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Experience of Menopausal Symptoms and Perception of Menopause among Women at Bharatpur Chitwan Nepal

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ABSTRACT

Introduction: Menopause is a natural physiological transition in a woman's life, generally occurring between 45 and 55 years of age worldwide. Among Nepalese women, the mean age at menopause has been reported to be approximately 48.02 years.

Objectives: The objective of the study was to assess the experiences of menopausal symptoms, evaluate the level of perception regarding menopause, and examine the association between perception levels and selected demographic and clinical variables.

Methodology: A cross-sectional study was conducted using a non-probability convenience sampling technique, employing a structured interview schedule among 425 women aged 45–60 years in Bharatpur, Chitwan. The collected data were entered into IBM SPSS Statistics version 20 and analyzed using both descriptive and inferential statistical methods.

Results: Out of 425 respondents, 57.4% were aged above 50 years. Among them, 67.7% had attained menopause, with a mean menopausal age of 48.93 years (SD ± 3.2). The majority reported experiencing various menopausal symptoms, including vasomotor, physical, psychosocial, and sexual manifestations. Specifically, 58.6% experienced hot flashes, 76.9% reported lack of energy (physical domain), 65.9% had sleep disturbances (psychosocial domain), and 60.7% reported changes in sexual desire. Only 32.5% shared their symptoms with family members. Overall, 75.5% of respondents expressed a positive attitude towards menopause.

Conclusion: Based on the study findings, it can be concluded that although all women experience menopausal symptoms, many do not disclose these concerns to their family members. To address this gap, community-based awareness programs can be organized by ward offices in coordination with health personnel, focusing on menopause, associated symptoms, and their management, with the ultimate aim of reducing the associated burden and improving quality of life.

INTRODUCTION

Menopause is defined as the complete cessation of menstruation for 12 consecutive months, resulting from a decline in circulating estrogen levels due to the loss of ovarian follicular function, marking the end of fertility.¹ It is a natural

physiological phase in a woman's life, typically occurring between the ages of 45 and 55 years.² Menopause occurring before the age of 45 is referred to as early menopause, while menopause after the age of 55 is considered late menopause.^{1,2}

During this period, women experience a range of symptoms, including vasomotor symptoms ("hot flushes, night sweating), abnormal uterine bleeding, psychological symptoms (depression, anxiety, irritability, poor memory), urogenital symptoms (loss of libido, dyspareunia, loss of bladder control) and other physical symptoms (bloating, musculoskeletal pain and fatigue)". These symptoms may begin during the perimenopausal period.³ Various studies have shown experience of menopausal symptoms of women during their life in different countries. A online survey of United Kingdom, reported that the most common menopausal symptom were sleep disturbances 81.8%, hot flushes 80.7% or night sweats and forgetfulness or memory problems 75.6%,⁴ Similarly, a study in China, reported that the menopausal women commonly experienced poor memory 94.4%, fatigue 93.8% and muscle and joints pain 89.4%.³ In Nepal, 94% of the women reported experiencing one or more of the menopausal symptoms with mood swings 80% and irritability 60% being the most prevalent followed by vasomotor symptoms such as hot flashes 42% and night sweats 24%.⁵

Regarding the perception of menopause, studies have shown that a significant proportion 87% of Asian menopausal women had positive perception towards menopause.⁶ In Pakistan, 69.12% of respondents had positive perception.⁷ In Nepal, 77.8% of women expressed a positive perception, while 22.2% reported a negative perception of menopause.⁸ These findings highlight the variability in attitudes across regions and underscore the need for further exploration of women's experiences and perceptions of menopause in diverse cultural contexts. This study was therefore conducted to assess the symptoms, perceptions, and awareness of menopause among women, and to provide evidence that can inform community-level interventions and health education programs.

