

**AWARENESS ON MENOPAUSE AND ITS EFFECTS IN THE
HEALTH OF WOMEN IN PALPA DISTRICT
(A Case Study of Women Visiting in Palpa District Hospital, Tansen)**

**A DISSERTION
SUBMITTED TO THE FACULTY OF HUMANITIES AND SOCIAL SCIENCES,
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DEGREE OF MASTER OF ARTS
In POPULATION STUDIES**

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RECOMMENDATION

The dissertation work entitled “Awareness on Menopause and its Effects in the Health of Women in Palpa District” (A Case Study of Women Visiting in Palpa District Hospital, Tansen), by Ms. Durga Karki has been prepared under my supervision for partial fulfillment of the requirement for the Degree of Master of Arts in Population Studies. To the best of my Knowledge, the study is original and Carries out useful in the field of Awareness on Menopause and its Effects in the Health of Women. I recommend it for evaluation to the Dissertation Committee.

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Dr. Prem Singh Bisht
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APPROVAL SHEET

This dissertation entitled **“AWARENESS ON MENOPAUSE AND ITS EFFECTS IN THE HEALTH OF WOMEN IN PALPA DISTRICT”**:(A Case Study of Women Visiting in Palpa District Hospital, Tansen) submitted by, Ms. Durga Karki has been accepted as partial fulfillment of the requirements for the Master’s Degree of Arts in Population studies.

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ACRONYMS

ADB	Asian Development Bank
APD	Acid Pepsin Disease
CCF	Congestive Cardiac Failure
COPD	Chronic Obstructive Pulmonary Disease
DUB	Dysfunctional Uterine Bleeding
FHD	Family Health Division
FOPD	Female Out Patient Department
FP	Family Planning
FPAN	Family planning Association Nepal
FSH	Follicle Stimulating Hormone
GO	Government Organization
HRT	Hormone Replacement Therapy
ICPD	International Conference on Population and Development
IEC	Information Education Communication
IMC	Internal Management Committee
INGO	International Non Government Organization
FSH	Follicle Stimulating Hormone
LH	Luteinizing Hormone
MMR	Maternal Mortality Rate
NFHS	Nepal Family Health Survey
NGO	Non Government Organization
PID	Pelvic Inflammatory Disease
PV	Per Vaginal
RH	Reproductive Health
TFR	Total Fertility Rate
TUTH	Tribhuvan University Teaching Hospital
VDC	Village Development Committee
WHO	World Health Organization
DHS	Demographic and Health Survey
HDI	Human Development Index

GLOSSARY OF TERMS

Abortion: The termination of pregnancy from whatever cause before the fetus is capable of life outside the uterus.

Climacteric: The period of life when physical powers begin to decline.

Out Patient Department (OPD): The Out Patient Department in hospital where patients are attending for physical check-up.

Hot flushes: It is a sudden feeling of heat especially in the upper part or all over the body.

Hysterectomy: The surgical removal of ovary and uterus.

Menarche: The first menstruation which marks puberty and other bodily changes occur.

Menopausal effects or Symptoms: An abnormal feature of body which women complain or experience after menopause.

Menopausal Transition: The period that precedes menopause is characterized by a varying degree of somatic changes that reflect alteration in the normal functioning of the ovary.

Menopause: The cessation of menses resulting from the loss of ovarian function is a natural event, apart of normal process of ageing.

Nulliparus: Women having no children or unmarried.

Perimenopause: A period of 2-5 years prior to menopause marked by increasingly irregular menstrual periods.

Surgical Menopause: The cessation of menstrual periods due to removal of the uterus and ovaries as well.

ABSTRACT

Menopause is a normal part of a woman's life. A large population of women aged 40-55 years living in perimenopausal age group through climacteric or "change of life". The study "Awareness on Menopause and its Effects in the Health of Women in Palpa District Hospital, Tansen" has mainly focused on women at the age of 40-55 years in the field of knowledge on reproductive health and menopause.

The objectives were to identify the causes that affect menopause in women of study area, find out the awareness on menopause and its effects in the health of women, estimate the average age of menopause and explore the menopausal symptoms and effects in women. One hundred twenty respondents were selected in FOPD at Palpa District Hospital, Tansen by using convenience sampling method.

Data collection procedure has been conducted in from, July, 3 – August, 5 2008 by using scheduled, structured, closed and open-ended questionnaire and interview method. The data has been presented in table, graph and chart. Summary, findings, conclusion and recommendation have been presented on the basis of the study.

The result shows that the average age of menarche is 15 years and the average age of menopause is 47.4 years. That menopause is a permanent cessation was known by 74.2 percent women. Similarly, 8percent reported menopause occurs due to lack of hormone, 47 percent due to the ageing and 22 percent didn't know the causes of menopause. Likewise, 79.2 percent had experienced menopausal effects (Symptoms).Among them 63.8 percent managed by medical consultation. Altogether 34 symptoms identified themselves with the menopause. The common symptoms are urinary problems77.5 percent, dry during intercourse 66.3 percent, night sweating 48.8 percent, and vaginal dryness 43.2 percent. Similarly, 44 percent felt unattractive own self due to aging, 25 percent lonely, 11 percent inferior, 8 percent felt isolated and 12 percent felt all of the above symptoms. Some ethnic group, age, occupation, economy, poverty, food habit, early and frequent pregnancy rate, nulliparous women, alcoholic and smoking habit and personal behavior appear to affect the early age of menopause. However religion, education, abortion practice, family planning contraceptives and chronic disease do not affect the age of menopause.

The study has found that most of the women were not aware on reproductive health problems and menopausal effects. Being at age of about 40 years, health maintenance routine should include screening for problems related to menopause. Early detection of perimenopausal problems and appropriate intervention is important.

CHAPTER – ONE

INTRODUCTION

1.1 Background of the Study

Health is a fundamental human right. It is a world-wide social issue that is essential for the satisfaction of human needs. It improves quality of life. Health is an important and serious concern for human being. When man is not fit physically, mentally or socially, he can not do anything. Health is defined as condition of physical, mental and social well-being and an essential and dynamic quality of life which enables an individual to adjust in a changeable environment and conduct successful, fruitful and happy life. Health is wealth and everything. World Health Organization (WHO) 1948 defined “Health is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity.”

Women are the most responsible persons in the family. If a mother’s health is well, then she can bear and rear healthy children. She can give proper guidance for healthy life. After the age of 40, physical and biological changes take place due to process of ageing. Various types of problems will arise like physical, mental, emotional and so on.

Menstruation is a physiological process in female after the age of 11 when puberty starts. This is a series of events, occurring regularly in females every 26 ± 4 days throughout the childbearing period of about 36 years. The human menstruation cycle can be divided into two segments: one consisting of a series of changes that take place concurrently in the ovaries and uterine walls, stimulated by changes in the blood concentrations of hormones (FSH, LH). The hormones secreted in the cycle are regulated by feedback mechanisms. A normal menstruation cycle lasts from 21-35 days with 2-6 days flow and an average blood loss is 40 ± 20 ml. The absence of implantation glandular secretion cessases and an irregular breakdown of the deciduas functionalist occur. The result is a shedding of this layer of the endometrial, a process termed 'menstruation'. In Hindu culture 'menstruation' is considered as pollution. Even according to the western history, menstruation is not a good thing. Most old medicals

and religious writings on menstruation discuss as shameful, unclean or unhealthy. This belief comes from every ancient taboo. Ancient Greek and Roman countries described menstrual fluid as powerful and unclean.

Menopause is a normal function of women's life. It is one step in a long, slow process of reproductive ageing. Menopause implies the termination of the reproductive period of life in women marked by the permanent cessation of the menstrual period. It is due to the reduction of production of estrogen hormone secretion resulting from the loss of follicular function. Declining level of the hormone causes changes in the body. The hormones are important for keeping the reproductive organs healthy as well as for normal cycles and successful pregnancy. Menstruation cessases occurs between the age of 47 and 52. Sometimes it delays and sometimes vice-versa. In a few women the period stops abruptly. More-often the loss gradually diminishes or a period now and then is missed until it finally ceases. Fertility is therefore diminished and pregnancy is exceedingly rare after the age of 50. Before the menopause many women span life through the climacteric or "change of life" with menopausal symptoms.

To adjust in this changed situation, every woman should have basic reproductive health knowledge and awareness to protect from unwanted pregnancies, harmful reproductive practice, and choice of contraceptive method, safe pregnancy and delivery and treatment of infertility as well as decide when and how to have sexual contact and numbering and spacing of their children. Besides this, reproductive health should be given emphasis in its area to care reproductive organs, know about its physiological process from puberty to menopause. Menopause is a component of reproductive health but people and the government paid little attention it. The International Conference on Population and Development (ICPD) held in Cario in 1994 brought a world attention to reproductive right and health. As a result many countries have committed themselves to improve their service in this area.

1.2 Statement of the Problem

The incidences of menopausal effects in perimenopausal woman are the most common problems in the world. It directly impacts on women's sense of well-being. The incidence can be managed through developing proper awareness of it. Most women experience some symptoms during menopause. Symptoms are often

associated with hormone and rather are multifactor of the result of ageing. Effects can range from short-term to long-term changes that can have a profound effect on a woman's health.

About 80 percent women are in menopausal transition and 84 percent were experienced classic menopausal symptoms. The average age of menopause is 51.2 years in USA, UK and China, Nepal and India has 47 years. (Novak's Gynecology, 2002). Studies suggest that Nepal has 49.5 years in Kathmandu (Giri and Amatya, 1999), community study shows 47 years (Giri and Backstrom 2001), 46.8 years in high-altitude Himalayan population and 45-50 years in Palpa Bhuwanpokhari VDC (Gnawaly, 2005). The menstrual changes start 2-5 years before cessation of menses. The variation from country to country, rural to urban population and consider able in women to women. The study shows the average age of menopause in developing countries and rural area population is slightly lower than the developed countries and urban population.

During perimenopausal period many women spend life through climacteric or "change of life" and they are upset with the effects or symptoms. The patient's response to menopause may be affected by factors such as life style and regulation of the ageing process. The loss of fertility and menstrual functions accompanying natural or surgical menopause may have impact on women's health. The physician and family members are not sensitive to the emotional distress faced by the menopausal women as well as they are not prepared to offer psychological support. Subtle signs of menopause may be overlooked because women may be hesitant to report. Unless asked about those symptoms directly, these symptoms often go undetected and result can delay in diagnosis and treatment.

Traditionally in developing countries menopause and problems are accepted on normal phenomenon and paid little attention to menopause, menopausal symptoms and its effects. Even though Nepal is secular country, predominantly a Hindu religious group settles in minority. All Nepalese women can't talk and express their experience and reproductive health problems openly and predominantly prohibits to different sexes to expose.

Menopause and its effects in women's health issue is the little concerned in RH and only few studies have been conducted in limited area which has rather focused on menopause. Average age of menopause, related factors affecting menopause, possible measures to manage menopausal symptoms and menopausal age variance are still mysterious and researchable issues. The study is based on the perimenopausal women attending in OPD from different ethnic group and geographical area because other some studies were done in village, definite ethnic group and comparative. Thus this study is different from them. Moreover the previous studies were not based on the population from Palpa District Hospital, Tansen. So the researcher hopes to analyze and interpret major issues on menopause and its effects in health among women with this study.

The discussion information forms the following research questions:

- What are the causes that affect period of menopause among women?
- What is the level of knowledge and awareness on menopause and its effects in the health of women?
- How do women perceive menopause?
- What is the average age of menopause in women of study area?
- How are women coping and managing menopausal effects in normal life?
- Have the clinical practices given less emphasis to menopausal effects which predict misdiagnosis happening in clinical field?

1.3 Objectives of the Study

The general objective of the study is to find out the awareness on menopause and its effects in the health of women.

The specific objectives of the study are as follows:

- To explore the knowledge on menopausal symptoms and effects in women.
- To identify the causes that affect menopause in women of study area.
- To estimate the average age of menopause.

1.4 Significance of the Study

The study “Awareness on Menopause and its Effects in the Health of Women in Palpa District Hospital Tansen, Palpa” focuses on socio-cultural characteristics, occupation, education level, knowledge on menstruation and reproductive health, awareness on menopause and its effects in health. The study is based on menopause and its effects in the health of women and it suggest that possible measures to solve their problems .The significance of the study are as follows:

- The study helps to explore the knowledge and awareness on menopause and its effects in the health of women.
- It is useful bases for GOs, NGOs, hospitals and health agencies for planning and implementing necessary health programs concerning menopausal women.
- This research is a resource to health workers and students for study as reference materials about menopause.
- The study findings may be useful to organizations and researchers who are involved in the field of similar studies.
- It may be useful for medical personnel to develop awareness programs towards menopause and its effects among women.
- It is very useful for doctors and other medical staffs for proper needful management to menopausal effects.
- It helps to make proper diagnosis and treatment to the menopausal women.

1.5 Limitation of the Study

The limitation of the study is as follows:

- The respondents have been aged 40-55 years attending in OPD (no.120) was the population of the study.
- The study was limited to OPD at Palpa District Hospital, Tansen.
- The study focused only to assess awareness on menopause and its effects (symptoms) in relation to effects in health of women.

1.6 Organization of the study

The study is organization into fifth chapters. The first chapter is introductory part includes like as background of the study, statement of the problem, objectives of the study, significance of the study, limitation of the study and glossary of the terms.

The second chapter is a review of the related literature, like as, review of the theoretical study, review of the empirical study and conceptual framework.

The chapter is divided on research methodology, research design, selection of the study area, introduction of the study area, sources of data, sample size and sampling procedure, data collection tools, data collection procedure and analysis and interpretation of data.

The fourth chapter is specified into analysis and interpretation of data includes like as, demographic, socio-cultural and economic characteristics, knowledge of respondents' on menstruation and reproductive health, awareness on menopause and its effects or symptoms of respondents personal behavior and feelings in accordance with the finding of the study area.

The fifth chapter is concentrated the analyzed the respondents' status with respect to some specified variables according to objectives, finally this chapter includes with summary, finding, conclusion and recommendation of the study.

CHAPTER – TWO

REVIEW OF THE RELATED LITERATURE

2.1 Review of Theoretical Study

According to studies made by Gergen, 1990, menopause is regarded as the time marker of mid-life. Early signs of menopause can begin as early as 35, with average age of menopause at 50. The most consistently reported sign of menopause is the hot flush, a sensation of heat, typically restricted to the face and upper torso that lasts for a few minutes. Estimates of the prevalence of hot flushes, range from 30-93 percent of menopausal women, but anywhere between 16-80 percent of women report experiencing no menopausal indicators.

The study made by Etaugh, (1993) and Lennon, (1987) found that psychological consequences have been associated with menopause including depression, irritability and mood swings. There is no solid evidence that these or other psychological indicators are more prevalent in menopausal women than other women. Even if individual women seem to experience elevated levels of psychological distress during menopause, there are a host of other, non-biological factors that could play a role. For many women, menopause coincides with other life events such as children living home, changes in identity and body image, possible divorce or widowhood, career changes, illness of parents or partners, and so on. Focusing on menopause as the single or most critical contributor to psychological distress in the midst of such a long list of possibilities is simply another example of misplaced biological essentialism. In fact, middle aged women themselves generally report positive attitudes towards menopause.

Mitchell and Helson (1990) conducted a study on a sample of 700 college alumnae, aged 26-80, and concluded that many women in their fifties seem to be in the "prime of life". Fully half of the 51-year-old women in their longitudinal study describe their lives as "First-rate", the most favorable endorsement of any age group tested. These women describe themselves as financially comfortable, as healthier than women in their forties, as less concerned about loneliness, as engaged in politics and social issues, as valuing friendships, as autonomous, and as having high level of satisfaction.

In the second analysis of this same study, the women at the age of fifties mentioned as a "time of personal difficulties" during different period of their adult lives. The majorities were in stable heterosexual relationships, and most were employed at least part time. Different themes dominated their stories at different ages. Although these themes were not restricted to any one age, they did tend to cluster across women at certain age period. This study further found that the stories attributed to ages 21-26 oftentimes described these young women as lonely, isolated, unattractive, and inferior. A second themes focused on a bad partner-some one who possessed an unknown and undesirable characteristic (e.g., being alcoholic), all who developed a serious weakness (e.g., being suicidal), or who was a neglectful workaholic. Around both ages 30 and 40, their most common struggle centered on a search for independent identity, typically separate from that of spouse. The sequel of this search for independence appeared in the stories describing events around ages 36-46. These critical periods generally took one of two forms: grappling with discrimination at work or dealing with a partner's abandonment. Finally two themes dominated the years form 47-53 focusing on destructive relationship with partner, parents, or children or over-load pressure from work, parental care, and so on. Although themes changed with age, nothing in these women's stories suggests that life at 50 be any more or less difficult than any other time period.

