

Effects of Menopause on Quality of Life Among Working Women in Kathmandu Valley

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Abstract- Background of the study

Menopause means permanent cessation of menstruation. Every body's menopause is unique, just as every woman's body is unique, individual menopause experience will be highly personal one. It's a natural event that marks the end of fertility and childbearing years. The quality of life during the menopause is a complex interaction of several different kinds of variable, which is assessed not only by the frequency and severity effects of menopause but also on quality of life, like wise vasomotor effects, psycho-social effects, Physical effects and sexual effects among working women in Kathmandu valley. So far, few studies have been carried out on menopause-specific quality of life in Kathmandu valley. The present study aims to identify effects of menopause on quality of life among working women in Kathmandu valley, by Ms. Rina Shrestha as a partial fulfillment of the requirement for publish in International Journal of Scientific and research publication (IJSRP).

Objectives

- To find out the effects of menopause on quality of life in vasomotor symptoms.
- To assess the effects of menopause on quality of life in psycho-social symptoms.
- To identify the effects of menopause on quality of life in physical symptoms.
- To find out the effects of menopause on quality of life in sexual symptoms.

Methods

The research design adopted for this study was **cross-sectional descriptive**. The aim of the present study was to assess the effects of menopause on quality of life among working women, Kathmandu valley. Stratified sampling techniques were used for the selection of the 3 districts (Kathmandu, Lalitpur and Bhaktapur). Sampling frame (list of the working area such as Government office, financial sector, health sector and NGO/INGO) were prepared and purposive sampling technique was used for the selection of the study population from selected working area. Structured questionnaire were develop and validated by experts and biostatistics. The Collected data were analyzed by using descriptive and inferential statistics.

The major findings of the study

- Majority of the respondents (48.7%) were from the age groups of 51-60 years of age, (23.7%) respondents were Hill Adibasi/Janajati ethnicity group.

- Majority of respondents (71.6%) belongs to Hindu, (63.3%) are married and (58.0%) belongs to joint family.
- Majority of respondents (66.7%) have formal education and (36.7%) are working in Health sector.
- Majority of respondents (57.0%) belongs to 13-14 years of age of menarche, (52.7%) respondents belongs to 26-30 years of age of first pregnancy.
- Majority of respondents (53.4%) used temporary family planning method and (46.6%) used permanent family planning method.
- Majority of vasomotor symptoms (99.3%) had not seen followed by (44.7%) had seen psycho-social symptoms, (99.3%) had seen physical symptoms and (96.7%) had seen sexual symptoms.

Interpretation and conclusion

Index Terms- Effect; Menopause; Quality of life; Working women

I. INTRODUCTION

Menopause means permanent cessation of menstruation. Every body's menopause is unique, just as every woman's body is unique, individual menopause experience will be highly personal one. It's a natural event that marks the end of fertility and childbearing years. (National Women's Health Resource Center ,2003) Women are born with a limited number of eggs, which are stored in the ovaries which produces the two hormone estrogens and progesterone which regulate both menstruation and ovulation menopause occur in women when the ovaries no longer are capable to producing an egg every month and menstruation stops.(Kelly,2005)

Quality of life (QOL) has been defined by the World Health Organization as the "individual's perception of their position in life in the context of the cultural and value systems in which they live and in relation to their goals, expectations, standards and concerns. Quality of life is the main goal of health care and a significant factor for individual health and it is used to plan and evaluate health care programs. Various validated tools have been used to determine the influence of the climacteric over QOL, among them the menopause-specific quality of life questionnaire (MENQOL). The standard questionnaire of quality of life in the menopause. This questionnaire was a 29-item validated instrument that evaluated the effects of the items, divided into four domains, vasomotor (3 items), psychosocial (7

items), physical (16 items), and sexual (3 items) on quality of life in postmenopausal women. (proposed by Hilditch *et al.*)

The quality of life during the menopause is a complex interaction of several different kinds of variable, which is assessed not only by the frequency and severity effects of menopause but also on quality of life, like wise vasomotor effects, psycho-social effects, physical effects and sexual effects of life among working women in Kathmandu valley. So far, few studies have been carried out on menopause-specific quality of life in Kathmandu valley. The present study aims to identify effects of menopause on quality of life among working women in Kathmandu valley.

