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Quality of life after the menopause among working women in Kathmandu Valley

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Abstract
Background of the study: Menopause is an inevitable reproductive phase during midlife when various physical and mental changes may impair the quality of life of women. 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 of menopausal symptoms, life satisfaction and perceived health and mental status, but also by the individual's attitude towards loss of fertility, increase in duration of postmenopausal years, educational, working and marital status and also parity like other developing countries. Standard tool (UQOL) questionnaire is used to assess health, emotional, sexual, occupational Quality of life. So far, few studies have been carried out quality of life after menopause among working women in Kathmandu valley. The present study aims to find out the effects of menopause on quality of life with respect to working women in Kathmandu valley by Ms. Rina Shrestha as a partial fulfillment of the requirement for publish in IJMHR.

Objectives

1. To identify the effects of menopause on health quality of life.
2. To assess the effects of menopause on emotional quality of life.
3. To find out the effects of menopause on sexual quality of life.
4. To find out the effects of menopause on occupational quality of life.

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 biostastitics. The Collected data were analyzed by using descriptive statistics.

The major findings of the study

- Majority of the respondents (48.7%) were from the age groups of 51-60 years of age, (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.
- With regards the respondent's husband demographic information majority of (49.7%) belongs to 61-65 years of age, (58.7%) have formal education, (23.7%) are self employed/business
- With regards history of using vitamin supplementary of respondents majority of respondents (58.0%) were using vitamin supplementary, (36.8%) respondents were using omega 3, (37.7%) were taking for maintain health,
- With regards history of physical exercise of respondents majority of respondents (48.3%) were doing yoga. Hour of exercise mean score was 1.59
- With regards history of respondents drink alcohol majority of (57.0%) respondents was drink alcohol, (43.0%) respondents were start drink alcohol from age 21-25 years,

Mean score of alcohol consume per week was 1.92.

Interpretation and Conclusion: The findings revealed that the improvement of minimum, maximum, mean and SD total 300 respondents, total health quality of life of respondents, minimum score was 1.86, maximum score was 3.29, mean score was 2.64 and SD was .27, total emotional quality of life of respondents, minimum score was 2.00, maximum score was 3.67, mean score was 3.16 and SD was .36, total sexual quality of life of respondents, minimum score was 1.33, maximum score was 3.67, mean score was 1.92 and SD was.53 and total occupational quality of life of respondents, minimum score was 1.29, maximum score was 2.57, mean score was 1.69 and SD was .26.

Keywords: effect; menopause; quality of life; working women

Introduction

Menopause is an inevitable reproductive phase during midlife when various physical and mental changes may impair the quality of life of women. 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 of menopausal symptoms, life satisfaction and perceived health and mental status, but also by the

individual's attitude towards loss of fertility, increase in duration of postmenopausal years, educational, working and marital status and also parity like other developing countries. It 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).

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. Standard tool (UQOL) questionnaire is used to assess health, emotional, sexual, occupational Quality of life. (UQOL Scale).

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 biostastitics.

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 information such as age, educational status, working area, age of menarche, age of first pregnancy, using vitamin supplementary, history of physical exercise, history of drink alcohol and husband demographic information

Section B: Standard tools (UQOL) questionnaire is used to find out the effects of menopause on health quality of life, emotional quality of life, sexual quality of life and occupational quality of life. Researcher were modified the some areas of standard tools (UQOL)

The Collected data were analyzed by using descriptive statistics.

Results

Demographic characteristics of respondents

Majority of the respondents (48.7%) were from the age groups of 51-60 years of age, (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.

With regards the respondent's husband demographic information majority of (49.7%) belongs to 61-65 years of age, (58.7%) have formal education, (23.7%) are self employed/business.

With regards history of using vitamin supplementary of respondents majority of respondents (58.0%) were using vitamin supplementary, (36.8%) respondents were using omega 3, (37.7%) were taking for maintain health,

With regards history of physical exercise of respondents majority of respondents (48.3%) were doing yoga. Hour of exercise mean score was 1.59.

With regards history of respondents drink alcohol majority of (57.0%) respondents was drink alcohol, (43.0%) respondents were start drink alcohol from age 21-25 years.