Methodology

A cross sectional study was done to find out experience of menopausal symptoms and perception of menopause among women at Bharatpur Chitwan, Nepal. Using non-probability convenience sampling technique with structured interview schedule to collect the data. The study population were 45 to 60 years women who met in different area of Bharatpur, Chitwan. Sample size was determined by using Cochran's formula, $n = Z_{\alpha}^2 pq/d^2$

Where,

$P=50\%$ (To take maximum sample size)

At 95% Confidence Interval, $Z_{\alpha} = 1.96$

$p = 0.5$

$q = 1-p = 1- 0.5 = 0.5$

$d = \text{effect size } 5\% = (0.05) \text{ maximum permissible error}$

$n = \text{required sample size} = 384$

Hence:

$n = (1.96 \times 1.96) (0.5) (0.5)$

$(0.05)^2$

$n = 384.16$

The new sample size $(n) = 384 + 38 = 422$ (Non-response rate 10% included in the sample size).

The required sample size (n) was 422 but final sample of the study was 425 women. The researcher developed a structured interview schedule based on an extensive literature review and validated it through consultation with two experts— one researcher and one statistician. To ensure reliability, the instrument was pretested on 10% of the estimated population within the same setting using a five-item Likert scale. However, since participants had difficulty understanding the scale and did not provide precise responses, the scale was modified to a three-item format following recommendations from the research expert and statistician. The pretest participants were excluded from the main study sample. The first part of the instruments included the questions related to socio- demographic and menopausal characteristics of the women. The second part included questions related to menopausal symptoms and the third part included statements related to perception on menopause. In this study, "not educated" refers to having no formal education, and "educated" refers to having education above class 1.

The symptom-related questions were categorized into four groups: vasomotor symptoms (items 1–4), psychosocial symptoms (items 5–11), physical symptoms (items 12–25), and sexual symptoms (items 26–29). These were structured as multiple-choice questions, allowing respondents to select more than one option. Each selected response was scored as '1', while unselected options were scored as '0'.

The perception of respondents was measured using questionnaire based on three items of likert scale agree=3 disagree=2 and not sure=1 based on a Malaysian study.⁹ The perception questionnaire consisted of 12 items, with a maximum possible score of 36. Based on criteria adopted from a study conducted in Iran,¹⁰ the overall perception of respondents was categorized as positive ($\geq 50\%$ of the total score) or negative ($< 50\%$ of the total score).

Data were collected through face-to-face interviews from November 17, 2023, to May 12, 2024, following ethical clearance. Ethical approval was obtained from the Institutional Review Committee of Chitwan Medical College (Reference No. CMC-IRC/023/024-29) and the administrative office of Bharatpur Metropolitan. The purpose of the study was explained to all respondents, and written informed consent was obtained from each participant prior to data collection. Participation was voluntary, and confidentiality was maintained by ensuring that personal information was not disclosed and that all collected data were used solely for research purposes.

The collected data were edited, organized, coded, and analyzed using IBM SPSS Statistics version 20. Both descriptive and inferential statistical methods were applied. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were computed for the study variables. Inferential statistics, specifically the Chi-square test, were used to assess associations. A p-value of <0.05 was considered statistically significant.

RESULTS

Out of 425 respondents, 57.4% were above 50 years of age, with a mean age of 52.03 ± 4 years (range: 45–60 years). Regarding place of residence, 61.6% were from Bagmati Province, and the majority (87.5%) were married. In terms of ethnicity, 55.3% were Brahmin/Chhetri, and 85.6% followed the Hindu religion. Nearly half (42.6%) had no formal education, 59% were homemakers, and only 38.6% reported sufficient household income for 6–12 months. Menopausal symptoms onset occurred mainly between 40–50 years 381(89.65%), with a mean age of 45.38 ± 2.84 years. Menopause had occurred in 288 (67.8%) of respondents; 210(72.9%) experienced it before age 50. Most 413(97.2%) did not use medication or hormone therapy for symptoms. Only 138(32.5%) discussed symptoms with family, of whom 125(90.6%) received support. Hypertension was the most common comorbidity 93(47.9%). (Table 1).

Vasomotor symptoms included hot flashes 249(58.6%), night sweats 223(52.5%), excessive sweating (52.7%), and palpitations 170(40%). Psycho-social symptoms reported were sleep disturbances 280(65.9%), poor memory 250(58.8%), anxiety 203(47.7%), irritability 239(56.2%), depression 151(35.5%), social isolation 117(27.5%), and life dissatisfaction 115(27.1%). Sexual symptoms included reduced desire 258(60.6%), vaginal dryness 214(50.4%), dyspareunia 139(32.7%), and pelvic organ prolapse 44(10.3%). (Table 2).

