do anything with menopause

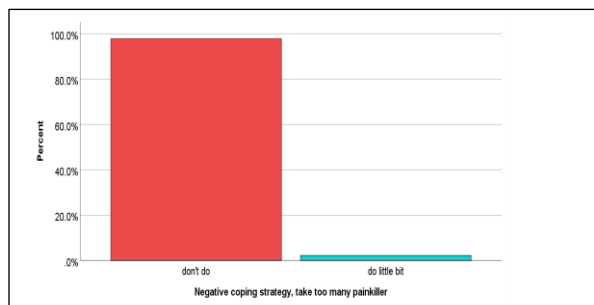


Source: Field Work, 2023

Figure 4.36 Negative Coping Strategy, can't do anything with menopause

This bar graph explains that 75.6% of the woman accepted that they do not adopt this coping strategy. And this is a positive thing for the respondents.

4.37 Negative coping strategy, take too many painkiller

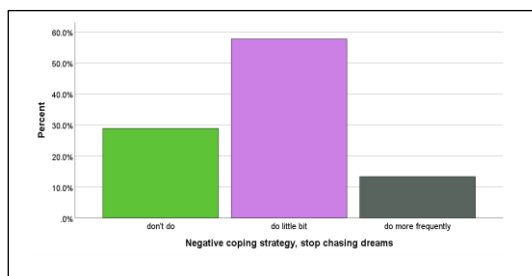


Source: Field Work, 2023

Figure 4.37 Negative Coping Strategy, take too many painkillers.

The above bar graph shows that 44 of the women do not take pain killers in order to cope with the menopausal symptoms. Only 1 of the respondents which is 2.2% of the population take pain killer, which is a negative coping strategy

4.38 Negative coping strategy, stop chasing dreams

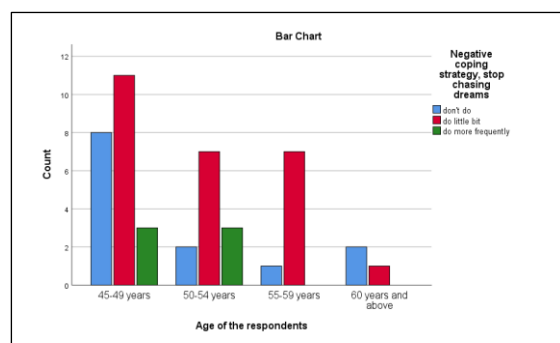
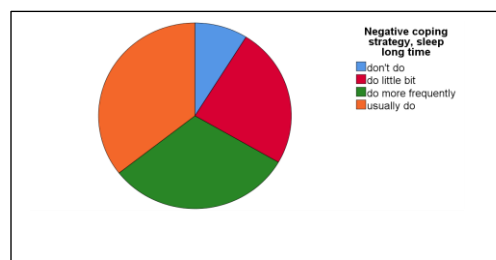


Source: Field Work, 2023

Figure 4.38 Negative Coping Strategy, Stop Chasing Dreams

The above bar diagram represents that 13.3% of the woman have stopped chasing dreams when they have started the phase of menopause. 57.8% of the women sometimes stop chasing dreams.

4.39 Negative coping strategy, sleep long time



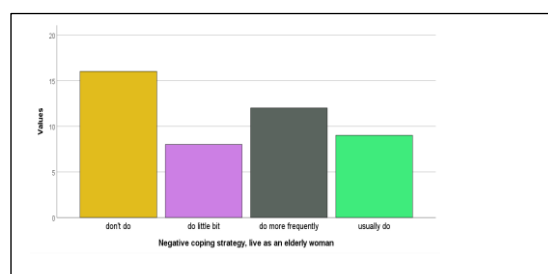
Source: Field Work, 2023

Figure 4.39 Negative Coping Strategy, Sleep long time as per the age.

The pie chart shown above explains that 35.6% of the woman usually sleep long time to cope with the prevailing symptoms. Only 4% of the women do not apply sleeping as a coping strategy.

It is shown by the two variables data that the age between 45-49 years old have adopted this strategy more than other groups. And age group above 60 years old, adopted this coping less.

4.40 Negative coping strategy, live as an elderly woman



Source: Field Work, 2023

Figure 4.40 Negative Coping Strategy, live as an elderly woman

The above bar graph shows that 35.6% of the woman do not feel as an elderly woman.

Overall findings of negative coping

The analysis of the participants' experiences indicated negative behavioral and mood reactions that were caused by the changes in them. Affecting their relationships with their husbands and children. *Negative mood/behavioral reactions:* Most participants reported behavioral changes, including bad-temperedness, most of which were due to physical changes in themselves. They stated that they experienced changes such as irritability, anger, aggression, low mood, discomfort, mental conflict, and apathy. For some, feeling that they have now no life left, that they have aged and no energy left. "I feel inadequate and less energetic. I give hope to myself that these will be temporary and over and I will feel well again. This situation will end for better or worse." Says a participant in the session.

Overall findings after data collection

The analysis of the participants' experiences suggested that women face fear and hope together. The women showed concern about the persistence or exacerbation of menopausal symptoms and on the other hand hope for improvement of symptoms. Women who have just started experiencing and are gradually undergoing menopausal symptoms and changes are worried about the future and persistence of their symptoms, and those whose symptoms have diminished are hoping for improvement. Women think of menopause as a sign of loss of youth, and vitality, and as an indicator of the end of life and the beginning of old age and disability, and this causes sadness and fear in them. Actually, they fear aging and disability, not menopause. Hakimi et al. (2014) suggested that women who have recently reached menopause have concerns in four areas: isolation, health, aging, and disability.

Accordingly, it can be argued that women's experiences in the transition to menopause are different from their experiences during menopause, thus, their concerns and issues in these

two periods need to be addressed separately. Following the problems and the changes that women experience during peri-menopause, women seek solutions to manage the existing situation. Most of the participants stated that they saw a doctor and counselor to solve the problems upon the advice of their husband and children. During menopause, women adopt coping strategies to enhance their physical and emotional health. The present study explored the experiences of women during the transition to menopause, while most studies have examined women in the postmenopausal or menopausal period.

Key Informant Interview

Thematic Analysis was used to interpret the key findings of the expert talk.

| Theme | Codes | Description |
|---|---|---|
| 1. Treatment of Menopausal Symptoms | <ul style="list-style-type: none"> • Medicines • Nutrition/healthy living | <ul style="list-style-type: none"> • Gynecologist said that medicine can cure all the symptoms of menopause. • Public health expert focused with the fact that intake of nutritious diet and healthy living can treat symptoms of menopause easily. |
| 2. Prevailing Symptoms of menopause | <ul style="list-style-type: none"> • Geography variation | <ul style="list-style-type: none"> • Both agreed that the prevailing symptoms varies due to geography (Eastern and western countries.) |
| 3. Comfort to share with closed ones | <ul style="list-style-type: none"> • Husband • Female family | <ul style="list-style-type: none"> • People who come to hospital come with their husband and some with female family members. |
| 4. Suggestions for the awareness on menopause to general public | <ul style="list-style-type: none"> • Government | <ul style="list-style-type: none"> • Both expert claimed that with governmental policy towards menopause woman can enlighten woman about this topic. |

Case Study

Creswell defines case study as “an in-depth exploration of a bounded system (e.g., an activity, event, process, or individuals) based on extensive data collection”(p.485.)

The second phase of my data analysis is case study. As per the data collected, the age group (50-55) had not matched the universal symptoms seen in the age group of population. Thus, to be more than clear and find the accurate data, the researcher decided to analyze the age group and their symptoms by case study.

Case I (51 years old) (Works at a cooperative, Suryabinayak, Ward 5)

Sanu maya (not her real name) was a respondent who participated in the survey process of the researcher. Sanu maya, aged 51, had a history of menarche at 16 with regular menses. Her last menstrual period was nine months earlier after two years of fewer and lighter periods. She had six months of hot flushes that she considered to be severe- affecting her sleep, exercise and workplace. She had mood and libido issues with a menopause symptom. She lately has all of the psychological symptoms and is harming in her social life as well.