Mean score of alcohol consume per week was 1.92.

Table 1: Distribution of effects of menopause on health quality of life of respondents n=300

Health quality of life of respondents	Experienced of health quality of life of respondents					Total
	Strong Agree	Agree	undecided	Disagree	Strongly disagree	
I am unhuppy with my appearance	10	12	172	93	13	300
My diet is not nutritionally sound	15	5	9	53	218	300
I feel in control of my eating behavior	75	200	5	10	10	300
Routinely, I engaged in active exercise three or more times each week	216	74	5	0	5	300
I believe I have no control over my physical health	20	10	0	202	68	300
I feel physically well	158	126	16	0	O	300
I feel physically fit	56	208	36	0	0	300

Table 1: Shows that 5 likert scale in analyzing health quality of life among 300 respondents.

With regards I am unhappy with my appearance of 300 respondents majority of (172) respondents were undecided, followed by (93) disagree and (13) strongly disagree.

With regards My diet is not nutritionally sound majority of (218) respondents were strongly disagree, followed by (53) disagree and (15) strongly agree.

With regards I feel in control of my eating behavior majority of (200) respondents were agree, followed by (75) strongly agree and (10) disagree as well as strongly disagree.

With regards Routinely, I engaged in active exercise three or more times each week majority of (216) respondents were strongly agree, followed by (74) agree and (5) undecided as well as strongly disagree.

With regards I believe I have no control over my physical health majority of (285) respondents were never suffering, followed by (10 sometime and (5) always.

With regards I feel physically well majority of (158) respondents were strongly agree, followed by (126) agree and (16) undecided.

With regards I feel physically fit majority of (208) respondents were agree, followed by (56) strongly agree and (36) undecided.

Table 2: Distribution of minimum, maximum, mean and SD health quality of life of respondents n=300

Health quality of life of respondents	Frequency	Minimum	Maximum	Mean	SD
I am unhuppy with my appearance	300	1	5	3.29	.761
My diet is not nutritionally sound	300	1	5	4.51	1.007
I feel in control of my eating behavior	300	1	5	1.93	.835
Routinely, I engaged in active exercise three or more times each week	300	1	5	1.35	.679
I believe I have no control over my physical health	300	1	5	3.96	.981
I feel physically well	300	1	3	1.53	.598
I feel physically fit	300	1	3	1.93	.551
Total	296	1.86	3.29	2.6438	.27860

Table 2: show that analyzing of effects of menopause on health quality of life of respondents among 300 respondents with regards I am unhappy with my appearance minimum score are 1, maximum score 5, mean score 3.29 and SD .761, with regards my diet is not nutritionally sound minimum score are 1, maximum score 5, mean score 4.51 and SD 1.007, with regards I feel in control of my eating behavior minimum score are 1, maximum score 5,mean score 1.93 and SD .835, with regards routinely, I engaged in active exercise three or more times each week minimum score are 1, maximum score 5,mean score 1.35 and SD .679, with regards I believe I have no control over my physical health minimum score are 1, maximum score 5,mean score 1.96 and SD .981, with regards I feel physically well minimum score are 1, maximum score 3,mean score 1.53 and SD .598 and with regards I feel physically fit minimum score are 1, maximum score 3,mean score 1.93 and SD .551.

Table 3: Distribution of emotional quality of life of respondents n=300

Emotional quality of life of respondents	Experienced of emotional quality of life of respondents					Total
	Strong Agree	Agree	undecided	Disagree	Strongly disagree	
I am able to control thing in my life that are important to me	216	84	0	0	0	300
My mood is generally depressed	0	28	21	100	151	300
I frequently experience anxiety	0	23	28	143	106	300
Most things that happen to me are out of my control	0	0	47	213	40	300
I currently experience physical discomfort and pain during sexual activity	0	20	24	85	171	300
I expect that good thing will happen in my life	300	0	0	0	0	300

Table 3: shows that 5 likert scale in analyzing health quality of life among 300 respondents

With regards I am able to control thing in my life that are important to me 300 respondents majority of (216) respondents were strongly agree, followed by (84) agree.

With regards My mood is generally depressed majority of (151) respondents were strong disagree, followed by (100) disagree and (28) agree.

