2005-05-01

Navigating the Change of Life: The Menopausal Transition of Thai Immigrant Women

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NAVIGATING THE CHANGE OF LIFE: THE MENOPAUSAL TRANSITION OF THAI IMMIGRANT WOMEN

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A Dissertation Presented to the

FACULTY OF THE HAHN SCHOOL OF NURSING AND HEALTH SCIENCE

UNIVERSITY OF SAN DIEGO

In partial fulfillment of

The requirement for the degree

DOCTOR OF PHILOSOPHY IN NURSING

May, 2005

Dissertation Committee

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Abstract

Given that women continue to live more than three decades after menopause and their health and well being in later life are determined by quality of health during the menopausal transition, menopause has become an important issue in the healthcare arena. The growing number of immigrant women in the United States signifies a need for healthcare providers to develop cultural knowledge and sensitivity toward each immigrant group regarding the issue of menopause.

The purpose of this qualitative study was to build a substantive grounded theory of the experiences of menopausal transition among Thai immigrant women in the United States. Data collection involved participant observation and in-depth interviews with 12 women aged 49-61in their native language. Dimensional analysis (DA) method was selected for the analysis of the data to yield salient dimensions of the women's transitional experiences. "Navigating the change of life", chosen as the central perspective from among these dimensions, represents a holistic view of the menopausal transition as journey through various stages to a final integration leading to peace and tranquility in a new stage of life.

The resultant theoretical model, constructed within the explanatory matrix of DA, ties together the various other dimensions that reveal the processes and meanings of the menopausal transition among the participants. This research contributes culturally based knowledge of the menopausal transition among Thai immigrant women useful to clinicians in nursing and related health disciplines, and also provides

a foundation for further research. This body of knowledge also expands general perspectives on immigrant women's health.

Dedication

This dissertation is dedicated to my mother who has given me unconditional love and support throughout my life. It is also dedicated to the immigrant Thai women whose care and collaboration made my study possible.

Acknowledgments

I thank my parents, Ms. Samneang and Mr. Porn Natipagon, whose loving and affectionate upbringing, support, and encouragement have brought me to this stage today. Although, my father is not alive to be with me today, I believe that he is watching over me and can see my success. I want to thank my mother and both of my sisters and their families, who believed in me and provided me long distance support and unconditional love throughout the time that I have lived far away from my hometown.

This study would not be possible without the support from all the people whose names are as follows:

I would like to convey special thanks to the Thai women who participated in my study and to the Thai community for their support and assistance.

I would also like to thank my Chair, Dr. Sharon McGuire, and my committee, Dr. Kathy James and Dr. Mary Ann Hautman for their continued guidance, and feedback on my dissertation.

I would like to give special thanks to Dr. Patricia Roth, Director of the PhD program at Hahn School of Nursing and Health Science. Her support, advice, and kindness encouraged me to go on and to reach my goal successfully. I owe her a debt of gratitude for this precious gift of friendship.

I am very thankful to Mr. Insram Shah who is always beside me and places my needs as his first priority. His loving and caring manner has helped me pass through difficult stages of life. I am very grateful and honored to share my life with him.

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Phenomenon of Interest

Menopause is the time in a woman's life when the ovaries stop functioning and produce fewer hormones, resulting in the cessation of menstruation. The time period around menopause, marked by change in regularity and flow of menstruation caused by the process of reduction and cessation of estrogen and progesterone hormone production, is called Menopausal transition (North American Menopause Society, 2004).
The transitional period before and after menstruation stops is also called peri-menopause (World Health Organization [WHO], 1996).Although menopause is a biological process, it is considered an important period of life for most women because the transition from a reproductive stage to a non-reproductive stage can cause multiple physical changes and psychosocial changes. Berg (1999) stated that this period is a time in a middle-aged woman's life marked by irregularity and cessation in menstruation.
It can be "an emotional experience that is profoundly influenced by personal attitudes, self-image, cultural background, family and social support groups" (Furman, 1995, P.37).

Most women experience natural menopause between the ages of 45 and 55, and the average age at menopause is about 51. They usually continue living about 30 years after menopause. All over the world, the number of women aged 50 and over is expected to rise to 1,200 million by the year 2030 (WHO, 1996).

This increasing number of women approaching menopause indicates that it is one of the important issues for women today. This issue is even more important in nursing because health care professionals must provide adequate support for the women throughout their transition. According to Day (1996), approximately 40 million women in the United States are most likely experiencing menopause. A significant number of these women belong to various cultures and ethnic groups. More than 450,000 of them are Thai immigrant women, many of whom immigrated to the United States between the year 1995 to 1998 (Statistical Yearbook of The Immigration and Naturalization Service, 1998), in addition to those who were already living in the United States prior to these years.

Since menopausal experiences can be influenced by personal attitudes, as well as social and cultural backgrounds (Beyene, 1986; Fu, Anderson, & Courtney, 2003; Furman, 1995; Lock, 1998; McQuaide, 1996; Walfish, Antonovsky, and Mooz, 1984), it is important to understand menopausal experiences of women from various cultural and ethnic backgrounds. The experiences and perceptions of menopause guide women's response to the transition of menopause (Im & Meleis, 1999), and these responses may determine their health and well being in the later years of life.