II. METHODOLOGY

The research design adopted for this study was **cross-sectional descriptive**. The aim of the present study was to assess the effects of menopause on quality of life among working women, Kathmandu valley. Stratified sampling techniques were used for the selection of the 3 districts (Kathmandu, Lalitpur and Bhaktapur). Sampling frame (list of the working area such as Government office, financial sector, health sector and NGO/INGO) were prepared and purposive sampling technique was used for the selection of the study population from selected working area. Structured questionnaire were develop and validated by experts and biostatistics.

The investigator developed a structured questionnaire consisted of 2 sections covering following areas.

SECTION A: A structured questionnaire is used to assess among working women the demographic data such age, ethnicity, religion, marital status, type of family, educational status, occupation..

SECTION B: Standard tools (MENQOL) questionnaire is used to find out the effects of menopause on quality of life in vasomotor, psycho-social, physical and sexual symptoms. Researcher were modified the some areas of standard tools (MENQOL)

The Collected data were analyzed by using descriptive statistics.

III. DATA COLLECTION, INTERPRETATION AND SYNTHESIS

Data collection is the gathering of information needed to address research problem. Formal written permission was obtained from the Nepal Health Research Center (NHRC) for conducting the study. The samples of 300 working women were selected on the basis of inclusion criteria by using non probability purposive sampling technique. The investigator introduced about her-self and developed rapport with the subjects. The investigator explained the purpose of the study and reassured that the data collected would be kept confidential. The investigator obtained consent from the subjects prior to the study. The data collection was done in three phases.

Phase I: After obtaining formal permission from NHRC and with prior informed consent from subjects, pretest was conducted to assess the effects of menopause on quality of life.

Phase II: The researcher were taken the socio-demographic of menopause women

Phase III: The researcher distributed self instructional module to assess the effects of menopause on quality of life.

Processing of the data

Data collected was processed every day. Missed out data identified and immediately next day it was rectified. During the data collection all the subjects were very cooperative and researcher expressed her gratitude for their cooperation.

Plan for data analysis

Analysis is the process organizing and synthesizing data so as to answer research questions and The data obtained was planned to be analyzed based on objectives of the study using descriptive statistics.

Descriptive statistics

- Frequency and percentage analysis was used to describe the demographic variables among working women such as the age, ethnicity, religion, marital status, type of family, educational status, occupation, place of work.
- Frequency, percentage, minimum, maximum, mean and standard deviation was used to assess the effects of menopause on quality of life.

For this study the investigator took into consideration the ethical issues. No ethical issues raised by conducting this study.

- Prior permission was obtained from the NHRC
- Written informed consent was obtained from the study samples. Explanation regarding the purpose of the study was given.
- The subjects were informed that the confidentiality of the data will be maintained.
- The subjects were informed that their participation was purely on the voluntary basis and they can withdraw from the study at any time.

IV. RESULTS

Depicts the frequency and percentage distribution of demographic variables of working women of menopause in Kathmandu valley. In the present study,

Majority of the respondents (48.7%) were from the age groups of 51-60 years of age, followed by age groups 61-65 years (28.3%), 71-75 years of age (9.7%).

Majority of respondents (23.7%) respondents were Hill Adibasi/Janajati ethnicity group, followed by ethnicity groups madhesi low caste group/terai madhesi Dalits (15.0%) and Hill low caste groups dalits (11.0%).

Majority of respondents (71.6%) belongs to Hindu religion followed by religion (12.0%) Christian and (9.7%) Buddhist. With regards marital status majority of respondents (63.3%) are married, followed by (11.7%) widow and (10.3%) divorce.

With regards types of family majority of respondents (58.0%) belongs to joint family, followed by (28.3%) nuclear family and (13.7%) extended family.

Table: 1
Distribution of effects of vasomotor symptoms of respondents
n= 300

Vasomotor symptoms	Effects of vasomotor symptoms of respondents					Total
	Never	Rarely	Sometimes	Often	Always	
Hot flushes	48	111	137	0	4	300
Night sweats	31	117	139	13	0	300
Sweating	13	110	160	17	0	300

Table 1: shows that 5 likert scale in analyzing the experiences of vasomotor symptoms of among 300 respondents With regards experiences of hot flashes majority of (137) respondents said sometimes, followed by (111) rarely and (48) never. With regards experience of night sweats majority of (139) respondents were suffering sometimes, followed by (117) rarely and (31) never. With regards experience of sweating majority of (160) respondents were suffering sometimes, (110) rarely and (17) often.