Aaron Beck made the most significant contribution in the study of the depression. His cognitive-distortion model of depression (Beck, 1967, 1976; Beck et al., 1979) has been the most influential of the cognitive approaches to depression. Beck beliefs that depression can best be described as a cognitive triad of negative thoughts about oneself, the situation, and the future. A person who is depressed misinterprets facts in a negative way, focuses on the negative aspects of any situation and also has pessimistic and hopeless expectation. Beck maintains that this cognition of depressed people is specific to depression and those differs form the thoughts of people with anxiety disorder the thoughts of depressed people either focus on negative aspect of the past or reflect a negative outlook on what the future will bring. Those with anxiety as their primary symptom have thoughts that focus on uncertainty and worry about the future. The anxious person worries about what might happen and whether he or she will be able to deal with it. In contrast, the depressed person thinks about how he or

has felt in the past, how terrible the future will be how he or she will be unable to deal with it or improve it.

Beck believes that a person who is depressed attributes or blames any misfortune on his or her personal defects. Awareness of these presumed defects becomes so intense that it, completely over whelms any positive self-concept. Any ambiguous situation is interpreted as evidence of defect, even if there are more plausible explanations. Beck also thinks that depressed people tend to emphasize self-other comparisons, which further lower their self-esteem. Every encounter with another person becomes the opportunity for a negative self-evaluation.

Review of the Empirical Study

According to Nepal Demographic and Health Survey (NDHS) 2006, 4589(16.9%) are menopausal women at the age of 30-49 years.

Alan, Cherney and Nathan,(2003), 139 million women in the country, 40 millions were 50 years of age or older. Most of this women had shortly would have their last menopausal period, thus becoming post-menopausal since a women at age 50 can expect to live another 35 years. A large portion of the female population is with out ovarian function and live about one-third of their lives after the function cessases. Consequently, all women and physicians caring for women must understand the hormonal and metabolic changes associated with the menopause.

According to World Health Organization (WHO), Internationally Variability in age at menarche, first live birth and menopause - shows 13-26 years median age of first live birth, 49-52years median age of natural menopause in Europe, Americas, Asia, Australia and Africa, USA 50-51 years and China 50 years.

According to "Comprehensive Gynecology (1997)", the finding key points are the median age of the onset of perimenopause is 47.5 years and its median length is about 4 years. About 100 years ago the Average age of menopause was approximately 40 years. Now about 50 percent of post menopausal women experience hot flushes, and the incidence decrease to 20 percent 4 years after the menopause. Age at menopause is genetically predetermined and is not related to the number of ovulations, race,

socio-economic conditions, education, height, and weight, age at menarche or age at last pregnancy. By age 80, 20 percent of all white women will develop hip fractures, and 15 percent of these fractures are fatal within six months. In US each year osteoporosis causes about 300,000 hip fractures, 100,000 radius fractures and 400,000 other fractures. To prevent development of osteoporosis, estrogen replacement should be given as long as the woman is ambulatory. Estimated that currently only about 15 percent of postmenopausal American women used estrogen replacement. Although some studies have shown a statistically increased risk of gall bladder disease in postmenopausal estrogen users. In the US the current average life expectancy for women is about 78 years. About 27 years, or more than one third of a woman's average life span, is spent after the menopause. The population of women overall, as well as that of postmenopausal women has been increasing in US and worldwide.

According to Berek, (2002), about 80 percent women are in menopausal transition. In this period immediately preceding and the decades afterward, however, are of greater clinical significance. It is usually mid to late 40s; it is often uneventful but may be abrupt and symptomatic. Symptoms that begin with the menopausal transition usually 75 percent women experience flushing or sweating more than one year and 25 percent more than 5 years. Vasomotor symptoms can last from 1-3 minutes to 1 hour per day and be associated with panic attack, fatigue, palpitation, feelings anxiety, chills, irritability, depression, memory loss, nervousness 5-10 times per day probably more common 82 percent experienced the disturbance more than 1 year, 25 percent – 50 percent complain more than 5 years. Besides this many other symptoms arise in menopausal transition like amenorrhea, psychological effects, genitourinary symptoms and other cardiovascular (50%), osteoporosis (50%) and cancer (0.1%).

Gnawaly, (2005), found that 86 percent respondent knew a developmental process, 90 percent menarche age were 13-16 years, 48 percent menopause age was 46-50 years, 64 percent have smoking habit, 24 percent have complained dryness of vagina and hot flushes, 50 percent of dysuria, 75 percent have itching vagina, 41.7 percent have headache whereas none had used family planning methods in Palpa District of Nepal.

MOHP 2003 states that menopause is a normal part of the ageing process, caused by declining ovarian estrogen production. The declining is gradual and usually beginning around the age of 40. The average age of menopause world-wide is 51, and menstrual

changes start on average 2-5 years before cessation of menses. The variation from country to country and from women to women. Factors that determine age of onset and the degree to which symptoms are experienced include family history, alcohol intake and smoking, body weight and general nutritional status. In a recent community based study in Nepal 25 symptoms or menopausal effects were identified, out of which 5 were most pronounced. These are loss of sexual interest, decrease vision, joints pain and body ache, urinary problems, night sweats and hot flushes.

According to Seshardi (2006) argues that traditionally in developing countries menopause and problems there of are accepted on normal physiological phenomenon. Being heavily preoccupied with issues like communicable disease, not difference, maternal mortality health system in developing countries have traditionally paid little attention to menopause, menopausal symptoms and its effects.

Boston (2007), shows problems that some women associate with changing hormones including 26 percent of women have severe hot flashes among them 15 percent were experienced more than 15 days per month and 9 percent experience them everyday. 30 percent of women were reported sleep disturbances among them 45 percent reported 3 years after menopause. 50 percent of women were reported bothersome vaginal dryness with painful coitus for 3 years. 30 percent of all ages women were experienced depressed mood, urinary incontinence, cognitive functioning (thinking and judgment) and 40-60 percent of women were experienced joints pain and body ache because of menopausal transition. How long these problems persist during the menopause is uncertain because most studies have not followed women for more than two or three years after their final menstrual period.

Love Research Foundation Menopause and Women's Health (2007). A woman can enter menopause one of these ways naturally, by simply living long enough; surgically, by having her ovaries removed; and chemically, through chemotherapy or organs used to stop ovarian functioning. Menopause is a "disease" that results from "estrogen deficiency" that must be treated. Menopause is not a "deficiency state". Women are not returned to perimenopause by taking hormonal tablets. We become aware that something is going on with our bodies during perimenopause, which is basically the reverse of puberty. It's during this time that women's hormone levels are changing, preparing for the ultimate switch to the lower levels that will bring reproductive years to the end. Perimenopause typically takes between 3-6 years; then the body settles in to a menopausal state.

Giri and Backstrom (2001, July), "A pilot study on menopausal symptoms in Nepal" found that the Average age of menarche for all caste and ethnic groups is 15 years. The highest average age of menarche is 16 years of Gurungs, Bahun Chhetries and Tamangs and the lowest is 13 of the Tharus. The age of menopause ranged from as young as 37 years to 50 years of age. Average age of menopause of all women respondents is 47 years. The highest average age of menopause is 50 of the Gurung women, and the lowest is 44 of the Bahun - Chhetri women. Average age of menopause of unmarried women is highest 49 years and of separated is 45 years. As an exception Tamang women had menarche at the age of 18 and a premature menopause at the age of 37. The data reveals that average age of menopause increases with the age of the women. The minimum age of menopause is 41 of those women who are currently less than 45 years old and highest age of menopause is 52 of those women who are currently more than 60 years old. This suggests that the age of menopause is falling. Respondents belonging to six different castes and ethnic groups and one mixed group have reported altogether 27 different menopausal symptoms. Out of 31 symptoms identified by women in other parts of the world Nepalese women related with 25 symptoms. However, some of the noteworthy characteristics of menopausal symptoms mentioned by women respondents by themselves are:

- There are cross-cultural variations in the perception and/or experience of menopausal symptoms in Nepal.
- The number of symptoms identified by different caste and ethnic groups ranged from 7-13 symptoms.
- The common symptoms identified with the menopause by all women respondents from all caste/ethnic groups are four loss of sexual interest, decreased vision, joints pain and body pain.
- Almost all women from all caste and ethnic groups mentioned loss of sexual interest as the most significant menopausal symptoms.

Source: (Giri and Backstorm)

Positive attitude towards menopause was felt by majority of the women interviewed. In the focus group discussion, many women from all castes and ethnic groups reported feeling very good once their menstruation stopped. During medical examination, out of 125 women respondents only 28 percent of them said that they now feel worse than before their menstruation stopped and the remaining women felt either better than before or same as usual. Women belonging Hindu castes, namely

Brahmin, Chhetri and Sarkis were happy because Hindus consider menstruation as pollution. Given such cultural practices Brahmin, Chhetri women's groups expressed their joy of liberation thus **“we feel free like birds from all social, religious and cultural restrictions.”** Similarly some Gurung women said **“we feel ourselves as male.”** They were happy because they can freely participate in religious activities, social occasions, festival and rituals. Happiness about menopause was not limited to the individual women who had it but other family members because the work load could be shared by all of them all the time, as there would be no restriction to physical activity because of menstruation.

Giri and Amatya conducted the first ever study of “Menopausal age and common symptoms in Nepalese women” in 1998. Out of 200 sample of women 40 years and above (100 from the Gynecological OPD) of Teaching Hospital and (The other 100 sample from 3 villagers around the hospital), the most common symptoms found included urinary, backache and memory problem. The Average age of menopause was 49.5 years.

According to Healthy NJ- Information for Healthy Living – Menopause, says that menopause is the time in a women's life when her period stops. It is a normal change in a women's body. The change often happens between the ages of 40-55 years old. Many women wonder if these changes are normal and many are confused about how to treat their symptoms. Menopause affects every woman differently. The common symptoms are change in patterns of periods (can be shorter or longer, lighter or heavier, more or less time between periods), hot flushes, night sweats, sleeplessness, vaginal dryness, mood swings, feeling crabby, crying spells, trouble focusing, feeling mixed-up or confused, hair loss or thinning, more hair growth on face etc. It suggests eating a healthy diet and exercising at menopause and beyond are important to feeling the best. Most women do not need any special treatment for menopause and some needs treatment. Sometimes menopausal symptoms go away over time without treatment, but there's no any to know when.

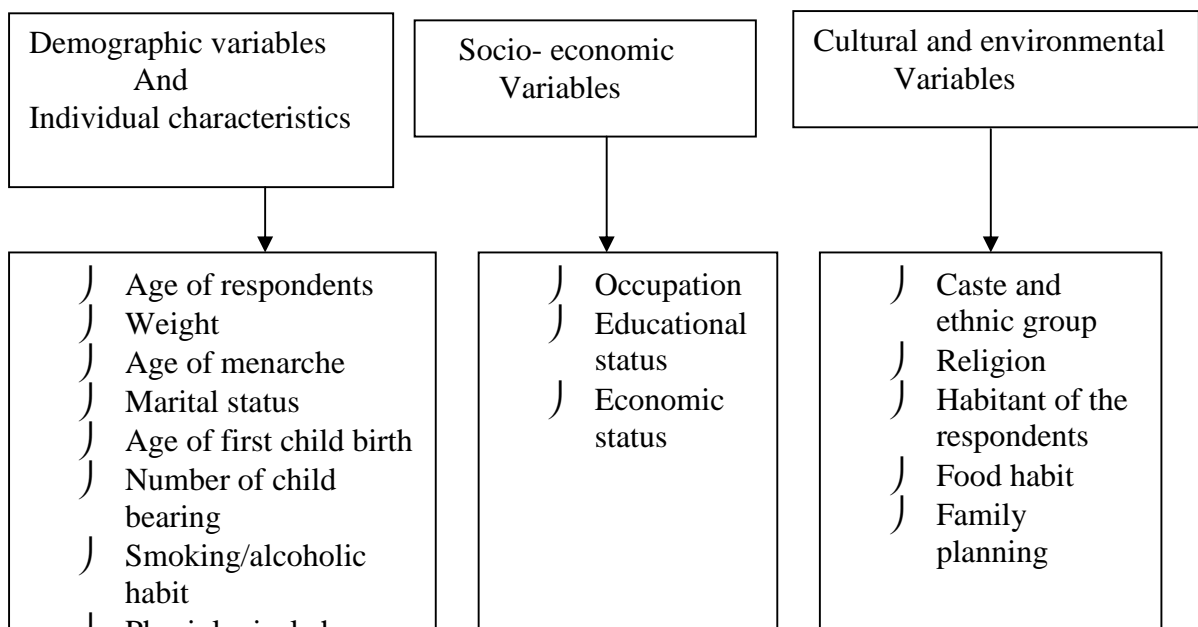
from all the above reviewed literature available evidence indicate that the main focus has been placed on awareness on menopause and its effect in the health of women to

aware menopausal women and provide necessary health services according is prime important.

2.1 Conceptual Framework

According to the above literature review, A conceptual framework is conducted which will be conceived to analyze the awareness on menopause and its effects in health among women at Palpa District Hospital, Tansen, which has shown in following:

Conceptual Framework on Awareness on Menopause and its Effects in the Health of Women



Knowledge on menopausal
Effects or symptoms in
Health

There are different independent variables like demographic variables and individual characteristics, socio-economic, cultural and environment variables which are related to menopause. It may cause the variable periods of menopause. The demographic variables and individual characteristics of the respondents including the age, weight, age of menarche, marital status, age of first child birth, number of child bearing, smoking and alcoholic habit, physiological changes and chronic diseases. The socio-economic variables including the occupation, education and economic condition affect the attainment of respondents. Similarly the cultural and environmental variables including the caste / ethnicity, religion, place of habitant, food habit and practice of family planning contraceptives.

All the variables are related to menopause which influence directly or indirectly. Every women should have knowledge on variables as well as reproductive health, menstruation, menopause and menopausal effects in health which occur in women's' life during pre-pheri and postmenopausal period, so the level of awareness on menopause and its effects depend upon the level of knowledge on menopause and related factors. If women are aware towards menopause and its effects in health they could manage menopausal affects themselves properly which make easy their daily life. If they don't have knowledge and awareness on different variables, reproductive health, menstruation, menopause and menopausal effects in health they would suffer from various problems physically, mentally, socially, emotionally, psychologically, spiritually and so on. Following that they will go for medical consultation to solve the problems. In the process the chief complaint, physical examination and subtle sign observation medical practice not to help manage and treat the problems by counseling, treatment with medicine or by the Hormone Replacement Therapy (HRT). Therefore the different variables and knowledge on various aspects are in the background.

CHAPTER – THREE

RESEARCH METHODOLOGY

Without proper methodology we can not reach the destination point of our research. The study of “**Awareness on Menopause and its Effects in the Health of Women in Palpa District (A Case Study of Women Visiting in Palpa District Hospital, Tansen)**” is new in its nature in our society. Specially this chapter deals with a set of methods employed for research design, selection of the study area, introduction of the study area, source of data, sample size and sampling procedure, data collection tools and instruments, data collection procedure and methods of analysis and interpretation of data to accomplish the goal of this research.

3.1 Research Design

The study has been based on descriptive research method with fact-finding operation searching for adequate information using primary sources of data through quantitative research methods. The study has included description, analysis and interpretation of data collected for field survey.

3.2 Selection of the Study Area

The level of awareness is lower in rural area than in urban area. The researcher thought the urban women might gain a little knowledge and awareness concerning menopause and its effects due to education opportunity than rural women. There were altogether three hospitals run by government and non government organization in Palpa district. All of the hospitals were not able to be included in research because a large number of women could not be covered at a place. So Palpa District Hospital, Tansen was selected in the research which has represented all the hospitals of Palpa district. Due to the lack of time, resources and budget, the researcher has selected only Palpa District Hospital of Tansen, Palpa. The researcher is familiar with this hospital, so it is easy to study the awareness on menopause and its effects in the health of women.