Table 1: Menopausal Symptoms Related Characteristic by Respondents n=425

| Variables | Frequency | Percentage |
|--|------------------|------------|
| Age of experiencing menopausal symptoms(n=425) | | |
| <40yrs | 31 | 7.29 |
| 40-50yrs | 381 | 89.65 |
| >50yrs | 13 | 3.06 |
| Min±SD,Mini,maxi | 45.38±2.8,38(55) | |
| Had menopause | | |
| Yes | 288 | 67.76 |
| No | 137 | 32.24 |
| Age of menopause(n= 288) | | |
| ≤50yrs | 210 | 72.92 |
| >50yrs | 78 | 27.08 |
| Hormone taken for menopausal symptoms management | | |
| Yes | 12 | 2.82 |
| No | 413 | 97.18 |

| | | |
|--|-----|-------|
| Shared menopausal symptoms to family | | |
| Yes | 138 | 32.47 |
| No | 287 | 67.53 |
| Have family support for menopausal symptoms management (n=138) | | |
| Yes | 125 | 90.58 |
| No | 13 | 9.42 |
| Comorbidities (n=194) | | |
| Hypertension | 93 | 47.94 |
| Diabetes | 31 | 15.98 |
| Hypothyroidism | 48 | 24.74 |
| Hypertension and diabetes | 9 | 4.64 |
| Hypertension and hypothyroidism | 9 | 4.64 |
| Hypertension, diabetes and hypothyroidism | 4 | 2.06 |

Table 2: Respondent’s Experience of Menopausal Symptoms; n=425

| Variables** | Frequency | Percentage |
|------------------------------------|-----------|------------|
| Vasomotor symptoms | | |
| Hot flashes | 249 | 58.59 |
| Night sweats | 223 | 52.47 |
| Excessive sweating | 224 | 52.71 |
| Heart discomfort and palpitation | 170 | 40.00 |
| Psychosocial symptoms | | |
| Dissatisfaction with life | 115 | 27.06 |
| Feeling of anxious or nervous | 203 | 47.70 |
| Having poor memory | 250 | 58.82 |
| Sleep disturbances | 280 | 65.88 |
| Depressed and anxiety | 151 | 35.53 |
| Irritability | 239 | 56.24 |
| Want to sit alone | 117 | 27.53 |
| Sexual symptoms | | |
| Change in sexual desire | 258 | 60.60 |
| Vaginal dryness during intercourse | 214 | 50.35 |
| Have dyspareunia | 139 | 32.71 |
| Pelvic organ prolapse | 44 | 10.35 |

** Multiple Responses

Physical complaints were highly prevalent: low energy 327(76.9%), decreased strength 324(76.1%), muscle/joint pain 323(76%), fatigue 321(75.5%), bloating 300(70.6%), low back pain 291(68.5%), and skin dryness 189(44.5%). Other symptoms included gastrointestinal discomfort 186(43.8%), frequent urination 210(49.4%), urinary incontinence 113(26.6%), weight gain 153(36%), neck/head pain 173(40.6%), and increased facial hair 78(18.3%). (Table 3).

Table 3: Respondent's Experience of Menopausal Symptoms: Physical n=425

| Physical symptoms** | Frequency | Percentage |
|-------------------------------|-----------|------------|
| Have flatulence and gas pain | 186 | 43.76 |
| Muscle and joint pain | 323 | 76.00 |
| Feeling tired and fatigue | 321 | 75.53 |
| Pain in back of neck and head | 173 | 40.60 |
| Decrease in physical strength | 324 | 76.12 |
| Feeling of lack of energy | 327 | 76.94 |
| Skin dryness | 189 | 44.47 |
| Having weight gain | 153 | 36.00 |
| Increase facial hair | 78 | 18.35 |
| Feeling bloated | 300 | 70.59 |
| Low back pain | 291 | 68.47 |
| Frequent urination | 210 | 49.41 |
| Urinary incontinence | 113 | 26.59 |