TABLE 2
Distribution of minimum, maximum, mean and SD vasomotor symptoms of respondents
n=300

Vasomotor	Frequency	Minimum	Maximum	Mean	SD
Hot flashes	300	1	5	2.34	.791
Night sweats	300	1	4	2.45	.733
Sweating	300	1	4	2.60	.664
Total	300	1.00	3.67	2.4638	.44084

Table 2: show that analyzing the experiences of vasomotor symptoms of among 300 respondents with regards hot flashes minimum score are 1, maximum score 5, mean score 2.45 and SD .791, with regards night sweats minimum score are 1, maximum score 4, mean score 2.34 and SD .733 and with regards sweating minimum score are 1, maximum score 4, mean score 2.60 and SD .664

TABLE 3
Distribution of experiences of types of psychosocial symptoms of respondents
n=300

Psychosocial symptoms	Experienced of Psychosocial symptoms of respondents					Total
	Never	Rarely	Sometimes	Often	Always	
Being dissatisfied with my personal life	182	66	38	6	0	300
Feeling anxious or nervous	234	50	16	0	0	300
Experiencing poor memory	298	2	0	0	0	300
Accomplishing less than I used to	300	0	0	0	0	300
Feeling depressed down or blue	169	83	36	7	2	300

Being impatient with other people	270	14	12	4	0	300
Feeling of wanting to be alone	294	4	2	0	0	300

Table 3: shows that 5 likert scale in analyzing the experiences of psychosocial symptoms of among 300 respondents With regards experiences of Being dissatisfied with my personal life majority of (182) respondents were never suffering, followed by (66) rarely and (38) sometime.

With regards experience Feeling anxious or nervous majority of (234) respondents were never suffering followed by (50) rarely and (16) sometimes.

With regards experiences of poor memory majority of (298) respondents were never suffering and (2) rarely.

With regards experienced of accomplishing less than I used to all 300 respondents were never suffering.

With regards experienced of Feeling depressed down or blue majority of (169) respondents were never suffering, followed by (83) rarely, (36) sometime and (7) often.

With regards experienced of Being impatient with other people majority of (270) respondents were never suffering followed by (14) rarely and (12) sometime.

With regards Feeling of wanting to be alone majority of (294) respondents were never suffering, followed by (4) rarely and (2) sometimes.

TABLE 4
Distribution of minimum, maximum, mean and SD of psychosocial symptoms of respondents*
n=300

Psychosocial symptoms	Frequency	Minimum	Maximum	Mean	SD
Being dissatisfied with my personal life	300	1	4	1.55	.796
Feeling anxious or nervous	300	1	3	1.27	.553
Experiencing poor memory	300	1	2	1.01	.082
Accomplishing less than I used to	300	1	1	1.00	.000
Feeling depressed down or blue	300	1	5	1.62	.838
Being impatient with other people	300	1	4	1.17	.548
Feeling of wanting to be alone	300	1	3	1.03	.199
Total	300	.86	2.14	1.2262	.21495

Table 4: show that analyzing the experiences of psycho-social symptoms of among 300 respondents with regards being dissatisfied with my personal life minimum score are 1, maximum score 4, mean score 1.55 and SD .796, with regards Feeling anxious or nervous minimum score are 1, maximum score 3, mean score 1.27 and SD .553, with regards Experiencing poor memory score are 1, maximum score 2, mean score 1.01 and SD .082, with regards Accomplishing less than I used to score are 1, maximum score 1, mean score 1.00 and SD .000, with regards Feeling depressed down or blue score are 1, maximum score 5, mean score 1.62 and SD .838, with regards Being impatient with other people are 1, maximum score 4, mean score 1.17 and SD .548 and with regards Feeling of wanting to be alone are 1, maximum score 3, mean score 1.03 and SD .199.