With regards I frequently experience anxiety majority of (143) respondents were disagree followed by (106) strongly disagree and (28) undecided.

With regards Routinely, Most things that happen to me are out of my control majority of (213) respondents were disagree, followed by (47) undecided and (40) strong disagree as well as strongly disagree.

With regards I currently experience physical discomfort and pain during sexual activity majority of (171) respondents were suffering strong disagree, followed by (85) disagree and (24) undecided.

With regards I expect that good thing will happen in my life majority of (300) respondents were strongly agree.

Table 4: Distribution of minimum, maximum, mean and SD emotional quality of life of respondents n=300

Emotional quality of life of respondents	Frequency	Minimum	Maximum	Mean	SD
I am able to control control thing in my life that are important to me	300	1.00	2.00	1.2800	.44975
My mood is generally depressed	300	2.00	5.00	4.2467	.94275
I frequently experience anxiety	300	2.00	5.00	4.1067	.86281
Most things that happen to me are out of my control	300	3.00	5.00	3.9767	.53891
I currently experience physical discomfort and pain during sexual activity	300	2.00	5.00	4.3567	.89000
I expect that good thing will happen in my life	300	1.00	1.00	1.0000	.00000
Total	300	2.00	3.67	3.16	.36

Table 4: show that analyzing of effects of menopause on emotional quality of life of respondents among 300 respondents with I am able to control thing in my life that are important to me minimum score are 1, maximum score 2, mean score 1.2800 and SD .44975, with regards My mood is generally depressed minimum score are 2, maximum score 5, mean score 4.2467 and SD .94275, with regards I frequently experience anxiety minimum score are 2, maximum score 5,mean score 4.1067and SD .86281, with regards Most things that happen to me are out of my control minimum score are 3, maximum score 5,mean score 3.9767 and SD .53891, with regards I currently experience physical discomfort and pain

during sexual activity minimum score are 2, maximum score 5,mean score 4.3567 and SD .89000 and with I expect that good thing will happen in my life minimum score are 1, maximum score 1,mean score 1.0000 and SD .00000.

Table 5: Distribution of sexual quality of life of respondents n=300

Sexual quality of life of respondents	Experienced of sexual quality of life of respondents					Total
	Strong Agree	Agree	undecided	Disagree	Strongly disagree	
I am not content with my sexual life	4	147	66	83	0	300
I am content with my romantic life	205	80	15	0	0	300
I am content with the frequency of my sexual interactions with a partner	151	124	15	0	10	300

Table 5: shows that 5 likert scale in analyzing sexual quality of life among 300 respondents.

With regards I am not content with my sexual life of 300 respondents majority of (147) respondents were agree, followed by (83) disagree and (66) undecided.

With regards I am content with my romantic life majority of (205) respondents were strongly agree, followed by (80) agree and (15) undecided.

With regards I am content with the frequency of my sexual interactions with a partner majority of (151) respondents were strongly agree, followed by (124) agree and (15) undecided.

Table 6: Distribution of minimum, maximum, mean and SD sexual quality of life of respondents n=300

Sexual quality of life of respondents	Frequency	Minimum	Maximum	Mean	SD
I am not content with my sexual life	300	1	4	2.76	.875
I am content with my romantic life	300	1	3	1.37	.577
I am content with the frequency of my sexual interactions with a partner	300	1	5	1.65	.855
Total	300	1.33	3.67	1.9244	.53234

Table 6: show that analyzing of effects of menopause on sexual quality of life of respondents among 300 respondents with regards I am not content with my sexual life minimum score are 1, maximum score 4, mean score 2.76 and SD .875, with regards I am content with my romantic life minimum score are 1, maximum score 3, mean score 1.37 and SD .577 and with regards I am content with the frequency of my sexual interactions with a partner minimum score are 1, maximum score 5,mean score 1.65 and SD .855.