3.3 Introduction of the study area

Due to the lack of proper awareness on menopause and its effects, large portion of female population (84%) were of vulnerable and spending sorrowful life. If we pay little attention towards it, it can be managed easily. Palpa is one of the most beautiful hilly districts laid in the Lumbini Zone. It belongs to the Western Development Region of Nepal. It is somewhat rectangular extending from east to west with an area of 1373sq. kilometers topographically. It is located between latitude of 27°.34' to 27.27' north and longitude of 83.15' to 84.22' east, Syanja Tanahun and Gulmi in the north Rupendehi and Nawalparasi in the South, Arghakhanchi and Gulmi in the West and Nawalparasi in the east bound. The altitude range of from sea level is 152m. to 1936m. The climate varies from sub-tropical to mild temperature of the district range from 8°C to 28°C with the average annual rainfall of 1903.2mm.

“Health, Education and Tourism” is the slogan of Palpa district. To meet this slogan Palpa District Hospital has been working for many years and providing high quality health care at the level of zonal hospital. It is still providing preventive, curative and promoting health services to the people of Palpa district. Many People are attending from different geographical area with different caste, ethnics, cultures and religions. It provides basic health service to lots of people each year. Annually more than 3318 female patients come for check-up in this hospital. Among them 398(40-55years women) have been attending menopausal women (according to hospital statistics). There is no any specific program for menopausal women and nobody is aware of it. No any research has been done about this topic in the past. Therefore the research topic is “Awareness on Menopause and its Effects in the Health of Women in Palpa District Hospital, Tansen”. If I succeed in this research study, it will help to make aware on menopause and its effects or symptoms in the health among women as well as provide proper guidance to manage perimenopausal and menopausal women.

3.4 Source of Data

The number of female patients' flow was quite high in out-patient department in Palpa District Hospital Tansen. According to the hospital statistics 3318 women attended in OPD each year. Among them 398 (12%) menopausal women attended

each year for check-up with various problems. Those women were the main sources of the study. The primary data was collected from all women aged 40-55 years. It was based on the collected information regarding menopause and its effects in health. Besides this, information accumulated from the facts about menarche, socio-cultural characteristics, number of childbearing women, occupation, education level, nutrition, use of family planning contraceptives, abortion, alcohol and smoking habit, attitudes and opinion on menopause, experience of menopausal (effects) symptoms, personal feelings and so on.

3.5 Sample Size and Sampling Procedure

During the month of July, 3 to August, 5, the researcher regularly visited the Palpa District Hospital, to acquire the knowledge related to menopause and to make base for collecting the data related to menopausal problems.

The study had used the primary data collection on sample survey. Only the women aged 40-55 years attending in OPD at Palpa District Hospital, Tansen had been taken for the study as they were appropriate for the research topic and objectives. The convenience sampling technique was applied to select the sample size. The total numbers of 120 women were selected as sample for this study. At least 30% sample was reliable for the research purpose. The total number of female out-patient attendance was 3318 in the F/Y 2064/065. Among them 398 were menopausal women (according to the hospital statistics). The total number of menopausal women aged 40-55 years was too large in sample size. So, only 30 percent of 398 was $119.5 = 120$ which is my actual sample size of the study.

3.6 Data Collection Tools

For the data collection, the researcher used interview schedule. The interview schedule was the main tool for the collection of necessary information. The interview schedule had both open and close-ended questions. The schedule was designed to be obtaining the information from various aspects on menopause and its effects in the health of women and related factors on the basis of objectives. It had some questions that seek information on menarche, socio-cultural characteristics, occupation, abortion, age of first child-birth, number of childbearing, use of family planning

contraceptives, food habit, alcohol and smoking habit, chronic disease, attitude and opinion of the respondents regarding menopause, menopausal effects, reproductive health, personal feeling, opinion on life partner, independent identity, relationship between partner, parents and children, over-load pressure from work and parental care and so on. The questionnaire was developed with the consultation of reference materials, magazine, books, reports, supervisor, doctor and so on.

3.7 Data Collection Procedure

Data collection is one of the most important aspects in research. The data was collected using primary sources of data through interview method. The sample size was selected using convenience sampling technique. One hundred twenty women aged 40-55 years were the main source of information for the study. The questionnaire was designed to evaluate the awareness on menopause and its effects in the health of women. Besides this, the questionnaire seeks information on socio-cultural characteristics, knowledge on menstruation and reproductive health and so on. The data collection was conducted in July 3, to Aug 5, 2008.

3.8 Analysis and Interpretation of Data

In the process of data analysis and interpretation, the researcher checked and filled questionnaire carefully to remove possible errors and inconsistencies. The data was coded and edited to maintain accuracy and completeness. The collected information was processed in data base with the help of micro computer. The collected data was managed with the help of Ms. Excel. The data has examined the relationship between dependent and independent variables in statistical package using simple statistical tools as number, percentage, average etc. The data has been presented in tables, graphs, pie chart and more of the data has presented in percentage and tables to analyze the results. Finally, the conclusions have been drawn and recommendations have been made to the organization, policy makers, medical personnel and women for the improvement of awareness on menopause and its effects in the health of women as well as further studies.

CHAPTER – FOUR

ANALYSIS AND INTERPRETATION OF DATA

This chapter presents information on demographic socio-cultural and economic characteristics, knowledge on menstruation and reproductive health of women, awareness of menopause and its effects, food and nutrition, alcohol, smoking habit, personal behavior, involvement in organization, search for independent identity and disease presentation of the respondents in main new parts. The demographic, socio-cultural and economic characteristics consist of respondents according to age, marital status, race and ethnicity, religion, occupation, education, and economic status. The knowledge on menstruation and reproductive health of women including menarche, menstrual problems, age at marriage, first child-birth, number of living children, pregnancy, abortion, abnormal vaginal bleeding and family planning. Awareness on menopause and its effect consists of opinion and knowledge on menopause, menopausal effects, abnormal uterine bleeding in menopausal period, sexual problem and practice of menopausal effects management. Likewise, food and nutrition, alcohol, smoking habit and morbidity experience, personal behavior, involvement in organization and search for independent identity were presented. Finally the relation between different variables and menopause has been drawn in overview.

4.1 Demographic, Socio-Cultural and Economic Characteristics

4.1.1 Distribution of Respondents by Demographic Characteristics

The study focused on the respondents aged 40-55 years. Distribution of population by age group has been shown in the table no.1

Table No.1: Distribution of Respondents by Demographic Characteristics

Characteristics (Age in Years)	Number	Percent
40-43 years	20	16.7
44-47 years	25	20.8
48-51 years	35	29.2
52-55 years	40	33.3
Total	120	100
Average age = 48 years		

Source: Field survey, 2008

Table no.1 shows the age group of respondents. Among 120 respondents, the majority of respondents were between ages of 52-55 years, 33.3(%) followed by those between ages 48-51 years, 29.2(%) . The average age of respondents was 48 years. The above data reveals that the average age of respondents was matched with the age at menopause 47-52 years of women.

4.1.2 Marital Status of the Respondents

Marriage is a relationship between male and female. It is a fundamental aspect for the expansion of the family and generation. The status of individual with regard to marriage is composition of population and is widely presented in information derived from censuses, survey and registration system. The most common method of categorizing individuals recommended by the United Nation is distinguished in five categories:

Single person (Never married).

Currently married population.

Person divorced and not re-married.

Person widowed and not re-married.

Person married but legally separated.

In the process of assessing marital status all the respondents were asked questions about marital status. The responses had been shown in the table no.2.

Table No.2: Marital Status of the Respondents

Marital Status	Number	Percentage
Married	116	96.7
Unmarried	4	3.3
Total	120	100

Source: Field survey, 2008

Table no.2 shows that the marital status of respondents among 120 respondents, 96.7 percent were married and only 3.3 percent were unmarried.

The result shows that majority of the respondents were married. It is the result of traditional, cultural and superstitious attitude of our society. Our society encourages allows the marriage of daughter before menarche. On the other hand marriage is almost universal in Nepal.

4.1.3 Ethnicity of the Respondents

Nepal is a diverse country in race or ethnicity because there are different castes, ethnic groups having their own languages and culture. To ascertain race or ethnicity respondents were asked about their caste. The responses of respondents have been shown in figure no. 1.

Figure No. 1: Ethnicity of the Respondents

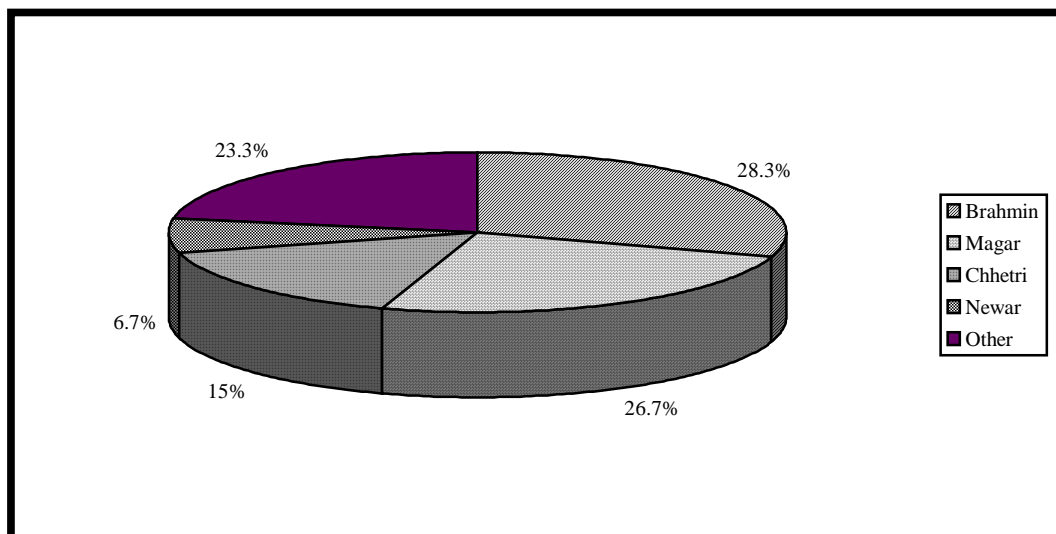


Figure no.1.shows that the majority of respondents, i.e. 28.3 percent were Brahmin. Similarly 26.7 percent were from Magar, 15 percent from Chhetri, 6.7 percent from Newar and others 23.3 percent represent Thakuri, Tharu, Kumal, Muslims and disadvantaged groups such as Sarki, Bishowkarma and Damai castes.

4.1.4 Distribution of Respondents by Religion

It is the belief of the people for the goodness in the past but now the sense of real religion is getting lost. Although Nepal is a secular country with legal provision of no discrimination on basis of religion, people follow different religions in our country. However there is good religious tolerance among them. Hindu population in the country has been consistently higher (80%) than others. The study also found out respondents following different religions as shown in table no. 3.

Table No. 3: Distribution of Respondents by Religion

Religion	Number	Percent
Hindu	112	93.3
Buddhist	4	3.3
Christian	2	1.7
Muslim	2	1.7
Total	120	100

Source: Field survey, 2008

Table no. 3 shows that an overwhelmingly large proportion (93.3%) of respondents were Hindu, followed by Buddhist (3.3%). A few (1.7 percent each) were Christian and Muslim.

4.1.5 Occupational Status of Respondents

The occupation is the main sources of economic status. In the family where income is high, family needs can be easily met. It also affects education, ability and prestige of life. Most of the Nepalese women depend on agriculture. A few numbers of women depend on governmental and non-governmental service. Among of them are in

household works, labor, and business and so on. The occupation of women depends on the quality of education and life style. It also affects on the awareness of menopause and its effects on health. Occupational status of women among 120 respondents has been shown in figure no.2.

Figure No.2: Occupational Status of Respondents

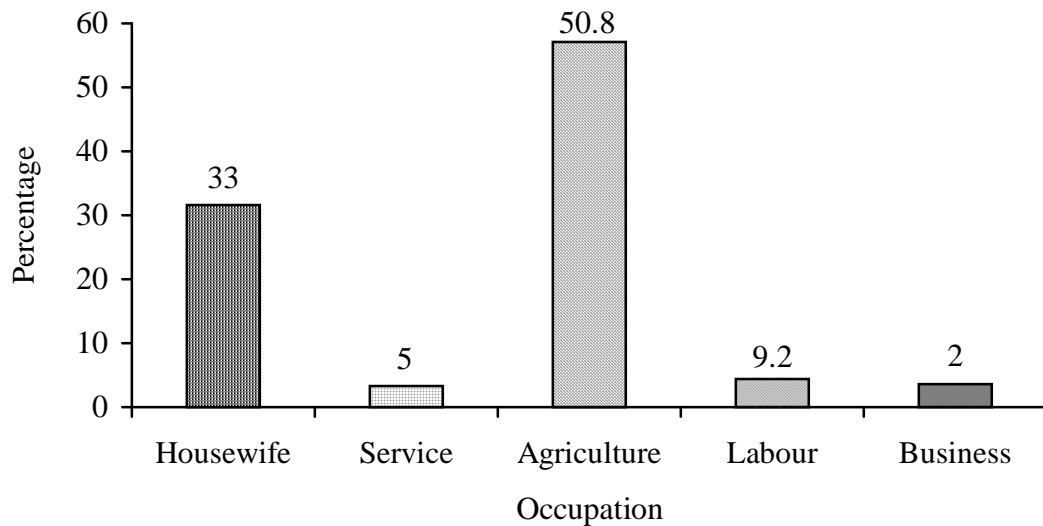


Figure no. 2 signifies that occupational status of the respondents among 120 respondents, 50.8 percent were involved in agriculture. Likewise, 33 percent were housewives, 9.2 percent were laborers, 2 percent were business women and 5 percent were service holders.

The above information revealed that the higher numbers of women were involved in agricultural profession and household works. But the lower percentages of women were involved in business, service and others. It shows that most of the Nepalese are dependent on agriculture.

4.1.6 Educational Status of the Respondents

Education is the means for civilization of people. Education plays the significant role in development of people and their society. So that it is crucial socio-demographic factor.

The educational status of the respondents has been shown in table 4.

Table No. 4: Educational Status of the Respondents

Level of education	Number	Percent
Illiterate	70	58.3
Literate	31	25.8
Primary Level	5	4.2
Lower Secondary Level	9	7.5
Secondary Level	2	1.7
Higher Level	3	2.5
Total	120	100

Source: Field survey, 2008

Table no. 4 signifies that the majority of respondents; 58.3 percent were illiterate and 25.8 percent were just literate. In the same way 7.5 percent were lower secondary level passed, 4.2 percent were only primary level passed, 2.5 percent received higher level education and only 1.7 percent were secondary level (S.L.C.) passed .The above information revealed that the educational structure of women is lower than the whole Nepalese female educational structure. It influenced health status of women as well as her family members.

4.1.7 Economical Status of the Respondents

Nepalese social life is also determined by economy of the country and economical status of people. In the past there were two distinct blocks: capitalists and workers. Exploitation was the basis of the classification. Today, even in this democratic situation, there are three classes of people found in Nepalese society viz rich, middle class and poor people. There are very few rich people, more in the 'poor' and many more in the 'Middle' class. In spite of all these divisions, there is harmony and clashes between those classes are rarely found, heard and seen in the Nepalese society. The per-capita income of Nepalese people is US\$ 386. Economical status directly influences the women's health as well as family members and nation. Economical status of the respondents found in this study has been shown in table no. 5.

Table No. 5: Economical Status of the Respondents

S.N.	Annual Income in Thousand rupees	Number	Percent
1	Less than 10,000	50	41.7
2	11,000-15,000	24	20
3	16,000-20,000	12	10
4	21,000-25,000	8	6.7
5	26,000 Above	26	21.6
Total		120	100

Source: Field survey, 2008

The table no.5 shows the majority of 41.7 percent mentioned that they had less than 10 thousand income annual in the family. Similarly, 21.6 percent had more than 26 thousand, 20 percent 11-15 thousands while 10 percent of them had 16-20 thousands. And 6.7 percent had 21-25 thousands annual income in their family.

The above information indicates that the economic status of the respondents was not satisfactory. So we can say that they need to struggle to fulfill their basic need throughout the whole year.

