

CHAPTER 1

INTRODUCTION

Problem : Background and Significance of the Problem

In the year 2002, the number of Thai women aged between 40-59 years was about 7.5 million and it is estimated for the years 2006, 2010 and 2014 that the female population between these ages will be 8.8 million, 9.8 million, and 10.5 million, respectively (Thailand Population Projection 1999-2016, Chulalongkorn University, http://www.onec.go.th/html-99/onec.pub/book/yr42/estimate_population<chapter2.pdf). These statistics show that the number of women experiencing midlife is increasing. A great number of women in this age group may experience many illnesses such as osteoporosis and cardiovascular diseases. However, some of these diseases can be prevented by good health practices (Anderson, 1992; Limpapayom & Punyakumlert, 1999; Ravnkar, 1993).

Middle aged women, age 40-59 years, are confronted with various changes. The most common changes are declining physical skills and decreasing of mental function. Deterioration in general health is also expected during middle age. The most important life event that occurs at this age and poses physical and psychosocial change to the middle aged women is menopause.

Menopause, defined as the ending of menstruation, is a natural life event, and it marks the end of a women's reproductive potential (Rodin & Chapman, 1994). Most women will recognize menopausal as a time of hormonal disturbance. However, in some cultures women do not understand what these changes are, what

causes them to happen, and how to manage them (Abernethy, 1997). Approximately 75 percent of women experience symptoms at the time of menopause (Rodin & Chapman, 1994). Menopause has both short and long term consequences. The short term consequences can be conveniently considered in two categories, physical and psychological effects. The examples of physical effects consist of hot flushes, night sweats, headache, muscle pain, joint pain, vaginal dryness, dyspareunia, loss of sex drive and urinary incontinence. Psychological effects include loss of concentration, depression, anxiety, irritability and emotional instability. From research studies in Thailand, the most common symptoms that are found in middle aged Thai women are hot flushes, night sweats sleep disturbances, emotional instability, back pain, joint pain and dyspareunia. Some of these symptoms were reduce with the increase of age. The long-term consequences following the menopause are osteoporosis and cardiovascular disease (Abernethy, 1997). Both of these conditions are "silent" in their early stages but are important causes of morbidity and mortality in the aging female population.

During midlife, women may experience not only symptoms resulting from menopause, but also various life events which can increase the severity of psychological symptoms. These events could be the death of their husband, divorce, separation from their children, stress from work or the changes in body appearance and body image which cause them to have negative thoughts. These life events and menopausal experiences may lead to midlife crises (Mackinlay, Mckinlay, & Brambilla, 1987).

With these symptoms, women may seek help as well as maintain good health practices, hoping to relieve the symptoms and prevent diseases in the long term. The perception and health practices regarding menopause are different in each culture.

For some African women the time of menopause indicates a higher social status, and life becomes easier, thus menopause is seen as a positive life event. In China, few women seek advice about the menopause, although it is possible that women do experience symptoms, but suffer in silence. Chinese women generally perceive the menopause as a natural process and so perhaps have a positive attitude towards any symptoms they may experience (Tang, 1994 cited in Abernethy, 1994). Maoz (1970 cited in Ballinger, 1990) investigated the effect of cultural differences on menopause symptoms by comparing women of different ethnic origins who were living in the state of Israel. Oriental Arabs had the most positive attitude to the menopause and this was related to a lack of desire for any more children in a group, which have large families. Muslim women may be pleased to have finished bleeding because of the religious restrictions during menstruation (Abernethy, 1994). Without menstruation, Muslim women perceive that they can no longer have children so they have more time to devote to religious practices. In many western countries such as the USA, Germany and Italy, menopause is viewed in a negative way; as a demarcation of aging (Flint, 1994 cited in Abernethy, 1997). Those of European origin have more negative views of the menopause and factors associated with this were dissatisfaction with sexual relationships and evidence of emotional disturbance (Maoz, 1970 cited in Ballinger 1990).

Most of the previous studies regarding menopausal symptoms and health practices have not been integrated as a whole. Researchers have usually studied only selected aspects of menopause, rather than examining the context in which a woman experiences menopause, for example, there have been studies of age, attitudes, symptoms, culture, sexual activity, and psychic morbidity. However, there have been studies investigating the menopausal experiences (Rousseau & McCool, 1997; Im &

Meleis, 1999). Ma'aitar, & Haddad, (1999), studied health promotion behaviors of Jordanian women and found that subjects scored highest on self-actualization, interpersonal support, and nutrition but scored lower on the exercise and health responsibility domains. Obermeyer, Ghorayeb, and Reynolds (1999) studying the symptoms reported around the menopause in Beirut, Lebanon, hot flushes, shortness of breath, depression, anxiety, decrease in sex, vaginal dryness, dyspareunia, incontinence of urination, joint pain, numbness in their limbs, memory loss, and difficulty concentrating were the symptoms found in these subjects. The number of symptoms reported varies by menopause status but the differences are not statistically significant. Regarding health practices, this study showed that over one third of the women sought health in dealing with the symptoms they experienced.

