

**PERCEIVED SOCIAL SUPPORT AND ATTITUDE OF
WOMEN TOWARDS MENOPAUSE IN KASKI**

RESEARCH REPORT

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DECLARATION

Except where otherwise acknowledged in the text, the analysis in this study represents my own original research.

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Signature

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Rekha Thapaliya

ABSTRACT

Strong perceived social support positively affects women's attitudes towards menopause and is correlated. The objective of the study is to find out perceived social support and attitude of women towards menopause in Kaski.

Cross sectional research design was adopted. Probability simple random sampling technique was used to select 198 women belongs to 45 to 65 years residing in Kaski district. Face to face interview technique with structured interview schedule was used. The data was analyzed by using descriptive and inferential statistics.

Out of 198 women, 60.6% of the women were between the ages of 50 to 59 years. The mean age was 54.06 ± 5.35 years. Among them 84.8% were married, 80.3% were in postmenopausal period and 76.7% had natural menopause. Only 15.2% of the women had received hormonal replacement therapy. In this study, 13.6% of the women had low level, 53.5% of the women had moderate and 32.8% of the women had high level of support. Similarly, 40.9% of the women had positive and 59.1% of the women had negative attitude towards menopause. There was significant association between the level of perceived social support and attitude of women towards menopause at p value <0.001 . Mild positive correlation was observed between perceived social support and attitude score.

It is concluded that more than half of the women had moderate level of support and negative attitude on menopause. Information on menopause and spousal support should be improved for the increment of perceived social support and improvement of attitude of women towards menopause.

TABLE OF CONTENTS

Contents	Page No.
TITLE PAGE	i
DECLARATION	ii
ACKNOWLEDGEMENT	iii
ABSTRACT	iv
TABLE OF CONTENTS	v
LIST OF TABLES AND FIGURE	vii
CHAPTER I: INTRODUCTION	
1.1 Background of the Study	1
1.2 Rationale of the Study	2
1.3 Objectives of the Study	3
1.4 Significance of the Study	3
1.5 Conceptual Framework	4
1.6 Research Questions	5
1.7 Operational Definitions	5
CHAPTER II: REVIEW OF LITERATURE	
2.1 Introduction	6
2.2 Review of Literature	
2.3 Summary of Reviewed Literature	6
CHAPTER III: METHODOLOGY	9
3.1 Research Design	10
3.2 Research Setting and Population	10
3.3 Sampling	10
3.4 Instrumentation	12
3.5 Data Collection Procedure	13
3.6 Data Analysis Procedure	13
CHAPTER IV: FINDINGS	14
CHAPTER V: DISCUSSION, CONCLUSION AND RECOMMENDATIONS	
5.1 Discussion	27
5.2 Conclusion	28
5.3 Implication	29
5.4 Limitation	29
5.5 Recommendation	29

REFERENCES	30
APPENDICES	
Appendix A	34-58
Informed Consent Form in English/Nepali version	
Information to participation sheet in English/Nepali version	
Appendix B: Instrument in English/Nepali version	
Appendix C: Administrative Letters	

LIST OF TABLES AND FIGURE

Tables		Page No.
1	Background Information of the Women	15
2	Socio-economic Status of the Women and Their Husbands	16
3	Body Mass Index, Spousal Support and Habits of Women	18
4	Obstetric Characteristics and Menopausal Status of Women	19
5	Perceived Social Support of Women during Menopause	20
6	Attitude of Women towards Menopause	21
7	Level of Perceived Social Support of Women during Menopause	22
8	Level of Attitude of Women Towards Menopause	22
9	Association between the selected variables and the level of perceived social support	23
10	Association between the Selected Variables and the Level of Attitude	24
11	Association between the Selected Variables and the Level of Attitude	25
12	Correlation between Perceived Social Support and Attitude of Women Towards Menopause	26

Figure

Figure

1.	Conceptual Framework on Perceived Social Support and Attitude of Women towards Menopause	4
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CHAPTER I

INTRODUCTION

1.1 Background of the Study

Menopause is a critical stage of female reproductive ageing and health.¹It is the permanent cessation of menses for 12 months resulting from non-pathologic estrogen deficiency.²The menopausal process is affected by biological, psychological, and socio-cultural factors. It begins on average at ages 40-45 years and lasts until about 65 years of age.³This period is often associated with symptoms of hot flushes, night sweats, sleep disturbance, vaginal dryness, and depression.⁴Perceived social support is a predicting factor for health.⁵It has positive effects on the physical and mental health of individuals.⁶ Spouses, friends and support groups are thought to be a positive influence during the menopause process.⁷

A study conducted among 107 postmenopausal women in Iran revealed that 6.9% had low, 67.6% had moderate and 25.5% had high levels of perceived social support. It also found a reverse relationship between perceived social support and depression in postmenopausal women.⁶Another study conducted by Polat et al., in 2022 showed that there was a positive and significant relationship between menopausal symptoms and social support. It also revealed that menopausal symptoms decreased as social support increased.⁸Similarly, another study conducted in Spain suggested that promoting stress evaluation and social support from close relationships reduce anxiety among menopausal women.⁹

Women with a negative attitude towards menopause were associated with more frequently reported symptoms compared to women with a positive attitude.¹⁰The factors affected on perception and attitudes towards menopause are ethnicity, traditions, society, social roles, cultural features and the value given to the elderly including sexuality, philosophy of life, educational level, marital status and job

status.¹¹⁻¹² Some studies conducted among Turkish women revealed negative attitude and some revealed positive attitude towards menopause.¹³⁻¹⁵ Another study conducted in Iran showed 81.5% of the women had a positive attitude toward menopause and attitude are correlated with economic status and educational level of the women.¹⁶

A study conducted in India depicted that majority of women had a negative attitude towards menopause considering as a loss of youth and higher susceptibility towards health problems.¹⁷ Likewise study conducted in Nepal among 2073 women age 40 to 60 years found 41% of women had reached menopause and 46.3% of the women accepted menopause as a part of life.¹⁸ Strong perceived social support positively affects women's attitudes towards menopause and correlated.³

1.2 Need for the Study

Menopause is a natural event experienced by women in middle age.¹⁹ Evidence shows than an estimated one billion women have experienced menopause worldwide. The experience of menopause is influenced by beliefs and values, the background of the women, and the ways in which the women approach changes in this phase of life.²⁰ Perceived social support has a positive impact on menopausal experiences. It can help to reduce post-menopausal women problems and improve their quality of life.²¹ It is the individuals' understanding of love and the support that they receive from their family, friends, and relatives.²²

A descriptive cross sectional study conducted among 93 Turkish women age 45 and above showed that 66.7% of the women had a negative attitude towards menopause and their mean score was lower than women with positively attitude. Study also found statistically positive significant correlations between total scores of perceived social support and attitude of women towards menopause.³

Another study conducted in Egypt among 250 menopausal women showed that 84.8% of women had positive attitude on menopause. The women who had positive attitude toward menopause had high level of perceived social support. There is a statistical significant correlation between attitude toward menopause and their level of perceived social support. Social support plays a significant role in alleviating feeling of depression and improving women's attitude toward menopause.²³

Women experiencing menopause need care and corresponding support.²⁰ Social support plays a significant role in improving women's attitude toward menopausal changes.²³ Though it is an important issue in the field of reproductive and women's health, very limited studies have been documented. Hence, researcher here is interested to examine the relationship between perceived social support and attitudes of women towards menopause in Kaski district.

1.3.Objectives of the Study

General Objective

To find out perceived social support and attitude of women towards menopause in Kaski

Specific Objectives

To assess the level of perceived social support and attitude of women towards menopause

To identify the association between the selected variables and the level of perceived social support and attitude of women towards menopause

To examine the relationship between perceived social support and attitude of women towards menopause

1.4. Significance of the Study

The findings of the study might be useful for health personnel; women belong to age group of 45 to 65 years and health policy makers from the different perspectives. The finding might provide insights for developing appropriate strategies for the concerned authority of Kaski district in order to improve social support and development of positive attitude of women towards menopause.

1.5. Conceptual Framework:

The Conceptual Framework has been developed in order to achieve clear and in depth understanding of the study being conducted. It was developed on the basis of extensive literature review and consultation with experts. It presents the conceptual framework that highlighted the perceived social support and attitude of women towards menopause. It is affected by various factors such as socio-demographic, obstetric and menopausal characteristics including habits of women. All these factors directly affect the different level of perceived social support and attitude of women.