4.1.8 Sustainability of the Respondents Family with Their annual Income

Due to the lack of irrigation, knowledge, experience, practice and modern technology, the rate of agricultural production is decreasing. People don't have equal opportunity in government and non-government service due to lack of education in related subject. So they need to depend on their agricultural production mainly. To assess the sustainability of family from the annual income of the respondents, questions were asked. The answers have been demonstrated in table no. 6.

Table No. 6: Sustainability of the Respondents Family with their annual Income

Duration of Sustainability	Number	Percent
Less than 3 month	36	30.0
3-6 months	7	5.8
6-9 months	35	29.2

9-12 months	9	7.5
More than 1 year	33	27.5
Total	120	100

Source: Field survey, 2008

Table no. 6 shows the sustainability of the respondents' family with their annual income. Out of 120 respondents, 30 percent for less than 3 months, 29.2 percent from 6-9 months, 27.5 percent sustained over one year, 7.5 percent till from 9-12 months while 5.8 percent were able to sustain only from 3-6 months with their annual income.

The above information revealed that the sustainability of the respondent's family with annual income is very low. It shows that the majority of the people are lying below poverty line. It directly influences health, education, nutrition and other factors relating to health of women and their family.

4.2 Knowledge of Respondents on Menstruation and Reproductive Health

Before the puberty the ovaries are inactive but the stroma already contains immature follicles, each of which contains an ovum. During the childbearing years, one ovarian follicle matures at each menstrual cycle. During fertile years normal women menstruates between 300-500 times. It is the loss of blood, mucus and the discarded cells of endometrium. Each menstrual period occurs at about 28 days (21-35 days) intervals in the non pregnant of reproductive age and lasts form 3 to 7 days. The vaginal discharge and blood loss measures 20-60 ml.

WHO has defined "Reproductive health is a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity in all matters of relation to reproductive system its function and process".

Due to the lack of knowledge and information the women are facing many problems. The information of respondents on menstruation and reproductive health of women in Palpa District Hospital, Tansen has been shown in different topics.

4.2.1 Knowledge of age at Menarche

The menarche in woman's life marks potential beginning of the childbearing years but full fecundity is not established until several years. Menarche usually takes place in the early or mid teens. It usually occurs between the age of 11-16 years. The average age of menarche is nearly 13 years in modern developed countries and slightly higher in poor, malnourished female.

The respondents were asked about the age of menarche to know about their knowledge on menarche. Their answers were variables. Figure 3 has shown the percentage of data about it.

Figure No: 3 Knowledge of age at Menarche

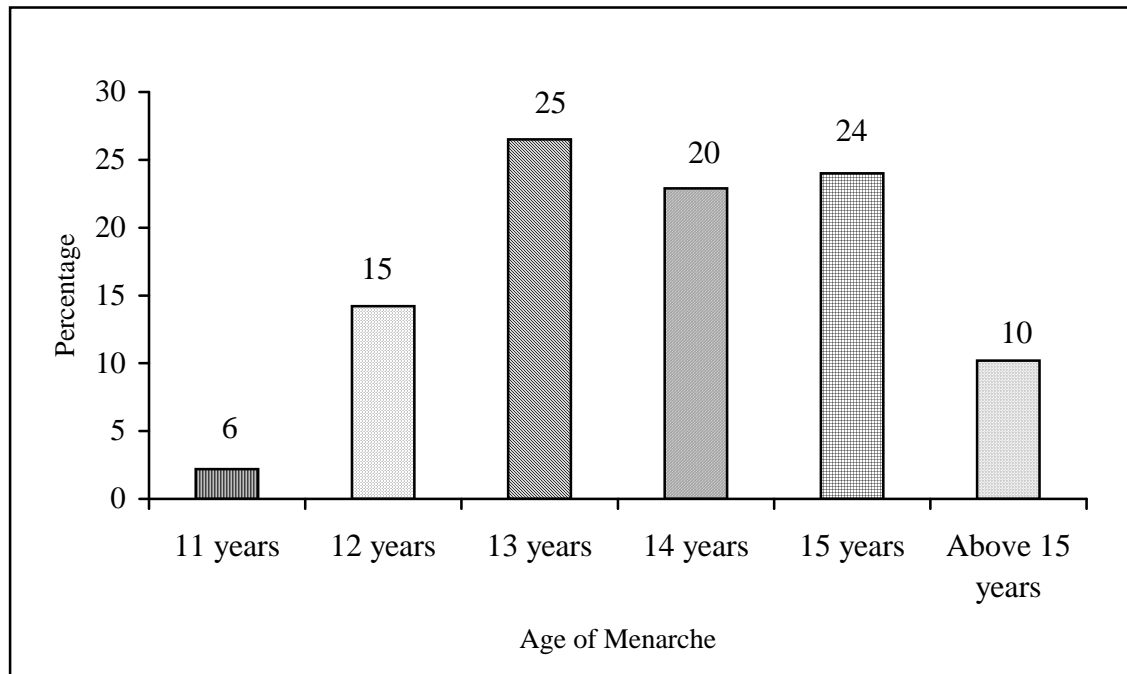


Figure no.3 shows the knowledge on age of menarche occurring in the girls. Among 120 respondents, 25 percent answered that it takes place at 13 years, 24 percent at 15 years, 20 percent at 14 years, 15 percent at of 12 years, 10 percent at above 15 years and only 6 percent had the menarche at the age of 11 years.

The above information revealed that most of the respondents were familiar with the age of menarche.

4.2.2 Respondents According to their Age at Menarche

Menarche is the first menstruation which marks the onset of puberty in the female. It usually occurs between the ages of 11-16 years. To find out the actual age of menarche the respondents were asked about the age of their menarche's start. The responses have been shown in table no.8.

Table No. 7: Respondents According to their Age of Menarche

Age of Menarche Started	Number	Percent
11 years	4	3.3
12 years	10	8.3
13 years	14	11.6
14 years	20	16.6
15 years	24	20
16 years	18	15
17 years	11	9.1
18 years	9	7.5
19 years	5	4.6
20 years	2	1.6
21 years	3	2.5
Total	120	100
Average Age of Menarche = 15.2 Years		

Source: Field survey, 2008

Table no.7 explains the number of respondents according to their age of menarche. Out of 120 respondents, 20 percent experienced their menarche at the age of 15 years and only 1.6 percent at the age of 20 years. The range of menarche started in Nepalese women is between 11-21 years. But the average age of menarche is 15.2 years which is quite high than in developed countries.

4.2.3 Knowledge on Causes of Menstruation

The menarche generally starts with 2 years of the earliest sign of breast development, usually at the age of 13-16 years. The average age of menarche is 15.2 years. Normally menstruation cycle occurs every month from menarche to menopause up to 40-51 years of age. The length of menstrual cycle varies during fertile age, being most regular between the ages of 20-40 years. The menstruation is the outward and visible

sign of periodic activity of the ovaries, which is resulting effects from estrogen and progesterone hormone.

To know about the causes of menstruation respondents were asked a question about it. The response of respondents has been shown in the table no. 8

Table No. 8: Knowledge on Causes of Menstruation

Causes of Menstruation	Number	Percent
Hormonal effect	6	5
Divine causes	20	16.7
Natural phenomenon	10	8.3
Due to maturity	14	11.7
Don't know	66	55
Other causes	4	3.3
Total	120	100

Source: Field survey, 2008

Table no.8 shows that the majority of respondents out of 120, 55 percent mentioned that they don't know the actual cause of menstruation and 16.7 percent answered as it was due to the divine power, 11.7 percent answered it due to maturity, 8.3 percent answered natural cause, 5 percent answered hormonal effect as its cause and only 3.3 percent answered other causes.

The above data cleared that due to lack of education and awareness majority of the women were unknown about the real causes of menstruation believed about divine effect.

4.2.4 Knowledge on Interval of Menstruation Cycle

The menstrual cycle is dated from the first day of the menstrual period until the beginning of the next. In intervals range from 28 ± 7 days and a menstrual length (bleeding range) is 4 ± 2 days (obstetrics & Gynecology, 2003). A question asked to assess the knowledge on interval of menstruation cycle to all respondents. The data of responses has been shown in figure no. 4.

Figure No. 4: Knowledge on Interval of Menstruation Cycle

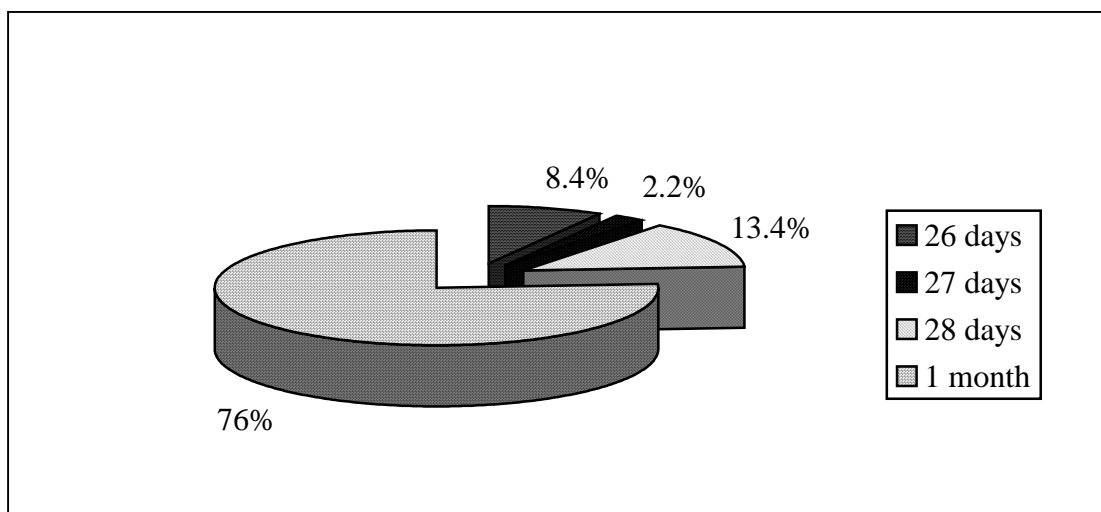


Figure no. 4 indicates that the majority of respondents out of 120, 76 percent mentioned that the days interval of menstruation cycle occurs in one month (30 days), 13.4 percent said 28 days, 8.4 percent said 26 days and rest of all said 27 days.

The above data revealed that menstruation cycle repeated after 26-30 days interval and the average interval of menstruation cycle is 29 days. From the study it is found that most of the respondents have knowledge about the interval of menstruation cycle.

4.2.5 Duration of Bleeding in Menstruation Period

In menstruation blood, mucus and sludge come out from uterus. The average menstrual blood loss per menstruation period in a healthy western women population range between 37-43 ml. and 70 percent of blood loss occurs in the first 48 hours. To find out the duration of vaginal bleeding during menstruation, respondents were asked generally for how many days bleeding occurs in your menstruation. The result has been presented in the table no. 9

Table No. 9: Duration of Bleeding in Menstruation Period

Days of bleeding during Menstruation	Number	Percent
3days	30	25
4days	25	20.8
5days	34	28.3
6days	15	12.6
7days	12	10
More than 7days	4	3.3
Total	120	100
Average days of Bleeding = 4.7days (4-5days)		

Source: Field survey, 2008

The above table no 9 shows that the duration of bleeding in menstruation of the respondents. Firstly, 28.3 percent mentioned that the bleeding lasts for 5 days during menstruation, 25 percent mentioned for 3 days, 20.8 percent said for 4 days and minority of 3.3 percent respondents mentioned for more than 7 days.

The above data revealed that the average days of per vaginal bleeding is 4.7days (4-5days) in Nepalese women. The data of this study is quite similar to the normal duration of bleeding in menstruation in Nepalese women.

4.2.6 Types of Problem Faced by Respondents in Menstruation

A large percentage of women admit the onset of multiple symptoms which include physical, mental, behavioral and emotional. To find out the types of problems, all woman respondents were asked questions about the problems during menstruation. It was found a large number of women had faced those types of problem. The answers are presented in percentage in table no.10.

Table No. 10: Types of problem faced by Respondents in Menstruation

Response about Problem in Menstruation	Number	Percent
Yes	89	74.2
No	31	25.8
Total	120	100
Types of problem(Multiple responses)		
Lower abdomen pain	76	85.3
Vaginal discharge	13	14.6
Backache	70	78.7
Headache	26	29.2
Asthma	7	7.9
Sweating	14	16.9
Others*	19	21.3

Source: Field survey, 2008

*Others include fear, chills, dizziness, fever, itching body, lethargy, disurea, irregular, bleeding, body-ache, lower limbs pain, loss of appetite, high bleeding, low bleeding, vaginal itching and pain.

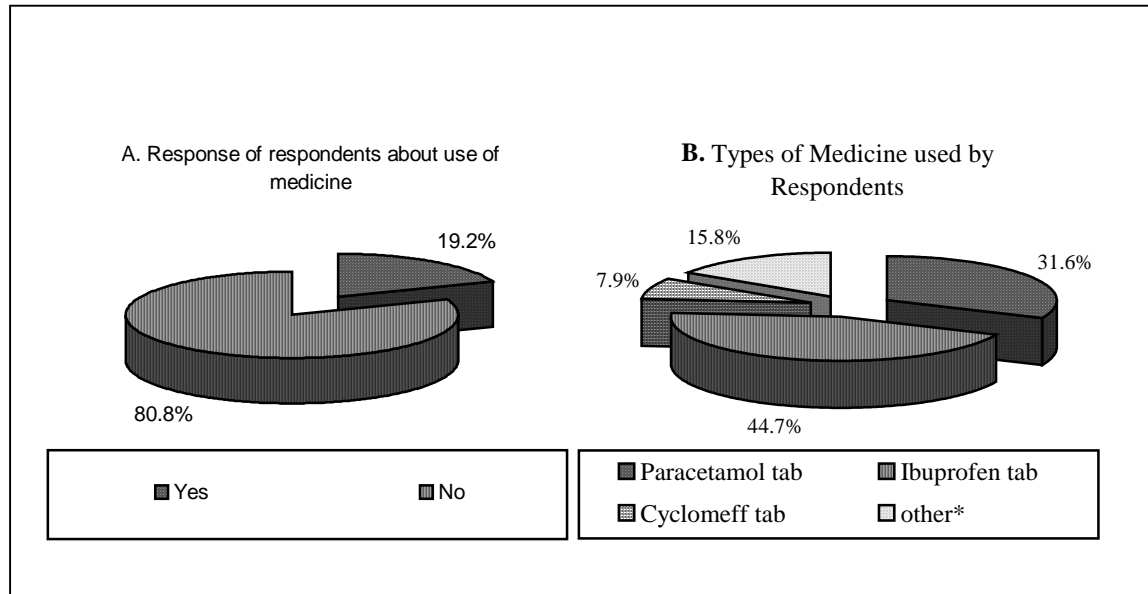
Table no 10 shows that near about three fourth, 74.2 percent had problems and 25.8 percent had no problems at all in their menstruation period. This data revealed that majority of women had problems in menstruation although their problems were variables.

The problems during menstruation indicate that their concern with health care was generally low. Among 89 respondents who had problems during menstruation, 85.3 percent had lower abdomen pain, 78.7 percent backache, 29.2 percent headache, 16.9 percent sweating, 14.6 percent vaginal discharge, 7.9 percent asthma and 21.3 percent others problems. The above data clarified that multiple problems or symptoms were faced by women during menstruation. Generally, menstruation is free from such symptoms. The occurring symptoms might be due to the causes of hormonal disorders, physiological changes and so on, which needs further investigation.

4.2.7 Types of Medicine Used in Menstrual Problem

The respondents were asked if any kind of medicine was used during the menstrual problem period and what types of medicine they used. They were also asked if they had known the ways of menstrual problem management themselves. The responses have been shown in the figure no.5.

Figure No. 5: Types of Medicine Used in Menstrual Problem



* Others include: Herbal medicine, Local medicine, lama.

Figure no. 5 denotes that use and types of medicine in menstrual problems. Nearly one fifth of women, i.e. 19.2(%) used medicine in their menstrual problem and majority of respondents, i.e. 80.8 (%) did not use any medicine in menstrual problem.

Likewise respondents who had problems were asked about the medicine they used during menstruation. Among them 44.7 percent used Ibuprofen in majority and 31.6 percent used paracetamol tab and 7.9 percent cyclomeff tablets. In spite of this 15.8 percent followed other treatment methods like lama, baidhays, herbal medicine, jadibuti etc.

