

Behaviors of Menopausal Women within Nakhon Ratchasima District, Thailand

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Background

Developments in science and technology have been effective in the prevention and treatment of diseases. As a result, the general population has an increased life span and as a consequence of this there has been an increase of menopausal women. In 2005 there 7.86 million women in Thailand who at the age of 40 had reached menopause. It is estimated that there will be 9.43 million in 2015 and 9.91 million in 2020, an increase of 24 per cent in 2005 to 27 per cent and 28 in 2015 and 2020 respectively.

It can be seen that the trend of the increasing number of women entering menopause in Thailand reflects the importance and severity of the health problem in both the present and the future. Changes in postmenopausal women in the 3-5 years before menopause include ovarian hormone production which begins to atrophy and a decrease in estrogen causing significant changes in various organ systems including the cardiovascular system, autonomous nervous system, skeletal system, urology and external genitalia. Although the change is natural, postmenopausal women might have health problems if they are not treated properly.

If postmenopausal women use preventive health measures for symptoms and effects arising from the changes of menopause such as having an appropriate diet, adequate nutrition, exercise, check-ups regularly, having good mental health, proper amounts of sleep, and have good sexual health. These factors that help promote healthy postmenopausal women the ability to adapt to the changes occurred through menopause and be happy and maintain good health.

From Academic Services to Society

In 2010, Boramajonani College of Nursing, Nakhonratchasima, Muang, Nakhonratchasima started a study using a group of middle-aged women to look at health problems and how they are associated with changes in age. Researchers realized the importance of good health for postmenopausal women and therefore it is necessary to have some basic information on health and the health behaviors of postmenopausal women as a means to encourage postmenopausal women to have good health and better quality of life. This information will lead to the integration of research thus providing academic services to society.

Objective of the Study

To study the health of postmenopausal women in the district of Nakhon Ratchasima.

Research Methods

This research is descriptive. Data was collected using a questionnaire developed by the investigator. The method of operation is as follows.

1. Population and subjects

Population is postmenopausal women aged 40-59 years living in the district. 64,798 people of the province were selected from specific properties of the sample. A sample of 300 randomly selected by the District. By simple random sampling of 25 parishes, including four Districts Properties of the sample are as follows.

- Aged 40 – 59 years
- In the community to collect data for at least one year
- Communication, understanding and willing to cooperate in the survey

2. Research tools

The questionnaire was divided into two parts. The information includes the number of children, age, marital status, education, occupation, and health insurance. Part two includes questions on health behavior such as eating, exercise, sleep and hygiene, excretion, sexual relations, mental health and stress, health status of the family. The frequency response is as follows.

Practice on a regular basis means According to the message posted on a regular basis. (5 – 7 days per week)

Practice often means respondents often follow (3 – 5 days per week)

Practice from time to time means respondents practice according to the message posted occasionally (1 – 2 days per week)

Not always practice means respondents do not practice any of the message posted

Survey of postmenopausal women: The answer is as follows

Yes means Samples have knowledge

No means samples do not have knowledge

3. Validity and reliability of tools

3.1 To test the validity of the content. Questionnaire has been checked for accuracy by 4 experts. After verifying the accuracy of the content, the use of language is revised and brought to trial of a group of 30 individuals with similar characteristics to the study population.

3.1 The questionnaires were analyzed to determine confidence. Coefficients using Cronbach's alpha. The confidence level of the health behavior questionnaire was of 0.91

4. Data collection

The duration of the data collection was between the periods from October 4, 2553 to February 20, 2554.

4.1 Preparation of researcher team and research assistants: the researcher prepared the researcher team and research assistants of 5 people to collect data and perform data collection practices by working together with a researcher.

4.2 Data collection was carried out as follows. The researcher and research assistant explained the purpose of the research and got approval to collect data at Nhong Ya Rak district, Nhong Kai Nam district, Sri Moom district, and Ban Phra district. Selected by simple random sampling. On Postmenopausal women completed a questionnaire. Questionnaires were collected. Data of record to verify the accuracy of the query. Preparation for the next analysis.

5. Data analysis

Using instant analysis program. The demographic data and health behaviors of subjects were analyzed using frequency and percentage.

Research results

33.33 percents of the subjects were in the age group of 40 – 44 years. 26.67 percents of the subjects were in the age group of 50 – 54 years. 79.33 percent of the subjects were married. 73.33 percent of the subjects were studied in primary school. 48 percent of the subjects had a family income of 5000 – 10000 Baht per month. 54.33 percent of them were satisfied with their income. 35 percent of them were housewives. 76 percent of them used a government health insurance card as shown in Table 1.