Table 7: Distribution of occupational quality of life of respondents n=300

Occupational quality of life of respondents	Experienced of occupational quality of life of respondents					Total
	Strong Agree	Agree	undecided	Disagree	Strongly disagree	
I feels changed by my work	105	180	5	10	0	300
I believe my work benefits society	104	155	41	0	0	300
I have gotten a lot of personnel recognition in my community or at my job	189	82	29	0	0	300
I am proud of my occupational accomplishment	98	202	0	0	0	300
I consider my life stimulating	65	210	15	10	0	300
I continue to set new personal goal s for myself	127	168	5	0	0	300
I continue to set new professional goals for myself	130	145	5	20	0	300

Table 7: shows that 5 likert scale in analyzing occupational quality of life among 300 respondents

With regards I feels changed by my work of 300 respondents majority of (180) respondents were agree, followed by (105) strongly agree and (10) disagree.

With regards I believe my work benefits society majority of (155) respondents were agree, followed by (104) strongly agree and (41) undecided.

With regards I have gotten a lot of personnel recognition in my community or at my job majority of (189) respondents were strong agree, followed by (82) agree and (29) undecided.

With regards I am proud of my occupational accomplishment majority of (202) respondents were agree, followed by (98) strong agree.

With regards I consider my life stimulating majority of (210) respondents were agree, followed by (65) strong agree and (15) undecided.

With regards I continue to set new personal goal s for myself majority of (168) respondents were agree, followed by (127) strong agree and (5) undecided.

With regards I continue to set new professional goals for myself majority of (145) respondents were agree, followed by (130) strong agree and (20) disagree.

Table 8: Distribution of minimum, maximum, mean and SD occupational quality of life of respondents n=300

Occupational Quality of life	Frequency	Minimum	Maximum	Mean	SD
I feels changed by my work	300	1.00	4.00	1.7333	.65599
I believe my work benefits society	300	1.00	3.00	1.7900	.66385
I have gotten a lot of personnel recognition in my community or at my job	300	1.00	3.00	1.4667	.66611
I am proud of my occupational accomplishment	300	1.00	2.00	1.6733	.46978
I consider my life stimulating	300	1.00	4.00	1.9000	.62554
I continue to set new personal goal s for myself	300	1.00	3.00	1.5933	.52492
I continue to set new professional goals for myself	300	1.00	4.00	1.7167	.79907
Total	300	1.29	2.57	1.69	.26

Table 8: show that analyzing of effects of menopause on occupational quality of life of respondents among 300 respondents with regards I feels changed by my work minimum score are 1, maximum score 4, mean score 1.7333 and SD .65599, with regards I believe my work benefits society minimum score are 1, maximum score 3, mean score 1.7900 and SD .66385, with regards I have gotten a lot of personnel recognition in my community or at my job minimum score are 1, maximum score 3,mean score 1.4667 and SD .66611, with regards I am proud of my occupational accomplishment minimum score are 1, maximum score 2, mean score 1.6733 and SD .46978, with I consider my life stimulating minimum score are 1, maximum score 4,mean score 1.9000 and SD .62554 and with regards I continue to set new personal goal s for myself minimum score are 1, maximum score 3,mean score 1.5933 and SD .52492. with regards I continue to set new professional goals for myself minimum score are 1, maximum score 4,mean score 1.7167 and SD .79907

Discussion

The first objective was to find out the effects of menopause on health quality of life.

Table 1-2: shows that 5 likert scale in analyzing health quality of life among 300 respondents

With regards I am unhappy with my appearance of 300 respondents majority of (172) respondents were undecided, with regards My diet is not nutritionally sound majority of (218) respondents were strongly disagree, with regards I feel in control of my eating behavior majority of (200) respondents were agree, with regards Routinely, I engaged in active exercise three or more times each week majority of (216) respondents were strongly agree, with regards I believe I have no control over my physical health majority of (285) respondents were never suffering, with regards I feel physically well majority of (158) respondents were strongly agree, with regards I feel physically fit majority of (208) respondents were agree.

Analyzing of effects of menopause on health quality of life of respondents among 300 respondents with regards I am unhappy with my appearance minimum score are 1, maximum score 5, mean score 3.29 and SD .761, with regards my diet is not nutritionally sound minimum score are 1, maximum score 5, mean score 4.51 and SD 1.007, with regards I feel in control of my eating behavior minimum score are 1, maximum score 5,mean score 1.93 and SD .835, with regards routinely, I engaged in active exercise three or more times each week minimum score are 1, maximum score 5,mean score 1.35 and SD .679, with regards I believe I have no control over my physical health minimum score are 1, maximum score 5,mean score 1.96 and SD .981, with regards I feel physically well minimum score are 1, maximum score 3,mean score 1.53 and SD .598 and with regards I feel physically fit minimum score are 1, maximum score 3,mean score 1.93 and SD .551.