The above data reveals that rural women are still following local remedies believing in traditional healer and treatment procedures due to the lack of health education, health services and due to the poverty.

4.2.8 Respondents according to Age at Marriage

Marriage is a suitable permanent bond between permissible mates as well as an institution admitting men and women for family life. Hoebler defines "Marriage is a complex of social norms that define and control the relations of mate pair to each others, their kinsmen, their offspring and society." Marriage has its own characteristics like universal institution, an average contact of persons of opposite sex, increment of mutual relation between male and female, results of social and religious ceremony and social sanction. In Hindu religious culture there are own strict rules in marriage. Marriage before the menarche is valuable according to Hindu religious culture. If they did so parents get virtuous religiously. To assess the age of marriage, the women were asked the question at what age you got married. The response has been shown in the table no 11.

Table No. 11: Respondents according to Age at Marriage

Age at Marriage	Number	Percent
Below 15 years	27	23.3
15-20 years	63	54.3
21-25 years	22	18.9
Above 25 years	4	3.4
Total	116	100

Source: Field survey, 2008

Table no.11 shows that more than half, 54.3 percent women were married between the age of 15-20 years, 23.3 percent at the age of below 15 years and lowest of 3.4 percent at the age of above 25 years.

The above data revealed that majority of the respondents were married between the age of 15-20 years and second majority at 15 years, which is badly influenced by religious and cultural superstitions.

4.2.9 Number of Living Children

To examine fertility levels, trends and differentials, all the respondents were asked about their number of pregnancies, number of living children, use of family planning contraceptive and history of abortions. This is important in the view of government's policy to reduce the TFR rate to 3.05 by the year 2017 and bring a balance between population growth and economic development.

The respondents were asked the question: Do you have children? And how many children do you have? The response has been shown in the table no 12.

Table No. 12 Number of their Living Children

Responses about Living Children	Number	Percent
Yes	116	96.7
No	4	3.3
Total	120	100
Number of Living Children		
One	10	8.6
Two	18	15.6
Three	17	14.6
Four	29	25.0
Five	27	23.3
More than 5 children	15	12.9
Total	116	100
Average number of children = 3.6(4)		

Source: Field survey, 2008

The table no.12 shows that most of the respondents have been born children. Among 120 respondents, 96.7 percent living children and 3.3 percent had no children due to unmarried.

It also indicates that the number of living children. Out of them 25 percent had 4 children, 23.3 percent 5 children and 15.6 percent 2 children, 14.6 percent 3 children. Similarly, 12.9 percent had more than 5 living children and only 8.6 percent had one child. The average number of living children was 3.6 (4), It has shown an average of 2.3 children per Nepalese woman.

4.2.10 Age at Birth of First Child

The age of onset of childbearing is an important demographic indicator since early. Childbearing process affects the health of mother and child. Furthermore, in many countries, postponement of first childbirth reflecting an increase in age has made a large contribution to overall fertility decline. The proportion of women who become mother before age of 20 is a measure of magnitude of adolescent fertility, which is a major health and social problem in many countries. However in Nepal adolescent childbearing takes place mostly with marriage. To find out the age of first childbirth the women were asked a question: At what age did you deliver first baby? The answers are presented in figure no. 6.

Figure No. 6: Age at First Birth of Respondents

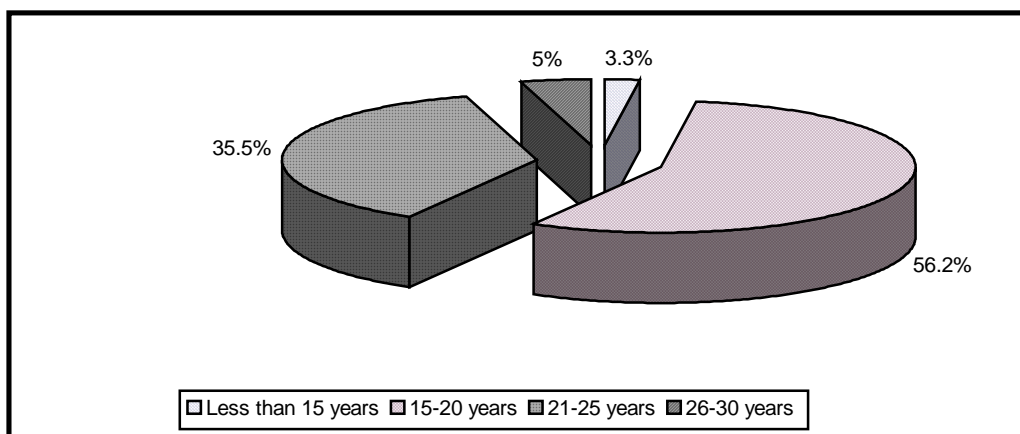


Figure no.6 shows the number of women presenting their age of birth of first child. The majority of 56.2 percent gave birth to the first child between at age of 15-20 years whereas 35.5 percent delivered first child at the age of 21-25 years, 5 percent at the age of 26-30 years and 3.3 percent at the age of less than 15 years. The above data revealed that adolescent pregnancy rate is quite high, which can bring a major health and social problem in the country. The early marriage is the main cause of high adolescent pregnancy rate and MMR.

4.2.11 Number of Pregnancies

The level of current fertility is one of the most important indicators for health and family planning. To reduce the total fertility rate and bring a balance between population growth and economic development is the objectives of Government's policy. In order to find out the fertility rate all the respondents were asked about their pregnancy histories. Each respondent was asked to provide information with the number of pregnancies including natural and artificial abortions. The answers are presented in table no.13

Table No. 13: Number of Pregnancies of Respondents

Number of Pregnancies	Number	Percent
One	8	6.8
Two	12	10.3
Three	23	19.8
Four	22	18.9
Five	15	12.9
More than five	36	31.3
Total	116	100
Average number of pregnancies per women = 4.1 (4)		

Source: Field survey, 2008

Table no.13 shows the number of pregnancies. Among 116 respondents, the largest proportion of women, 31.3 percent had more than five pregnancies, 19.8 percent three pregnancies in their life, 18.9 percent four pregnancies, 12.9 percent five pregnancies, 10.3 percent two pregnancies and only 6.8 percent one pregnancy.

4.2.12 Practice and Used of Abortion Methods

Abortion is the termination of pregnancy from whatever cause before the fetus is capable of life outside the uterus. Traditionally, people used septic methods for abortion which causes the large number of maternal deaths. Nowadays governments has legalized it and brought legal national policy. Government detected some hospitals and authorized technical man power for safe abortion after a long struggle.

To access the information about the abortion history and methods of abortion they used, all the respondents were asked a question about it. Comparatively respondent's abortion history seemed more difficult than pregnancy, and birth histories. The response given by the respondents has been shown in the table no.14.

Table No. 14: Practice and Used of Abortion Methods

Response about abortion	Number	Percent
Yes	24	20
No	96	80
Total	120	100
Applied Methods of Abortion		
Dilatation and Curettage	12	50
Vacuum aspiration	3	12.5
Insertion of foreign body	2	8.3
Intake Medicine	4	16.7
Others	3	12.5
Total	24	100

Source: Field survey, 2008

Table no.14 presents the practice and use of abortion methods. Overall 20 percent respondents had done abortions in the past and 80 percent did not have abortion in their life. In relation the methods of abortion they used in the past, 50 percent respondents used dilatation and curettage, 16.7 percent used intake medicines, 12.5 percent used vacuum aspiration and other methods which includes herbal medicines orally or packed inside the vagina and 8.3 percent respondents used foreign body or objects to insert in to uterus from cervix.

The above data indicates that a large numbers of women were aware for safe abortion and some practiced traditional septic method for abortion which leads to increase the ratio of maternal mortality.

4.2.13 Use of Family Planning Contraceptives

Family planning is a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individuals and couples, in order to contribute effectively to the social development of a country (WHO, 1971). To assess the information on family planning and use of family planning contraceptives all respondents were asked about the family planning contraceptives and methods they used. The responses are shown in the table no. 15.

Table No. 15: Use of Family Planning Contraceptives

Use Family Planning Contraceptives	Number	Percent
Yes	56	46.7
No	64	53.3
Total	120	100
Methods of Family Planning Contraceptives used		
Condom	8	14.3
Copper 'T'	-	-
Norplant	3	5.4
Depo-Provera	18	32.1
Pills	10	17.9
Mini-lap / Laparoscopy	17	30.3
Total	56	100

Source: Field survey, 2008

Table 15 shows that among 120 respondents, 46.7 percent of respondents used family planning contraceptives and 53.3 percent did not use any family planning contraceptives. Among 56 respondents majority of 32.1 percent used Depo-provera, 30.3 percent used Minilap and laparoscopy methods, 17.9 percent used Oral Pills, 14.3 percent used Condom, 5.4 percent used Norplant and non of them used to copper "T".

The above data reveals that higher percentages of woman were aware towards family planning methods and its use.

4.3 Awareness on Menopause and its Effects or Symptoms

Menopause Averages the termination of the reproductive periods of life in women marked by the permanent cessation of the menstrual period. It is due to reduced production of estrogen hormone secretion resulting from the loss of follicular function. The menopause is a normal part of women's life. Declining level of the hormone causes changes in the body. The incidence of menopausal effects in women is the most common problems in the world. It directly impacts on women's sense of wellbeing.

4.3.1 Respondents' Perception on Menopause

Respondent perception is the belief, attitude and experience about related subject. Menopause is the normal natural phenomenon of every woman's life. In this study the opinion about menopause has been shown in table no.16.

Table No: 16 Respondents' Perception on Menopause

Perception on Menopause	Number	Percent
Permanent cessation	89	74.2
Effects of ageing	13	10.8
Normal Phenomenon	7	5.8
Don't Know	11	9.2
Total	120	100

Source: Field survey, 2008

Table no.16 shows that the perception on menopause of respondents, Among 120 respondents, 74.2 percent were expressed their opinion on permanent cessation, 10.8 percent were effects of ageing, 9.2 percent were don't know about menopause and 5.8 percent were normal phenomenon.

The data reveals that more women know the positive perception on menopause due to their knowledge and experience on it.

4.3.2 Knowledge on Cause of Menopause

As the results of cessation of ovarian activity, reactions developed in the other ductless glands and decline the level of production estrogen hormone, which are responsible for menopause and many of the menopausal symptoms. To access the causes of menopause respondents were asked the question: what do you think the causes of menopause knowledge give by respondents has been shown in figure no.7

Figure No. 7: Knowledge on Cause of Menopause

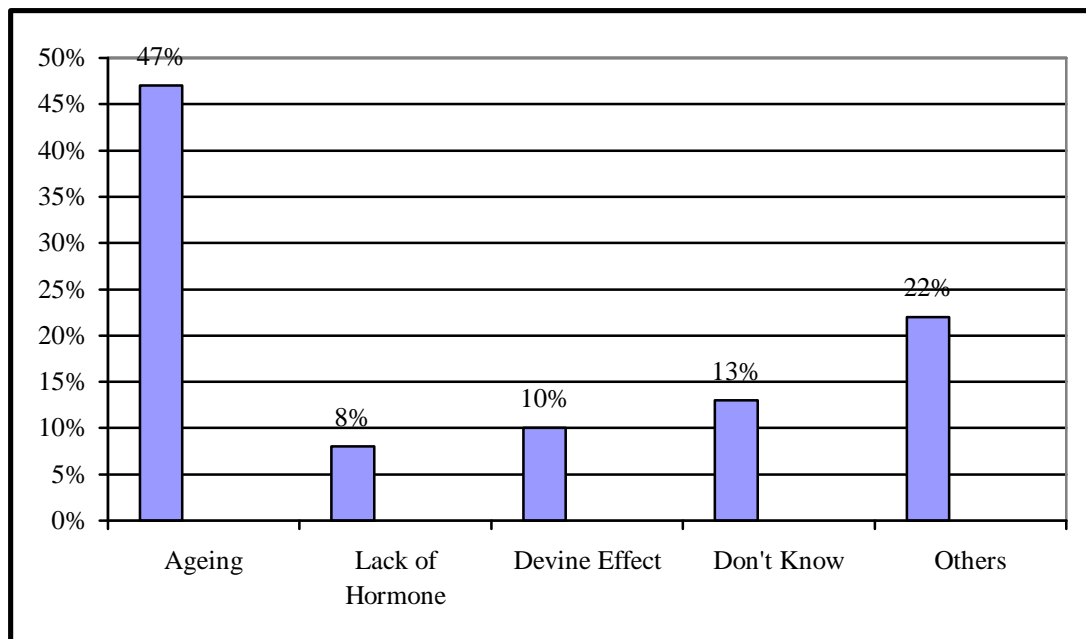


Figure no.7 shows that 47 percent mentioned that menopause was due to ageing, 22 percent due to other causes which includes due to diseases and lack of blood in the body, 13 percent were unknown about the cause of menopause 10 percent were answered divine effects and 8 percent were answered due to lack of hormone.

The above data indicates that only few percent of women were known about the causes of menopause due to hormonal effect. Due to lack of awareness, education and traditional beliefs they did not know the proper causes of menopause.

4.3.3 Respondent's Knowledge on Age at Menopause

The age of menopause ranges from as young as 37-50 years of age. The average age of menopause is 47 years. The age of menopause is determined genetically, improvement of general health, age at menarche and individual races. The average

age of menopause is 51 years in developed countries. Sometimes the menopause occurs spontaneously before the age of 40 years which is called premature ovarian failure. To collect the knowledge on age at menopause occurs in respondents were asked question: Generally at which age dose menopause occur in female? The response has been shown in the table no. 17.

Table No. 17: Respondent's Knowledge on Age at Menopause

Opinion on Age of Menopause	Number	Percent
35-40 years	10	8.3
41-45 years	26	21.7
46-50 years	61	50.8
51-55 years	23	19.2
Total	120	100

Source: Field survey, 2008

Total no.17 indicates that more than half 50.8 percent had the knowledge that menopause occurs at 46-50 years, 21.7 percent answered at 41-45 years, 19.2 percent had answered at 51-55 years and 8.3 percent among 120 respondents had the knowledge of 35-40 years.

4.3.4 Respondents' Age at Menopause

The age at menopause is differing according to race, genetic, ethnic group, habitant and individual health. It does not seem to be related with nutritional status. Menopause occurs earlier in cigarettes, smokers, in some women who have had hysterectomies and in nulliparous women. To find out the age at menopause the respondents were asked question: Do you have menopause? If yes, in what age your menopauses occur? The answer has been shown in table no.18

Table No.18: Respondents' Age at Menopause

Descriptions about menopause	Number	Percent
Yes	120	100
No	-	-
Total	120	100
Age at Menopause in year		
35 – 40 years	7	5.8
41 – 45 years	22	18.3
46 – 50 years	72	60
51 – 55 years	19	15.9
Total	120	100
Average age of Menopause = 47.4 years.		

Source: Field survey, 2008

Table no. 18 shows that among 120 respondents ,60 percent had menopause at the age group 46-50 years, 18.3 percent at the age group 41-45 years, 15.9 percent at the age group 51-55 years, and 5.8 percent at the age group 35-40 years. The average age of menopause was 47.4 years. This data reveals that the age at menopause is differing individually. It was so due to the excessive use of medicines, uterine problems, alcohol and smoking etc.

4.3.5 Effects of Menopause Experienced by Respondents

Symptoms are an abnormal feature of the body which women complain after the age of 40 years or menopause. Menstruation cessation occurs due to reduced production of estrogen hormone by ovaries. Menopausal women experienced physical or mental problems which is called menopausal effects or symptoms. Thirty-one different symptoms were identified in other parts of the world; Nepalese women also faced many symptoms. To find out the menopausal effects which women experience, all the menopausal respondents were an asked question about physical changes during menopausal period. Among them 120 respondents 79.2 percent experienced different menopausal effects and only 20.8 percent did not experience any physical changes or menopausal effects. The effect mentioned by respondent has been shows in the table no.19

Table No.19: Effects of Menopause Experienced by Respondents

Types of Symptoms(Menopausal effects) (Multiple Responses)	Number	Percent
Urinary problems	92	96.8
Decreased Libido	80	84.2
Hot flushes	30	31.6
Night sweating	20	21.1
Vaginal dryness	75	78.9
Backache	60	63.2
Anger	20	21.1
Memory loss	45	47.4
Lower abdominal pain and feels heavy	26	27.4
Joints pain	31	32.6
Anxiety	15	15.8
Feel dizzy	12	12.6
Itching vulva	18	18.9
Skin change	10	10.5
Others	29	30.5

Source: Field survey, 2008

NB. * More than one or two symptoms responded by menopausal women themselves.