She had a family and personal history of high cholesterol. Sanu maya has never smoked and exercises every day but less lately due to overheating. Sanu maya works as an employee in cooperative and is concerned that her tiredness and irritability of late will impact on her job. She says, “My lack of energy has led me to believe that I am no longer youthful. I attribute my impatience to becoming older. I feel old enough, I believe. I have to give myself a brief massage in the morning to calm my body. I had never felt this way before. About five or six months ago, I first noticed this sensation. It wasn't really intense at first, but it steadily got worse.” I am no

interest for now, to focus on these symptoms. Rather I take pain killer and sleep and talk to my children sometimes.

Case II (50 years old) (Working mother in NGO, Mahila Sasaktikarad)

Sunita (pseudo-name) is 50 years of age and presents with hot flushes around the menstrual period. I have no medical problems and I am a non-smoker. It has been 27 years that I have married. My menstrual cycle was previously irregular. After some medication for irregular symptoms. This cycle is becoming erratic. Somehow, my body becomes warm. Then my skin starts to get a little drier. I am pretty worn out. In comparison to recent years, I have far less energy. I'm feeling elderly and my knees hurt. I think I am in my peri-menopause phase, because the bleeding has not stopped, and I just had my periods before 2 months. And you know, while working I do not face any problem, or might be because I am working, but the muscle and joint pain always troubles me. I usually drink hot water and also carry hot water bag in my bag because of this pain.

I have friends here at work, but are younger than me, due to this I am not able to share about my pain with them. At home, we hardly have time to discuss. But I talk to my mother about this. I have the same symptoms as my mother had when she was in this phase. I think this is heredity as well. If you are asking about coping, I have started learning yoga online in my morning time. I do not know if this will help. Talking with my friends in yoga classes have made me realize, other menopausal woman are facing more severe symptoms than mine. And I know I should not compare the symptoms, but it is very important to understand them and how they are handling the same stage as mine. I mostly feel weak, but I do have a social network that motivates me indirectly.

Case III (54 years old) (Housewife)

Bleeding rate was high and sometimes no bleeding, and this went for about 4 years. Bodily joint pain, tiredness all day and irritation were high around peri-menopause. I was aware about these symptoms as I went for the check up every 3 months. Only when medicines were taken, this bleeding rate would stop, but the medicine would have side effects. Thus, could not eat, and when stopped taking medicine, again the bleeding would start in a double rate. I used house-made clothes, and cleaning this would be such a time-consuming thing.

Bodily pain was high. I had to get support in household chores. The tiredness would never stop. The loss of blood every day for a year build irritation in me. I did not feel free to consult it with my husband, thus went to hospital. I have very bad social life right now. I could not take proper decision. If I had to start over any new things, I would not have any clue on doing things.

During the family functions, I could not travel, because of heavy bleeding and joint pains. In 1st year of peri-menopause, I could not wake up for about 4 days, due to frequent pain. And these symptoms, when consulted to the doctor, he suggested her to be careful around post menopause period as well. Because I had to take bed rest for very long and might also need after this has stopped. I have always felt frustrated and most of the people could not understand what I would talk about. I think, a proper system is needed in our country, where I can consult freely on any time, with a specialized person.

Because there is no one to talk to, I am not able to cope with my symptoms in a healthy way. And I am still confused on how I should cope with the feelings and irritation.

Case IV (55 years old) (also a grandmother of 2, works as a farmer and a house wife)

Ramita (pseudo name) is in her post-menopausal phase. Even after the menopause has ended, my problems are not ending. I heard people talking that all these would end. But I feel bored and tired.

I feel depressed, sometimes aggressive and restless at home. The children also complain a little about the way I behave nowadays. It is a different feeling for me as well. I think I would like to have a few friends like myself to consult and sympathize with them. I like to spend time with them and talk to them easily about the problems and this common pain; think and sympathize about it together. I need more information and must see a doctor who can answer all my questions and help me not grow old or these things happen later. I need advice and information so that I can undergo this period more easily and without further injury to my body.

I understand that menopause is not what we can ignore, but my symptoms irritate me, I cannot sleep all night and because of this I feel tired every moment. My cycle of menstruation was very regular, but before three years, all these new things are happening. The irregular bleeding made me really hard when I went to field. I had to change my pads time and again, and when I come home, I do not want to think about working again. I think of not thinking much about these symptoms, and prefer to work in the field.

Whenever my grandchildren are around me, I feel that I am responsible for them and forget about my symptoms even though it is effecting me. But, nonetheless, the trouble does not stop. Sometimes I feel, only through distracting and working in my fields, I am able to cope with the things happening around me. But, now it is completely fine with the symptoms, just other ageing issues has arose. Such as forgetting a lot, pain in the muscles, but not like that used to happen during menopausal phase.

Conclusion from KII and Case Study Findings

Both of the expert informant had their understanding shared with the researcher. Both explained that there were very less research done in this field, due to which any valid facts related to Nepalese woman and their symptoms cannot be traced. While they were answering my questions, they were able to give general understanding and not a specified one. But their understanding was a great findings for my research. My research topic which were related to symptoms of woman regarding menopause and their coping strategies were much clearly explained by the informant.

As working in the field of woman and their health, Dr. Prema was very specific in making me understand why all the symptoms were seen among woman in this age, and how with medication it can relief the pain. And Dr. Aruna mam focused on adopting the hygienic and natural way of living a healthy life.

Majority of the women in the study did not know about menopausal health problems. The women had little knowledge on the menopausal symptoms; and abnormal bleeding, sweating, hot flushes, joint/muscle pain were the most common menopausal symptoms. The study showed that only about one third of the women sought medical help. Researchers, policy makers, academicians, civil society and other concerned authorities can use this study as the baseline data for further steps ahead. However, more researches need to be done in this area with nationally representative samples.

The participants stated that in the face of these recent changes, they were trying to overcome the problems, and the efforts made by them were somewhat effective. Most of the

participants stated that they were trying to overcome the problems faced by them. Choosing effective efforts to cope with the symptoms was very high among the respondents.

The case study was done among 4 varied occupation among the same age group of women. It was found that, the ones who tend to work outside of their homes are more likely to feel less symptoms, because of the work pressure.

It can be seen that the respondent also felt a knowledgeable session when the data collection was done, and even the researcher got a great platform to understand the sensitive topic of health. Thus, the perception of woman in this phase still lacks awareness of the symptoms. But have accepted them as a natural phenomenon.

CHAPTER V

CONCLUSION, SOCIAL WORK INTERVENTION AND RECOMMENDATION

5.1 Conclusion

Menopause as being a natural phenomenon, still is taken as a taboo, and not accepted in daily life. Because it happens at the ages between 40-45, it was found that, woman is not responsible enough to take care of their own, rather they focus their whole day for their children and family. The average age of menopause was 48.7 years (Mayo Clinic, 2017). Majority of the women in the study did not know about menopausal health problems. The women had little knowledge on the menopausal symptoms; and abnormal bleeding, sweating, hot flushes, joint/muscle pain were the most common menopausal symptoms. The study showed that only about one third of the women sought medical help. Researchers, policy makers, academicians, civil society and other concerned authorities can use this study as the baseline data for further steps ahead. However, more researches need to be done in this area with nationally representative samples.

While I was in the field, I found that during this period, women experience problems in social life, especially in terms of family relationships, and relationships with their husband and children. During menopause, sexual incompatibility occurs between couples. Women who experience menopause are more vulnerable to marital problems. Satisfaction with the husband and children affects the menopausal symptoms. Thus, the present study showed that the behavior of the husband and children is a reflection of the behavioral changes in the woman during premenopausal period. If the husband and children are familiar with the psychological changes of women during the transition to menopause and provide the necessary support, the mutual

satisfaction of the women can help reduce menopausal symptoms and improve the experience of women during this period.

