Menopause and Life after Menopause: A New Frontier for Women's Health in Nepal

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The remarkable increase in life expectancy over the past few decades has transformed the landscape of women's health. Today, many women will spend nearly one-third of their lives after menopause.[1,2] Yet, despite this demographic shift, menopause remains one of the most neglected stages of a woman's life, particularly in low- and middle-income countries.[1,3] Traditionally regarded as a natural biological transition that requires little medical attention, menopause has often been overlooked in health policies, clinical practice, and research.[1,2] It is time to reframe menopause not as the end of reproductive life, but as the beginning of a new phase that deserves equal attention, dignity, and investment.[1,3]

Menopause marks the permanent cessation of menstruation following the depletion of ovarian follicles, resulting in a decline in estrogen production.[1,2] While it is a universal physiological event, the experience of menopause is highly individual.[1] Women may experience vasomotor symptoms, sleep disturbances, mood changes, genitourinary symptoms, sexual dysfunction, musculoskeletal pain, and cognitive concerns, all of which can significantly impair quality of life.[1,3] Beyond these immediate symptoms, menopause is associated with increased long-term risks of osteoporosis, cardiovascular disease, metabolic syndrome, cognitive decline, and frailty.[2,3] These chronic conditions contribute substantially to morbidity, reduced functional capacity, and healthcare costs during later life.[2,3]

In Nepal, women generally attain natural menopause in their late forties, slightly earlier than women in many high-income countries.[4,5] Cultural beliefs frequently normalize menopausal symptoms as an inevitable consequence of ageing, and many women have limited knowledge of menopause, discouraging them from seeking medical care.[5] Discussions surrounding menopause remain limited within families, workplaces, and healthcare settings, leading many women to experience symptoms without seeking appropriate support.[5] Furthermore, health systems in Nepal have traditionally prioritized maternal, newborn, and reproductive health, with comparatively less emphasis on the health needs of women beyond their reproductive years.[1]

This gap is becoming increasingly important as Nepal undergoes demographic and epidemiological transition. Improvements in maternal healthcare and reductions in communicable diseases have increased life expectancy, while non-communicable diseases have emerged as the leading causes of morbidity and mortality.[6] The menopausal transition represents a critical window for preventive healthcare, providing an opportunity to identify cardiovascular risk factors, assess bone health and osteoporosis risk, encourage healthy lifestyles, address mental wellbeing, and promote healthy ageing.[5-7]

The concept of healthy menopause extends beyond symptom management. It encompasses physical, psychological, social, and sexual wellbeing.[1,8] Lifestyle interventions remain the cornerstone of care. Regular physical activity, balanced nutrition with adequate calcium and vitamin D intake, maintenance of a healthy body weight, smoking cessation, moderation of alcohol consumption, and adequate sleep have demonstrated benefits in improving both menopausal symptoms and long-term health outcomes.[1,7] Mental health support, stress reduction, and maintenance of social connections are equally important in promoting resilience, wellbeing, and healthy ageing during midlife.[1,2]

Menopausal hormone therapy remains the most effective treatment for vasomotor symptoms and the prevention of bone loss in appropriately selected women.[2,7] However, misconceptions regarding its safety persist among both healthcare providers and patients.[2,8] Contemporary evidence indicates that menopausal hormone therapy, when initiated in healthy women younger than 60 years or within 10 years of menopause onset following an individualized assessment of benefits and risks, provides significant symptom relief and health benefits that generally outweigh potential risks for most women.[2,8] Shared decision-making, individualized treatment, and regular follow-up remain essential components of safe and effective menopause care.[2,8]

Healthcare professionals must recognize menopause as an integral part of women's lifelong health rather than an isolated reproductive event.[1,2] Undergraduate and postgraduate medical curricula should strengthen education on menopause and healthy ageing to equip healthcare professionals with the competencies required for evidence-based care.[2,3] Primary care physicians, gynecologists, nurses, and allied health professionals require updated knowledge and skills to provide evidence-based counselling, individualized treatment, and multidisciplinary care.[1,4] Equally important is empowering women with accurate, evidence-based information that enables informed decision-making regarding symptom management, preventive healthcare, and healthy ageing.[2,3]