TABLE 5
Distribution of Types of physical symptoms of respondents
n=300

Physical symptoms	Experienced of physical symptoms of respondents					Total
	Never	Rarely	Sometimes	Often	Always	
Wind or gas pains	296	0	4	0	0	300

Aching in muscle and joints	122	110	56	12	0	300
Feeling tired or worn out	16	100	134	50	0	300
Difficulty sleeping	70	172	56	2	0	300
Aches in back of neck or head	288	6	2	4	0	300
Decrease in physical strength	30	174	82	14	0	300
Decrease in stamina	184	98	18	0	0	300
Feeling a lack of energy	30	72	72	0	126	300
Drying skin	292	4	2	2	0	300
Weight gain	82	130	72	10	6	300
Increased facial hair	300	0	0	0	0	300
Changes in appearance, texture or tone of your skin	14	118	146	22	0	300
Feeling bloated	298	2	0	0	0	300
Frequent urination	68	156	58	18	0	300
Involuntary urination when laughing or coughing	102	178	20	0	0	300

Table 5: shows that 5 likert scale in analyzing the experiences of physical symptoms of among 300 respondents
 With regards experiences of wind or gas pains majority of (296) respondents were never suffering and (4) respondents were suffering sometime
 With regards experience aching in muscle and joints majority of (122) respondents were never suffering, followed by (110) rarely and (56) sometimes
 With regards experiences of feeling tired or worn out majority of (122) respondents were never suffering, followed by (110) rarely and (56) sometime.
 With regards experienced of difficulty sleeping majority (170) respondents were suffering rarely, followed by (70) never and (56) sometime.
 With regards experienced of aches in back of neck or head majority of (288) respondents were never suffering, followed by (6) rarely and (4) often.
 With regards experienced of decrease in physical strength majority of (174) respondents were suffering rarely, followed by (82) sometimes and (30) never
 With regards decrease in stamina majority of (180) respondents were never suffering, followed by (98) rarely and (18) sometimes.
 With regards feeling a lack of energy majority of (126) respondents were suffering always, followed by (72) rarely and sometimes and (30) never.
 With regards drying skin majority of (292) respondents were never suffering, followed by (4) rarely and (2) sometimes and often.
 With regards weight gain majority of (130) respondents were suffering rarely, followed by (82) never and (72) sometimes.

With regards increased facial hair majority of (300) respondents were never suffering.

With regards changes in appearance, texture or tone of your skin majority of (146) respondents were suffering sometime, followed by (118) rarely and (22) often.

With regards feeling bloated majority of (298) respondents were never suffering and (2) rarely.

With regards frequency urination majority of (156) respondents were suffering rarely, followed by (68) never and (58) sometimes.

With regards involuntary urination when laughing or coughing majority of (178) respondents were suffering rarely, followed by (102) never and (20) sometimes.

TABLE 6
Distribution of minimum, maximum, mean and SD of physical symptoms of respondents
n=300

Physical symptoms	Frequency	Minimum	Maximum	Mean	SD
Wind or gas pain	300	1	3	1.03	.230
Aching in muscle and joints	300	1	4	1.86	.858
Feeling tired or worn out	298	1	4	2.72	.803
Difficulty sleeping	298	1	4	1.97	.671
Aches in back of neck or head	300	1	4	1.07	.402
Decrease in physical strength	300	1	4	2.27	.700
Decrease in stamina	296	1	3	1.45	.609
Feeling a lack of energy	300	1	5	3.40	1.472
Drying skin	300	1	4	1.05	.313
Weight gain	296	1	5	2.05	.846
Increase facial hair	300	1	1	1.00	.000
Change in appearance texture or tone of your skin	300	1	4	2.59	.696
Feeling bloated	300	1	2	1.01	.082
Low backache	300	1	4	2.37	.708
Frequent urination	300	1	4	2.09	.809
Involuntary urination when laughing or coughing	300	1	3	1.73	.577
Total	288	1.50	2.63	1.8607	.18764