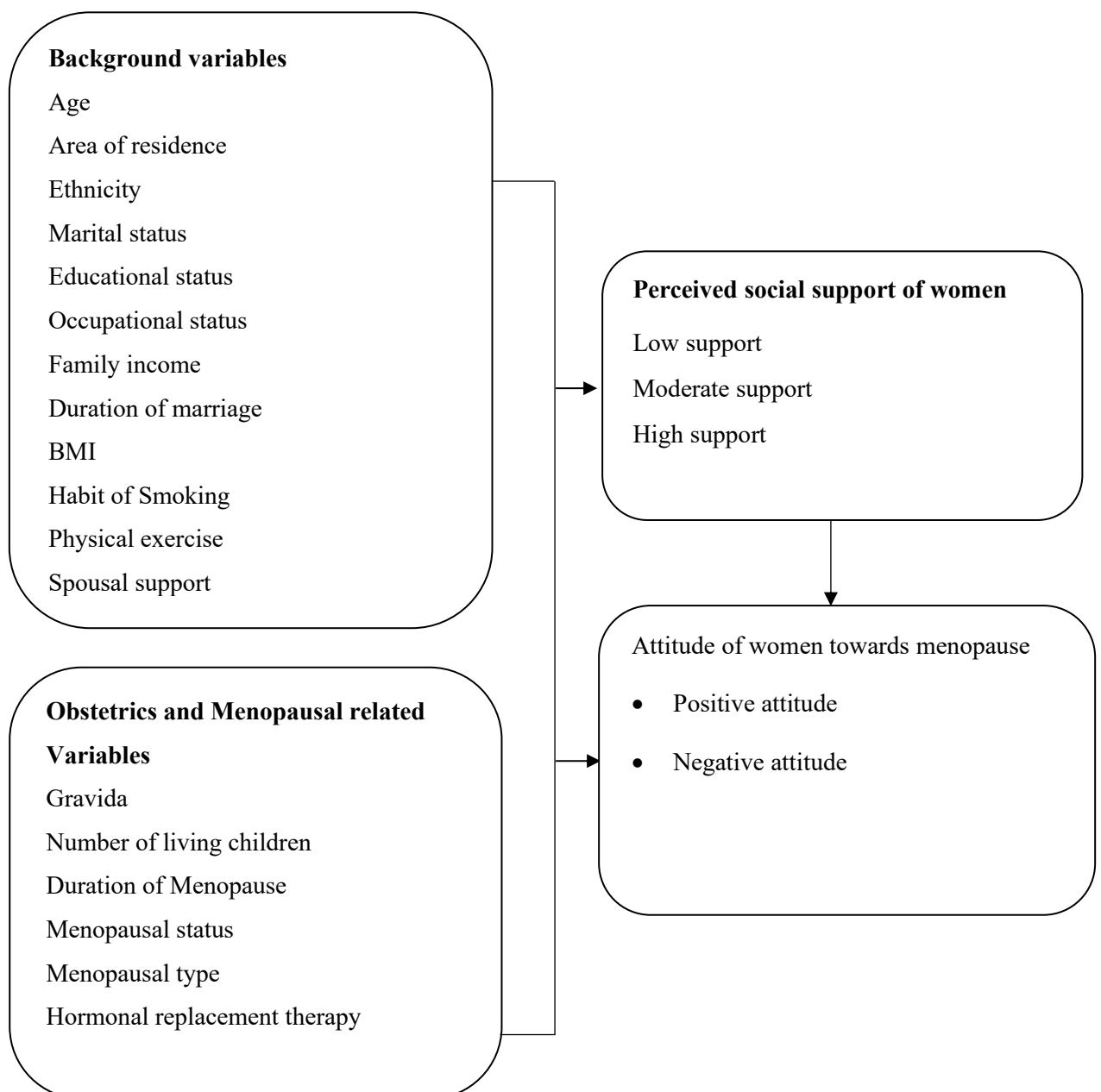


Fig 1: Conceptual framework on perceived social support and attitude of women towards menopause

1.6 Research Questions

What is the level of perceived social support and attitude of women towards menopause?

What are the association between the level of perceived social support and attitude of women towards menopause?

What is the relationship between perceived social support and attitude of women towards menopause?

1.7 Operational Definition

Perceived social support:

In this study perceived social support is the individuals' understanding of love and the support that they receive from their family, friends, and relatives. Perceived social support will be measured by adopting the standard tool Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al., 1988. Perceived social support is categorized into low support, moderate support and high support on the basis of mean scale score which is given in MSPSS Scoring Options. The options are as follows:

Low support: 1-2.9

Moderate support: 3-5

High support: 5.1-7

Attitude of women towards menopause:

In this study attitude refers to feeling or emotion of women towards menopause. Attitude of women was categorized into positive and negative by taking reference of mean score. Mean and above mean was considered positive and below mean was considered negative attitude.

CHAPTER II

REVIEW OF LITERATURE

2.1 Introduction

This chapter deals with the revision of literature that is abstracted from different sources which are relevant to this study. During the course of literature review, relevant research as well as non- research literatures were reviewed. Different books, journals, websites and registers were reviewed in order to understand the existing knowledge on the topic in depth and to elucidate the significance and need of this study.

2.2 Review of Related Literature

A cross-sectional study conducted among 361 middle-aged Saudi women showed that 42.5% had moderate and 34.8% had high social support. It was considered as a moderate level of social support. Regarding the subscales significant other, friend and family, 49.6% of the women had moderate support on significant other scale and 38% had moderate support on friend subscale and 46.8% had high support on family scale. Study also revealed that perceived social support and lifestyle factors were significant predictors of menopausal symptoms.²⁴

A cross sectional study was conducted among 47 menopausal women in Indonesia. The purpose of the study was to determine the correlation of social support to the quality of life of postmenopausal women. The findings of the study depicted that 55.3% of the postmenopausal women received social support and there was a relationship between social support and quality of life. Study also showed that social support can improve 6.7 times the quality of life of postmenopausal women.²⁵

A cross sectional study was conducted in Taiwan among 235 women to assess perceived social support. The convenience sampling technique was used. The mean age of the women was 52.38 ± 4.17 years. This study showed that the social support

that the postmenopausal women received from their families was higher than that of the premenopausal women.²⁶

A cross sectional was conducted among 181 Cambodian women to assess attitude of women towards menopause and its associating factors. Attitude toward Menopause (ATM) scale was used. The mean total attitude score was 84.54 ± 11.55 on a scale of 35–140. The attitude score revealed that most of the participants had negative attitudes toward menopause. Study also showed that Perimenopausal women had more negative attitudes (80.02 ± 9.19) and postmenopausal women had more positive attitudes (86.63 ± 12.07) and was statistically significant at p value 0.006.²⁷

A cross sectional survey was conducted among 353 women belongs to age group 40-65 years. Multistage clustered random sampling from 54 health centres in the Democratic Republic of Congo was used. A face-to-face interview technique was done. Chi-square test and unpaired student's t-test were used respectively qualitative and quantitative variables. The significance level was set at 0.05. The finding of the study revealed that 44% of the respondent did not know that menopause is a normal ageing process. In addition, 26% of them reported that women lose their womanhood during menopause and 18% said that menopause is a threatening event. Study also recommends that health-care providers, therefore, need to dispense appropriate advice to middle-aged women before the beginning of menopause.²⁸

A systematic review was conducted based on the preferred reporting items for systematic review and meta-analyses guideline in PubMed, Web of Science, Scopus and Google Scholar, as well as Magiran, and SID until October 2020. A total of 7,512 articles were identified. Eight articles were included in the review after excluding the duplicates and screening the articles based on the inclusion and exclusion criteria. The majority of the studies used the Attitude towards Menopause Scale to assess the attitudes toward menopause. This variable differed between the studies conducted in different regions and countries. This systematic review depicted that postmenopausal women had more positive attitudes toward menopause compared with peri- or premenopausal women. Other influencing factors of attitudes toward menopause included age, menopausal symptoms, psychological and socio economical status, and profession and ethnicity.²⁹

A cohort study was conducted among 2073 women belongs to age group 40-60 years. The finding of study revealed that 41% of the women had reached menopause. The average age of menopause was 48.7 years. Among them majority of the women (59.2%) in the study did not know about menopausal health problems. Moreover, most of the women (46.3%) accepted menopause as a part of life.¹⁸

A cross-sectional, descriptive study was conducted among 352 women above 40 years at Family Medicine Department of University College Hospital in Nigeria. Data analyses were done with chi-square test ($p < 0.05$). Most (86.4%) of the participants were aware of the menopause. About half (55.7%) were indifferent to menopause onset, while 23% had a positive attitude and 21.4% had a negative attitude, respectively. Younger women were less likely to have a positive attitude to the menopause ($p = 0.04$).³⁰

A correlation-analytic study was conducted among 321 postmenopausal women in Iran. Two-stage cluster sampling was adopted. The χ^2 test was applied to assess the relationship between perceived social support and demographic characteristics. Study revealed that 6.9% of the women had low levels, 67.6% had moderate and 25.5% had high levels of perceived social support. There were significant relationships between perceived social support and marital status, education level, and job status ($P < 0.05$).⁶

A systematic review was conducted based on the preferred reporting items for systematic reviews and meta-analyses guideline. Computerized literature searches were performed with Medline, Web of Knowledge and PubMed databases using 'menopause' and 'attitudes' as the main search terms. Thirteen studies were included in the review, 1 longitudinal, prospective study and 12 cross sectional studies. The results of 10 studies supported the view that women with more negative attitudes towards the menopause report more symptoms during this transition and 3 studies found no significant association between these variables.³¹

2.3 Summary of Reviewed Literature

Many study highlights that social factors may impact the menopausal transition. Studies also reported that perceived social support and lifestyle factors were significant predictors of menopausal symptoms. The women with more negative attitudes towards the menopause report more symptoms. The postmenopausal women had more positive attitudes than pre or perimenopausal women.

CHAPTER III

RESEARCH METHODOLOGY

3.1 Design of the Study

Cross sectional research design was used to find out perceived social support and attitude of women towards menopause in Kaski.

3.2 Study Setting and Population

The study was done in Kaski district of Gandaki Province. It covers an area of 2,017 square kilometers and has a total population of 492,098 people. Kaski district politically has one Pokhara Metropolitan city, and four Rural Municipality; Rupa, Madi, Annapurna and Machhapuchhre. Pokhara Metropolitan City consists of 33 wards, Rupa Rural Municipality consists of 7 wards, Annapurna Rural Municipality consists of 11 wards, Machhapuchhre Rural Municipality consists of 9 wards and Madi Rural Municipality consists of 9 wards.