The workplace also deserves attention. Many women experience menopausal symptoms during the peak of their professional careers.[2,9] Vasomotor symptoms, sleep disturbances, fatigue, anxiety, and cognitive difficulties may adversely affect work performance, attendance, and job satisfaction, yet menopause remains inadequately addressed in many

workplace policies.[1,3] Creating menopause-friendly workplaces through education, supportive leadership, flexible working arrangements where feasible, and efforts to reduce stigma can improve employee wellbeing, work productivity, and gender equity.[2,9]

Encouragingly, awareness of menopause is gradually increasing worldwide. The World Health Organization has identified healthy ageing as a global priority, emphasizing the maintenance of functional ability throughout the life course.[1] International organizations are increasingly advocating for improved education, research, and equitable access to evidence-based menopause care.[1,2] Nepal has an opportunity to build upon these global initiatives by integrating menopause into national strategies for non-communicable diseases, healthy ageing, and universal health coverage.[1,2]

Dhulikhel Hospital's establishment of a dedicated Women Wellness Clinic and Menopause Clinic demonstrates that comprehensive menopause services are both feasible and valuable within the Nepalese healthcare system. Such models integrate clinical care with counseling, preventive screening, lifestyle modification, and community outreach. Scaling similar services through provincial hospitals, primary healthcare centers, and outreach clinics could substantially improve access for women throughout the country.

Research remains another pressing priority. There is limited national evidence regarding the prevalence of menopausal symptoms, osteoporosis, cardiovascular risk, sexual health concerns, mental wellbeing, and healthcare utilization among Nepalese women.[4,5] High-quality epidemiological studies, implementation research, and health systems research are needed to inform context-specific clinical guidelines and public health policies.[2,4] Understanding women's lived experiences, cultural perceptions, and barriers to accessing menopause care will further strengthen service delivery and promote equitable access to care.[2,5]

Ultimately, menopause should no longer be viewed merely as the cessation of fertility but as an opportunity to promote healthy ageing and longevity.[2,5] As women continue to contribute actively to families, communities, workplaces, and society well beyond their reproductive years, investing in menopause care is an investment in population health, economic productivity, and gender equity.[2,5]

The future of women's health extends far beyond childbirth. It includes ensuring that every woman enters midlife with knowledge, receives evidence-based healthcare during menopause, and enjoys healthy, active, and dignified years thereafter. The challenge before clinicians, researchers, educators, and policymakers is to make life after menopause not simply longer, but healthier, more fulfilling, and more visible within our healthcare agenda.

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REFERENCES

1. World Health Organization. Menopause , Geneva: World Health Organization; 2024.
2. Hickey M, LaCroix AZ, Doust J, Mishra GD, Sivakami M, Garlick D, et al. An empowerment model for managing menopause. *Lancet.* 2024 Mar 9;403(10430):947-57. doi: 10.1016/S0140-6736(23)02799-X. Epub 2024 Mar 5. PMID: 38458214.
3. World Health Organization. Decade of Healthy Ageing: Baseline Report. Geneva: World Health Organization; 2020.
4. Aryal TR, Yadava KNS. Age at Menopause among Nepalese Women. *J Popul Soc Stud.* 2017;25(3):267-78.
5. Ghimire N, Dhakal P, Norrish D, Dangal G, Sharma D, Dhimal M, et al. Menopausal Health Status of Women of Kapilvastu District of Nepal. *J Nepal Health Res Counc.* 2015 Sep-Dec;13(31):182-7. PMID: 27005709.
6. Ministry of Health and Population (Nepal), Nepal Health Research Council, and World Health Organization. Non Communicable Diseases Risk Factors: STEPS Survey Nepal 2019. Kathmandu: Ministry of Health and Population; 2020.
7. "The 2022 Hormone Therapy Position Statement of The North American Menopause Society" Advisory Panel. The 2022 hormone therapy position statement of The North American Menopause Society. *Menopause.* 2022 Jul 1;29(7):767-94.
8. Davis SR, Taylor S, Hemachandra C, Magraith K, Ebeling PR, Jane F, et al. The 2023 Practitioner's Toolkit for Managing Menopause. *Climacteric*. 2023 Dec;26(6):517-36. doi: 10.1080/13697137.2023.2258783. Epub 2023 Dec 1. PMID: 37902335.
9. Rees M, Bitzer J, Cano A, Ceausu I, Chedraui P, Durmusoglu F, et al. Global consensus recommendations on menopause in the workplace: A European Menopause and Andropause Society (EMAS) position statement. *Maturitas*. 2021 Sep;151:55-62. doi: 10.1016/j.maturitas.2021.06.006. Epub 2021 Jul 21. PMID: 34274202.