Similar comparative study was conducted to determine the impact of hormone therapy (HT) on health-related quality of life (HRQOL) during the menopausal transition and to examine variation based on menopausal symptom status. Among HT initiators, we compared change in HRQOL between women with frequent (≥6 d/wk) and infrequent symptoms of the 3,102 participants, 813 initiated HT during the 6-year follow-up period. At baseline, women who subsequently initiated HT were more likely to report poor role physical functioning, higher socioeconomic status, and frequent symptoms and to be white. In longitudinal analyses, women reporting poor role emotional and physical functioning at the visit before initiation were less likely to subsequently initiate (hazard ratio [95% CI]: 0.76 [0.62-0.91] and 0.58 [0.47-0.71]; $P < 0.01$ and < 0.0001, respectively), and initiation was associated with subsequent poorer role physical functioning (odds ratio [95% CI]: 1.26 [1.02-1.56]; $P = 0.03$). Among HT initiators, frequent symptom reporters showed improvements in vitality (+2.7) compared with other initiators (−2.9) ($P < 0.01$).The study concluded that Poor HRQOL does not increase the likelihood of initiating HT, nor is HT use associated with HRQOL improvements. The exception is women reporting frequent symptoms who report improved vitality after initiation. Future studies may employ more frequent HRQOL measures to further discern this trend.

The second objective was to find out the effects of menopause on emotional quality of life

Table 3-4: shows that 5 likert scale in analyzing health quality of life among 300 respondents

With regards I am able to control thing in my life that are important to me 300 respondents majority of (216) respondents were strongly agree, with regards my mood is generally depressed majority of (151) respondents were strong disagree, with regards I frequently experience anxiety majority of (143) respondents were disagree. with regards Routinely, Most things that happen to me are out of my control majority of (213) respondents were disagree, with regards I currently experience physical discomfort and pain during sexual activity majority of (171) respondents were suffering strong disagree. with regards I expect that good thing will happen in my life majority of (300) respondents were strongly agree.

Analyzing of effects of menopause on emotional quality of life of respondents among 300 respondents with I am able to

control thing in my life that are important to me minimum score are 1, maximum score 2, mean score 1.2800 and SD .44975, with regards My mood is generally depressed minimum score are 2, maximum score 5, mean score 4.2467 and SD .94275, with regards I frequently experience anxiety minimum score are 2, maximum score 5,mean score 4.1067and SD .86281, with regards Most things that happen to me are out of my control minimum score are 3, maximum score 5,mean score 3.9767 and SD .53891, with regards I currently experience physical discomfort and pain during sexual activity minimum score are 2, maximum score 5,mean score 4.3567 and SD .89000 and with I expect that good thing will happen in my life minimum score are 1, maximum score 1,mean score 1.0000 and SD .00000.

Similar randomized double-blind study was carried out comparing the effects of placebo and conjugated equine estrogens (0.625 and 1.25 mg) on psychological function over 3 months in 36 asymptomatic women, aged 45-60 Estrogen treatment of postmenopausal women has been suggested to improve mood and psychological function. However, this remains controversial because previous studies involved heterogeneous groups, were not double blind, and included women who were also experiencing somatic symptoms that were relieved by estrogen. Memory was assessed directly by the Wechsler Adult Intelligence Scales, measuring both digit span and digit symbol. All women were well-adjusted psychologically This study concluded that Estrogen treatment of postmenopausal women has been suggested to improve mood and psychological function. However, this remains controversial because previous studies involved heterogeneous groups, were not double blind, and included women who were also experiencing somatic symptoms that were relieved by estrogen.

The third objective was to find out the effects of menopause on Sexual quality of life.

Table 5-6: shows that 5 likert scale in analyzing sexual quality of life among 300 respondents.