Study population was the women belong to age group of 45 to 65 years residing in Kaski district.

3.3 Sampling

Probability simple random sampling technique was used to select the subject. In Kaski district there is one Pokhara Metropolitan and four Rural Municipality. Initially, among the Metropolitan and Rural Municipalities Pokhara Metropolitan, Rupa and Annapurna Rural Municipalities are selected by lottery method. In Pokhara Metropolitan city there are 33 numbers of wards. Among them 11 different wards are selected by lottery method. That is ward number 1, 2, 5, 8, 9, 13, 14, 15, 17, 21 and 33. Similarly in Rupa Rural Municipality there is 7 numbers of wards. Among them ward number 1, 2, 4 and 7 are selected by lottery method. Likewise in Annapurna

Rural Municipality there is 9 numbers of wards. From Annapurna Rural Municipality ward number 2, 4, 5 and 7 are selected by lottery method.

The starting point in each ward was selected in a central location of ward. A bottle was spin at this central point. The area pointed by the bottle at the end of spinning was chosen. First house of the ward was the first sample. Subsequent household was selected by going to the house whose front door was closest to the just visited house until the number of households reached. Similar technique was used in other remaining wards for further sample.

Inclusion criteria

Women who aged 45 to 65 years old, free from medical or psychiatric disease or major life stressors in the last 3 months and willing to participate were included in the study.

Sample size

Sample size was determined by using the Cochran's formula based on the following assumptions. $n = (Z\alpha^2 pq) / d^2$

Where: n= the size of the sample

$Z\alpha^2$ = the standard normal value corresponding to the desired level of confidence

d = error of precision

p = the estimated proportion of an attribute that is present in the population.

q = 1-p

Assumptions

Prevalence of attitude (84.8%) was taken.²³

Margin of error d= 5% was accepted

A confidence interval of 95% was assumed ($Z\alpha^2=1.96$).

$$n = \frac{(1.96)^2 \cdot 0.848(1-0.848)}{(0.05)^2} = 198$$

The calculated sample was 198.

Therefore, sample size from each ward (18 different wards from Pokhara Metropolitan and Rural Municipalities) was 11 women of age group 45 to 65 years.

3.4 Research Instrumentation

A structured interview schedule was developed based on literature review and consultation with subject experts. The research instrument was consisted of three parts.

Part I: It consisted of structured questions related to background information and obstetric and menopausal characteristics of the respondents.

Part II: It consisted of obstetric and menopausal characteristics of the respondents.

Part III: It consisted of standard tool of Multidimensional Scale of Perceived Social Support (MSPSS).

It is a validated freely available tool developed by Zimet et al., in 1988. The scale is comprised of a total of 12 items, with 4 items for each subscale family, friends, and a significant other. Twelve-item ratings are made on a 7-point Likert-type scale ranging from very strongly disagree (1 point) to very strongly agree (7 points). The scale scores for the MSPSS can range from 12 to 84. Perceived social support is categorized into low, moderate and high support on the basis of mean scale score which is given in MSPSS Scoring Options. The options are as follows:

Low support: 1-2.9

Moderate support: 3-5

High support: 5.1-7

Part III: It comprised of 20 structured statements related to attitude of women towards menopause. There are 11 positive and 9 negative statements. It will be measured on five point Likert scale ranging from completely disagrees to completely agree. For positive items, completely disagree rated 1, disagree rated 2, neutral rated 3, agree rated 4 and completely agree rated 5. The score of negative statements of the scale was reversed. The overall attitude of the women was categorized into positive and negative attitude based on the mean score. Mean and above mean score was considered positive and mean below was considered negative attitude.

The content validity of the instrument was established through extensive literature review, consultation with research advisors and subject experts. Opinion from the language expert was obtained for comprehensibility and simplicity of language during translation. The Multidimensional Scale of Perceived Social Support (MSPSS) is the standard free validated tool developed in English language. The MSPSS scale and

Likert scale used to measure attitude was translated into Nepali language and back to back translation to English with the help of language experts.

Pretesting of the research instrument was conducted on 10% i.e. 20 women of 45 to 65 years residing in Kaski district of Machhapuchhre Rural Municipality i.e ward number 7 and remaining ward of Pokhara Metropolitan which was not selected during sampling procedures i.e was ward number 12. Necessary modification of the instrument was done on the basis of pretesting. The calculated Cronbach's alpha for part II MSPSS scale after translating into Nepali language was 0.92.

3.5 Data Collection Procedure

Administrative approval from the authorities of Pokhara Nursing Campus, and Institutional Review Committee of TU, IOM was taken. Request letters from Nursing Campus, Pokhara was submitted to Health Section of Pokhara Metropolitan, Annapurna Rural Municipality and Rupa Rural Municipality. Written permission was obtained from authorities before data collection. Informed written consent was obtained from each participant before data collection to protect their right. The respondents were not forced to participate. The respondents were given full authority to withdraw their participation without any clarification during any period of investigation. All the information given by you was kept confidential and used only for study purpose. During data processing, code number was used instead of participants' names in order to maintain confidentiality. Your personal identity was not disclosed to anyone. Privacy was established by collecting data from each respondent separately.

3.6 Data Analysis Procedure

Collected data was checked, organized, coded and entered in EpiData 3.1 and export data to SPSS version 16 for analysis. The data was analyzed by using descriptive statistics such as frequencies, percentage, mean and standard deviation and inferential statistics. Chi square test was used to determine an association between dependent and independent variables. Linearity was tested using scatter plot. It showed the evidence of linearity. The Pearson correlation coefficient was used to examine the relationship between perceived social support and attitude of women towards menopause. Zotero reference management software was used to cite the references.

CHAPTER IV

FINDINGS OF THE STUDY

This chapter presents findings of the study, which were obtained from the analysis and interpretation of the data. The responses from 198 women of 45 to 65 years have been analyzed according to the objectives of the study by using descriptive such as frequency, percentage, mean, standard deviation and inferential statistics (chi-square). The data were organized and presented in the tables in order to facilitate their interpretations.

TABLE 1
Background Information of the Women

n=198

Variables	Number	Percent
Age in completed years		
Below 50 years	44	22.2
50-59 years	120	60.6
60 years and above	34	17.2
Mean±SD: 54.06±5.35 years		
Place of residence		
Urban	105	53.0
Rural	93	47.0
Ethnicity		
Dalit	30	15.2
Disadvantaged janajati	37	18.7
Religious minorities	7	3.5
Relatively advantaged janajati	46	23.2
Upper caste group	78	39.4
Religion		
Hindu	145	73.2
Christian	24	12.1
Muslim	21	10.6
Buddhist	7	3.5
Marital status		
Unmarried	4	2.0
Married	168	84.8
Widowed	20	10.1
Divorce/ Separated	6	3.0
Duration of marriage (n=168)		
Less than 30 years	52	31.0
30 and above	116	69.0
Types of family		
Nuclear	19	9.6
Joint	146	73.7
Extended	33	16.7

Table 1 shows that 60.6% of the women were between the ages of 50 to 59 years. The mean age was 54.06±5.35 years. More than half of the women (53%) were residing in urban area and 39% of them belonged to upper caste group. Majority of them followed Hindu religion. Most of the women (84.8%) were married, 69% of them had more than 30 years of marriage duration and 73.7% were living with joint family.

TABLE 2

Socio-economic Status of the Women and their Husbands

n=198

Variables	Number	Percent
Educational status of the women (n=198)		
Literate	147	74.2
Illiterate	51	25.8
Education level of women (n=147)		
Informal education	48	32.7
Basic level of education	45	30.6
Secondary level of education	48	32.7
Bachelor and above	6	4.1
Occupational status of women		
Homemaker	94	47.5
Farmer	53	26.8
Business	25	12.6
Service	20	10.1
Labour/ Daily wage	6	3.0
Family Income		
enough for less than 6 months	29	14.6
enough for less than 1 years	88	44.4
enough for 1 year and surplus	81	40.9
Husband's educational status (n=168)		
Literate	157	93.5
Illiterate	11	6.5
Level of husband's education (n=157)		
Informal education	19	12.1
Basic level of education	51	32.5
Secondary level of education	63	40.1
Bachelor and above	24	15.3
Husband's occupational status (n=168)		
Service	43	25.5
Farmer	39	23.2
Business	37	22.0
Pension	33	19.7
Labour/ Daily wage	16	9.6

Table 2 reveals that majority of the women (74.2%) were literate and 32.7% had secondary level of education. Regarding occupation 47% of the women were home maker and 40.9% of them had family income sufficient for 1 year and surplus.

Regarding husband's education, most of them (93.4%) were literate and 40.1% had secondary level of education. Likewise 25.5% of the women's husband occupation was service followed by 23.2% were farmer, 22.0% had business, 19.7% had pension and 9.6% were engaged in labour work and daily wages.

TABLE 3
Body Mass Index, Spousal Support and Habits of Women

Variables	Number	Percent
n=198		
Body Mass Index (BMI)		
Normal (18.5-24.9)	98	49.5
Overweight (25-29.9)	88	44.4
Obese (30 and above)	12	6.1
Mean±SD: 24.58±2.937 kg/m ²		
Spousal support (n=168)		
Yes	130	77.4
No	38	22.6
Smoking habit		
Yes	36	18.2
No	162	81.8
Physical exercise		
Yes	60	30.3
No	138	69.7

Table 3 reveals that 49.5% of the women had normal body mass index. Majority of the women (77.4%) had spousal support. Likewise, 81.8% of them had no smoking habit and only 30.3% had habit of regular exercise.