Table 6: shows that analyzing the experiences of physical symptoms of among 300 respondents with regards wind or gas pain minimum score are 1, maximum score 3, mean score 1.03 and SD .230, with regards aching in muscle and joints minimum score are 1, maximum score 4, mean score 1.86 and SD .858, with regards feeling tired or worn out minimum score are 1, maximum score 4, mean score 2.72 and SD .803, with regards difficulty sleeping minimum score are 1, maximum score 4, mean score 1.97 and SD .671, with regards aches in back of neck or head minimum score are 1, maximum score 4, mean score 1.07 and SD .402, with regards decrease in physical strength minimum score are 1, maximum score 4, mean score 2.27 and SD .700, with regards decrease in stamina minimum score are 1, maximum score 3, mean score 1.45 and SD .609, with regards feeling a lack of energy minimum score are 1, maximum score 5, mean score 3.40 and SD 1.472, with regards drying skin minimum score are 1, maximum score 4, mean score 1.05 and SD .313, with regards weight gain minimum score are 1, maximum score 5, mean score 2.05 and SD .846, with regards increase facial hair minimum score are 1, maximum score 1, mean score 1.00 and SD .000, with regards change in appearance and texture or tone of your skin minimum score are 1, maximum score 4, mean score 2.59 and SD .696, with regards feeling bloated minimum score are 1, maximum score 2, mean score 1.01 and SD .082, with regards low backache minimum score are 1, maximum score 4, mean score 2.37 and SD .708, with regards frequent urination minimum score are 1, maximum score 4, mean score 2.09 and SD .809 and with involuntary urination when laughing or coughing minimum score are 1, maximum score 3, mean score 1.73 and SD .577.

TABLE 7
Distribution of Types of sexual symptoms of respondents
n=300

sexual symptoms	Experienced of sexual symptoms of respondents					Total
	Never	Rarely	Sometimes	Often	Always	
Change in you sexual desire	21	122	152	5	0	300

Vaginal dryness during intercourse	35	161	84	20	0	300
Avoiding intimacy	95	145	55	5	0	300

Table 7: shows that 5 likert scale in analyzing the experiences of sexual symptoms of among 300 respondents With regards experiences of change in your sexual desire majority of (152) respondents were suffering sometimes followed by (122) rarely and (21) never. With regards experience vaginal dryness during intercourse majority of (161) respondents were suffering rarely, followed by (84) sometimes and (35) never. With regards experiences of avoiding intimacy majority of (145) respondents were suffering rarely, followed by (95) never and (55) sometime.

TABLE 8
Distribution of minimum, maximum, mean and SD of sexual symptoms of respondents
 n=300

Sexual symptoms	Frequency	Minimum	Maximum	Mean	SD
Change in you sexual desire	300	1	4	2.47	.651
Vaginal dryness during intercourse	300	1	4	2.30	.760
Avoiding intimacy	300	1	4	1.90	.747
Total	300	1.00	4.00	2.2222	.47402

Table 8: shows that analyzing the experiences of sexual symptoms of among 300 respondents with regards change in you sexual desire minimum score are 1, maximum score 4, mean score 2.47 and SD .651, with regards vaginal dryness during intercourse minimum score are 1, maximum score 4, mean score 2.30 and SD .760 and with avoiding intimacy minimum score are 1, maximum score 4, mean score 1.90 and SD .747.

intervention to improve their QOL are important which should be imparted to menopausal women at both individual and community level.

The second objective was to find out the effects of menopause on quality of life in psycho-social symptoms.

Table 3-4: shows that 5 likert scale in analyzing the experiences of psychosocial symptoms of among 300 respondents with regards experiences of Being dissatisfied with my personal life majority of (182) respondents were never suffering, with regards experience Feeling anxious or nervous majority of (234) respondents were never suffering, with regards experiences of poor memory majority of (298) respondents were never suffering, with regards experienced of accomplishing less than I used to all 300 respondents were never suffering, with regards experienced of Feeling depressed down or blue majority of (169) respondents were never suffering, with regards experienced of Being impatient with other people majority of (270) respondents were never suffering, with regards Feeling of wanting to be alone majority of (294) respondents were never suffering. Analyzing the experiences of psycho-social symptoms of among 300 respondents with regards being dissatisfied with my personal life minimum score are 1, maximum score 4, mean score 1.55 and SD .796, with regards Feeling anxious or nervous minimum score are 1, maximum score 3, mean score 1.27 and SD .553, with regards Experiencing poor memory score are 1, maximum score 2, mean score 1.01 and SD .082, with regards Accomplishing less than I used to score are 1, maximum score 1, mean score 1.00 and SD .000, with regards Feeling depressed down or blue score are 1, maximum score 5, mean score 1.62 and SD .838, with regards Being impatient with other people are 1, maximum score 4, mean score 1.17 and SD .548 and with regards Feeling of wanting to be alone are 1, maximum score 3, mean score 1.03 and SD .199.

V. DISCUSSION

The first objective was to find out the effects of menopause on quality of life in vasomotor symptoms.