* others include:- Burning limbs, Restlessness, Tingling limbs, Decrease visual activity, Palpitation of heart, Headache, Weight gain, Feeling weakness, Dryness of mouth and Burning eyes.

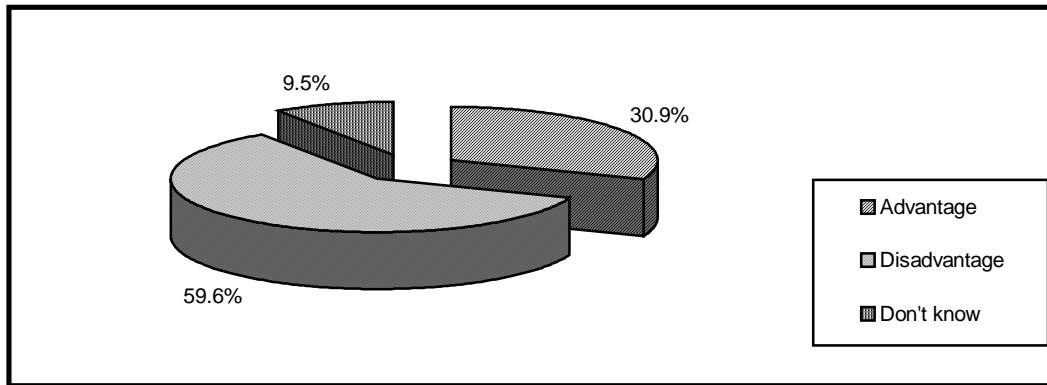
Table no.19 shows that among 120 respondents, 95 (79.2%) felt physical and mental changes after their menopause. Most of the women are facing urinary problems 96.8 percent, decreased libido 84.2 percent, vaginal dryness 78.9 percent, backache 63.2 percent, skin change 10.5 percent and others 30.5 percent. Nepalese women. More than one or two effects were response by menopausal women themselves. This data reveals that most of menopausal women were suffering from various types of menopausal effects or symptoms. The above mentioned menopausal symptoms or effects are provided by gynecologist.

4.3.6 Respondents' perception on Menopausal Effects in the Body

About 89 menopausal women were experience different menopausal symptoms. In menopausal women biological, physical and psychological changes occur after menopause. These changes give advantage and disadvantage in the body. To find out

the perception on menopausal effects in the body all respondents were asked a question; what effects menopause will have in your body? The response given by respondents has been shown in the figure no. 8.

Figure No. 8: Perception of Respondents on Menopausal Effects in the body



Above figure no: 8 shows that majority of respondents 59.6 percent had the perception about bad effects after menopause. They expressed the body will have disadvantage, 30.9 percent expressed advantage and only 9.5 percent expressed that they did not know about the menopausal effects in the body after menopause.

The above data reveals that more than one half of respondents had negative perception and near about one tenth was known about the menopausal effects in the body. It signifies that the majority of them had negative perception. Due to the lack of proper education and awareness large portion of women were confused about the menopausal effects in the body after menopause.

4.3.7 Sexual Desire after Menopause

Sexuality embraces all aspect of behavior and personality as well as those aspects of body function and structure related to sex and sexual intercourse. The effect of the climacteric on sexuality depends upon cultural, psychological and social factors as well as hormonal and physical changes associated with the menopause and ageing. Sexual intercourse is also greatly influenced by the availability of a partner and his sexual behavior, physical ability and personality. It helps to make intimate sexual relationship which can be life long and that many couples continue to have satisfying sexual intercourse throughout their lives. Sexual intercourse and sexuality are complex cerebral phenomenon that is dependent on input from multiple sources.

Decrease in sexual satisfaction may occur with natural or surgical menopause. However, sexual activity remains relatively stable in women before and after menopause. Although only one half of menopausal women are reported being sexually active.

Postmenopausal women may be reluctant to complain of sexual problems because of embarrassment, shyness or upbringing, or they may regard sexual difficulties as a normal part of ageing, culturally and traditionally, however to assess the changes in sexual desire all menopausal respondents were asked question in relation to changes in sexual desire after menopause and if yes asked the type of changes they experienced which has been shown in the table no. 20.

Table No. 20: Sexual Desire after Menopause

Response about sexual desire after menopause	Number	Percent
Yes	89	74.2
No	31	25.8
Total	120	100
Types of changes		
Less interest than before	87	72.5
More interest than before	2	1.7
Same as usual	31	25.8
Total	120	100

Source: Field survey, 2008

Table no. 20 shows that among 120 menopausal respondents 74.2 percent felt change occurred in their sexual desire and one fourth 25.8 percent did not feel any changes in their sexual desire after menopause. Among 89 respondents who were asked about types of changes in their sexual desire, 72.5 percent respondents felt decrease or less interest in their sexual interest than before, 25.8 percent felt as usual and only 1.7 percent responded increased more interest then before.

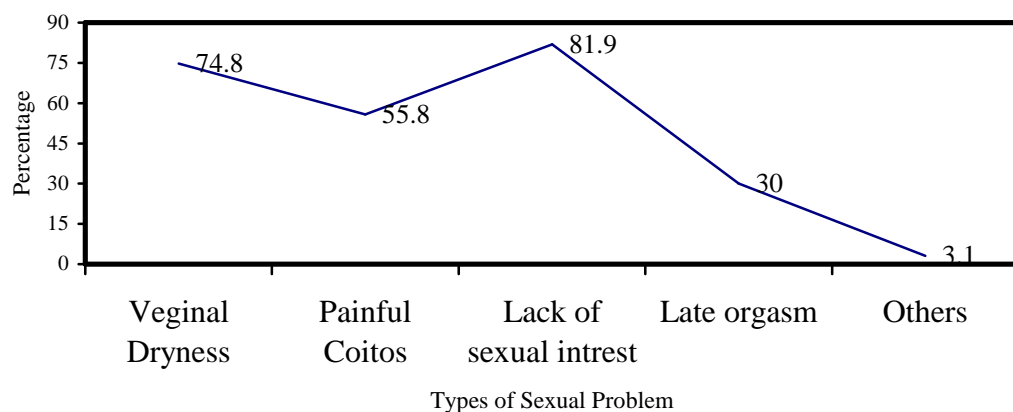
The above data reveals that menopause affects women's sexual interest which influences their sexual habit due to various causes.

4.3.8 Types of Problem during Sexual Intercourse after Menopause

After menopause women's genitalia undergo atrophy and retrogression. The vulva skin becomes pale and thin. Vagina becomes dry and epithelium atrophic. The size of uterus diminishes. Due to this change after menopause women faced different types of sexual problem during sexual intercourse.

To find out the types of problem faced by themselves all menopausal respondents were asked question if they felt problem or not. Among 120 menopausal women respondents 89 percent responded that they had problems and only 11 percent did not have any problems during sexual intercourse after menopause. Among 120 menopausal women respondents who had faced problems during sexual intercourse asked about types of problem. The response given by them has been shown in the figure no. 9.

Figure No. 9: Types of Problems during Sexual Intercourse after Menopause



N. B: Multiple Responses.

Figure no. 9. Indicates that 81.9 percent faced the problem loss of sexual interest, during the sexual intercourse, 74.8 percent had problem of vaginal dryness, 55.8 percent had painful coitus, 30 percent had the problem of late orgasm and 3.1 percent had other problems, which includes burning sensation on vagina, itching vulva, irritation and dissatisfaction. The above data reveals that the large numbers of menopausal women are facing various types of sexual difficulties that influence sexual intimacy with partner and sexual satisfaction.

4.3.9 Practice on Menopausal Effects Management

Problems or effects that women associate with changing hormones includes hot flashes, night sweats, depressed mood, sleep disruption, sexual concerns, change in cognition, vaginal dryness, urinary problem, body aches and so on. Only a few of these become much more prevalent as women progress through the transition to menopause. How long these problems persist during the post-menopause is uncertain because most studies have not followed women for more than two or three years after their final menstrual period, even though women were suffering from these problem or effects. Some other effects are associated with ageing, lifestyle and so on. If ignored, these problems can get worse and become unbearable. To find out the way of menopausal effects management every menopausal woman respondents were asked question about their current practice on menopausal effects management. The response has been shown in figure no.10.

Figure No: 10 Practice on Menopausal effects Management

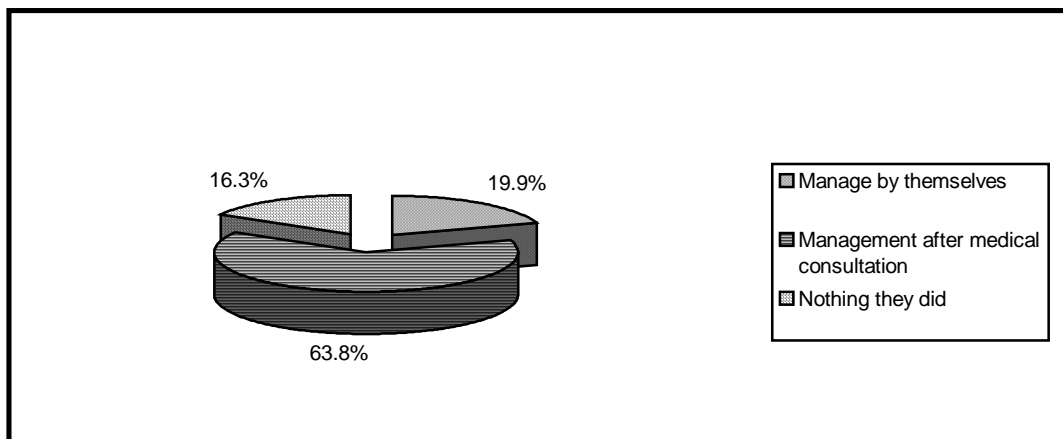


Figure no.9 illustrates that majority of respondents; 63.8 percent mentioned that they practiced to manage by medical consultation from sub-health post, health post, hospital etc, 19.9 percent practiced to manage themselves and 16.3 percent were doing nothing to manage menopausal effects.

The above data reveals that large portion of respondents were aware towards their health and conscious over medical consultation if any problems arise, some women have self confidence and skill to manage menopausal effects. Still some are suffering and have no idea on how to manage these affects which create long term troubles.

4.4 Food, Alcohol, Smoking Habit and Disease Presentation

Nutrition is a fundamental pillar of life, health and development across the entire life span, from the earliest stage of fetal development to the old age. Nutrition is an essential for survival, physical growth, mental development, performance and productivity, health and well-being. It is an essential foundation of human and national development. Good food habit prevents nutritional disorders and helps to improve overall health status. Alcohol is a substance produced from the fermentation of carbohydrate by yeast. It is used as antiseptic and as a solvent. Alcohol has become a great social problem in present world. It directly affects our body as well as health status.

Smoking is related with consumption of tobacco production by inhalation, chewing and burning. People used smoke inhalation after burning cigarettes. It affects health as an active and passive smoker to himself and other selves. Disease is a condition in which body health is impaired, a deviation from a state of health, on alteration of the human body interrupting the performance of vital functions. Disease condition arises after an interaction between host, environment and agent factors. Due to the lack of proper nutrition, health education, injuries, infection by micro-organism people feel sick and unable to work as usual. Diseases can be prevented by improving health awareness, developing healthy behavior, exercise, good food habit and so on.

4.4.1 Types of Daily Food Habit of the Respondents

Nepal is an agricultural country. People give emphasis on their profession. The agricultural production rate is 1.81 percent and population growth rate 2.23 percent. Due to the lack of scientific technology, agricultural production is not sufficient to the growing population. Due to poverty, lack of health awareness, proper use of food, family size and structure, eating habit, attitude, customs, income and availability of food, people are suffering from various types of nutritional diseases. According to nutrition in SEA, WHO 2000 reports 74.6 percent prevalence of anemia in pregnant women and 78 percent in school children. In women nutritional food habit directly influence their health status. To find out about it, all respondents were asked about their daily food habit. The responses have been shown in the table no. 21.

Table No. 21: Types of Daily Food Habit of the Respondents

Types of food	Number	Percent
Normal	35	29.2
Poor	50	41.6
Good	35	29.2
Total	120	100
Habit of Taking Meat/Egg		
Never	15	12.5
Less than once a week	65	54.2
Once a week	27	22.5
Twice or more than a week	13	10.8
Total	120	100

Source: Field survey, 2008

Table no. 21 reveals that among 120 respondents 41.6 percent used poor food(dal, rice and curry) in their daily food habit, 29.2 percent used good food(dal, rice, green vegetable, beans and meat/ fish/ egg, 29.2 Percent used normal food(dal, rice, curry and pickle) used in their daily food habit. 54.2 percent taking meat and fish in their food less than once a week, 22.5 percent respondents used meat, fish and egg in their food once a week, 12.5 percent were not taking in their food meat and egg because they were vegetarian, and only 10.8 percent were used meat and fish twice or more than a week in their food.

This data shows that respondents had some knowledge about daily food habit but they need to get more and recent knowledge and information about food habit and balanced diet according to the age.

4.4.2 Knowledge about balance diet of the respondents

A diet may be defined as the kinds of food on which a person or group lives. A balance diet is defined as one which contains a variety of foods in such quantities and proportions that the need for energy amino acid, vitamins, minerals, fats, carbohydrate and other nutrients is adequately met for maintaining health, vitality and general well-being and also make a small provision for extra nutrients to withstand short duration of leanness. A balance diet has become an accepted means to safeguard a population from nutritional deficiencies disease

The science of human nutrition is mainly concerned with defining the nutritional requirements for the promotion, protection and maintenance of health in all groups of

the population such knowledge is necessary in order to assess the nutritional adequacy of diets for growth of infants, children and both sexes and during pregnancy and lactation in women. So to find out the knowledge of all respondents opinion what is essential for balance diet

All the respondents were asked the question. Do you know about what is balance diet? The responses are shown in the table no.22

Table No. 22 Knowledge about Balance Diet

Knowledge about Balance Diet	Number	Percent
Yes	54	45
No	66	55
Total	120	100

Source: Field survey, 2008

Table no. 22 indicates that a question was asked to all the respondents. Do you know about balance diet? Among 120 respondents 55 percent didn't know about balance diet and 45 percent respondents were respond positive thinking about balance diet.

The above data indicates that a large number of women were did not know about balance diet because of the low level of educational status and food awareness. Which was directly influenced the health status of women as well as her family members.

4.4.3 Alcohol and Smoking Habit of the Respondents

Alcohol is a depressant substance used by men and women to relief pain, anxiety and mental relaxant. Locally made alcohol is used by people widely. In some ethnic group are culturally and traditionally accepted and used in functions, ceremonies and festivals. Regular consuming alcohol made dependent and it affects directly on peoples' health, economy, society and family. To find out the alcohol and smoking habit of all respondents were asked about alcohol and smoking practice in the past and present. The responses have been shown in the figure no. 11.

Figure No: 11. Alcohol and Smoking Habit of the Respondent

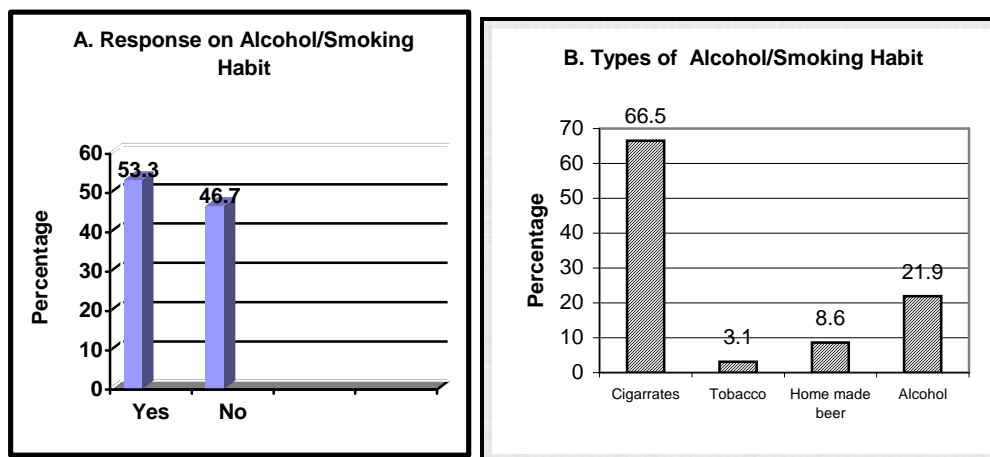


Figure no.10 "A" Shows that among 120 respondents less than half; 46.7 percent respondents were aware who did not adopt the habit alcohol and smoking and 53.3 percent responded that they used alcohol and smoking. Similarly figure "B" shows that among 64(53.3%) respondents maximum number of 66.5 percent were smokers, 21.9 percent were alcohol users, 8.6 percent drank local beer and only 3.1 percent used tobacco chewing.