This research had three objectives, each of which has been addressed in the previous chapters. The first objective was to assess the Perception of menopause and health condition among the respondents. Women who have just begun to experience menopausal symptoms and changes and are going through them, gradually are concerned about the future and the persistence of their difficulties, while others whose symptoms have lessened are hoping for improvement. Women experience grief and dread because they perceive menopause as a sign of losing youth and vigor, as well as a sign of the end of life and the onset of old age and infirmity. Respondent (73.3%) answered menopause as a “Positive process in their life, and accepting it as a natural phenomenon is another way to adopt in the situation. No one perceived or thought menopause as a negative process. The perception of menopause was also assessed by asking the respondents about the comfort they had with their husband and family members to talk about their health condition. 40% of the woman, which is the highest, felt more comfortable around their husband, to talk about their health situation during menopause.

Second Objective was to analyze the prevailing symptoms among the woman and the severity of the symptoms were assessed through Likert scale. The results of the study showed that the participants' peri-menopause experiences were defined by gradual exposure to new modifications that were happening for unknown causes. Everyone who participated in the study reported feeling different things, such as menopausal changes, skin changes, sweating and hot flashes, body aches, a lack of energy, sleep issues, irritability, forgetfulness, sorrow, a lower libido, and decreased sexual engagement. Among the Physical Symptoms, three of the symptoms were very high. They were hot flushes, muscle and joint pains inability to sleep. Among the

Psychological symptoms, irritability, low self-confidence and attacks of anxiety and panic was very high. The exact effect of estrogen and progesterone loss on the brain is not well understood. It's believed that estrogen may help the neurotransmitter systems that send signals in brain areas involved in memory and information processing. Many researchers also think that estrogen promotes the growth and survival of neurons, the cells that send electrical impulses. These impulses serve as messages that are crucial for making your brain and nervous system work properly. (Healthline, 2012)

The third symptom analyzed among the respondent was social symptoms. It was found that only one symptom was high, lacking of interest in sex. While analyzing the symptoms through case study and key informant interview, it was discovered that the universal findings on symptoms and its research is totally true in my country as well. Because, most of the symptoms in each age group was quite similar in Nepal as well.

5.1.2 Use of Coping Strategy

Third objective was to illustrate the coping strategies of the woman. Coping is generalized ways of reacting to a stressor; it is the process of executing a response to the appraisal of a stressor. There is generalized agreement in the literature that while coping is complex and variable, there are broad ways of relating to stressors (Lazarus & Folkman, 1984). Coping strategies can be categorized broadly as emotion focused or problem focused (Wenzel, Glanz, & Lerman, 2002). While the literature generally reports that problem focused coping tends to be associated with better outcomes (Carver, Scheier, & Weintraub, 1989) there are no published studies on the effects of coping strategies on quality of life in perimenopausal and menopausal women. Lazarus and Folkman (1984) theorize that “no strategy should be

considered inherently better or worse than any other; judgments as to the adaptiveness of a strategy must be made contextually.”

The participants stated that in the face of these recent changes, they were trying to overcome the problems, and the efforts made by them were somewhat effective. Most of the participants stated that they were trying to overcome the problems faced by them. Choosing effective efforts to cope with the symptoms was very high among the respondents. Majority of the woman chose to involve in different works to forget about menopause and to seek comfort in religions. Other half preferred to socialize among family and friends circle and also focus on the symptoms understanding. The analysis of some of the participants' experiences indicated negative behavioral and mood reactions that were caused by the changes in them, affecting their relationships with their husbands and children. Negative mood/behavioral reactions: Most participants reported behavioral changes, including bad-temperedness, most of which were due to physical changes in themselves.

This research utilized mixed-method research and a sequential exploratory design, The data collection and analysis were done in two phases. Firstly, 45 late adulthood women were selected from a ward for the quantitative phase. Through a close-ended questionnaire, the participants were asked about their knowledge on health and perception of menopause and the prevailing symptoms they are facing with the coping strategies they feel nice to adopt.

The data derived from this was coded and analyzed using IBM SPSS 25. The results from this phase guided the questions for the second i.e. the qualitative phase of data collection. KII (Key Informant Interview) was conducted among two varied experts with specified theme. One from the scientific world, a gynecologist and another from a practitioner in natural way, a

nutritionist and an expert of public health. A case study among 4 of the respondents was conducted and analyzed through content analysis method.

It can be concluded that the respondent also felt a knowledgeable session when the data collection was done, and even the researcher got a great platform to understand the sensitive topic of health. Thus, the perception of woman in this phase still lacks awareness of the symptoms. But have accepted them as a natural phenomenon.

Overall, the home visit through data collection had such a different scenario of understanding, and yet the experts have different opinions. Thus there is a huge gap in this field. The expert know everything, they are also trying to aware the general public, through writing articles, through talking to the government officials, through check-up and through field visits, but none are seen to be working properly. Thus, it is very important to address this subject matter on any near time possible.

Through increasing the research on this topic, doing ethnographic research from grass-root level can surely address the problems seen in this field.

5.2 Social Work Intervention

Social Work Intervention refers to the use of social work principles, theories, and methods to address individual, family, group, community, and societal problems. Social workers aim to promote social change, solve problems in human relationships, and enhance well-being.

Social Work interventions are guided by ethical principles that prioritize the well-being and dignity of individuals and communities, and it is informed by a deep understanding of the social, cultural, economic, and political contexts in which people live. These interventions are used in a wide range of settings, including schools, hospitals, mental health clinics, child welfare

agencies, and community organizations which involve works related to assessment, planning, implementation, and evaluation of various social work services, such as counseling, case management, advocacy, community organizing, and policy analysis. The goal of social work intervention is to empower individuals and communities to improve their quality of life and address systemic issues that affect their well-being.

Their professional dedication remains underpinned by core skills, including a “commitment to human, relation-based practice” and methods and interventions garnered from multiple disciplines (Rogers, Whitaker, Edmondson, & Peach, 2020, p. 9). Three levels are chosen to understand and intervene in the society. The three level of social work intervention are discussed briefly below.

5.2.1 Micro level Social Work Intervention

Micro level social work intervention is a type of social work practice that focuses on working with individuals, families, or small groups to address their specific needs and challenges. This type of intervention involves a direct, one-on-one approach to working with clients, in contrast to macro level interventions that focus on larger systemic issues or community-level change. This may involve providing counseling or therapy, connecting the client with resources and services, and advocating for their rights and needs.

Micro level social work intervention can take many different forms, including:

- i. Individual therapy:** In menopausal woman, there is a need of therapeutic session in making them understand about the symptoms and its treatment pattern. This can be done through nurses of every health clinic, individual counseling or therapy to help them understand about complications, and work through personal challenges such as physical symptoms, mental health issues and relationship problems.

- ii. **Family therapy:** As I visited the people in home, there is lack of proper understanding among the family. In Nepali society where every woman decides collectively can work with families to address issues such as conflict, communication problems, and parenting challenges.
- iii. **Advocacy:** Social workers along with the health clinics of the every ward can advocate for a counseling and awareness session needed among the woman from early age. Also a practical session, and provide the services and support them are entitled to. Overall, micro level social work intervention is focused on addressing the immediate needs and challenges of menopausal woman as an individual, while also working to build their capacity and resilience over the long term.

5.2.2 Mezzo level Social Work Intervention

Mezzo level social work intervention is a type of social work practice that focuses on working with small groups or communities to address social problems and promote change. This level of intervention is situated between micro level intervention (working with individuals and families) and macro level intervention (working with larger social systems and policies).

Mezzo level social work intervention typically involves working with groups of people who share common experiences or identities, such as neighborhood residents, employees in a workplace, or members of a community organization. The goal of mezzo level intervention is to identify and address issues that impact the group as a whole, and to promote positive change through collective action.

Some examples of mezzo level social work intervention include:

- i. Community organizing:** The woman and their health is very critical issue, as the phases woman go through are always been lacking for discussion. As a researcher I can work with community members to identify common concerns and develop strategies for collective action. This may involve organizing meetings discussing about natural way to treat menopause, or campaigns to raise awareness for a day to counsel the menopausal woman and advocate for change.
- ii. Group therapy:** Social workers can lead therapy groups focused on specific issues, such as sharing sessions about severity of symptoms among woman. Discussion by offering support and counseling session by an expert to members while also addressing broader social issues related to mental health among the woman due to psychological symptoms and light towards well-being.