With regards I am not content with my sexual life of 300 respondents majority of (147) respondents were agree, with regards I am content with my romantic life majority of (205) respondents were strongly agree, with regards I am content with the frequency of my sexual interactions with a partner majority of (151) respondents were strongly agree.

Analyzing of effects of menopause on sexual quality of life of respondents among 300 respondents with regards I am not content with my sexual life minimum score are 1, maximum score 4, mean score 2.76 and SD .875, with regards I am content with my romantic life minimum score are 1, maximum score 3, mean score 1.37 and SD .577 and with regards I am content with the frequency of my sexual interactions with a partner minimum score are 1, maximum score 5, mean score 1.65 and SD .855.

Similar cross-sectional study 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.

The four objectives was to find out the effects of menopause on occupational quality of life.

Table 7-8: shows that 5 likert scale in analyzing occupational quality of life among 300 respondents

With regards I feels changed by my work of 300 respondents majority of (180) respondents were agree, with regards I believe my work benefits society majority of (155) respondents were agree, with regards I have gotten a lot of personnel recognition in my community or at my job majority of (189) respondents were strong agree,.with regards I am proud of my occupational accomplishment majority of (202) respondents were agree. with regards I consider my life stimulating majority of (210) respondents were agree, with regards I continue to set new personal goal s for myself majority of (168) respondents were agree, with regards I continue to set new professional goals for myself majority of (145) respondents were agree.

Analyzing of effects of menopause on occupational quality of life of respondents among 300 respondents with regards I feels changed by my work minimum score are 1, maximum score 4, mean score 1.7333 and SD .65599, with regards I believe my work benefits society minimum score are 1, maximum score 3, mean score 1.7900 and SD .66385, with regards I have gotten a lot of personnel recognition in my community or at my job minimum score are 1, maximum score 3,mean score 1.4667 and SD .66611, with regards I am proud of my occupational accomplishment minimum score are 1, maximum score 2, mean score 1.6733 and SD .46978, with I consider my life stimulating minimum score are 1, maximum score 4,mean score 1.9000 and SD .62554 and with regards I continue to set new personal goal s for myself minimum score are 1, maximum score 3,mean score 1.5933 and SD .52492. with regards I continue to set new professional goals for myself minimum score are 1, maximum score 4,mean score 1.7167 and SD .79907

Similar descriptive study was conducted to examine to what extent menopausal symptoms have an effect on the occupational well-being of menopausal women and to what extent this relationship is influenced by the taboo around the menopause and the coping styles women use to deal with the symptoms. 181 working women of the ages between 40 and 65 participated. This study Results showed that women who experience a high level of menopausal symptoms will experience a lower level of occupational well-being. The coping styles distraction, avoidance, social support, solution focused and frustration did not increase or reduce the relationship between menopausal symptoms and occupational well-being. Furthermore, a marginal significance was found for a mediating effect of the menopausal taboo between the

relationship of menopausal symptoms and occupational well-being.

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, (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. with regards the respondent's husband demographic information majority of (49.7%) belongs to 61-65 years of age, (58.7%) have formal education, (23.7%) are self employed/business with regards history of using vitamin supplementary of respondents majority of respondents (58.0%) were using vitamin supplementary, (36.8%) respondents were using omega 3, (37.7%) were taking for maintain health, With regards history of physical exercise of respondents majority of respondents (48.3%) were doing yoga. Hour of exercise mean score was 1.59. With regards history of respondents drink alcohol majority of (57.0%) respondents was drink alcohol, (43.0%) respondents were start drink alcohol from age 21-25 years, Mean score of alcohol consume per week was 1.

Distribution of minimum, maximum, mean and SD total 300 respondents, total health quality of life of respondents, minimum score was 1.86, maximum score was 3.29, mean score was 2.64 and SD was .27, total emotional quality of life of respondents, minimum score was 2.00, maximum score was 3.67, mean score was 3.16 and SD was .36, total sexual quality of life of respondents, minimum score was 1.33, maximum score was 3.67, mean score was 1.92 and SD was.53 and total occupational quality of life of respondents, minimum score was 1.29, maximum score was 2.57, mean score was 1.69 and SD was .26.

Acknowledgement

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