The above data reveals that majority of women used smoking and alcohol culturally and traditionally. Awareness on alcohol and smoking is needed to improve healthy behavior.

4.4.4 Morbidity Experience

Morbidity is a condition when any deviation or interruption of normal structure and function of any part of the body. After presence of disease into the body, people become sick, weak and unable to work normally. Many signs, symptoms and problems will appear. To treat these problems they need to go to hospital, clinics and other places for health check-up. Due to the poverty, poor water supply, pollution and lack of health awareness, health education, economy, sanitation, nutrition, healthy habit, various types of diseases are being faced by people. If we are not aware to prevent disease in time, it may cause disability, chronic illness and death. To find out the disease pattern, the respondents were asked if they had any chronic illness.

Among 120 respondents, 78 (65%) were found having chronic disease but 42(35%) percent were not found having any chronic disease. The type of disease they have encountered with has been shown in table no 23.

Table No. 23: Morbidity Experience of the Respondents

Types of Disease (Multiple responses)	Number	Percent
Respiratory Diseases	52	66.7
Heart Diseases	38	48.7
Digestive Diseases	35	44.9
Others Diseases	25	32.1

Source: Field survey, 2008

*Others include: Psychosis, Hernia, Anemia, Vesico Vaginal Fistula, Osteomyelitis and Thyroid diseases.

Table no 23 shows that 120 respondents were asked if they had any chronic disease. And 66.7 percent answered they had respiratory diseases 48.7 percent had heart diseases, 44.9 percent had digestive diseases and 32.1 percent had others disease.

The above data reveals that bad food habit, smoking and alcohol are the major causes of many chronic diseases.

4.5. Opinion on Personal Behavior and Feelings

Behavior is physical and psychological responses that an organism shows by reacting in a particular way. Many psychologist uses the term only for the total activity of a whole animal or person. But they often study only one part of a creature such as hearing, speech, activities or memory.

4.5.1 Age of feeling Personal difficulties

Women spend life through various difficulties during their life. After menopause most of the women lead a sorrowful life .It changes their daily life. So they were unable to do their daily work .Apart form this, Nepalese women were facing domestic, social and personal difficulties .To asses at what age they confronted difficulties mostly, the responses given by respondents have been shown in the figure no. 12.

Figure No: 12 Age at Feeling Personal Difficulties

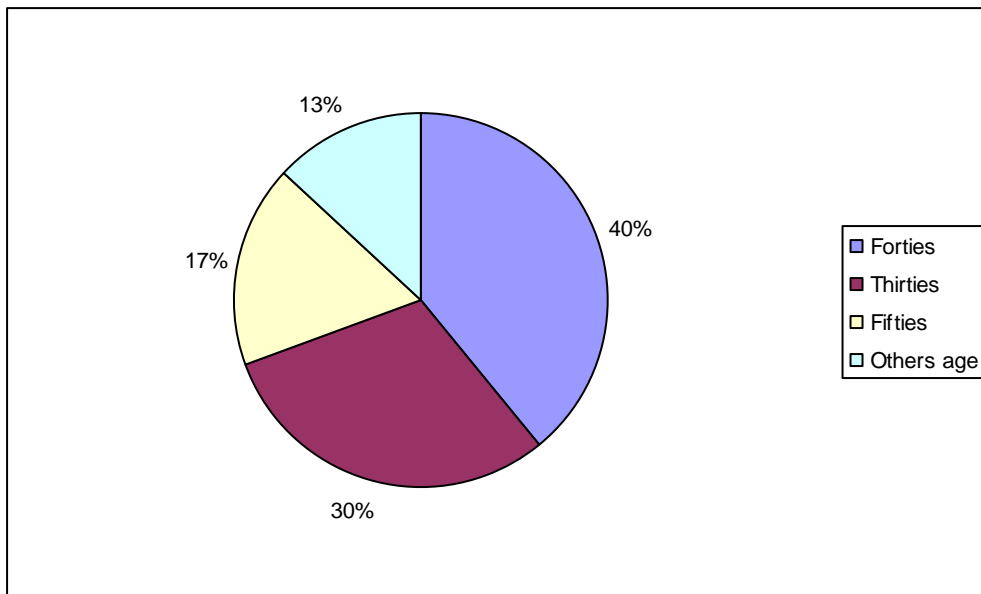


Figure no 11 shows that 40 percent of the respondents had felt difficulty at the age of forties, 30 percent at the age of thirties, 17 percent at the age of fifties and only 13 percent at the age of others. The data resembles that majority of the women felt various difficulties after the age of forties. After menopause the middle-aged are full of difficulties due to physical, mental and social changes and family settlement.

4.5.2 Feeling about Life at Menopausal Age

The study concentrated on among menopausal women who were forty years of age. After over forty years of age, biological changes took place in the body. As a result there appear physical, mental, social, spiritual and emotional changes at the same age. So every Nepalese woman is living with changes of life. To assess feelings in their menopausal life, a question was asked about how they felt their life at age. The responses have been given in figure no 13.

Figure No.13 Feeling about life at Menopausal age

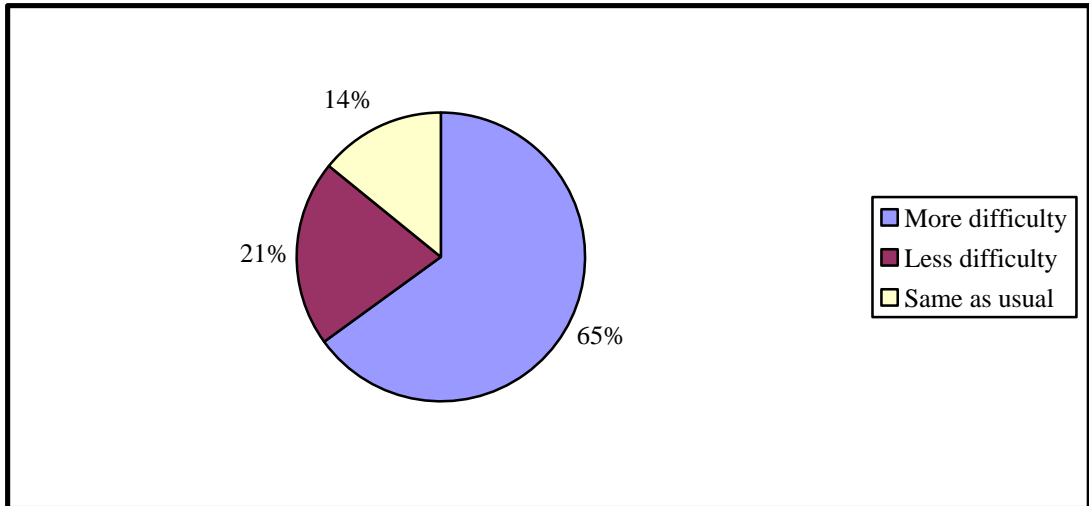


Figure no.12 shows the feeling about life at menopausal age. Among 120 respondents, 65 percent women faced more difficulties than any other respondents, 21 percent less difficulties than any other respondents and 14 percent same as usual. The above data reveals that large numbers of menopausal women were spending sorrowful life due to various difficulties or changes in their life

4.5.3 Involvement in organization

Nepal is agricultural country. The higher numbers of women were involved in agriculture. The female literacy rate is 25 percent which indicate that higher numbers of women's are illiterate. On the other hand Nepal has male dominated society. Most of women were not allow to work outside the home. Women were assigned to work at home and man at outside. Even though some educated women were engaged in government work and outside profession. To assess their involvement in organization we asked question, are you involved in any organization? The responses were given by response has been shown in the figure no 14.

Figure No: 14 Involvement in organization

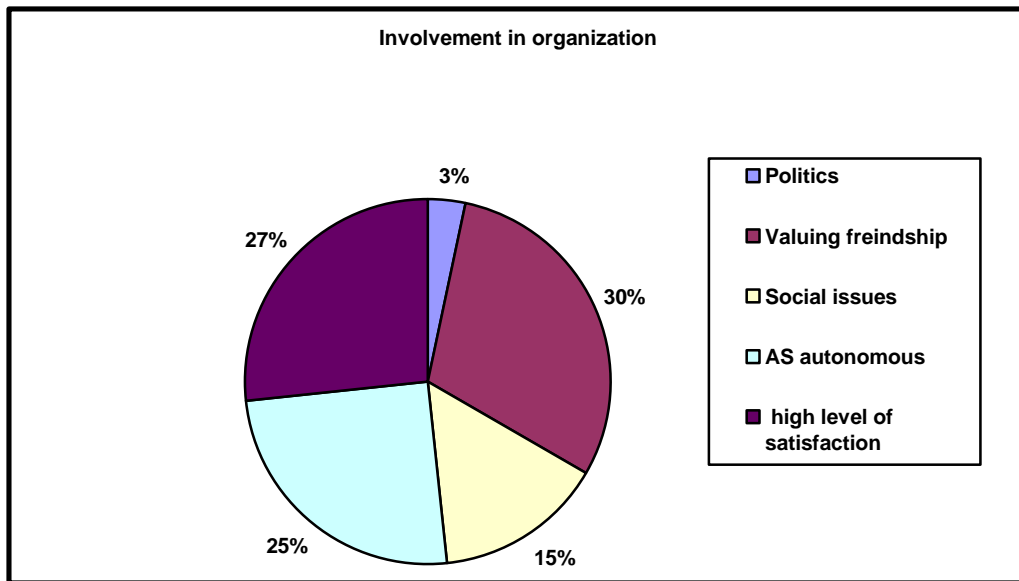


Figure no: 13 shown that, among 120 respondents 30 percent in majority valuing friendship, 27 percent having high level of satisfaction, 25 percent were as autonomous, 15 percent were engaged in social issues and in minority 3 percent were involved in political issues

The above information signifies that all Nepalese women were engaged in different organization according to their socio-economic and education status. They were capable to face political, social and other issues unless they were illiterate.

4.5.4 Respondents about Feeling Own Self

Feeling own self and self evaluation are very difficult tasks. It depends upon the age of maturing and educational status. Analysis of their habit, behavior, and attitude, thinking and personal behavior are different individually. After the age of 40 years men and women are busy in their future life settlement, socially encouraged to establish own personal identity. If people unable to met this identity in their family, society and between friends they will try continually until success. There are some circumstances such a personal behavior, age, inelegancy, level of education, attitude which made because for success ness, following, that those women frosted and their personal feelings changed on own self, family and society. In this menopausal age how was their feeling own self between menopausal transitions we tried to asses with question? The responses are shown figure no 15.

Figure No: 15 Respondents about feeling own self

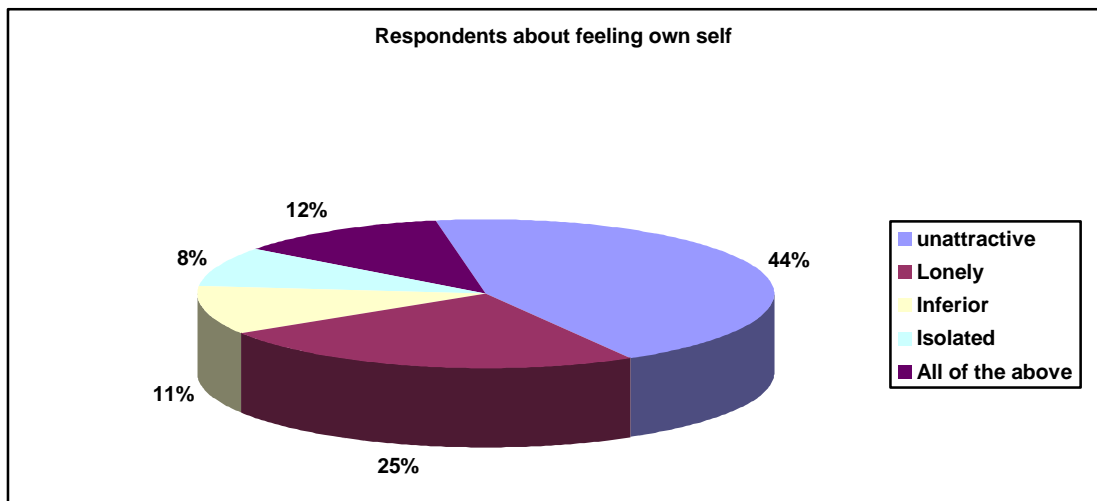


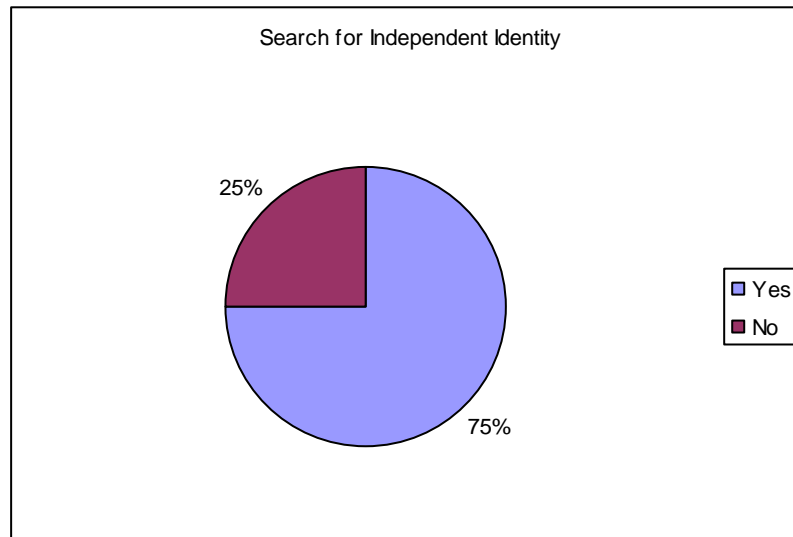
Figure no:14 signifies that the majority 44 percent felt unattractive due to ageing, 25 percent lonely, 11 percent inferior, 8 percent isolated and 12 percent felt all of the above which were multiple responded.

The above information reveals that the feelings and individual identity were different personally according to their age attitude, level of education and feelings. It is also clear that the women were feeling own self was different according to their menopausal transition.

4.5.5 Search for Independent Identity

Every woman has own identity and rights as a human being. In male-dominated and Hindu cultural society they are bound in certain boundary. Few women were involved in formal sectors and majority in informal (sector) activities like kitchen garden, child caring activities. Most of the women were engaged in household works and have not got opportunities. Others work outside house but women are also human beings. They have their own recognition and identity. They wanted to be free and gain their own rights. The circumstances created barriers in freedom. To assess the search for independent identity we asked a question: Are you searching for independent identity? The responses are given by them have been shown in figure no.16.

Figure No: 16 Search for Independent Identity



The above figure no15 indicates that among 120 respondents, three- fourth, i.e (75%) were searching for independent identity and only one-fourth, i.e (25%) respondents were not searching independent identity. We can conclude that most of the women in Nepalese society are dominated by male in society and fully depend on husband and family members. But majority of the respondents were searching for their own identification and aware of own rights which made them sand by their own legs.

4.5.6 Relationship between Partner, Parents and Children

Relation is a state of being related between persons. Every family is run by the relation either by blood or by marriage and so on. Our family and society determine social, cultural and traditional behavior. Every man and woman is hungry from praise or appreciation and expects it from others after their every activity. The appreciation plays a vital role to make good relationship in each other. The open, healthy and moral talk, help and problems-sharing are the key skills to build good relationship with each other.

Family is a more or less durable association of husband and wife with or without child, or of a man or woman alone with children. It is universal and related with biological relationship. The relation between husband and wife, parents and children always should be constructive so as to progress and develop the family.

To ascertain the opinion towards relation with partner, parents and children, we asked a question: How is your relation with partners, parents and children? The answers given by the respondents have been shown in the table no.24.