5.2.3 Macro level Social Work Intervention

Macro level social work intervention is a type of social work practice that focuses on addressing social problems and promoting change at the broader systemic or societal level. This level of intervention is situated above micro and mezzo level intervention, and involves working with larger social systems, policies, and institutions.

Macro level social work intervention typically involves advocating for changes in policies and practices that impact large groups of people, such as entire communities or even entire nations. This type of intervention is designed to promote social justice, equity, and access to resources, and to challenge systemic oppression and inequality. Some examples of macro level social work intervention include:

- i. Policy advocacy:** Knowing this is a challenging subject to bring limelight on, we as a student, a health clinician and as a group of advocates must work with lawmakers and

- policymakers to advocate for changes in laws, regulations, and policies that impact large groups of people. This must involve advocating for changes in healthcare systems and addressing provisions for the menopausal and senior citizen woman.
- ii. **Research and evaluation:** Since KII also said that there is a research highly lacking in this field of menopause, understanding their facts on the symptoms prevalence are lacking in a way. Thus, conducting research and evaluation studies to identify the symptoms and coping on menopause, and to evaluate the effectiveness of social policies and programs related to this is much needed.
 - iii. **Community development:** This may involve working with community leaders, developing community-based programs and services, and advocating for changes in policies and practices that impact the community. “A day for menopause” in every provincial government through ward office must be promoted. And only then, some real works will be seen for a change.
 - iv. **Include the theme of menopause and its intervention in MoHP:** There are various theme that has been kept as non-communicable disease, reproductive and maternal health, medical health of deprived population and emergency health management. There is no specific theme that is discussed by ministry of health in Nepal. Thus, we highly think, only when the ministry of health and population will start focusing on the menopausal health, then other sub topics of menopause can be easily discussed.

Overall, macro level social work intervention is focused on addressing social problems on promoting social justice, equity, and access to resources for all members of society. It requires a strong understanding of social policy, social systems, and institutional power dynamics, as well as the ability to advocate for change on a large scale.

Interventions from social workers are a crucial tool for assisting people in making progress in their lives. Social workers, the government, and other interested parties should consider the particular circumstances of each client and take action when it is ethical and appropriate to do so. The goal of social work intervention is to empower individuals and communities to improve their quality of life and address systemic issues that affect their well-being. These goals must be achieved through the recommendations provided.

5.3 Recommendation

As we have the proposed objectives in this research, and I found out these findings from the respondents. So many diverse aspects were identified, such as environmental, psychological, social, cultural and financial aspects. And these are the very important findings that is useful to the various groups, people, researchers, families, various institutions and government level of study and they are disclosed as follows.

5.3.1 Micro Level Recommendation

i. Recommendation to the participants

The thing that is lacking in this field is sharing of the health issues among one another. When the participants start sharing their own experience, and start seeking health services from government hospitals, then the provisions from these hospitals will be widened. Thus, it is in the hand of the woman, to start a new change in this field.

ii. Recommendation to practitioners/researchers

More research is needed in this field, so I would like to highly encourage coming generation to take this research in another site location, and find out more on thus. The field of

gerontology and mental health are equally important for performing better research in this field. And students of policy can guide also guide after the research is done. A set of policy for upliftment of this group can be assured. Thus, the specializations course taught in Masters in Social Work 3rd semester is very relevant as per the current scenario.

5.3.2 Mezzo Level Recommendation

i. Encourage active participation: When woman are taught about the health changes that happen to them during this phase. They start being aware and only then they can start sharing openly. Firstly, a platform must be created where they can share, keep their understanding on menopause, their complications on health. Only when they have a favorable environment, they will open up and put efforts for regular participation.

5.3.3 Macro Level Recommendation

i. Encourage Age-Friendly Policies: The policies are created by governmental institutions. And when the ministry of health, ministry of woman, woman commission and many other big governmental institution will understand the topics of menopause, only then there will be a creation of policies related to menopause.

Creation of age-friendly policies include the policies related to separate incentives of health check-up in gynecology ward for woman from 45-60. Creation of a counseling ward for woman so that they would easily and with comfort seek the knowledge on the topic of health. The ministry of health must start a different department of research for understanding menopausal woman in Nepal, as the lacking of research has not given a space for even a doctor to talk about menopause openly.

ii. Recommendation to the Department

Social Work department of Tribhuvan University is generating active psychology major social work students by facilitating them formal education, research, and practicum. As it promotes individual, family, and community well-being, social and economic justice with the notion of not leaving the people with mental health condition behind. For the students to get into this specialization in mental health, the cultivation of faculty leaders in this field education and research, developed excellent training opportunities and inject psychological competencies in social work curriculum and teaching is mostly needed. The professor trained us in such a way as through practical knowledge as a lifetime learning. However, more journals, articles should be published based on the grounded issues in woman health and their coping strategies in such a phase.

Thus, it can be concluded that with the active ageing theory and coping strategies used by woman, it is seen that the way our Nepalese woman are intervening with their prevailing symptoms, it has been the perfect way with the environment and situation. Because there are certain weakness by the health system and prevalence of woman domination here in our country, due to this, woman are bound to work on themselves and build a strong foundation on their own to tackle with any health related issues of their own. Just a little support from institutions, researchers and social workers to address the symptoms and its treatment can be a great help in this field.

References

- Abd-Allah, E. S., Mohamed, N., Ahmed, E., & Shokry, E. (2020). Coping Patterns for Menopausal Women Working at Zagazig University Hospitals. *ResearchGate*.
- Ahuja, A. (2023, May 25). *Menstrual Hygiene Day 2023: Understanding Menopause And Associated Health Complications*. NDTV-Dettol Banega Swasth Swachh India.
- Ahuja, M. (n.d.). *PRESCRIPTION OF EXERCISE IN THE PERIMENOPAUSE AND MENOPAUSE*.
- Assessing the Mental Health Needs of Older People*. (n.d.). Obo. Retrieved May 30, 2023, from <https://www.oxfordbibliographies.com/display/document/obo-9780195389678/obo-9780195389678-0064.xml?rskey=aY7LIo&result=170>
- Available at: https://ufdcimages.uflib.ufl.edu/UF/E0/04/23/18/00001/greenblum_c.pdf (Accessed: 01 June 2023).
- Avis NE, et al. *Change in sexual functioning over the menopause transition: results from the study of women's health across the nation (SWAN)*. Menopause (New York, NY)
- Bleeding after menopause: Is it normal?* (n.d.). Mayo Clinic.
<https://www.mayoclinic.org/diseases-conditions/menopause/expert-answers/bleeding-after-menopause/faq-20058396>
- Cano A. Menopause: a comprehensive approach. Berlin: Springer; 2017
- Consideration of reports submitted by States parties under article 18 of the Convention on the Elimination of All Forms of Discrimination against Women* (Fourth and Fifth Periodic Reports; pp. 31–32). (2009). CEDAW
- Coping Scale for Adults Second Edition (CSA-2)*, n.d.)
- Creswell, J. W. (2007, September 3). *An Introduction to Mixed Methods Research*. Social and Behavioral Sciences Research Consortium, University of Nebraska-Lincoln.
- Dane B. (n.d). A Handout on Likert Scale: Topic Report

Edwards, H., Duchesne, A., Au, A., & Einstein, G. (2019). The many menopauses: searching the cognitive research literature for menopause types. *Menopause*, 26(1), 45–65.

EXERCISE PRESCRIPTION FOR FITNESS. (n.d.).

Glossary Of Terms. (n.d.).

GREENBLUM, C.M. (2010) *Women in Perimenopause and menopause: Stress ... - university of Florida, WOMEN IN PERIMENOPAUSE AND MENOPAUSE: STRESS, COPING AND QUALITY OF LIFE*.

Gynecologist Develops Menopause Guide for Physicians. (n.d.).

Harun MGD, et al. Knowledge and attitudes associated with menopause among women aged 45 to 60 years: a pilot study among rural and urban women in Bangladesh. *Menopause*. 2020;27(6):648–57.