TABLE 4**Obstetric Characteristics and Menopausal Status of Women**

n=198		
Variables	Number	Percent
Gravida		
Primigravida	4	2.1
Multigravida	158	81.4
Grand multigravida	32	16.5
Number of living children		
One child	11	5.7
Two children	75	38.7
Three and more	108	55.6
Menopausal status		
Perimenopausal period	39	19.7
Postmenopausal period	159	80.3
Duration of postmenopausal period (n= 159)		
less than 5 years	91	57.2
5 to 10 years	51	32.1
More than 10 years	17	10.7
Types of menopause (n=159)		
Naturally	122	76.7
Surgery	37	23.3
Hormonal Replacement Therapy		
Yes	30	15.2
No	168	84.8
Information on menopause		
Yes	103	52.0
No	95	48.0

Table 4 depicts that 84.1% of the women were multigravida and 55.6% of them had three or more living children. Most of the women (80.3%) were in postmenopausal period and 57.2% of them had less than 5 years of postmenopausal period. Majority of the women (76.7%) had natural menopause and only 15.2% had received hormonal replacement therapy. Likewise, only 52.0% of the women had information on menopause.

TABLE 5
Perceived Social Support of Women during Menopause

								n=198
Statements	VSD	SD	MD	N	MA	SA	VSA	Mean±SD
There is a special person who is around when I am in need.	42(21.2%)	27(13.6%)	22(11.1%)	6(3.0%)	56(28.3%)	32(16.2%)	13(6.6%)	3.78±2.015
There is a special person with whom I can share joys and sorrows.	24(12.1%)	40(20.2%)	18 (9.1%)	15(7.6%)	44(22.2%)	52(26.3)	5(2.5%)	3.96±1.873
My family really tries to help me.	5 (2.5%)	24(12.1%)	26(13.1%)	12(6.1%)	66(33.3%)	48(24.2%)	17(8.6%)	4.63±1.594
I get the emotional help & support I need from my family.	4(2.0%)	25(12.6%)	19(9.6%)	9(4.5%)	74(37.4%)	52(26.3%)	15(7.6%)	4.72±1.545
I have a special person who is a real source of comfort to me.	14(7.1%)	22(11.1%)	29(14.6%)	20(10.1%)	55(27.8%)	43(21.7%)	15(7.6%)	4.36±1.715
My friends really try to help me.	18(9.1%)	18(9.1%)	28(14.1%)	19(9.6%)	66(33.3%)	35(17.7%)	14(7.1%)	4.30±1.710
I can count on my friends when things go wrong.	16(8.1%)	16(8.1%)	33(16.7%)	25(12.7%)	55(27.8%)	38(19.2%)	15(7.6%)	4.32±1.690
I can talk about my problems with my family	3(1.5%)	30(15.2%)	16(8.1%)	21(10.6%)	61(30.8%)	50(25.3%)	17(8.6%)	4.64±1.586
I have friends with whom I can share my joys and sorrows.	9(4.5%)	25(12.6%)	29(14.6%)	18(9.1%)	57(28.8%)	46(23.2%)	14(7.1%)	4.43±1.656
There is a special person in my life who cares about my feelings.	9(4.5%)	27(13.6%)	21(10.6%)	21(10.6%)	47(23.7%)	54(27.3%)	19(9.6%)	4.56±1.720
My family is willing to help me make decisions.	11(5.6%)	24(12.1%)	18(9.1%)	15(7.6%)	56(28.3%)	53(26.8%)	21(10.6%)	4.64±1.730
I can talk about my problems with my friends	14(7.1%)	28(14.1%)	28(14.1%)	12(6.1%)	59(29.8%)	49(24.7%)	8(4.0%)	4.28±1.712

VSD = very strongly disagree, SD = strongly disagree, MD = mildly disagree, N= neutral, MA= mildly agree, SA=strongly agree, VSA= very strongly agree

Table 5 shows that 21.2% of the women were very strongly disagreed upon the statement there is a special person who is around when I am in need. Likewise, 20.2% of the women were strongly disagreed with the statement there is a special person with whom I can share joys and sorrows. Regarding the statement I can count on my friends when things go wrong, 16.7% of the women were mildly disagreed and 12.7% were neutral. Among them, 37.4% of the women were mildly agreed upon the statement I get the emotional help & support I need from my family. Similarly, 27.3% of the

women were strongly agreed upon the statement there is a special person in my family who cares about my feelings and 10.6% were very strongly agreed with the statement I can talk about my problems with my friends. The mean score ranges from 3.78 ± 2.015 to 4.72 ± 1.545 .

TABLE 6
Attitude of Women towards Menopause

n=198

Statements	Com. disagree	Disagree	Neutral	Agree	Comp. Agree	Mean±SD
Menopause is usual and natural phenomenon in women's life	1(0.5%)	7(3.5%)	14(7.1%)	100(50.5%)	76(38.4%)	4.24±0.793
Menopause means loss of youth	3(1.5%)	24(12.1%)	29(14.6%)	104(52.5%)	38(19.2%)	3.76±0.952
Menopause means loss of fertility	1(0.5%)	12 (6.1%)	23 (11.6%)	112 (56.6%)	50(25.3%)	4.00±0.812
It is a loss of femininity*	4(2.0%)	21(10.6%)	30(15.2%)	97(49.0%)	46(23.2%)	2.19±0.979
Menopause means end of sexual life*	9(4.5%)	24(12.1%)	28(14.1%)	103(52.0%)	34(17.2%)	2.35±1.045
Women's menopause decreases husband's sexuality*	13(6.6%)	24(12.1%)	46 (23.2%)	67(33.8%)	48(24.2%)	2.43±1.172
Absence of mensuration is the postmenopausal period of relief	15(7.6%)	75(37.9%)	18 (9.1%)	60 (30.3%)	30(15.2%)	3.08±1.262
Menopause means no more worries about pregnancy and contraception	9(4.5%)	23(11.6%)	19(9.6%)	83(41.9%)	64(32.3%)	3.86±1.131
Menopause is good in a way that there are no more periods	22(11.1%)	63(31.8%)	15(7.6%)	66(33.3%)	32(16.2%)	3.12±1.318
Physical changes of menopause are inevitable and hence acceptable	4(2.0%)	26(13.1%)	31(15.7%)	93(47.0%)	44(22.2%)	3.74±1.012
Psychological problems are due to life changes not hormonal changes*	9 (4.5%)	25(12.6%)	33(16.7%)	103(52.0%)	28(14.1%)	2.41±1.028
Menopause related psychological symptoms affect quality of life	10 (5.1%)	32(16.2%)	49(24.7%)	68(34.3%)	39(19.7%)	3.47±1.130
It is a bothersome stage in a woman's life*	6(3.0%)	12(6.1%)	26(13.1%)	107(54.0%)	47(23.7%)	2.11±0.936
During the menopausal time, interest and attention of women to her husband decreases*	10(5.1%)	25(12.6%)	37(18.7%)	88(44.4%)	38(19.2%)	2.40±1.089
Menopause is associated with maturity and experience	28(14.1%)	56(28.3%)	34(17.2%)	65(32.8%)	15(7.6%)	2.91±1.217
Women's life in the menopause is more delightful than before menopause	35 (17.7%)	59(29.8%)	37(18.7%)	42(21.2%)	25(12.6%)	2.81±1.302
Menopause decreases the grace of women's appearance*	18 (9.1%)	27(13.6%)	32(16.2%)	81(40.9%)	40(20.2%)	2.51±1.276
Women can care herself through the information she got from books, mass media, relatives, friends and others	3(1.5%)	3(1.5%)	16(8.1%)	123 (62.1%)	53(26.8%)	4.11±0.732
Women become disable during menopause*	11(5.6%)	28(14.1%)	17(8.6%)	93(47.0%)	49(24.7%)	2.29±1.150
It is like an illness*	34(20.2%)	39(26.3%)	33(16.7%)	52(19.7%)	40(17.2%)	2.87±1.396

*Negative statement

Table 6 shows that 20.2% of the women were completely disagreed with the negative statement, it is like an illness. Likewise, 31.8% of the women were disagreed with the statement menopause is good in a way that there are no more periods and 34.7% of them were neutral with the statement menopause related

psychological symptoms affect quality of life. Similarly, 56.6% agreed upon the statement menopause means loss of fertility and 38.4% of them were completely agreed with the statement menopause is usual and natural phenomenon in women's life. The mean score ranges from 2.11 ± 0.936 to 4.24 ± 0.793 .

TABLE 7
Level of Perceived Social support of Women during Menopause

Level of perceived social support	Number	Percent
Low support (1-2.9)	31	15.7
Moderate support (3-5)	102	51.5
High Support (5.1-7)	65	32.8
Mean \pm SD: 4.38 ± 1.274		

Table 7 reveals that 13.6% of the women had low level, 53.5% of the women had moderate and 32.8% of the women had high level of support.

TABLE 8
Level of Attitude of Women towards Menopause

Level of attitude	Number	Percent
Positive attitude	81	40.9
Negative attitude	117	59.1
Mean \pm SD: 60.65 ± 7.21		

Table 8 reveals that 40.9% of the women had positive and 59.1% of the women had negative attitude towards menopause.