Health behaviors

Samples had appropriate consuming behavior; 67.3 percent of them ate breakfast regularly. 52 percent of them ate three meals a day, every day. 46.3 percent of them had fruit every day. 43.5 percent of them had five categories of food and had their meals on time. The inappropriate consuming behaviors samples had including 55

percent of them eating foods with MSG regularly. 18.7 percent of them ate sweet foods. 18.3 percent of them ate very salty foods as shown in Table 2.

Exercise

Most of the samples did not have strenuous exercise; 74.34 percent of them lifted heavy objects, did aerobic dance, and cycling. 16.33 percent of them had heavy activities 5 – 7 days a week. 35.67 percent of them had medium activities 5 – 7 days a week such as lifting light objects, did light cycling. 59.67 percent of them had light activities 5 – 7 days a week such as walking at least 10 minutes. 43.91 percent of them did some walking and practiced Tai Chi. 5.4 percent of them ran as shown in Table 3.

Sleeping

57 percent of samples slept 7 – 8 hours a night. 24.67 percent of them slept 5 – 6 hours a night. These people went to bed between 10 p.m. – midnight. They went to bed late because of watching a movie, listening to music, insomnia and anxiety, respectively.

Hygiene

92.7 percent of samples regularly cleaned themselves 2 times a day. 90.6 percent of them cleaned their hands before having meals and after urination and defecation. 90.3 percent of them cleaned their genital area thoroughly and regularly. 2.7 percent of them had inappropriate body cleaning and did not brush their teeth at least twice a day.

Urination and defecation

90.67 percent of samples had regular urination and defecation. 75.67 percent of them could not control the urinary excretion. 6.67 percent of them had constipation. 5.33 percent of them had urinary incontinence especially when they coughed or sneezed.

Sexual intercourse

34 percent of them had sexual intercourse 1 – 2 times a month. 32.67 percent of them had no sexual intercourse. 17.67 percent of them had sexual intercourse 3 – 4 times a month. 24.33 percent of them enjoyed having sex while 14 percent of them showed a decrease in sexual pleasure. 3.6 percent of them had pain during sexual intercourse as shown in Table 4.

Mental health and stress

49.3 percent of samples felt frustrated and annoyed. 88.3 percent of them felt that their lives had no value. 86.7 percent of them felt despair in life. 81 percent of them had shaking of voice, hands, and lips when not satisfied respectively.

Health status

99.3 percent of samples taught their family's members about morals and responsibilities. 98.3 percent of them took care of each other and trained family's member to be in discipline. 80 percent of them played sport or some form of recreational activities together.

Knowledge of menopausal women

79.3 percent of samples had knowledge of common symptoms of menopause. 87 percent of them had no knowledge of female hormones causing changes in the body such as an oily and/or hairy face. 79 percent of them had an infection of the urinary

tract and had urinary incontinence. 67.3 percent of them had symptoms of flushing and sweating a lot as shown in Table 5.

Table 1 Numbers and percentage of samples by demographic data

Demographic data		Number (n = 300)	Percentage
Age (year)	40 - 44	100	33.33
	45 - 49	72	24.00
	50 - 54	80	26.67
	55 - 59	48	16.00
Marital status			
	Single	18	60.00
	Married	238	79.33
	Widow/divorced/separated	44	14.67
Education			
	Uneducated	9	3.00
	Primary school	220	73.33
	Secondary school	45	15.00
	Diploma	15	5.00
	Bachelor or higher	11	3.67
Number of children			
	None	61	20.33
	1	131	43.67
	2	78	26.00
	3	26	8.67
	4	4	1.33
Occupation			
	Housewife	105	35.00
	Trader	95	31.67
	Employee	74	24.67
	Farmer	24	8.00
	Government officer	2	0.66
Health insurances			
	Government insurance	228	76.00
	Social health insurance	50	16.67
	Government health officer's insurance/ Employee's insurance	22	7.33

Table 2 Numbers and percentage of samples by consuming behaviors

Consuming behaviors	Not practice		Occasionally		Frequently		Regularly	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Eat breakfast every day.	29	9.7	51	17	18	6	202	67.3
Eat three meals a day.	30	10	66	22	48	16	156	52
Eat 5 categories of foods	12	4	49	16.4	108	36.1	130	43.5
Eat fish more than meat.	25	8.3	92	30.7	73	24.3	110	36.7
Eat high-fat diet.	60	20	158	52.7	48	16	34	11.3
Eat fruits every day.	13	4.3	71	23.7	77	27.7	139	46.3
Eat very sweet taste foods.	70	23.3	123	41	51	17	56	18.7
Eat very salty foods.	103	34.3	96	32	46	15.3	55	18.3
Eat uncooked meat.	180	60	80	26.7	23	7.7	17	5.7
Eat foods with	31	10.3	49	16.3	55	18.3	165	55

Consuming behaviors	Not practice		Occasionally		Frequently		Regularly	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
MSG.								
Eat fermented foods/ preservative foods	109	36.3	162	54	16	5.3	13	4.3
Eat charred grilled/ fried foods.	104	35	147	49.5	32	10.8	14	4.7

Table 3 Number and percentage of the sample by exercise.