Table No: 24 Relationships between Partner, Parents and Children

Relation	Constructive (%)	Destructive (%)	Total
Partner	75	25	100
Parents	24	76	100
Children	92	8	100

Source: Field survey, 2008

Table no. 24 signifies that among 120 respondents, 75 percent had constructive relationship with their partner, 24 percent with their parents and 92 percent with children. On the other hand, in majority, 76 percent had destructive relationship with their parents, 25 percent with their partners and minority 8 percent with their children.

The above data reveals the traditional concept of caring of the children by mother and the husband by the wife. After marriage the daughters are far related to their parents but her responsibility increases with her husband's parents. It proved that the high responsibility was taken by women of partner, parents and children within the family.

CHAPTER –FIVE

SUMMARY, FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

Menopause is a normal function of woman's life and marks the end of ovulation. The cessation of menses resulting from the loss of ovarian function is a natural process and a part of normal process of ageing. After the age of 40 years physical and biological changes take place due to the process of ageing followed by a variety of problems like physical, mental and emotional. More than 80 percent of female populations are vulnerable and spending sorrowful life due to the lack of proper knowledge and awareness on menopause and its effects in health. If we can pay a little attention towards it, it can be managed easily.

After the study of different researches and observation, it is found that the respondents are poorly informed about sexual and reproductive health, early marriage, early and frequent childbearing, unsafe abortion, family planning, menopause and related fields in Nepal. At the same time, women have socio-cultural problems like poverty, gender discrimination, male domination, literacy, violence and abuse, prostitution, tradition and superstition. These problems are further being aggravated by poor health seeking behavior and inadequate access to information and services.

This study has analyzed on "Awareness on Menopause and its Effects in the Health of Women" in Palpa Districts Hospital, Tansen. To study the convenience sampling technique was applied to select the sample size. Similarly data was collected using structured interview questionnaire. The questionnaire was designed to obtain information on awareness on menopause and its effects in health among women and related issues. It is based on primary data gathered from 120 respondents through structured questionnaire and interview on July, 3 - August, 5, 2008.

After the collection of data, they were checked, edited and coded. Following that, the data was interpreted in tabulation and analyzed by using simple statistical tools like number, percentage, average. Then the data was presented in table, bar diagram, pie

chart and line graph in different topics. Relations between variables and menopause, variety of menopausal effects or symptoms, age at menarche and menopause were highlighted in tables.

5.2 Findings

The study of "Awareness on Menopause and its Effects in the Health of Women in Palpa Districts Hospital, Tansen", has founded some information about the knowledge, experience and practice on reproductive health, menstruations, menopause and related topics which have been presented in following points.

- While analyzing the population, the respondents come under 16.7 percent in 40-43 years age group, 20.8 percent in 44-47 years age group, 29.2 percent in 48-51 age group and 33.3 percent in the age group of from 52-55.
- Among 120 respondents 96.7 percent were married and 3.3 percent were unmarried.
- Among the total respondents 28.3 percent were Brahmin, 26.7 percent were Magar, 15 percent were from Chhettri, 6.7 percent were Newar and 23.3 percent were from other castes which include Thakuri, Kumal, Tharu, Chureta, Sarki, Kami and Damai.
- The majority of respondents were from Palpa district where 62.92 percent Magars and 19.25 percent Brahmin are local inhabitants. But our study shows that the majority of respondents were Brahmin, Magars were not attend in hospital for physical check up. It may be due to the lack of awareness on menopause and hesitate to inform menopausal problems.
- Among 120 respondents 93.3 percent Hindu. 3.3 percent Buddhist, 1.7 percent from Muslim and Christian religion.
- There were 50.8 percent respondents involved in agriculture, 33 percent engaged in household works, 9.2 percent in labor, 2 percent in business and 5 percent were service holders.

- In this study 58.3 percent respondents were illiterate and 25.8 percent literate. Only 4.2 percent were Primary level passed, 7.5 percent lower secondary passed, 1.7 percent of them Secondary level (SLC) passed and only 2.5 percent studied higher level education.
- The present study shows that the majority, i.e. 41.7 percent mentioned that they have less than 10 thousands annual income in the family. Likewise, 21.6 percent mentioned that they earn more than 26 thousands yearly in the family, 20 percent 11-15 thousands, 10 percent 16-20 thousands and 6.7 percent 21-25 thousands in their families.
- The result of the study shows that the majority, 30 percent sustained only for less than 3 months, 29.2 percent for 6-9 months, 27.5 percent more than one year, 7.5 percent for 9-12 months and 5.8 percent only for 3-6 months in their family.
- The study reported that 25 percent answered the menarche starts at the age of 13 years, 24 percent at 15 years, and 20 percent at the age of 14 years, 15 percent at 12 years, 10 percent after 15 years and only 6 percent at the age of 11 years.
- Twenty percent respondents got menstruation at the age of 15 years, 16.6 percent at 14 years, 15 percent were at 16 years, 11.6 percent at 13 years, 9.1 percent at 17 years, 7.5 percent at 18 years, 8.3 percent at 12 year, 4.6 percent at 19 years, 3.3 percent at 11 years, 2.5 percent at 21 years and 1.6 percent at 20 years of age. The range of menarche started at the age of 11-21 years and the Average age of menarche was 15.2 years.
- The present study shows that the majority, i.e. 55 percent did not know the cause of menstruation. Similarly 11.7 percent knew the menstruation is the cause of maturity. Moreover 16.7 percent opined it is due to divine cause. 8.3 percent answered exactly it is a natural phenomenon. 5 percent viewed it is due to hormonal effects and 3.3 percent blamed for other causes.

- Seventy six percent mentioned that the interval of menstrual cycle occurs in one month (30 days), 13.4 percent answered in 28 days, 8.4 percent said in 26 days and 2.2 percent responded in 27 days.
- The result of this study shows 28.3 percent mentioned that they got bleeding for 5 days, 25 percent for 3 days, 20.8 percent for 4 days, 10 percent for 7 days, 12.6 percent for 6 days and 3.3 percent more than 7 days.
- This research shows that 74.2 percent were positive about the problem during menstruation and 25.8 percent answered negatively. Among 89 respondents, i.e. 85.3 percent had problems of lower abdominal pain, 78.7 percent backache, 29.2 percent headache during menstruation, 21.3 percent some other problems. And 16.9 percent had sweating, 14.6 percent vaginal discharge and 7.9 percent asthma. .
- On the basis of the study, 80.8 percent did not use medicine but 19.2 percent used medicine. Among them 44.7 percent had used Ibuprofen, 31.6 percent Paracetamol, 7.9 percent Cyclomeff Tablets and 15.8 percent adopted some other ways (Jadibuti, Lama, Herbal medicine, etc).
- The result of this study shows 54.3 percent women were married between the age of 15-20 years, 23.3 percent below 15 years, 18.9 percent between age of 21-25 years and 3.4 percent after the age of 25 years.
- Ninety six decimal seven percent respondents had children but 3.3 percent did not have children. Among 116 respondents 25 percent answered they had 4 children, 23.3 percent 5 children, 15.6 percent 2 children, 14.6 percent 3 children, 12.9 percent more than 5 children and only 8.6 percent only one child.
- The study shows 56.2 percent respondents had given birth to first child between the ages of 15-20 years, 35.5 percent between 21-25 years, 5 percent between 26-30 years, and 3.3 percent at less than 15 years of age.
- Among 116 respondents, 31.3 percent had more than five pregnancies in their life, 18.9 percent respondent four pregnancies, 19.8 percent three pregnancies,

12.9 percent five pregnancies, 10.3 percent two pregnancies and only 6.8 percent only one pregnancy during in their life.

- In relation to the abortion, 20 percent answered that they had practiced the abortion but 80 percent had never practiced in their life. Among 24 respondents the vast majority, 50 percent used dilation and curettage method, 16.7 percent medicine, 8.3 percent insertion of foreign objects and 12.5 percent some other methods (herbal medicine, vaginal pack etc.) for abortion. And 12.5 used manual vacuum aspiration which is safe for mother.
- The study shows 46.7 percent used family planning contraceptives but 53.3 percent did not use any family planning contraceptives. Among 56 respondents 30.3 percent applied laparoscopy or mini-lap, 32.1 percent Depo-Provera injection, 17.9 percent pills, 14.3 percent condom and 5.4 percent Norplant implantation for family planning contraceptive. Nobody was aware of copper ' T ' which works for 12 years for family planning.
- In relation to perception on menopause, 74.2 percent expressed their perception that it is a permanent cessation. Similarly, 10.8 percent answered it is the result of ageing. Moreover, 5.8 percent said it is a normal phenomenon but 9.2 percent didn't know about menopause.
- Forty seven percent respondents viewed that menopause is cause of ageing. Likewise, 8 percent answered it is due to the lack of hormone. Moreover, 10 percent answered it is due to the divine effect. Further, 22 percent blamed for some other causes but 13 percent didn't know the causes of menopause.
- Regarding the age of menopause, more than one half, 50.8 percent expressed that it occurs at the age of 46-50 years, 19.2 percent at the age of 51-55 years, 21.7 percent at the age of 41-45 years and only 8.3 percent at the age of 35-40 years.
- The present study shows that among 120 respondents, 5.8 percent opinion that the menopause takes place at the age group of 35-40 years, 15.9 percent at the age group of 51-55 years, 18.3 percent at the age group of 41-45 years, and 60 percent at the age group of 46-50 years.

- The research found almost many menopausal effects (symptoms) among menopausal women. In majority 96.8 percent expressed they had urinary problem, 84.2 percent decreased libido 78.9 percent had vaginal dryness during intercourse, 21.1 percent night sweating, 63.2 percent had backache, 31.6 percent hot flushes, 47.4 percent had memory loss and 15.8 percent had anxiety. This information revealed that most of menopausal women were suffering from various types of symptoms.
- Perception on menopausal effect in the body among 120 respondents, 59.6 percent answered it affects negatively, 30.9 percent positively but 9.5 percent didn't know about its effect in the body.
- The result of the study shows that among 89 respondents 74.2 percent felt changes in sexual desire after menopause. In majority 72.5 percent answered less interest than before, 1.7 percent felt more interest than before but 25.8 percent had the same as usual.
- In relation to the types of sexual problems during sexual intercourse after menopause, among 89 respondents , in majority 81.9 percent had lack of sexual interest, 74.8 percent responded for vaginal dryness, 55.8 percent felt painful coitus, 30.0 percent had late orgasm and 3.1 percent had other problems (itching, burning, irritation and dissatisfaction etc.)
- In relation to practice on menopausal effects management, the study showed that 63.8 percent managed after medical consultation, 19.9 percent by themselves but 16.3 percent had done nothing.
- Among 120 respondents, 41.6 percent had used poor food, and 29.2 percent had used normal and good food. Likewise, 54.2 percent meat and egg less than once a week, 22.5 percent had meat and egg once a week, only 10.8 percent twice or more than it in their food but 12.5 percent were vegetarians.
- The study showed the result that among 120 respondents, 46.7 percent had not smoking and alcoholic habit but 53.3 percent use smoking and alcohol. Among 46.5 percent, 66.5 percent used cigarettes, 3.1 percent chewing tobacco, 8.6 percent local Jand and 21.9 percent alcohol (local).

- The present data showed that out of 120 respondents, 66.7 percent said that they had respiratory diseases , 48.7 percent had heart diseases, 44.9 percent had digestive diseases and 32.1 percent had suffering from others diseases but some had multiple diseases.
- The study found that the average age of menopause is 47.4 years.
- The present study shows that menopause occurs earlier in nulliparous. The women smoking cigarettes and having hysterectomies, menstrual problems frequently, late pregnancy and low number of children, early menarche, alcoholic habit and meat or egg in their food frequently may get menopause earlier.
- Among 120 respondents, 40 percent had felt difficulty at the age of forties, 30 percent at the age of thirties, 17 percent at the age of fifties and only 13 percent at other ages.
- Among 120 respondents 65 percent felt more difficult than any other respondents and 21 percent less difficult but 14 percent felt same as usual.
- The study shows that 30 percent in majority gave emphasis in valuing friendship, 27 percent for having high level of satisfaction, 25 percent autonomous, 15 percent in social issues and in minority 3 percent in political issues.
- In the opinion of respondents feeling about own self among 120 menopausal women, 44 percent felt unattractive due to ageing, 25 percent lonely, 11 percent inferior, 8 percent isolated and 12 percent felt all of the above which were multiple responses.
- The result of this study shows that 75 percent were searching for independent identity but 25 percent respondents were not.
- In opinion of menopausal women concerning relationship between partners, parents and children, 75 percent had constructive relationship with their partners, 24 percent with their parents and 92 percent with their children. On

the other hand 76 percent had destructive relationship with their parents, 25 percent with their partners and minority 8 percent with their children.

- The result of this study shows in some ethnic groups, age and physiological changes, occupation, economy, poverty, high number of pregnancy rate, seem to affect the age of menopause but chronic disease and illness, religion, education, abortion practice, some family planning procedures etc. do not affect the age of menopause.

5.3 Conclusion

After the age of 40 years, middle age life starts with menopausal age or "change of life." This is a transitional period. After the menopause, the women feel lonesome and depressed. The process of ageing brings about the physiological changes and affects the body functions. From the analysis of data, we concluded that the level of knowledge and awareness about reproductive health, menopause, its effects in health and body is very poor. Most of the women don't know about what the actual causes are of menstruation, menopause, and management procedures of menopausal effects. Similarly the large portion of women did not know the age of menarche and menopause. They did not know the causes, symptoms and management ways of the menopause as well as its consequences in health. It may be due to the lack of knowledge, awareness, education, special health program and management procedures on reproductive health and menopause.

The finding shows that the reproductive health program in relation to menopause is not satisfactory. Most of the women hesitate to report and ask about their reproductive health problems to doctors and even share with family members because they have a little knowledge about it and are male dominated. Still are saying menopause occurs due to the cause of divine and some women didn't know about menopause. Most of the women known that menopause is permanent cessation. Smoking, alcohol and food habit affects the menopausal period at early or late. A large proportion of women feels own self unattractive, lonely, inferior and isolated due to their aging or menopausal cause.

Finally, this study has drawn a conclusion that there is low awareness level on reproductive health and menopausal effects among the women.

5.4 Recommendations

Most of the women suffering from a variety of problems were concerned with reproductive health and menopause. Every woman should have good knowledge on reproductive and menopause health. They should be aware and self participating in reproductive health programs in the community. The government and policy makers should think positively and employ door-to-door reproductive and menopause health program at the community, health post and hospital base. The large portions of the middle aged women who are entering in menopausal transition were not aware about their reproductive health and menopause. They should be aware of their own health condition, ageing process, physiological changes, and menopausal effects in the body. The others recommendation has been shown in followings.

1. Menopause health services at the level of community, health post, and hospital should be provided to aware related to women's menopausal health.
2. Health education should be provided to the women using IEC materials on reproductive health, menstruation and menopausal effects.
3. Awareness programs should be conducted to all women about menopausal effects and its proper management.
4. The community should involved itself in reproductive and menopause health program.
5. All the women should be empowered towards their reproductive and menopausal health issues.
6. Timely and focused group discussions among pre and postmenopausal women in the community are seen as a requirement for their better health. The women should be empowered with health education to take charge for their own health.
7. Family health program is essential for educational and emotional support during menopause to help women deal with the problems. Spouses and family members can help by encouraging for appropriate diet, exercise, and abstinence from alcoholic and smoking habit.

8. All the medical staff, health workers and doctors should be trained to be sensitive to the potentially significant emotional distress faced by women entering menopause and be prepared to offer psychological support.
10. To relieve acute symptoms and prevent long termed problems by counseling, the proper management and treatment should be given to the menopausal women.
11. Menopausal women also should be encouraged for appropriate diet, regular exercise, abstinence from smoking, regular health check -ups and treatments.

5.5 Recommendation for Further Research

There were countable researches related to menopause in Nepal. The further research can be recommended in this issue in community and hospital base which will become a new and interesting topic for faculty of humanities and social sciences in the Central Department of Population Studies. This study is not enough understand about menopause. Others related factors of menopause can be recommended further research. They are as follows:

- The status of menopausal women
- Psychological effects of menopause
- Knowledge on menopause
- The study about menopausal transition
- To study about menopause in community.

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