TABLE 9
Association between the Selected Variables and the level of Perceived Social Support

Variables	Level of perceived social support			χ^2 value	p Value
	Low support	Moderate Support	High Support		
Marital status					
Single	10 (33.3%)	17 (56.7%)	3 (10.0%)	12.851	0.002
Married	21(12.5%)	85(50.6%)	62 (36.9%)		
Information on Menopause					
Yes	16 (15.7%)	44 (43.1%)	42 (41.2%)	7.333	0.026
No	15 (15.6%)	58 (60.4%)	23 (24.0%)		
Spousal Support					
Yes	4 (3.1%)	66 (50.8%)	60 (46.2%)	54.153	0.001
No	17 (44.7%)	19 (50.0%)	2 (5.3%)		

p value significant at <0.05

Table 9 shows that there is significant association between the level of perceived social support with marital status, information on menopause and spousal support. However, no association was observed in other variables.

TABLE 10**Association between the Selected Variables and the level of Attitude**

Variables	Level of Attitude		χ^2 value	<i>p</i> Value
	Positive	Negative		
Educational level of women				
Informal education	23 (47.9%)	25 (52.1%)	7.354	0.025
Basic level	23 (51.1%)	22 (48.9%)		
Secondary and above	39 (72.2%)	15 (27.8%)		
Spousal support				
Yes	84 (64.6%)	46 (35.4%)	9.332	0.002
No	14 (36.8%)	24 (63.2%)		

p value significant at <0.05

Table 10 reveals that there is significant association between educational level of women, spousal support and the level of attitude. However, no association was found in other variables.

Table 11
Association between the Level of Perceived Social Support and Attitude

Variables	Level of Attitude		χ^2 value	p Value
	Positive	Negative		
Level of perceived social support				
Low support	7 (22.6%)	24 (77.4%)	24.254	< 0.001
Moderate support	61 (59.8%)	41 (40.2%)		
High support	49 (75.4%)	16 (24.6%)		

p value significant at <0.05

Table 11 shows that there is significant association between the level of perceived social support and attitude.

TABLE 12

Correlation between Perceived Social Support and Attitude of Women towards Menopause

	Perceived social support score	Attitude of women towards menopause score	<i>p</i> value
Perceived social support score	1.000	.361**	<0.001**#
Attitude of women towards menopause score	.361**	1.000	

Pearson correlation coefficient significant at *p* value 0.01**

Table 12 reveals that there is mild positive correlation between perceived social support and attitude of women towards menopause.

CHAPTER V

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

This chapter deals with discussion, conclusion and recommendations as per the findings of the study and the plan for the dissemination as well. Discussion presents all the findings in comparison with those of studies and experiences obtained from review of literature and conclusions are drawn from each of the findings. Recommendations give future direction to further research and suggestions for improving the present study for generalization.

5.1 Discussion of the Study

Menopause is an important and normal developmental process in a woman's life. Social support plays a significant role in improving women's attitude towards menopausal changes. In the present study, 60.6% of the women were between the ages of 50 to 59 years. The mean age was 54.06 ± 5.35 years. Most of the women (84.8%) were married and 69% of them had marriage duration more than 30 years. More than half (55.6%) of the women had three or more living children. Regarding educational status, 74.2% of the women and 93.4% of their husband were literate. Majority of them (77.4%) had spousal support. In this study 80.3% of the women were in postmenopausal period and 57.2% of them had less than 5 years of menopause. Majority of the women (76.7%) had natural menopause and only 15.2% had received hormonal replacement therapy. Likewise, only 52.0% of the women had information on menopause.

The present study showed that 13.6% of the women had low level, 53.5% of the women had moderate and 32.8% of the women had high level of support during menopause. The finding of this study was inconsistent with the previous study conducted by Erbil and Gümüşay³ which showed majority of the women had low levels of perceived social support during menopause. Similarly, another study

conducted by Aloufi and Hassanien²⁴ showed 34.8% of the women had high level of support during menopause which was consistent with the finding of the present study. Likewise, study conducted in Iran by Shariat Moghani et al.²¹ showed 60% of women had high social support. Likewise, study conducted in Iran showed 6.9% had low 67.9% of the had moderate and 25.5% had low support during menopause.⁶ In this study the calculated mean score of MPSS was 4.38 ± 1.274 which was similar with the previous study conducted by Aloufi and Hassanien.²⁴

Current study depicted that, 40.9% of the women had positive and 59.1% of the women had negative attitude towards menopause. The finding of the present study was supported by the previous study conducted by Erbil³¹ which showed 54.1% of the women had negative attitude towards menopause. The finding was contrast with the finding of previous study done in Egypt²² which was 84.8% had positive and 15.2% had negative attitude towards menopause. Similarly, study done in Turkey³ demonstrates 66.7% of the women had negative attitude towards menopause. Likewise, study conducted in Nigeria showed 23% of the women had positive, 14.8% had negative and 55.7% had indifferent attitude towards menopause.²⁹

In the study, there was significant association between the level of perceived social support with marital status ($p=0.002$), information on menopause ($p=0.026$) and spousal support ($p=0.001$). Whereas the previous study conducted in Iran by Tadayon Najafabadi et al, showed significant association with marital status, educational level and job status ($p=<0.005$).⁶ In this study, statistical significant mild positive relationship was found between perceived social support and attitude of women toward menopause ($P=<0.001$) which was supported by the study conducted by Hables and Moussa²² and Erbil and Gümüşay.³

5.2 Conclusion

It is concluded that more than half of the women had moderate level of social support and negative attitude on menopause. The significant association was found between the level of perceived social support and attitude of women towards menopause and mild positive correlation was observed. Marital status, information on menopause and spousal support was significantly associated with the level of perceived social support. Similarly, there was association between educational level and spousal support with the level of attitude of women towards menopause. Information

regarding menopause and spousal support should be improved for the increment of perceived social support and positive attitude of women during menopause.

5.3 Implications of the Study

This study reveals that more than half of the women had moderate level of social support and negative attitude. It also showed that there was significant association and mild positive correlation between the level of perceived social support and attitude of women towards menopause. So, the finding of the present study might provide insights for the concerned authority of Kaski district. It helps in development of strategies for conducting awareness raising programmes focused on development of positive attitudes in couples and families and helps women to accept the changes more easily and increase women's support during menopause. This study might be useful as reference materials for the future researcher.

5.4 Limitations of the Study

It was a cross sectional study and a small sample size confined to women residing in Kaski district. This study was conducted only in a district of Gandaki Province. So, it might limit its generalizability.

5.5 Recommendation of the Study

Similar study can be done in large scale covering Gandaki Province. Comparative study can be done between perimenopausal and postmenopausal women.

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APPENDIX A

a. Information to participant sheet

Title: “Perceived Social Support and Attitude of Women towards Menopause in Kaski”

Namaskar, I am Rekha Thapaliya, Lecturer from Tribhuvan University, Institute of medicine, Pokhara Nursing Campus. I am here for a study on “Perceived Social Support and Attitude of Women towards Menopause in Kaski.” The main objective of this study is to find out perceived social support and attitude of women towards menopause in Kaski. This study also helps to investigate the relationship between perceived social support and attitude of women towards menopause.

The study has been approved by the Institutional Review Committee, Institute of Medicine. The study involves no foreseeable risks or harm to you. You will be asked some questions which you will have to answer as per what you feel about them. The researcher will note down your response in the tool. It will take around 25-30 minutes to fill the form. Your valuable answers will help to find out perceived social support and attitude of women towards menopause in Kaski. Total 198 women belong to age group of 45 to 65 years will be included in the study.

I would like to inform you that your participation in this study is voluntary and you have the full right to withdraw from the study at any time you want without fear and without giving any reasons. All the information given by you will be kept confidential and will be used only for study purpose. Your personal identity will not be disclosed to anyone. I hope, you will participate in this study by providing your authentic response to the questions. If you have any queries and need any help from the researcher Rekha Thapaliya, the contact number is 9856032245. Do you understand all the information I have given you and will you agree to be a part of this research?

त्रिभुवन विश्वविद्यालय
चिकित्सा शास्त्र अध्ययन संस्थान
पोखरा नर्सिङ्ग क्याम्पस
रामघाट, पोखरा ।

सहभागी जानकारी फारम

अनुसन्धानको शिर्षक “कास्की जिल्लामा महिलाहरुको महिनावरी सुक्नु प्रतिको सामाजिक समर्थन प्रतिको बुझाई र दृष्टिकोण”

नमस्कार,

म रेखा थपलिया, अनुसन्धानकर्ता त्रिभुवन विश्वविद्यालय चिकित्सा शास्त्र अध्ययन संस्थान, नर्सिङ्ग क्याम्पस पोखरामा उप प्राध्यापकको रूपमा कार्यरत छु । मैले कास्की जिल्लामा “कास्की जिल्लाभित्र महिलाहरुको महिनावरी सुक्नु प्रतिको सामाजिक समर्थन प्रतिको बुझाई र दृष्टिकोण” विषयमा अनुसन्धान गर्न गई रहेकीछु । त्रिभुवन विश्वविद्यालय चिकित्सा शास्त्र अध्ययन संस्थान अनुसन्धान विभाग इन्सिटियुसनल रिभियु कमिटीबाट यो अध्ययन गर्नको लागि अनुमति प्राप्त भईसकेको छ । यस अनुसन्धानबाट कास्की जिल्लाभित्र महिलाहरुको महिनावरी सुक्नु प्रतिको सामाजिक समर्थन प्रतिको बुझाई र दृष्टिकोण” बारे पत्ता लगाउन सकिन्छ । यस अनुसन्धानबाट तपाईंलाई कुनै पनि क्षति हुने छैन । तपाईंलाई केही प्रश्नहरु सोधिने छ र तपाईंबाट सो प्रश्नहरुको जवाफ अपेक्षा गरिने छ । तपाईंको जवाफ अनुसार फारम भरिने छ । यसको लागि तपाईंले २० देखि ३० मिनेट समय दिनु पर्नेछ ।