Exercise	Number (n = 300)	Percentage
Activities with very much force such as aerobic, running	223	74.34
None		
1 – 2 days/week		
3 – 4 days/week		
5 – 7 days/week	49	16.33
Activities with immediate force such as biking	112	37.33
None		
1 – 2 days/week		
3 – 4 days/week		
5 – 7 days/week	107	35.67
Activities with little force such as dancing within 10 minutes	45	15.00
None		
1 – 2 days/week		
5 – 7 days/week		
everyday	1	0.33

Table 4 Number and percentage of the sample by sexual health.

Sexual health status	Never		Occasionally		Often		Regularly	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Have the pleasure of having sex.	109	36.30	77	25.60	41	13.60	73	24.33
Have pain while having sex.	229	76.30	50	16.60	12	4.00	9	3.60
Not feel comfortable after having sex.	230	76.00	46	15.30	13	4.33	11	3.67
Decrease in libido.	147	49	70	23.30	41	13.60	42	14.00
Vaginal itching and inflammation.	243	81.00	43	14.30	5	1.67	9	3.00
Atrophy of the reproductive organs.	228	76.00	43	14.30	12	4.00	17	5.67

Table 5: Number and percentage of respondents with incorrect knowledge about menopause.

Knowledge	Number	Percentage
Common symptoms of menopause include hot flushes, sweating, palpitations, insomnia, irritability, fatigue, forgetfulness.	62	20.70
Other symptoms of menopause include urinary incontinence, vaginal dryness and pain while having sexual intercourse, wrinkled skin, hair loss, brittle nails.	152	50.70
Exercise regularly and take adequate calcium, the body can have a lot of bone mass. When entering menopause will have less chance of osteoporosis.	130	43.30
Intake of low-fat diet, dietary fiber helps control levels of fats in the bloodstream and the risk of ischemic heart disease.	146	48.70
When female hormone levels in the body drop suddenly, superficial blood vessel will dilate inducing symptoms of hot flashes, very sweaty at chest, back and neck.	202	67.30
When hormone estrogen in a woman's body is gone, other female sex hormones in the body will be outstanding. In some women that hormone will be very dominant, and act like testosterone, causing thin mustache and oily face.	261	87.00
Female hormone will decrease when menopausal time begins. The moisture and lubrication in the vagina gradually disappear. This material also prevents the growth of bacteria in the vagina. When these are gone, so there are symptoms of dry and itching vagina caused by infection.	192	64.00

Conclusion and discussion

Eating habits :Research indicates that 67.30 percent of the samples had a regular breakfast in the morning. This may be due to samples having to work all day. The reasoning is that they have to have breakfast every day to be able to work hard and efficiently.52.00 percent of subjects had three meals every day. 43.50 percent eat on time and with five categories of foods. 46.30 percent eat fruits daily. It may be because the samples lived in rural communities and therefore are not rushed. As a result, the samples eat properly. Consistent with the study of Tanyatorn Yongpanit who studied self – care of nutrition and health care of postmenopausal women. The study found that the sample's quality of eating is at good level such as eating three meals a day. The study found that 55.00 percent of samples had inappropriate eating behavior on a regular basis such as eating foods with MSG. The interviews provided information that stir fry, curry, soup, and fried foods will have MSG added to improve

flavor. If there is no MSG the food will not be as flavorful and women will eat less. MSG has been part of the diet of menopausal women for many years.

Exercise and physical movement: The results showed that 21.33 percent of the samples had strenuous exercise, such as lifting heavy weights, aerobic, speed cycling for 30 minutes at least 3-4 days/week. 35.67 percent exercise with moderate force, such as lifting light weight, biking comfortably at least 5-7 days/week. 59.67 percent performed less strenuous exercises such as dancing for at least 10 consecutive minutes at least 5-7 days/week. Types of exercise women performed the most were Tai Chi and dance, accounting for 43.91 of women. The explanation is that the majority of women have to do the house work percent, prepare food, look after family members and do any other activities in the house. After the completion of work each day, women need rest rather than exercise. Moreover, the majority were married. So women have to take responsible for family tasks, there is no time to exercise and cannot allocate time for exercise regularly. Consistent with the study of Piyanuch Jittanont and Wannee Jansawang, who investigated the perceived barriers to exercise and found that the majority of samples recognized that fatigue from work or the burden of the family are a barrier to exercise. Also, consistent with the study of Ladawan Prateepchaikool who studied health status and health behavior of officers. The Faculty of Nursing at Prince of Songkla University study found that having a mission to perform approximately 7-8 hours/day cause fatigue and make women need time for relaxation and exercise.