In Thailand, there have been a number of studies of menopause. Uppakarakul (1995) studied knowledge and self care experiences of 80 menopausal women in a slum area in Muang District, Khon Kaen Province. She found that 66.3 percent of menopausal women had a moderate level of knowledge about menopause, and the majority of them experienced hot flushes and sweating. Twenty five percent of these women relieved their symptoms by taking baths more frequently and cooling themselves with electric fans. Psychological changes, such as forgetfulness and depression were reported in respectively 86.3 percent and 66.3 percent of the women. Sixty five percent of the women ignored most of the menopausal symptoms and only 10 percent attended physicians. The symptoms which brought women to physicians were vaginitis and amenorrhea. Precharat, et al. (1996) studied health behaviors of pre menopausal and post menopausal women in Saraburi, Nakornsawan, Nachonratchasima and Nachonsrithumarat provinces. The most common symptoms found in these menopausal women were fatigue, sleep disturbances, muscle pain,

joint pain, hot flushes and loss of sexual interest. With regard to health behavior, more than 40 percent of the subjects slept more than 8 hours per day, 55-80 percent consumed protein from animal meat everyday, 80-90 percent consumed green vegetables everyday and 19-36 percent drank milk everyday. Suntharasaj (1996) studied knowledge, attitudes and practices of menopausal in women in Southern Thailand and found that 89 percent of them knew that menopause was a natural event but only 30.2 percent responded correctly that menopause can be caused by the removal of the uterus and both ovaries. Sixty-seven percent of these women knew that instability of mood and insomnia were menopausal symptoms and 38.1 percent of them knew about hot flushes. However, only 15.9 percent and 7.1 percent, respectively mentioned the symptoms of osteoporosis and cardiovascular diseases. Their knowledge about self-care practices during menopause was high. eighty eight point nine percent knew that they should exercise regularly, 81.7 percent knew they needed more calcium from vegetables, milk or other foods, 72.2 percent and 70.6 percent, respectively, abstained from alcohol and smoking and 90.5 percent had an annual check-up. However, this study did not show what practices they actually do.

Women reaching the menopausal period experience various changes accompanied by both physical and psychological symptoms. The same symptoms may impact individual women differently depending on their perceptions and their health status. It has been noted in many studies that health status as well as experiences of symptoms or illness is negatively associated with health practices. Kirdsuwan (1997) studied the factors associated with self-care during the climacteric period and found that menopausal symptoms were negatively associated with self-care (Kirdsuwan, 1997). Panthong (1997) studied factors affecting health promoting behaviors in menopausal women and found that there were negative relationships

between menopausal symptoms and health promotion behaviors. Mongkoldee (2000) who studied self care behaviors and the opinion of menopausal women on hormone replacement therapy, stated that the impact of symptoms caused many women to undertake a health seeking process such as changing lifestyle or using medication. When Hounthasarn (1996) studied factors affecting health promotion behavior among menopausal women in rural Nonthaburi province and she found that there was no relationship between menopausal symptoms and health promotion behaviors. The relationship between menopausal symptoms and health practices from the previous studies remain unclear, and so, in this study the relationship between these two variables will be assessed.

Although there has been research on menopausal women there has been no research on menopausal symptoms and health practices in Muslim middle aged women. Islam, one of the most widely professed religions of the world, is more than a religion, it is also a way of life, and does not segregate the secular from the religious aspect. Muslim people (adherent of Islam) strongly believe in their religion. The worldview of Muslim patients toward health and illness incorporates the notion of receiving illness and death with patience, meditation and prayer. The menopausal symptoms and the health practices among middle aged Thai Muslim women may be different from other women because of their different culture and beliefs regarding health. The aim of this study was to explore the menopausal symptoms and health practices of middle aged Thai Muslim women and the relationship between the two variables. The information gained from this study could be important for health professionals to better understand the situation of middle aged Thai Muslim women in order to address their specific needs.