Health in Your 50s. (2011, November 1). Healthy Women.

Health Issues for Women Ages 55 And Older. (2005, May 25). HowStuffWorks.

How Sex Changes After Menopause. (n.d.). www.hopkinsmedicine.org.

How to lose weight during menopause: 10 ways. (2019, June 4).

Luo, A. (2022, December 05). *Content Analysis / A Step-by-Step Guide with Examples*. Scribbr.

Mayo Clinic. (2017). *Menopause - Symptoms and causes*. Mayo Clinic.

McQuilkie, S. (2019, June 20). *Sex after Menopause: Ways Your Sex Life May be Impacted*. MenopauseHealth.today.

Menopause and Memory Loss: Is There a Connection? (2017, April 5). Healthline.

Menopause and Pain: Is There a Connection? (2017, February 16). Healthline.

Menopause Brain Fog: Symptoms, Treatment, Is It Real, and More. (2017, December 22). Healthline.

Menopause Guidebook 9th Edition. (n.d.)

Menopause weight gain: Possible causes and tips to stay healthy. *HealthPartners Blog*.

<https://www.healthpartners.com/blog/menopause-weight-gain/>

Menopause: Age, Stages, Signs, Symptoms & Treatment. (n.d.). Cleveland Clinic.

Menopause: What It Is, Age, Stages, Signs & Side Effects. (n.d.). Cleveland Clinic.

Nosek M, et al. The effects of perceived stress and attitudes toward menopause and aging on symptoms of menopause. *J Midwifery Womens Health*.

Only 1 in 5 Gynecologists Are Trained in Menopause—Here's When To Consider a New Doctor. (2021, May 19). Well+Good.

Otterman, S., & Paskova, Y. (2023, May 22). A Movement to Make Workplaces “Menopause Friendly.” *The New York Times*.

Our bodies, ourselves: menopause: Free Download, Borrow, and Streaming: Internet Archive. (2006). Internet Archive.

Paudel, P. (2017). Factors affecting menopause in Nepalese Women. *Journal of Patan Academy of Health Sciences*, 2.

Postmenopausal Bleeding. (n.d.). Yale Medicine. Retrieved May 30, 2023, from

<https://www.yalemedicine.org/conditions/postmenopausal-bleeding>

Postmenopausal Bleeding: Causes, Diagnosis & Treatment. (n.d.). Cleveland Clinic.

<https://my.clevelandclinic.org/health/diseases/21549-postmenopausal-bleeding>

Rajbhandari, S. (2017). Menopausal Health Status of the Nepalese Women. *JOURNAL OF NEPAL MEDICAL ASSOCIATION (MAR 2017)*, Vol. 56, (205).

Rapaport, L. (2015, June 5). Culture may influence how women experience menopause. *U.S.*

Sanchez, M. (2023).

Saunders, N. (2022, November 22). *When Does Menopause Begin and End? | Menopause Health Today*. Menopause Health.today.

Sex and Menopause, Sexual Side Effects of Menopause | The North American Menopause Society, NAMS. (n.d.).

Social work guide. (2020, December 2). *Important Social Work Theories & Practice Models | SocialWorkGuide.org.* SocialWorkGuide.org; SocialWorkGuide.org.

<https://www.socialworkguide.org/resources/theories-used-in-social-work/>
Stallman, H. M. (2020). Health theory of coping. *Australian Psychologist*, 55(4), 295–306.

Subedi, R. K. (2017). Menopausal Health Status of Nepalese Women. *ResearchGate.*

https://www.researchgate.net/publication/316277975_Menopausal_Health_Status_of_Nepalese_Women

Sutton, J., PhD. (2023). 13 Social Work Methods & Interventions for Helping Others. *PositivePsychology.com.* <https://positivepsychology.com/social-work-methods/>

Technology for Social Work Interventions. (n.d.). Obo. Retrieved May 30, 2023,

The Biggest Warning Signs That You're Experiencing Early Menopause. (2023, May 12).

The North American Society. (n.d.). *Menopause and Sleep Problems.* Menonotes.

The North American Society. (n.d.). *Treating Hot Flashes.* Menonotes.

Tiffany Athey, MSN, WHCNP-BC. (n.d.). *How Menopause Affects Your Mental Health: The Association for Women's Health Care: OB/GYNs.*

<https://www.chicagoobgyn.com/blog/how-menopause-affects-your-mental-health>

Times, N. (2021, December 13). *Talking about life after menopause.* Nepali Times.

Uprety, Dr. A. (2021, September 7). रजोनिवृत्तिको राज. *Nagarik News.*

Uprety, Dr. A. (2022, January 26). नृत्यहरूको परिवर्तनचक्र. *Kantipur News.*

Vaginal dryness after menopause: How to treat it? (n.d.). Mayo Clinic.

Whn. (2023). Menopause in different cultures. *Women's Health Network.*

What are the 34 symptoms of menopause, and what helps? (2021, June 21).

Www.medicalnewstoday.com.

Why You Should Seek Care from a Menopause Specialist. (n.d.). Duke Health. Retrieved May 30, 2023

Willmore, A. (2015, July 13). *Managing Menopause and Fatigue.* MenopauseHealth.today.
Women's Health in Nepal. (n.d.). The PPIUD Project in the Department of Global Health and Population.

Www.hopkinsmedicine.org. Retrieved May 30, 2023,
Your Guide to Menopause. (2002, February 5). WebMD.

<https://www.webmd.com/menopause/guide/menopause-information>

रिपोर्ट: रजोनिवृत्ति: बिसौनीपछिको यात्रा. (n.d.). Ekantipur.com.

ANNEX A

SURVEY QUESTIONNAIRE (Translated)

नमस्ते! मैले यो सर्वेक्षण त्रिभुवन विश्वविद्यालय, कीर्तिपुरको सामाजिक कार्य केन्द्रीय विभागमा मेरो स्नातकोत्तर थेसिसको अंशको रूपमा सञ्चालन गरिरहेको छु। मेरो उद्देश्य रजोनिवृत्तिको प्रचलित लक्षणहरू र सहभागीहरूले लक्षणहरूको सामना गर्ने तरिकाहरू पत्ता लगाउनु हो।

कृपया नोट गर्नुहोस् कि यस सर्वेक्षणको सम्बन्धमा प्राप्त भएको कुनै पनि जानकारी जुन तपाईंसँग पहिचान गर्न सकिन्छ गोप्य रहनेछ। यो सर्वेक्षणमा तीनवटा खण्डहरू छन्, कृपया प्रश्नहरूको माथिका निर्देशनहरू पालना गर्नुहोस् र उपयुक्त विकल्पहरू छान्नुहोस्।

नमूना जनसंख्याको विशेषताहरू

१. उमेर: _____

सामाजिक जनसांख्यिकीय स्थिति

२. परिवारको प्रकार:

- परमाणु परिवार (Nuclear)
- संयुक्त परिवार

खण्ड A

आधारभूत जानकारी र स्वास्थ्य अवस्थाको धारणा

४. के तपाईंको महिनावारी रजोनिवृत्ति अघी सामान्यतया नियमित थियो?

- छ
- छैन

५. तपाईं आफ्नो पहिलो रजोनिवृत्तिमा लाग्दै हुनुहुन्छ भनेर कुन उमेरमा महसुस गर्नुभयो?

- ४०-४५
- ४५-५५
- ५५-६०

6. तपाईंको वर्तमान महिनावारीको स्थिति कसरी वर्णन गर्नुहुन्छ?

- पूर्व रजोनिवृत्ति चरण (peri-menopause)
- रजोनिवृत्ति चरण (menopause)
- रजोनिवृत्ति पछिको चरण (post menopause)

7. के तपाईंलाई यो विषयको बुझाइ (लक्षणहरू) रजोनिवृत्तिको चरणमा पुग्न अघि थाहा छ?

- थियो
- थिएन, यसको बारेमा कहिल्यै सुनेको थिएन
- यसको बारेमा थोरै ज्ञात थियो

8. रजोनिवृत्तिको परिणाम हुन सक्ने कुनै पनि जोखिमको (risk) बारेमा पहिले थाहा थियो?