यस अध्ययनमा तपाईंको सहभागीता पूर्ण स्वच्छिक हुने छ । तपाईंले आफ्नो ऐच्छिक सहभागितालाई चाहेमा कुनै पनि समयमा छोड्न सक्नुहुनेछ । अनुसन्धानकर्ता यो पनि विश्वास दिलाउन चाहन्छ कि यहाँहरुबाट प्राप्त सम्पूर्ण विवरण गोपनीय ढंगले राखिने छ र प्राप्त सूचनाहरु विशुद्ध यस अध्ययनको लागि मात्र प्रयोग गरिने छ । यहाको व्यक्तिगत परिचय कतै पनि उल्लेख गरिने छैन । यहाँ प्रस्तुत गरिएका प्रश्नहरुको उत्तर दिई अनुसन्धानमा आवश्यक सहयोग पुऱ्याइदिनु हुनको लागि अनुरोध गर्दछु । तपाईंको सहभागिताले यस अनुसन्धानमा महत्वपूर्ण भूमिका खेल्ने छ । तपाईंलाई आवश्यक परेको खण्डमा मलाई यस ९८५६०३२२४५ नंम्बरमा जुनसकै वेला सम्पर्क गर्न सक्नु हुनेछ ।

INFORMED CONSENT FORM

“Perceived Social Support and Attitude of Women towards Menopause in Kaski”

Department of Midwifery

Tribhuvan University, Institute of Medicine, Pokhara Nursing Campus,

Pokhara-12, Ramghat

I,, male/female of years age, hereby confirm that I have read and understood the information sheet and consent form for this research being conducted by Rekha Thapaliya, and have had the opportunity to ask questions about it.

I hereby declare that,

1. I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.
2. I understand that the researchers, the IRC and other regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information that will be published or released to the third parties.
3. I agree not to restrict the use of any data or results that arise from this study provided that such use is only for scientific purpose(s).
4. I agree to take part in this study.

**Signature (or Thumb impression) of
the research participant/Legal
Guardian**

**Signature (or Thumb impression) of
Witness**

Signature:

Signature:

Name:
.....

Name:
.....

Date:

Date:

b.

c. **Investigator's**

d. Signature:

e. Name:

Date:

सुसूचित मन्जुरीनामा

“कास्की जिल्लामा महिलाहरुको महिनावरी सुक्नु प्रतिको सामाजिक समर्थन प्रतिको बुझाई र दृष्टिकोण”

मउमेरवर्षको पुरुष/महिलाले रेखा थपलियाले गर्न लाग्नु भएको यस अनुसन्धान सम्बन्धि संलग्न ‘जानकारी पत्र/पुस्तिका’ पढेर, सुनेर र प्रश्नोत्तर समेत गरेर यो अध्ययन-अनुसन्धान सम्बन्धमा जानकारी प्राप्त भयो ।

यो अनुसन्धान कार्यमा मेरो सहभागिता मेरो व्यक्तिगत इच्छामा भर पर्ने र मैले चाहेको खण्डमा कुनै पनि बेला यो अनुसन्धान प्रक्रियाबाट बाहिरिन पाउने भन्ने कुरा मैले बुझेको छु । यसको लागि मैले कुनै कारण दिनु नपर्ने र त्यसबाट मैले पाउने सेवा र मेरो कानुनी अधिकारमा असर नपर्ने समेत मलाई बुझाईएकोछ ।

यस अनुसन्धानको प्रतिवेदन वा सम्बन्धित प्रकाशित कृतिहरुमा मेरो कुनै व्यक्तिगत परिचय खुल्ने जानकारी प्रकाशित हुने छैन भन्ने कुरा मैले बुझेकोछु ।

सहभागीको बुढी औंलाको ल्याप्चे छाप

दाँया	बाँया

यी सबै कुराहरु जानी-बुझी, म यस अध्ययन-अनुसन्धानमा सहभागी हुन स्वेच्छाले राजी भई यो सुसूचित मन्जुरीनामामा सहिछाप गरेको छु ।

सहभागी/सहभागीको अभिभावकको

सही :

नाम-थर :

मिति : २०८०/...../.....

साक्षीको

सही :

नाम-थर :

मिति : २०८०/...../.....

अनुसन्धानकर्ताको

सही :

.....

नाम-थर :

.....

मिति : २०८०/...../.....

APPENDIX B
INTERVIEW SCHEDULE

Research Title: Perceived Social Support and Attitude of Woman towards Menopause in Kaski

Instruction: The interviewer will read out the questions for the respondent and record the respondent's responses by tick marking the appropriate option or writing the response in the spaces provided.

Code no.

Height in centimeter (cm):

Ward no.

Weight in kilograms (kg):

Date of interview.....

BMI (kg/m²).....

PART I: Background Information of the Respondents.

SN	Questions	Responses	Remarks
1	How old are you? years (in completed years)	
2	What is your residential area?	Urban Rural	
3	What is your ethnicity?	Dalit Disadvantaged Janajati Disadvantaged non- dalit Terai Caste group Religious Minorities Relatively advantaged Janajati Upper Caste Group	

5	What is your religion?	Hindu Muslim Buddhist Christian Others (specify).....	
6	What is your educational status?	Literate Illiterate If literate, what is the level of your educational? Informal education Basic level education (1-8) Secondary level education (9-12) Bachelor and above	
7	What is your occupational status?	Farmer Business Labour/ daily wage Service Home maker Retired Others (specify).....	
	What is your marital status?	Unmarried Married Widowed Divorce/ Separated	
	If married, what is your husband's educational status?	Literate Illiterate If literate, what is your husband's educational level? Informal education Basic level education (1-8) Secondary level education (9-12) Bachelor and above	

10.	What is your husband's occupational status?	<ol style="list-style-type: none"> 1. Farmer 2. Business man 3. Labour/ daily wage 4. Service 5. Retired 6. Others (specify)..... 	
11.	What type of family do you live in?	<ol style="list-style-type: none"> 1. Nuclear family 2. Joint family 3. Extended family 	
12.	Family Income	<ol style="list-style-type: none"> 1. Income enough only for less than 6 months 2. Income enough for less than 1 year 3. Income enough for 1 year and surplus 	
13.	What is the duration of your marriage?	
14.	Spousal support	<p>Yes</p> <p>No</p>	
15.	How many times you became pregnant?	<ol style="list-style-type: none"> 1. one 2. two 3. Three 4. Four 5. Five and more 	
16.	How many children do you have?	<ol style="list-style-type: none"> 1. one 2. two 3. Three 4. Four 5. Five and more 	
17.	What is your menopausal status?	<ol style="list-style-type: none"> 1. Perimenopausal period 2. Postmenopausal period 	

18.	What is the duration of your menopause?	1. less than 5 years 2. 5 to 10 years 3. More than 10 years	
19.	What types of menopause do you have?	1. Naturally 2. Surgery	
20.	Do you have any hormonal replacement therapy?	1. Yes 2. No	
21.	Do you have any information on menopause?	1. Yes 2. No	
22.	Do you have any habit of smoking?	1. Yes 2. No	
23.	Do you have habit of regular physical exercise?	1. Yes 2. No	

PART II: Multidimensional Scale of Perceived Social Support (MSPSS)

S.N	Statements	Very Strongly Disagree (1)	Strongly Disagree (2)	Mildly Disagree (3)	Neutral (4)	Mildly Agree (5)	Strongly Agree (6)	Very Strongly Agree (7)
1	There is a special person who is around when I am in need.							
2	There is a special person with whom I can share joys and sorrows.							
3	My family really tries to help me.							

4	I get the emotional help & support I need from my family.							
5	I have a special person who is a real source of comfort to me.							
6	My friends really try to help me.							
7	I can count on my friends when things go wrong.							
8	I can talk about my problems with my family							
9	I have friends with whom I can share my joys and sorrows.							
10	There is a special person in my life who cares about my feelings.							
11	My family is willing to help me make decisions.							
12	I can talk about my problems with my friends							

Part III: Attitude of Women towards Menopause (ATM)

S.N	Statements	Completely disagree	Disagree	Neut.	Agree	Completely Agree
1	Menopause is usual and natural phenomenon in women's life					
2	Menopause means loss of youth					
3	Menopause means loss of fertility					
4	It is a loss of femininity*					
5	Menopause means end of sexual life*					
6	Women's menopause decreases husband's sexuality*					
7	Absence of mensuration is the postmenopausal period of relief					
8	Menopause means no more worries about pregnancy and contraception					
9	Menopause is good in a way that there are no more periods					
10	Physical changes of menopause are inevitable and hence acceptable					
11	Psychological problems are due to life changes not hormonal changes*					
12	Menopause related psychological symptoms affect quality of life					
13	It is a bothersome stage in a woman's life*					

14	During the menopausal time, interest and attention of women to her husband decreases*					
15	Menopause is associated with maturity and experience					
16	Women's life in the menopause is more delightful than before menopause					
17	Menopause decreases the grace of women's appearance*					
18	Women can care herself through the information she got from books, mass media, relatives, friends and others					
19	Women become disable during menopause*					
20	It is like an illness*					

*Negative statements

अनुसन्धान शिर्षक: “कास्की जिल्लामा महिलाहरुको महिनावरी सुक्नु प्रतिको सामाजिक समर्थन प्रतिको बुझाई र दृष्टिकोण”

निर्देशन : प्रत्येक उत्तरदाताबाट लिखित सहमति प्राप्त गरेपछि अनुसन्धानकर्ताले उत्तरदातालाई प्रत्येक प्रश्न पढेर सुनाउनेछ र उहाँहरुबाट प्राप्त जवाफ अनुसार उपयुक्त कोष्ठमा सहि चिह्न (√) लागएर वा खाली ठाउँमा प्रतिक्रिया लेखेर उत्तरदाताको प्रतिक्रिया रेकर्ड गर्ने छ ।

कोड नं :.....