** Multiple Responses

Table 4: Respondent's Perception regarding Menopause (n=425)

| Statements | Agree (%) | Disagree (%) | Not sure (%) |
|--|-----------|--------------|--------------|
| Menopause is a natural process | 403(94.8) | 8(1.9) | 14(3.3) |
| After the menopause feels less like a woman** | 98(23.1) | 271(63.8) | 56(13.2) |
| Absence of menses after menopause is a relief | 312(73.4) | 68(16.0) | 45(10.6) |
| Menopausal symptoms can be prevented or treated** | 198(46.6) | 153(36.0) | 74(17.4) |
| After the menopause, there is no change in sexual relationship | 132(31.1) | 186(43.8) | 107(25.2) |
| During the menopause life is stressful ** | 184(43.3) | 115(27.1) | 126(29.6) |
| After the menopause there is no tension about pregnancy | 333(78.4) | 59(13.9) | 33(7.8) |
| Menopause causes unpleasant symptoms** | 226(53.2) | 96(22.6) | 103(24.2) |
| After the menopause women gain weight | 158(37.2) | 129(30.4) | 138(32.5) |
| Menopause make the woman's freedom** | 202(47.5) | 136(32.0) | 87(20.5) |
| After the menopause woman gain more value in the society | 124(29.2) | 200(47.1) | 101(23.8) |
| Women are less sexually attractive after the menopause** | 172(40.5) | 102(24.0) | 151(35.5) |

**Negative

DISCUSSION

A cross-sectional study was conducted among 425 women aged 45–60 years in Bharatpur, Chitwan. Of these, 57.4% were over 50 years of age, with a mean age of 52.03 ± 4.00 years. Comparable studies in Nepal and India reported similar findings, with mean ages of 49.98 ± 6.18 years and 52.04 ± 5.58 years, respectively.^{5,11}

In the present study, more than half of the respondents had attained menopause. Similar investigations in Nepal and Korea reported comparable mean ages at menopause of 49.00 ± 4.70 years and 48.02 ± 2.12 years, respectively.^{5,12} In contrast, an Indian study reported a slightly higher mean age at menopause of 52.04 ± 5.58 years.¹¹ Most respondents in this study experienced menopausal symptoms between the ages of 40 and 50 years, with a mean onset age of 45.38 ± 2.80 years. This aligns

with global evidence indicating that menopause typically occurs between the ages of 45 and 55 years.² Furthermore, studies from Nigeria and Korea reported that most women experienced one or more menopausal symptoms, with prevalence rates higher than those observed in the present study.^{12,13} This disparity may be attributable to greater awareness and health consciousness among women in those populations.

Regarding perception, 403(94.8%) acknowledged menopause as a natural process; 312(73.4%) viewed cessation of menstruation as relief. While 271(63.8%) disagreed that women feel less feminine post-menopause, 172(40.5%) agreed women are less sexually attractive. Nearly half 202(47.5%) felt menopause grants greater freedom, though 200(47.1%) disagreed it enhances societal value. (Table 4). Overall, 76.2% of respondents had a positive view towards menopause, while 23.8% had a negative perception. (Table 4). Regarding the level of perception, 76.23% of respondents exhibited a positive perception, while 23.76% exhibited a negative perception towards menopause.

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In the present study, more than half of the respondents reported vasomotor symptoms, including hot flashes, night sweats, and excessive sweating, whereas fewer than half experienced heart discomfort or palpitations. A study from the United Kingdom reported that most women experienced hot flashes or night sweats—higher than the prevalence observed in our study.⁴ Similarly, research from China indicated that the majority of menopausal women experienced hot flashes.¹⁴ In contrast, studies conducted in Nepal reported lower rates of hot flashes

and night sweats than those found in our study.^{5,14,15} An Indian study, however, documented a higher prevalence of these symptoms.¹⁶ The relatively lower reporting among Nepali women may be explained by limited women's rights and the low prioritization of women's health, which could hinder open disclosure of menopausal symptoms.

Regarding psychosocial symptoms, one-fourth of the respondents reported dissatisfaction with life, fewer than half experienced anxiety or nervousness, and more than half reported sleep disturbances. In comparison, an Indian study found that more than half of participants were dissatisfied with life, while a UK study reported that over half experienced anxiety or panic attacks and most reported sleep disturbances.⁴ Studies from Nepal and India have shown that about half of respondents reported anxiety and more than half had sleep disturbances, although one study found lower rates for these symptoms.^{5,11} Compared with these findings, respondents in the present study appeared more willing to report their concerns, possibly due to better access to healthcare services, greater exposure to awareness programs, and higher levels of health literacy.