- थियो
- थिएन, यसको बारेमा कहिल्यै सुनेको थिएन
- यसको बारेमा थोरै ज्ञात थियो

9. तपाईं रजोनिवृत्तिलाई सामान्य रूपमा कसरी हेर्नुहुन्छ?

- सकारात्मक रूपमा
- नकारात्मक रूपमा
- सामान्य-अनिवार्य प्रक्रिया: रोक्न नसकीने
- महिलाको प्राकृतिक चरणको रूपमा- यसलाई स्वीकार गर्नु, र अगाडि बढ्नु ठीक हो

10. तपाईंको स्वास्थ्य अवस्थाको बारेमा तपाईं कसलाई सजिलो रूपमा छलफल गर्न महसुस गर्नुहुन्छ?

• श्रीमान

• महिला परिवार सदस्य

• साथीहरू

• डाक्टर

खण्ड B

लक्षणहरू विश्लेषण गर्नुहोस्

शारीरिक लक्षण

| लक्षणहरू | लक्षण पटककै छैन | अलि अलि लक्षण | धेरै लक्षण देखिएको | काफी मात्रामा |
|--|--------------------|------------------|-----------------------|------------------|
| रातमा पसिना आउने | | | | |
| मेमोरी हानि/ स्मृतिलोप | | | | |
| वजन वृद्धि | | | | |
| सुत्न असमर्थता/ गाह्रो | | | | |
| योनि सुखवापन | | | | |
| रक्तस्राव दर | | | | |
| मांसपेशी वा संयुक्त दुखाइ / काम गर्न नसक्ने | | | | |

मनोवैज्ञानिक लक्षणहरू

| लक्षण | लक्षण पटककै छैन | अलि अलि लक्षण | धेरै लक्षण देखिएको | काफी मात्रामा |
|----------------------|--------------------|------------------|-----------------------|------------------|
| घबराहट | | | | |
| कम आत्म-विश्वास | | | | |
| एकाग्रतामा कठिनाई | | | | |
| मुड स्विड (irritate) | | | | |
| धेरै चिन्ता लिने | | | | |

सामाजिक लक्षणहरू

| लक्षण | लक्षण पटककै छैन | अलि अलि लक्षण | धेरै लक्षण देखिएको | काफी मात्रामा |
|-------------------------|--------------------|------------------|-----------------------|------------------|
| एक्लोपन महसुस गर्दै | | | | |
| यौनमा रुचि घट्ने | | | | |
| व्यक्तिगत जीवनमा असर | | | | |

खण्ड C

लक्षणहरूको सामना / उपचार

सामना गर्ने उपकरणहरू

| सकारात्मक सामना गर्ने रणनीति | थोरै गर्छु | धेरै पटक गर्छु | सामान्यतया गर्छु | अलि अलि |
|---|------------|----------------|------------------|---------|
| रजोनिवृत्ति बिर्सन आफैलाई व्यस्त राख्नुहोस् | | | | |
| रजोनिवृत्ति महिलाहरू संग परामर्श | | | | |
| आफ्नो भावनालाई नियन्त्रण गर्नुहोस् | | | | |
| रजोनिवृत्तिको सकारात्मक पक्षहरूलाई विचार गर्नुहोस् | | | | |
| समस्याहरूमा फोकस गर्नुहोस् | | | | |
| रजोनिवृत्ति समस्याको लागि स्वीकृत विधि लागू गर्नुहोस् | | | | |
| समस्या समाधानको लागि प्रत्यक्ष प्रयास | | | | |
| धर्म / गतिविधिहरूमा आराम खोज्नुहोस् | | | | |
| अधिक सामाजिक हुनुहोस् (साथी, परिवार, आफन्त) | | | | |

| नकारात्मक सामना गर्ने रणनीति | थोरै गर्छु | धेरै पटक गर्छु | सामान्यतया गर्छु | अलि अलि |
|--|------------|----------------|------------------|---------|
| रजोनिवृत्ति परिणामहरू बेवास्ता गर्नु | | | | |
| महिलाको रूपमा असफल महसुस गर्नु | | | | |
| रजोनिवृत्ति संग केहि गर्न नसकेर थाक्नु | | | | |
| धेरै पेनकिलर लिनु थाल्नु | | | | |
| सपनाहरू पछ्याउन छोड्नु | | | | |
| लामो समय सुत्ने बानी गर्नु | | | | |
| निद्राको चक्की बिना सुत्न नसक्नु | | | | |
| वृद्ध महिलाको रूपमा बाँच्नु थाल्नु | | | | |

ANNEX B

KEY INFORMANT INTERVIEW

Key Informant Interview-1

Gynecologist, Prema Shah

Gynecologist of Nagarik Hospital, Ms. Prema Shah, Gatthaghar, Bhaktapur was interviewed for the depth understanding of the thesis topic of researcher, “Prevailing symptoms of menopausal woman and coping strategies of such woman”

The key informant interview lasted for 26 minutes, where the researcher asked the doctor about the questionnaire she had prepared.

THEME

Better understanding of Menopausal symptoms through a woman doctor.

Questions discussed

1. **What is the ratio for the woman coming for a check-up with a gynecologist? Either before or after?**

Genuinely speaking, because this is a private hospital where I have seen only the people who has understanding of natural way of treating the menopause, the woman who have understanding of the health visit the hospital. And there is no difference in the ratio, in general. Actually, the rate has increased after Covid-19.

2. **Basically, who do they bring together for a check-up?**
 - **Partners**
 - **Female Family member**
 - **Friends**
 - **Alone**

The people who come here, actually come either with their family members or with their partners and some with female friends. But it is not like they have a discomfort on bringing someone with them. All who visit this hospital have a comfort level with their family and with their doctors.

3. As being a doctor, and most importantly a female doctor, have you been able to guide your own family about the precaution to be taken for the menopausal symptoms and its cure?

Yes, surely. Even though this is a personal question you have asked me. But only because you are a practitioner, I would want to answer you.

Yes, I have been back and forth letting my female friends or daughter or any relatives who come to me for a check-up, have provided them with genuine advice or short counselling.

4. Have anyone till date, asked for counseling or an awareness session regarding menopause?

Till date, the things that I have suggested them on our session has been sufficient. But, if they request for more, we have a practice of giving counselor by nurse.

5. Have you in general suggested any patients for counseling? If yes, for what reason was the counseling suggested? And how was their reaction?

No, I have not suggested anyone more counseling, because everyone who comes to the hospital, come with the complaints of their symptoms and through suggestion and medication prescribed, the real problem is solved.

6. As a doctor, which phase do you claim to be the most crucial and risky phase in any woman's life? What suggestion do you give to the patients in that phase?

This is the human body we are talking about, and a woman's body is very mysterious. We cannot give a tag on claiming that this phase is most crucial. And being a gynecologist, I know that every transitional phase in a woman's life is a complicated situation.

7. Which symptoms (Biological, Psychological, and Social) do the woman face difficulty in taking care of/ which symptoms do most of the woman come up with for complaining/ treatment?

All these symptoms that you are talking about are interconnected. The biological symptoms are ones which we cannot stop. But, the most troublesome one is felt by the patient is psychological. And adopting in the situation in society, they have been feeling comfortable. Thus, only through the biological symptoms, people feel more than troublesome.

8. What are the medications you use for the menopausal symptoms to reduce?

Basically, for the symptom reduction, as per the symptoms present in the patients, we provide them medications. The most common are

9. Is Hormone Replacement Therapy common here in Nepal?

Answer: In my 10 years of present experience, still this is not common medication of using the hormone replacement therapy in public hospitals. I do not know about the private ones.

Key Informant Interview-2

Public Health Expert, Aruna Uprety

THEME: Natural Coping strategies to treat menopausal symptoms.