Table 1-2: shows that 5 likert scale in analyzing the experiences of vasomotor symptoms of among 300 respondents with regards experiences of hot flashes majority of (137) respondents said sometimes. with regards experience of night sweats majority of (139) respondents were suffering sometimes, with regards experience of sweating majority of (160) respondents were suffering sometimes. Analyzing the experiences of vasomotor symptoms of among 300 respondents with regards hot flashes minimum score are 1, maximum score 5, mean score 2.45 and SD .791, with regards night sweats minimum score are 1, maximum score 4, mean score 2.34 and SD .733 and with regards sweating minimum score are 1, maximum score 4, mean score 2.60 and SD .664

Similar study was conducted to assess the quality of life (QOL) of peri-menopausal women. The study was carried out among 100 peri and postmenopausal women (40–60 years) in Dearah village of West Bengal. Occurrence of vasomotor symptoms was average with 60% of them reporting hot flushes and 47% sweating. The study concluded that the results support that menopause causes both physical and psychiatric problems. Education, creating awareness and providing suitable

Similar study was conducted to assess the menopause related symptoms and their impact on the women's quality of life. Obstetrics and Gynecological department at maternity and children hospital in Makkah Al Mukkarmah.. Convenient sample composed of 90 women at range of from 40-60years were recruited in the study. Interviewing sheet that was designed by the investigators and Menopause Specific Quality of Life Questionnaire (MENQOL) were used to collect the data. The present study showed that the most severe symptoms in vasomotor, psychosocial, physical and sexual domains were, hot flushes (29%), experiencing poor memory (48.3%), being dissatisfied with their personal life (44.8%), Low backache (41.9%), and change in your sexual desire (36.8%). The overall scores of menopausal quality of life for each MENQOL domain are indicated that the highest mean score in sexual domain. The study concluded that most severe symptoms in vasomotor, psychosocial, physical and sexual domains were, hot flushes, experiencing poor memory, being dissatisfied with their personal life, low backache, and change in your sexual desire.

The third objective was to find out the effects of menopause on quality of life in physical symptoms.

Table 5-6: shows that 5 likert scale in analyzing the experiences of physical symptoms of among 300 respondents with regards experiences of wind or gas pains majority of (296) respondents were never, with regards experience aching in muscle and joints majority of (122) respondents were never suffering, ,with regards experiences of feeling tired or worn out majority of (122) respondents were never suffering, with regards experienced of difficulty sleeping majority (170) respondents were suffering rarely, with regards experienced of aches in back of neck or head majority of (288) respondents were never suffering, with regards experienced of decrease in physical strength majority of (174) respondents were suffering rarely, with regards decrease in stamina majority of (180) respondents were never suffering, ,with regards feeling a lack of energy majority of (126) respondents were suffering always, with regards drying skin majority of (292) respondents were never suffering, with regards weight gain majority of (130) respondents were suffering rarely, with regards increased facial hair majority of (300) respondents were never suffering, with regards changes in appearance, texture or tone of your skin majority of (146) respondents were suffering sometime, with regards feeling bloated majority of (298) respondents were never suffering ,with regards frequency urination majority of (156) respondents were suffering rarely, with regards involuntary urination when laughing or coughing majority of (178) respondents were suffering rarely. Analyzing the experiences of physical symptoms of among 300 respondents with regards wind or gas pain minimum score are 1, maximum score 3, mean score 1.03 and SD .230, with regards aching in muscle and joints minimum score are 1, maximum score 4, mean score 1.86 and SD .858, with regards feeling tired or worn out minimum score are 1, maximum score 4, mean score 2.72 and SD .803, with regards difficulty sleeping minimum score are 1, maximum score 4, mean score 1.97 and SD .671, with regards aches in back of neck or head minimum score are 1, maximum score 4, mean score 1.07 and SD .402, with regards decrease in physical strength minimum score are 1, maximum score 4, mean score 2.27 and

SD .700, with regards decrease in stamina minimum score are 1, maximum score 3, mean score 1.45 and SD .609, with regards feeling a lack of energy minimum score are 1, maximum score 5, mean score 3.40 and SD 1.472, with regards drying skin minimum score are 1, maximum score 4, mean score 1.05 and SD .313, with regards weight gain minimum score are 1, maximum score 5, mean score 2.05 and SD .846, with regards increase facial hair minimum score are 1, maximum score 1, mean score 1.00 and SD .000, with regards change in appearance and texture or tone of your skin minimum score are 1, maximum score 4, mean score 2.59 and SD .696, with regards feeling bloated minimum score are 1, maximum score 2, mean score 1.01 and SD .082, with regards low backache minimum score are 1, maximum score 4, mean score 2.37 and SD .708, with regards frequent urination minimum score are 1, maximum score 4, mean score 2.09 and SD .809 and with involuntary urination when laughing or coughing minimum score are 1, maximum score 3, mean score 1.73 and SD .577.