In the present study, more than half of the respondents reported experiencing poor memory. A study from China similarly found that the majority of participants reported poor memory,¹⁴ while studies conducted in Nepal and India also documented poor memory in more than half of respondents, with prevalence rates higher than those observed in the current study.^{11,15} Additionally, more than half of respondents in this study reported irritability, whereas a Nepalese study found this symptom in fewer than half of participants.¹⁵

Regarding sexual symptoms, over half of the respondents reported changes in sexual desire and vaginal dryness during intercourse, while fewer reported dyspareunia or pelvic organ prolapse. In contrast, earlier studies in Nepal found that only a small proportion of women reported these symptoms.^{5,15,16} An Indian study observed slightly higher rates of changes in sexual desire and vaginal dryness,¹¹ while a Chinese study reported that the majority of respondents experienced changes in sexual desire—significantly higher than in the present study.¹⁴ The lower prevalence in Nepali studies may reflect reluctance to disclose sexual concerns due to cultural norms, shyness, or stigma surrounding the topic.

In terms of physical symptoms, fewer than half of respondents reported flatulence or gas pain, neck and head pain, dry skin, weight gain, or frequent urination, and an even smaller proportion reported facial hair growth or urinary incontinence. In contrast, more than three-fourths experienced muscle and joint pain, fatigue, reduced physical strength, and lack of energy. Similarly, over half reported bloating, low back pain, and difficulty sleeping. An Indian study showed comparable patterns, with fewer than half of participants experiencing flatulence, neck pain, dry skin, weight gain, urinary issues, increased facial hair, or urinary incontinence, but more than half reporting muscle and joint pain, fatigue, bloating, and low back pain.¹¹

Studies from China and Nepal have documented that most women experience fatigue, neck pain, reduced physical strength,

and lack of energy,^{14,15} which may be partly attributable to the heavy household workload and responsibilities faced by Nepali women. Another Nepalese study, however, reported lower rates of muscle pain, fatigue, dry skin, weight gain, and facial hair growth, although more than half reported joint pain.¹⁵

In terms of perceptions toward menopause, most respondents in the present study considered it a natural process and agreed that there is no concern about pregnancy after menopause. Many viewed the absence of menstruation as a relief. More than half disagreed with the statement that menopause makes women feel "less of a woman," yet a similar proportion acknowledged that menopause is accompanied by unpleasant symptoms and reported feeling less feminine. Few respondents believed menopausal symptoms could be prevented or treated, and only a minority perceived woman as less sexually attractive after menopause. Comparative findings show that fewer women in Malaysia and Congo viewed menopause as a natural process, while more than half in those countries considered it a source of freedom.^{9,16} In the present study, three-fourths of respondents demonstrated a positive attitude toward menopause, consistent with findings from studies in Asia, Nepal, and Pakistan.^{6,7,8} Regarding comorbidities, fewer than half reported hypertension—higher than the prevalence observed in a previous Nepalese study.³

A statistically significant association was found between education level, occupation and perception in the present study, which contrasts with a Nepalese study that reported no significant association between occupation ($p = 0.182$), educational status ($p = 0.28$), and perception.¹⁷

Respondents without formal education appeared more cooperative with the researcher and showed greater interest in sharing their experiences than those with formal education. Furthermore, there was a statistically significant association between sharing menopausal symptoms with family and perception. Respondents who had shared their symptoms with family were likely more informed about menopause and received greater familial support, which may have reduced their perceived need to elaborate on symptoms possibly explaining their lower response rate.

Conclusion

In this study, most respondents did not share their menopausal symptoms, with psychological and sexual symptoms reported less frequently than physical symptoms. These symptoms can markedly affect personal, social, and family life. Reducing their burden requires greater awareness, fostering open communication, and implementing clear, evidence-based guidelines for management.

Recommendations

Menopausal health programs should be incorporated into national health initiatives. Future research can be conducted with larger sample sizes across different geographical regions of Nepal.

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