1. Can you explain about the topic menopause in your words?

Menopause is a normal physiological process, where symptoms mostly link up as the symptoms of menstruation. Like menstruation is not regarded as a problem, similarly the process “Menopause” is also not a problem, it is a normal physiological process in a human body. In Nepali translated word of menopause provides us the perfect meaning that is stopping of menopause period. Like the terms, pregnancy is discussed, menopause must also be discussed freely.

It is all about hormonal imbalance. That result in difference in all the symptoms in a woman. There is a movie “Bombay Begam” that I have seen, which perfectly shows the symptoms of menopause.

2. Like you have written in your article, that there is no such machine to measure the menopause severity, thus how do you think we can measure the woman severity when they approach the doctor? Is it that if only woman comes to seek help, we can know about the symptoms?

Every woman is different, and thus every individual has been seen with a different symptoms. Some woman might face that symptoms, while some do not feel anything. Unfortunately, there is no machine that can measure the symptoms. That is why in real life situation, the awareness is needed. Woman from adult life must be taught about all these symptoms, there natural life. And we together have to work on this. American woman has different symptoms, and Japanese woman have differing symptoms.

But there can be other issues in womb, such as cancer or blood infection, due to which, symptoms can be severe and critical. Because all diseases are interlinked, and can contribute to the severity symptoms of menopause highly.

3. Nutrition is one of the factor that is very important in a person's life to maintain a healthy life. Do you think through healthy eating habits, one can experience easiness in menopausal period?

Without any doubts yes. Nutrition, healthy living styles can always act as a natural medicine in curing disease. There are varieties in symptoms seen during this period, thus through eating protein foods, adopting exercise and meditation in daily life. Through being positive in all aspects of living can actually contribute to building easiness in these stages of life.

But there are many factors such as ageing, family life styles, culture and environment that shape the symptoms of menopause. But this can be changed in an opportunity, by converting all these factors in a healthy way.

4. Which factor do you think is being wrong in the field of menopause?

This topic must not be over medicalized. Menopause is a normal process, thus must not be made others understood and told that the cure of menopausal symptoms is only through eating medicines. One research has been done by student of Patan College and she has concluded her writing, with the sense that the symptoms can only be treated by a doctor, or through intake of medicines. It happens naturally and must be treated naturally.

5. As you have also undergone through this phase, would you like to share your experience?

My mother had no such difficulty during the phase of menopause. And I think because of the genetic factors, this contributed to less symptoms seen in me. I also did not have such prevailing severe symptoms and had no much difficulty in sleeping, working and doing other activities. And when I went for a check-up, doctors explained that I was healthy, and my hormone were not highly reduced as well. I was balanced in everything. It is because of the hormonal decline that creates symptoms. Thus, I also am a vegetarian that gave more focused to eating healthy, all balanced nutritious diet.

6. The symptoms severity was seen high among the physical symptoms while I did survey among the woman. Muscle joins, weight gain, hot flush were seen very high, can you explain why all these are the prevailing symptoms?

There are many factors that contribute in creation of these symptoms. Your research was great, because these are the most prominent symptoms seen in whole universe. Thus, physical symptoms tend to contribute in creating psychological and social symptoms.

All these symptoms are seen high because of the, unhealthy eating practice. Woman must know, with the prevailing symptoms, how the coping needs to be done. And prevention of such symptoms must also be known pre hand. Muscle joint might not be because of menopause only, because it can be because of workload, or less exercise.

7. Through my survey, I found that, most of the woman use positive coping to deal with the symptoms. Such as “Being active involvement in religion” and “Seeking help from the override menopausal women.” Do you think this coping strategy adopted by woman is good?

In a way, this coping strategies are good. Because, while we see other countries’ woman and their coping strategies, we find that all the negative coping are used. Such as, stress resulting from symptoms and intake of substance are seen. Also, change of partners or eating haphazardly. Use of medications and hormone transplant therapy which have high side effects are increasing in other countries.

The culture we have has actually protected us. We tend to share the problems in our social circle

8. The Ministry of Woman and other governmental organization has not kept “Menopause program” as their theme? Do you think this is a justice to the citizens who are in this stage?

Inside the reproductive health, a slight understanding is there which is related to the menopause and senior citizen health problem. But yes, there must be a department for this.

9. What can us as an activists working for woman can play a role in creating a healthy and favorable environment for the woman to share about their process of menopause freely?

It is much better to talk about it in programs about healthy habits. Also, investing in your health from teenage age will result easy going in future. So, it is the girl that must be educated or made aware about these things from early age. Yes, we can play an important role as we can propose a day “for check-up for woman” in every ward office. Apart from that, the natural way of having a positive mindset, eating healthy food, nutritious food, and exercise must be done in an active way.

10. How would you suggest a girl of my age, to start understanding about the topic menopause?

For you, I would say, eat healthy and do exercise routinely. And keep your mind positive in every situation. That is how we can reduce stress. As stress brings a lot of problems and also invite disease. Thus, one have to be aware from this age about what works are to be done in a right age. Like investing your money for future return, you have to build your body strongly for coming years.

ANNEX C

QUESTIONS FOR CASE STUDIES

(After the data collection process and analysis was done, it was found that the age group between 50-55 answers to the analyzing psychological symptoms was totally different than the universally proved symptoms. Thus, in consultation with the supervisor, a case study questions were designed. Some probing questions were used to obtain more information and to clarify the content of collected data.)

The initial questions asked in the interviews were as follows:

What physical and psychological changes are you experiencing around menopause?

What is your understanding of the physical and psychological changes?

What problems have these changes created in your daily life?

What physical and psychological needs do you feel concerning these changes?

What are you doing to cope with these changes?

ANNEX D

INFORMED CONSENT FOR KII

Title of the research: Perception and Prevailing Menopausal Symptoms and Study of Coping Strategies

Primary researcher: Rashmi Paudel, Masters in social work (TU)

Purpose of the study:

The purpose of the study is to understand the perception of woman about the menopausal symptoms. The main purpose is to explore the prevailing menopausal symptoms (physical, psychological and social) and the strategies they use for coping these symptoms.

Study procedure:

This research is designed to understand the perception of woman about the menopausal symptoms. This research paper is based on mixed (qualitative and quantitative) methodology so, you will be asked about your perception, attitudes and feelings and your prevailing symptoms will be rated as well. In the Face-to-face in-depth interview will be taken which will last for approximately maximum 1 hour in your convenient environment setting.

The interview will be audio taped and later be used by transcribing for the purpose of data analysis. Interview can take place two, three times for more precise data collection.

Risk and discomfort

There are no risks or discomforts that are anticipated from your participation in the study. Potential risks or discomforts include possible emotional feelings of sadness, anger when asked question during the interview.

Potential benefits:

The anticipated benefit of participation is the opportunity to discuss feelings, exceptions and concerns related to the experience of menopausal phase, a health-related awareness requirement in context of Nepal. This research will provide a new literature regarding menopausal symptoms and coping strategies that the woman uses during their phase of menopause and well-being.

Confidentiality

The information gathered during the study will remain confidential in secure premises during the research. Only the researcher and supervisor will have access to the study data and information. There will be pseudonyms on the interview transcripts. Your names and any other identifying details will never be revealed in any publication of the results of this study. The audio-tapes will be destroyed at the completion of the study. The results of the research will be published in the form of a research paper and may be published in a professional journal or presented at professional meetings.

Withdrawal Authorization:

Your decision to participate in the study is completely voluntarily. You are free to withdraw consent and discontinue participation in this study at any time without prejudice or penalty. You are also free to refuse to answer any question that I might ask you. If you decide to not participate in this study, it will not affect the care, services, or benefits to which you are entitled.