Sleep: The study found that 57.00 percent of samples sleep 7-8 hours per day. Sleep through the night help the body and mind to relax completely, stimulating hormone secretion and stimulate growth to help repair the wear and tear of the body. Regularly sleep problems are snoring and going to bed to late. Common problems of sleep are the failure to get to sleep and inability to sleep through the night. Consistent with the study of Piyanuch Keawpu, who studied the relationship between family's health status and postmenopausal women's health status, family postmenopausal women. She found that one of the greatest physical health problems is insomnia or a sleep with periodical stirring. It can be explained as a result of changes in the body caused by menopause often associated with hot flushes.

Personal hygiene: The study found that 90.00 per cent of the samples had appropriate levels of hygiene including showering 2 times a day, washing their hands every time before eating and after defecation/urination, and cleaning their vagina regularly. Pender mentioned that behavioral factors related to the perceived benefits of action, the feeling towards the actions and results of operations help women to practice appropriate behaviors.

Excretion: The results from the study showed that 90.67 and 75.67 percent respectively of the sample had normal feces and urinary excretion daily. 6.67 percent have urinary incontinence. 3.30 percent urinate their pants when coughing or sneezing. It is because of a reduction of the hormone estrogen causing the muscles around the vagina to thin and lose strength resulting in a vagina is not tightened or a slackening of the vagina or by dropping down of the uterus. These cause a problem of the urinary

system such as urinary incontinence especially when coughing or sneezing or when having pressure in the abdomen.

Sexual health: 34.00 percent of the samples had sexual intercourse 1-2 times per month. 32.67 percent had no sexual intercourse. Sexual behaviors which occur on a regular basis are: 24.33 percent enjoyed sex. 14.00 percent had less sexual pleasure. This can be explained by the changing of hormones resulting in change in the reproductive organs. Women will have less sexual desire, less sexual response, less frequency of sexual intercourse, and less orgasms. There is only a minority of postmenopausal women who had sex as early menopause. Incidence and trends of sexual behavior in postmenopausal women are varied according to different social conditions, traditions, cultural beliefs, education, economic and living conditions.

Consistent with the study of Thai women, the study found that 47 to 79 percent of women do not have sex because of lack of sexual desire or libido.

Mental health and stress: 86.70 percent of the samples never feel lost in life. 88.30 percent feel that their life has worth. 80.70 percent have no feeling of anxiety. It may be due to the majority of the samples are adults. They are mature and able to deal with their own grief creatively. Accordance with the study of Srirueon Kaewkangwan who mentioned that the middle age is the age with maturity. This age had professional success in their lives and they were guided by the experiences that they have accumulated since the infants. This age is named as golden era of life.

Family Health: The results showed that 99.30 percent of samples taught their family members about moral teachings. 98.30 percent of samples take care of family members and train family members to have discipline. It can be explained that characterizes society in Thailand which is closely allied to the family, relatives, neighbors and colleagues. When there are problems they will help each other. This makes postmenopausal women feel good and feel they are not lonely. They have someone they can lean on. It can be said that family has a great influence on health.

Consistent with the study of Wipaporn Saksuriyapadung who found that the family relationship of postmenopausal women with family members influence health behaviors of postmenopausal women. This results in postmenopausal women having to struggle to adapt to the changes of the body and mind. Postmenopausal women care to meet the needs of family members resulting in the well-being of family members and good health.

Knowledge of menopause: The results showed that the majority of postmenopausal women knew more than 50 percent of the typical symptoms of menopause and age at menopause. It can be explained that public and private agencies provide this information through various media. Public health officials and health volunteers play a role in providing information for postmenopausal women. They are reliable source of information. Moreover, the relative friendly neighbors especially who are the same age as the samples help them to be able to communicate and consult with each other about postmenopausal women.

The study found that 87.00 percent of samples had no knowledge of the female hormones. This is probably due to lack of knowledge of the English terms such as

Estrogen which contribute to the lack of understanding. Appropriate health behaviors of postmenopausal women are proper consumption of food, personal hygiene and mental health and stress, family health. The inappropriate practices are exercise, sexual health and knowledge of menopause.

Recommendations from the research.

This study found that samples are less knowledgeable about the symptoms of menopause and female hormones. There are also restrictions on health practices including exercise. Therefore, nurses should collaborate with health team personnel in promoting women's knowledge about the changes and the correct practices when entering menopause. The activities provide training and the peer groups support the women in learning together.

As well as the knowledge of the broadcast tower for the villages and education through village health volunteers and to the media to give advice to women in the community, women should be encouraged to have social events such as postmenopausal women club and participate in social activities, so they can share their learning activities. Exercise clubs and field trips to help these women feel proud as a member of society and a better quality of life in the future.

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