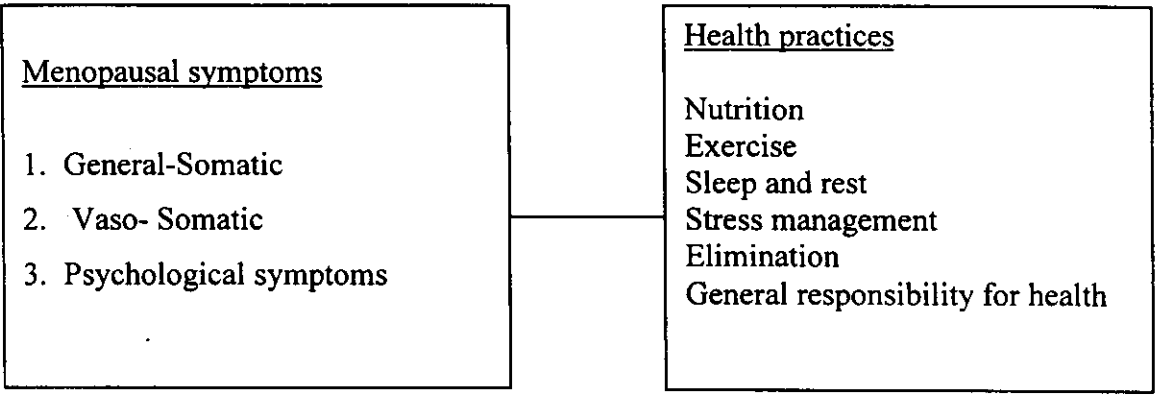
Objectives of the Research

1. To explore the menopausal symptoms and health practices of middle aged Thai Muslim women.
2. To compare the frequency and severity of menopausal symptoms, and the health practices, between pre-perimenopausal women and postmenopausal women.
3. To investigate the relationship between the menopausal symptoms and health practices.

Research Questions

1. What are the most common menopausal symptoms and health practices reported by middle aged Thai Muslim women?
2. What is the level of health practices among middle aged Thai Muslim women?
3. What are the health practices as most frequently and least frequently done by middle aged Thai Muslim women ?.
4. Are there differences in the frequency and severity of menopausal symptoms, and the health practices, between pre- peri menopausal women and postmenopausal women?
5. Is there a relationship between menopausal symptoms and health practices among middle aged Thai Muslim women?

Conceptual Framework



This study examined the menopausal symptoms and health practices among middle aged Thai Muslim women. The menopausal symptoms were examined according to Perz (1997), who categorized menopausal symptoms into 3 major categories; general-somatic, vaso-somatic and psychological. The general-somatic symptoms include vaginal dryness, dyspaneuria, loss of sexual interest, frequency of urination, involuntary urination, back pain, aches in the back or neck and skull, palpitations, dry eyes, weight gain, sleeplessness, poor appetite, difficulty falling asleep, early morning awakening, loss of interest, constipation and restlessness. The vaso- somatic symptoms include shortness of breath, numbness and tingling, headache, cold hands and feet, loss of feeling in hands and feet, involuntary sweating, hot flushes and night sweats. The psychological symptoms include poor concentration, tension, excitability, depression, moodiness, irritability, pressure or tightness in head or body, numbness, crying spells, panicky feelings, worrying needlessly, worrying about a nervous breakdown and feelings of inadequacy.

Good health practices for menopausal women refers to activities that have been documented to be helpful in maintaining good health, as well as in the relief of

menopausal symptoms. According to Rungrattrakul (1999) health practices for middle aged women should include 6 aspects; nutrition, exercise, sleep and rest, elimination, stress management and general responsibility for health.

It has been noted in many studies that health status as well as experiences of symptoms or illness was negatively associated with health practices (Kirdsuwan, (1997); Mongkoldee, (2000); Panthong, (1997). However, Hountasarn (1996) did not found any relationship between menopausal symptoms and health practices. This study would like to investigate the relationship between menopausal symptoms and health practices among middle aged Thai Muslim women.

Hypothesis

1. There would be a relationship between perceived menopausal symptoms and health practices among middle aged Thai Muslim women.
2. There would be differences in menopausal symptoms and health practices between pre-perimenopausal and postmenopausal women.

Definition of Terms

Muslim middle aged women; Women aged 40-59 years who identify themselves as Muslim

Menopause; The permanent cessation of menstruation due to the loss of ovarian follicular function.

Premenopause; The menstrual pattern is similar to what it was in the preceding years.

Perimenopause; The time period surrounding the natural cessation of menstruation. The term refers to women who have at sometime in the past 12 months

had irregularities in menstrual bleeding, compared with their previous pattern.

Postmenopause; The cessation of menstruation for one full year or more.

Menopausal symptoms; A list of 43 symptoms related to menopause which middle aged Muslim women were experiencing or had experienced in preceding month the interview. The menopausal symptoms were assessed by using the menopausal symptoms list that was modified from Perz (1997).

Health practices; Activities which should be performed by middle aged women in order to maintain health or to relieve discomforting symptoms. These activities can be categorized into 6 aspects including nutrition, exercise, sleep and rest, stress management, elimination and general responsibility for health (Rungrattrakul, 1999). Health practices in this study were assessed by a questionnaire, which was developed by the researcher based on the review literature both in Thailand and foreign countries.

Significance of the Study

The information from this study will be important for health professionals caring for menopausal women to better understand the situation of middle aged Muslim women regarding menopausal symptoms and their health practices in order to plan and implement appropriate services for them.