उचाई :.....

वडा नं :

तौल :

अर्न्तवार्ता मिति :.....

भाग १ : महिलाहरुको सामाजिक एवं व्यक्तिगत विवरण

क्र.सं.	प्रश्नहरु	प्रतिक्रिया	कैफियत
१.१	तपाई कति वर्षको हुनुभयो ?(उमेर पूरा वर्षमा)	
१.२	तपाई कहाँ बस्नु हुन्छ ?	क) सहर ख) गाउँ	
१.३	तपाई कुन जातिको हुनुहुन्छ ?	क) दलित ख) विपन्न जनजाती ग) पिछ्छाडिएको गैर-दलित तराई जाति समुह घ) धार्मिक अल्पसंख्यकहरु ङ) तुलनात्मक रुपमा लाभान्वितजातिहरु च) उच्च जाति समूह	
१.४	तपाई कुन धर्म मान्नु हुन्छ ?	क) हिन्दु ख) बौद्ध ग) मुस्लिम घ) इसाई ङ) अन्य भए उल्लेख गर्नुहोस्.....	

१.५	तपाईंको शैक्षिक अवस्था कस्तो छ ?	क) पढ्न र लेख्न नसक्ने ख) पढ्न र लेख्न सक्ने	
१.६	यदि लेख्न पढ्न सक्नु हुन्छ भने, तपाईंले कुन तहसम्म पढ्नु भएको छ ?	क) अनौपचारिक शिक्षा ख) प्राथमिक विद्यालय तह ग) माध्यमिक विद्यालय तह घ) उच्च माध्यमिक विद्यालय तह ङ) स्नातक वा सोभन्दा बढी	
१.७	तपाईं के काम गर्नु हुन्छ ?	क) कृषि ख) व्यापार ग) दैनिक ज्यालादारी घ) जागिर ङ) गृहेणी च) पेन्सन छ) अन्य भए उल्लेख गर्नुस्.....	
१.८	तपाईंको वैवाहिक स्थिति के छ ?	क) अविवाहित ख) विवाहित ग) विधुवा घ) डिभोर्स/छुटिएको	
१.९	तपाईंको श्रीमानको शैक्षिक अवस्था के छ ?	क) पढ्न र लेख्न नसक्ने ख) पढ्न र लेख्न सक्ने	
१.१०	यदि पढ्न लेख्न सक्नु हुन्छ भने, तपाईंको श्रीमानले कुन तह सम्म अध्ययन गर्नु भएको छ ?	क) अनौपचारिक शिक्षा ख) प्राथमिक विद्यालय तह ग) माध्यमिक विद्यालय तह घ) उच्च माध्यमिक विद्यालय तह ङ) स्नातक वा सोभन्दा बढी	

१.११	तपाईंको श्रीमानले के काम गर्नु हुन्छ ?	क) कृषि ख) व्यापार ग) दैनिक ज्यालादारी घ) जागिर ङ) पेन्सन च) अन्य भए उल्लेख गर्नुस्.....	
१.१२	परिवार किसिम	क) एकल ख) संयुक्त ग) वृहत	
१.१३	तपाईंको पारिवारिक आम्दानीको अवस्था कस्तो छ ?	क) ६ महिना भन्दा कमको लागि मात्र पर्याप्त ख) १ वर्ष भन्दा कमको लागि पर्याप्त ग) १ वर्षको लागि पर्याप्त र वचत	
१.१४	तपाईंले विवाह गरेको कति वर्ष भयो ?	
१.१५	तपाईं कति चोटी गर्भवती हुनु भयो ?	
१.१६	तपाईंको कति जना जिवित बच्चाहरु छन्	
१.१७	महिनावारी सुक्ने प्रकार	क) महिनावारी सुक्ने सुक्ने अवस्थामा ख) महिनावारी सुकी सकेको	
१.१८	महिनावारी सुकेको कति समय भयो ?	क) ५ वर्ष भन्दा कम ख) ५-१० वर्ष ग) १० वर्ष भन्दा बढि	
१.१९	महिनावारी सुकेको अवस्था	क) प्राकृतिक रुपमा (आफै) ख) शल्यक्रिया द्वारा	

१.२०	हर्मोनद्वारा गरिने उपचार प्रप्त गर्नु भएको छ ?	क) छ ख) छैन	
१.२१	के तपाईंलाई महिनावारी सुक्ने सम्बन्धि जानकारी छ ?	क) छ ख) छैन	
१.२२	के तपाईंले धुम्रपान गर्नु हुन्छ ?	क) गर्छु ख) गर्दिन	
१.२३	के तपाईंले दैनिक रुपमा शारीरिक व्याम गर्नु हुन्छ ?	क) गर्छु ख) गर्दिन	

भाग २ : महिलाहरुको महिनावारी सुक्नु प्रतिको सामाजिक समर्थन प्रतिको बुझाई

क्र.सं.	विवरण	अतिनै ज्यादा असहमत छु	अलिअलि असहमत छु	न सहमत, न असहमतनै छु	अलि अलि सहमत छु	एकदमै सहमत छु	अतिनै ज्यादा सहमत छु
१	जव म खांचोमा हुन्छु तव एकजना विशेष व्यक्ति मेरो वरिपरी नै हुन्छन् ।						
२	एकजना अतिविशेष व्यक्ति छन जससंग म मेरो आनन्द र दुख वाड्न सक्छु ।						
३	मेरो परिवारले साच्चै नै मलाई सहायता गर्न कोशिस गर्छन ।						
४	मलाई आश्यक परेको भावनात्मक सहायता अनि सहयोग मेरो परिवारबाट पाउँछु ।						
५	म संग एक अति वशेष व्यक्ति छन् जो चाहि मेरो साचो सान्त्वनाको श्रोत हुन ।						
६	मेरो मित्रहरु साच्चै नै मलाई सहायता गर्न कोशिस गर्छन ।						

७	अवस्थाहरु विग्रदा म मेरो मित्रहरुमा भरोसा गर्न सक्छु ।						
८	म मेरो समस्याको विषयमा आफ्नो परिवारसित वातचित गर्न सक्छु ।						
९	मेरा मित्रहरु छन् जो संग म मेरो आनन्द र दुख वाड्न सक्छु ।						
१०	मेरो जीवनमा एक विशेष व्यक्ति छ जसले मेरो भावनाको कदर गर्दछ ।						
११	मेरो परिवारले मलाई हरेक निर्णय लिनमा सहायता गर्दछ।						
१२	म मेरो मित्रहरुसित मेरा समस्याहरुका विषयमा वातचित गर्न सक्छु ।						

भाग ३ : महिलाहरुको महिनावरी सुक्नु प्रतिको दृष्टिकोण

क्र.सं.	विवरण	पूर्ण रुपमा अस्वीकार छ	अस्वीकार छ	तटस्थ	स्वीकार छ	पूर्ण रुपमा स्वीकार छ
१	महिनावारी सुक्नु भनेको महिलाको जीवनमा सामान्य र प्राकृतिक कुरा हो ।					
२	महिनावारी सुक्नु भनेको युवावस्था गुमाउनु हो ।					
३	महिनावारी सुक्नु भनेको प्रजनन क्षमतामा कमी हुँदै जानु हो ।					
४	महिनावारी सुक्दा महिलाहरुले आफ्नो नारीत्वमा (Femininity) कम भएको महसुस गर्छन् । *					

५	महिनावारी सुक्नु भनेको यौन जीवनको अन्त्य हुनु हो ।*					
६	महिलाहरुमा महिनावारी सुक्नु भनेको श्रीमानहरुको यौन चाहाना घट्दै जानु हो ।*					
७	महिनावारी सुक्नु भनेको महिनावारी बाट हुने भन्फटवारे मुक्त हुनु हो ।					
८	महिनावारी सुके पछि गर्भवस्था र गर्भनिरोधकको बारेमा चिन्ता लिनु पर्दैन।					
९	हरेक महिना महिनावारी नहुने भएकोले महिनावारी सुकेको राम्रो लाग्छ ।					
१०	महिनावारी सुक्दा हुने शारीरिक परिवर्तनहरु अपरिहार्य हुन् त्यसैले स्वीकार्य छन् ।					
११	महिनावारी सुक्दा देखिने मनो वैज्ञानिक समस्या हर्मोन परिवर्तनले होइन शारीरिक परिवर्तले हो ।*					
१२	महिनावारी सुक्दा देखिने मनोवैज्ञानिक समस्याहरुले जीवनको गुणस्तरलाई असर गर्छ ।					
१३	महिनावारी सुक्नु भनेको महिलाको जीवनमा एक कष्टप्रद समय हो । *					
१४	महिनावारी सुक्दा महिलाहरुको आफ्नो श्रीमान प्रति रुची र ध्यान कम हुन्छ ।*					
१५	महिनावारी सुक्नु महिलाहरुको परिपक्वता संग सम्बन्धित छ ।					
१६	महिनावारी हुँदा भन्दा महिनावारी सुक्दा महिलाको जिवनमा धेरै रमाइलो हुन्छ ।					
१७	महिनावारी सुक्नुले महिलाहरुको सोनदर्यमा कमी गर्छ ।*					
१८	महिलाहरुले महिनावारी सुक्नु सम्बन्धि जानकारी किताव साथी, आफन्त, सामाजिक सञ्जाल पत्रपत्रिका आदिबाट जानकारी प्राप्त गरि आफ्नो हेरचाह गर्नु पर्छ ।					

१९	महिनावारी सुक्ने समयमा महिलाहरु शारीरिक र मानसिक रुपमा असक्षम हुन्छन् ।*					
२०	महिनावारी सुक्नु भनेको एउटा रोग जस्तै हो ।*					

Appendix C: Administrative Letters



Government of Nepal
Nepal Health Research Council (NHRC)



Ref. No.: 2269

16th March 2023

Ms. Rekha Thapaliya

Lecturer,

Pokhara Nursing Campus, Institute of Medicine

Pokhara, Nepal

Subject: Approval letter for Grant

Dear Ms. Rekha Thapaliya,

We would like to express our congratulations on the approval of the Provincial Health Research Grant FY 2079/080 offered by Nepal Health Research Council (NHRC). Our approved amount is Nrs 1,00,000 for the purpose of your research entitled "**Perceived Social Support and Attitude of Women towards Menopause in Kaski**". Please proceed further with the ethical approval process.