Similar study was carried to analyze the menopause-related symptoms and its impact on quality of life in post-menopausal women from urban and rural area, attending the outpatient department in the urban area and a house-to-house survey in rural areas, by interviews with the help of a pretested semi-structured standard questionnaire. World Health Organization Quality of Life Scale (WHO QOL-BREF) questionnaire was used. There was a significant difference between the MRS total scores of the urban (14.67 ± 6.64) and rural (16.08 ± 7.65) group. The somatic, psychological, and urogenital symptoms were high in rural women than in urban women. The results were not significant for urogenital subscale. The mean raw scores of physical health, psychological, social relationships, and environmental domains was more in urban than in rural women. The mean transformed scores (4-20) of physical health, psychological, social relationships, and environmental domains was more in urban than in rural women. The mean transformed scores (0-100) including the physical health, psychological, social relationships, and environmental domains was more in urban than in rural women. The study concluded that result was not significant for physical health. The high proportions and the scores of MRS were observed in both rural and the urban women. The severity of symptoms was found more distressing for rural women. The quality of life in urban society was average and better than in rural women.

The four objectives was to find out the effects of menopause on quality of life in sexual symptoms.

Table 7-8: shows that 5 likert scale in analyzing the experiences of sexual symptoms of among 300 respondents. With regards experiences of change in your sexual desire majority of (152) respondents were suffering sometimes, with regards experience vaginal dryness during intercourse majority of (161) respondents were suffering rarely, with regards experiences of avoiding intimacy majority of (145) respondents were suffering rarely. Analyzing the experiences of sexual symptoms of among 300 respondents with regards change in your sexual desire minimum score are 1, maximum score 4, mean score 2.47 and SD .651, with regards vaginal dryness during intercourse minimum score are 1, maximum score 4, mean score

2.30 and SD .760 and with avoiding intimacy minimum score are 1, maximum score 4, mean score 1.90 and SD .747.

Similar study was to summarize the available knowledge on the prevalence of sexual symptoms at the menopause and their impact on quality of life in elderly women. The medical literature was searched (1990–2008) with regard to menopause and sexuality using several related terms. The most common sexual complaints are reduced sexual desire, vaginal dryness and dyspareunia, poor arousal and orgasm and impaired sexual satisfaction. Age and declining oestradiol levels have significant detrimental effects on sexual functioning, desire and responsiveness. The study concluded that Women attending menopause clinics are vulnerable to female sexual dysfunction (FSD) because of a complex interplay of individual factors variably affecting well-being. Surgically menopausal women may be more distressed by sexual symptoms. Giving women the opportunity to talk about sexual problems is a fundamental part of health care and may improve their quality of life.

VI. CONCLUSIONS

The present study was undertaken to assess the effects of menopause on quality of life, the study was conducted in working women in Kathmandu valley. The data was collected from 300 working women by structured questionnaire. Stratified sampling techniques were used for the selection of the 3 districts (Kathmandu, Lalitpur and Bhaktapur). Sampling frame (list of the working area such as Government office, financial sector, health sector and NGO/INGO) were prepared and purposive sampling technique was used for the selection of the study population from selected working area. The findings revealed that, Majority of the respondents (48.7%) were from the age

groups of 51-60 years of age, (23.7%) respondents were Hill Adibasi/Janajati ethnicity group. (71.6%) belongs to Hindu, (63.3%) are married and (58.0%) belongs to joint family. Majority of respondents (66.7%) have formal education and (36.7%) are working in Health sector, (57.0%) belongs to 13-14 years of age of menarche, (52.7%) respondents belongs to 26-30 years of age of first pregnancy, (53.4%) used temporary family planning method and (46.6%) used permanent family planning method. Majority of vasomotor symptoms (99.3%) had not seen followed by (44.7%) had seen psycho-social symptoms,(99.3%) had seen physical symptoms and (96.7%) had seen sexual symptoms.

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