Participant Signature

Researcher Signature
Rashmi Paudel

Date

Consent Acceptance Letter for participants

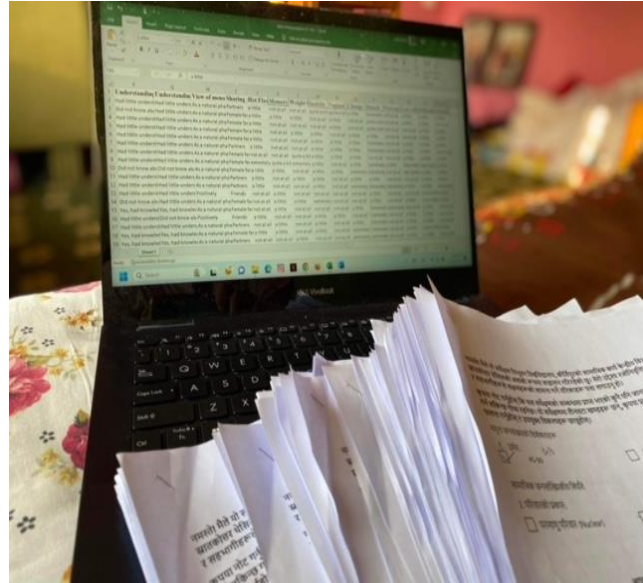
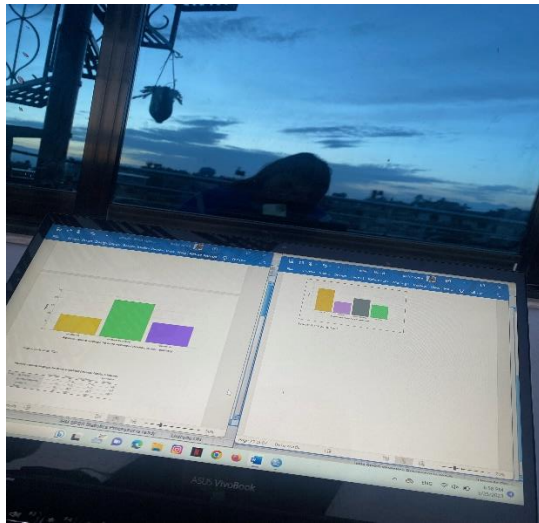
The purpose of the study is to understand the perception of woman about the menopausal symptoms. The anticipated benefit of participation is the opportunity to discuss feelings, exceptions and concerns related to the experience of menopausal phase, a health-related awareness requirement in context of Nepal.

Your decision to participate in the study is completely voluntarily. There are no risks or discomforts that are anticipated from your participation in the study. You are free to withdraw consent and discontinue participation in this study at any time without prejudice or penalty. You are also free to refuse to answer any question that I might ask you. If you decide to not participate in this study, it will not affect the care, services, or benefits to which you are entitled.

Thus, I,participant in the data collection process, hereby acknowledge that I have given my permission and consent for taking photographic consent and audio recording during the data collection process of the researcher. This recording and data that I have provided will solely be used for academic purposes only.

ANNEX E

PICTURES



Deva schools.sav [DataSet1] - IBM SPSS Statistics Data Editor

| Name | Type | Width | Decimals | Label | Values | Missing | Columns | Align | Measure | Role |
|----------|---------|-------|----------|------------------------------|--------|---------|---------|-------|---------|-------|
| ME EARN | Numeric | 8 | 0 | Source of income (1. Mother) | -1 | 0 | 8 | Right | Nominal | Input |
| MHELP | Numeric | 8 | 0 | Who helped to (1. Mother) | -1 | 0 | 8 | Right | Nominal | Input |
| MCODE | Numeric | 8 | 0 | Whether code (1. Yes) | -1 | 0 | 8 | Right | Nominal | Input |
| MUSE | Numeric | 8 | 0 | Use of code wo (1. In gener | -1 | 0 | 8 | Right | Nominal | Input |
| MP | Numeric | 8 | 0 | Manual hyg (1. Always) | -1 | 0 | 8 | Right | Nominal | Input |
| MPSUV | Numeric | 8 | 0 | Source of purch (1. Local sh | -1 | 0 | 8 | Right | Nominal | Input |
| MPWAP | Numeric | 8 | 0 | Whether mandat (0. Yes) | -1 | 0 | 8 | Right | Nominal | Input |
| MPREASON | Numeric | 8 | 0 | Reason for wa (1. I feel shy | -1 | 0 | 8 | Right | Nominal | Input |
| MPSCHOOL | Numeric | 8 | 0 | Access to man (1. Yes) | -1 | 0 | 8 | Right | Nominal | Input |
| MACTION | Numeric | 8 | 0 | Action taken w (1. Ask the | -1 | 0 | 8 | Right | Nominal | Input |
| MCONFERT | Numeric | 8 | 0 | Comfort around (1. Yes) | -1 | 0 | 8 | Right | Nominal | Input |
| MBOYS | Numeric | 8 | 0 | Comfort around (1. Yes) | -1 | 0 | 8 | Right | Nominal | Input |
| MMISSED | Numeric | 8 | 0 | Missed school (1. Yes) | -1 | 0 | 8 | Right | Nominal | Input |
| MRA | Numeric | 8 | 0 | Due to menstru (0. Yes) | -1 | 0 | 8 | Right | Nominal | Input |
| MIRB | Numeric | 8 | 0 | Due to tiredness (0. Yes) | -1 | 0 | 8 | Right | Nominal | Input |
| MIRC | Numeric | 8 | 0 | Due to fear of h (0. Yes) | -1 | 0 | 8 | Right | Nominal | Input |
| MIRD | Numeric | 8 | 0 | Due to lack of c (0. Yes) | -1 | 0 | 8 | Right | Nominal | Input |
| MIRE | Numeric | 8 | 0 | My family prev (0. Yes) | -1 | 0 | 8 | Right | Nominal | Input |
| MIRP | Numeric | 8 | 0 | Other (0. Yes) | -1 | 0 | 8 | Right | Nominal | Input |
| MISO | Numeric | 8 | 0 | Practice of each (1. Yes) | -1 | 0 | 8 | Right | Nominal | Input |
| MTDAYISO | Numeric | 8 | 0 | Number of days (None | -1 | 0 | 8 | Right | Scale | Input |
| MTLOCA | Numeric | 8 | 0 | Location of me (1. At my o | -1 | 0 | 8 | Right | Nominal | Input |

IBM SPSS Statistics Processor is ready

EXCEL AND SPSS use for data analysis and interpretation.



Presented an abstract on menopause awareness and its importance at International Conference conducted at St. Xaviers' College, Maitighar, Kathmandu.



Survey at a tailor shop during the field visit.



Meeting with the Supervisor, Mr. Laxman Subedi sir, during the SPSS training at Tri-Chandra College.




Conducted interview with two main key informant of my thesis. Dr. Prema Shah, gynecologist, from Nagarik Hopsital, in the first picture. And the second informant, Dr. Aruna Uprety, a public health specialist, social activist, a writer and a nutritionist in the second picture.

Data Collection Site Area: Suryabinayak Nagarpalika, Ward No. s4




ANNEX F

LETTER


सूर्यविनायक नगरपालिका
Suryabinayak Municipality

४ नं. वडा कार्यालय, दधिकोट
 भक्तपुर, बागमती प्रदेश, नेपाल ।

फोन: ०१-६६२१२५५


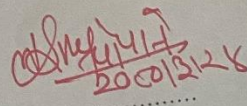
पत्र संख्या:
 चलानी नं.: १२०८

मिति: २०८०/०३/२४

विषय : रिसर्च कार्य सम्पन्न सम्बन्धमा ।

श्री त्रिभुवन विश्वविद्यालय,
 सामाजिक कार्य विभाग,
 किर्तिपुर, काठमाडौं ।

प्रस्तुत विषयमा तहाँ विश्वविद्यालय (सामाजिककार्य विभाग) को थेसिस कार्यक्रममा सहभागी छात्रा रश्मी पौडेल "Prevailing Symptoms of Menopausal Women and their Coping Strategies" विषयको रिसर्च कार्यक्रमका लागि सूर्यविनायक नगरपालिका वडा नं.४ को स्वास्थ्यचौकी र त्यहाँ बसोबास गर्ने महिलाको सम्पर्कमा रही अन्तक्रिया माध्यमबाट निजको थेसिस रिसर्च कार्य सम्पन्न गर्नु भएको व्यहोरा सहर्ष जानकारी गराउन चाहन्छु ।


 २०८०/३/२४

लछु राम न्यौपाने
 वडा अध्यक्ष