We hope that your research is a success and results in benefitting the entire society.

If any further discussion is needed in regard to this matter, please do not hesitate to contact Capacity Building Section.

Dr. Pradeep Gyanwali

Member-Secretary (Executive Chief)

NHRC

Tel: +977 1 4254220, Ramshah Path, PO Box: 7626, Kathmandu, Nepal
Website: <http://www.nhrc.gov.np>, E-mail: nhrc@nhrc.gov.np

त्रिभुवन विश्वविद्यालय
चिकित्सा शास्त्र अध्ययन संस्थान
डीनको कार्यालय, महाराजगंज
पो.ब.नं.: १५२४, काठमाडौं, नेपाल ।
फोन नं.: ४४९०९९९, ४४९२०४०, ४४९३७२९, ४४९८९८७



Tribhuvan University
Institute of Medicine
Office of the Dean
Maharajgunj, P.O. Box: 1524
Kathmandu, Nepal
Ph.# 4410911, 4412040, 4413729, 4418187

पत्र संख्या / Ref.:- ४७०(६-११)९२

मिति / Date:-

Institutional Review Committee
०७९/०८०
(IRC)

March 29, 2023

Ms.Rekha Thapaliya
Lecturer
Dept.of Women Health and Development
PNC.IOMM



Ref: Approval of Research Proposal

Dear Ms.Thapaliya

Thank you for the submission of your research proposal, entitled " **Perceived social support and attitude of women towards Menopause in Kaski**"

I am pleased to inform you that after careful evaluation, the above-mentioned research proposal has been approved by Institutional Review Committee (IRC) of Institute of Medicine (IOM), Tribhuvan University on March 28,


2023.

As per our rules and regulations, the investigator has to strictly follow the protocol stipulated in the proposal. Any change in title, objectives, problem statement, research questions or hypothesis, methodology, implementation procedures, data management and budget may be made so and implemented only after prior approval from IRC. Thus, it is compulsory to submit the details of such changes intended with justifications prior to actual change in the protocol.

Please note that you can start recruiting the research participants only after getting approval letter from the IRC. You are also requested to follow the ethical guidelines of IRC of IOM.

After completion of your study, you must submit a copy of final draft of your research to the Research Department.

If you have any further queries, please do not hesitate to contact us.


.....
Associate Prof. Dr. Manisha Chapagai
Member Secretary
Institutional Review Committee

Fax No. 4418186, E-mail: iomdean@iom.edu.np / website: www.iom.edu.np



गण्डकी प्रदेश सरकार
सामाजिक विकास तथा स्वास्थ्य मन्त्रालय
स्वास्थ्य निर्देशनालय
स्वास्थ्य कार्यालय

फोन नं ०६१-५३५७१७

प. स ०७९, १८०

च. नं. ३८२

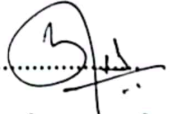


मिति: २०७९, ११, २३

विषय: अनुमती प्रदान गरिएको सम्बन्धमा ।

उप प्राध्यापक श्री रेखा थपलिया
त्रि.वि. चिकित्सा शास्त्र अध्ययन संस्थान
पोखरा नर्सिङ क्याम्पस
पोखरा महानगरपालिका-१२ कास्की ।

प्रस्तुत विषयमा त्रि.वि. चिकित्सा शास्त्र अध्ययन संस्थान पोखरा नर्सिङ क्याम्पस क्याम्पसमा उप-प्राध्यापक पदमा कार्यरत श्री रेखा थपलियाले "Perceived Social Support and Attitude of Women towards Menopause in Kaski" विषयमा अनुसन्धान गर्नको लागि यस कार्यालयबाट अनुमती माग गर्नुभएकोमा अध्ययन क्षेत्र रहेका सम्बन्धित स्थानिय तहसंग समन्वय गरी तथ्याङ्क संकलन गरी अनुसन्धान गर्न अनुमती प्रदान गरेको जानकारी गराईन्छ ।


वद्रीराज आचार्य
नि.कार्यालय प्रमुख



पोखरा महानगरपालिका
नगर कार्यपालिकाको कार्यालय

स्वास्थ्य महाशाखा

पोखरा नगरपालिकाको
नगर कार्यपालिका
स्वास्थ्य महाशाखा
न्युरोड, काठमाडौं
गण्डकी प्रदेश

प.सं.: २०७९/०८०

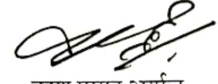
च.नं.: ६५२

मिति: २०७९/१२/२८

बिषय : आवश्यक सहयोग गरिदिने सम्बन्धमा ।

श्री पोखरा महानगरपालिका वडा नं.को कार्यालय ।

प्रस्तुत बिषयमा त्रि.वि. चिकित्साशास्त्र अध्ययन संस्थान पोखरा नर्सिङ्ग क्याम्पसमा कार्यरत उप-प्राध्यापक श्री रेखा थपलियाले "Perceived Social Support and Attitude of Women towards Menopause in Kaski " सम्बन्धि बिषयमा अध्ययन अनुसन्धान गर्न तथ्यांक संकलन गर्न निजलाई अनुमतिका साथ आवश्यक सहयोग गरिदिनु हुन अनुरोध छ ।


कृष्ण प्रसाद अर्याल
महाशाखा प्रमुख
ब.स्वा.शि.अधिकृत

“ नतिजामुखी प्रशासन · समृद्धि र सुशासन ”



अन्नपूर्ण गाउँपालिका
गाउँ कार्यपालिकाको कार्यालय

फो.न.०६१-४१४१०४



स्वास्थ्य शाखा
पोखरा, कास्की

प.स. ०७९१०८०

च.न.: ३५

गण्डकी प्रदेश, नेपाल

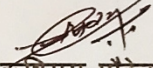
मिति: २०७९/०६/२६

श्री पोखरा नर्सिंग क्याम्पस
पोखरा, कास्की ।

बिषय - अनुमति प्रदान गरिएको बारे ।

प्रस्तुत बिषयमा त्यस कार्यालयको प.स.०७९१०८०, च.न.३२२ को प्राप्त पत्रानुसार यस पालिका भित्र “ perceived social support and attitude of women towards menopause” बिषयमा अनुसन्धान गर्न माग भएबमोजिम उक्त क्रियाकलापको लागि त्यस क्याम्पसका उप - प्राध्यापक श्री रेखा थपलियालाई अनुमति प्रदान गरिएको छ ।

नोट - अनुसन्धान कार्य सम्पन्न पश्चात प्रतिबेदन पालिकाको स्वास्थ्य शाखामा पेश गर्नुहुन अनुरोध छ ।


ऋषिराम पौडेल

स्वास्थ्य संयोजक
ऋषिराम पौडेल
स्वास्थ्य संयोजक



रुपा गाउँपालिका
गाउँ कार्यपालिकाको कार्यालय
रेखा थपलियाले
स्वास्थ्य शाखा
गण्डकी प्रदेश
रुपाकोट



पत्र संख्या : २०७९।०८०
चलानी नं : ४४

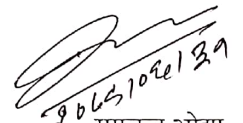
मिति : २०७९।०६।३१

विषय : अनुमति सम्बन्धमा ।

श्री रुपा गाउँपालिकाका विभिन्न वडाहरू

प्रस्तुत विषयमा त्रि. वि. चि. शा. अ. स. पोखरा नर्सिङ क्याम्पसमा कार्यरत उप प्रध्यापक श्री रेखा थपलियाले यस शाखामा मिति २०७९।०६।३१ मा पेश गर्नु भएको निवेदन अनुसार यस रुपा गाउँपालिकाका विभिन्न वडाहरूमा "Perceived Social Support and Attitude of Women towards Menopause" भन्ने विषयमा अध्ययन अनुसन्धान गर्न अनुमति माग गर्नु भएकोले निजलाई उल्लेखित विषयमा अध्ययन अनुसन्धान गर्नका लागि अनुमति प्रदान गरिएको व्यहोरा जानकारी गराइन्छ ।

नोट : तथ्याडक संकलन कार्य सम्पन्न पश्चात गाउँपालिकाको स्वास्थ्य शाखामा प्रतिवेदन पेश गर्नुहुन जानकारी गराइन्छ ।


२०७९।०६।३१
रामचन्द्र ओझा
स्वास्थ्य शाखा प्रमुख