Statement of the Problem

Recently, the issue of menopause has played a more important part in women's health and quality of life. The interest of healthcare professionals has been stimulated because women's health after menopausal years is affected by their health and wellbeing during the menopausal years. The effective care during menopausal transition becomes even more significant when considering the increase in life expectancy of

women and the increasing numbers of middle-aged women who were born in the baby-boom era from 1946-1960 (Utain, 1997, WHO, 1996).

The United States is composed of women from multicultural and diverse ethnic background. Until recently, the research based knowledge of menopause in the United States was limited to European American women (Berg & Lipson, 1999). Lately, women from other ethnic backgrounds such as African American, Mexican American, Latino American, and Asian American have been included in health care research on menopause. Asian immigrant women, including Japanese, Chinese, Filipino, and Korean have been participating in menopausal research (Berg, 1999; Berg & Lipson, 1999; Hautman, 1996; Im & Meleis, 1999; Remez, 2001; Sommer et al., 1999). Menopausal experiences among these immigrant populations are now quite well understood.

However, women's experiences of menopause from certain cultural and ethnic groups are still not known (Elliott et al., 2002; Walter, 2000). There is also limited research-based knowledge regarding experiences of menopause from socio-cultural influences of women resettling in the United States. In addition, very little is known about menopause among Thai immigrant women. Until now, only one study related to midlife health and menopause among Thai immigrant women has been conducted. It aimed to examine self care practices and health service utilization regarding experiences of menopausal symptoms and health (Bhuttarowas, 2001). The issue of menopause among Thai immigrant women therefore is still poorly understood, adversely affecting their care at this important stage of life. Further research investigating menopausal experiences among Thai immigrant women is necessary.

It is important to understand Thai immigrant women's experiences of menopause within their socio-cultural contexts because women's experiences and responses to menopause determine their future health and wellbeing (Sowers, 2000), and are influenced by biological, psychological, economic, personal, social, and cultural factors (Meleis, 1991). Due to increasing numbers of Thai immigrant women in the United States, many more Thai immigrant women may now be experiencing the transition to menopause. This growing number of middle-aged Thai immigrant women requires the necessary care to ensure their future health and well being. Therefore, knowledge of menopause among this group of women is necessary and needs to be developed.

The researcher's inspiration

Growing up in a compound family in Thailand, I witnessed some incomprehensible incidents of older women in my family. My aunt and my mother often mentioned that they were fatigued because they could not get good nights sleep. My mother even often needed an evening nap and sometimes used sleeping pills. I learned later that my mother was also worried about her prolonged periods, leading her to seek treatment.

I did not understand these incidences until I went to nursing school in the early 1980s where I learned about "menopausal syndrome". It was defined as a group of symptoms of irregular menstruations, mood swings, hot flashes, sleep disturbance, headaches, and backaches. At that time this syndrome was perceived as a disease. The treatment usually started with a physical check up. If no health problems and heavy uterine bleedings were presented, they would be given multivitamins,

folic acid tablets, analgesic and minor tranquillizer drugs, as well as follow ups. Occasionally, some other medicines were given according to the women's complaints. If the women experienced prolonged bleeding, they would be diagnosed with "abnormal uterine bleeding" and were given a treatment of dilatation and curette. In some cases, women would undergo an operation to remove the uterus and ovaries. Hormone replacement therapy was recommended. At that time, these routine treatments for menopause seemed to be very popular in Thailand, as half of the gynecological ward was usually occupied by menopausal-aged women who had undergone surgery. Due to the strong influences of Western biomedical treatment in Thailand at that time, my mother took the doctor's recommendation to get her uterus and ovaries removed. Since I had seen many women undergo this surgery, I thought it was a proper option for her also. Less than a year after her operation, she started to feel frequent hot flashes, and the doctor recommended that she take hormone replacement therapy, "Premarin", in order to reduce these symptoms. She had taken it for about a year, but stopped because she was terrified of getting cancer. After she stopped taking hormones, she developed dry skin and vaginal dryness, as well as more frequent hot flashes. She also became very sensitive, getting irritated and crying easily.

Being a witness to my mother's menopause as a nurse, I realized that I was not aware of the ramifications of the surgery before my mother decided to do it. I was submerged in Western biomedical practice and had never had an opportunity to see and hear how those women, who had their uterus and ovaries removed, thought and lived after surgical menopause. I came to realize that women's responses to their

menopausal transition impacted their lives after menopause. In addition, their choices of managing the transition could be influenced by their perceptions of menopause.

Beliefs embedded in the culture played important roles in shaping women's perceptions. In Thai culture, health care professionals usually had a very high respect and trust from the patients. Their advice and opinions were taken without question because of their authority regarding health care. At that time, Western biomedicine dominated Thai society, impacting women's perceptions and guiding their decisions concerning menopause. My personal interactions with my mother and other Thai women have inspired me to discover from the women's standpoint how they perceive, respond, and manage their menopausal transition. This present study focuses on the voices of Thai women who migrated to the United States where biomedical also predominates.

Purpose of the study

The purpose of this study was to explore the menopausal experiences of Thai immigrant women. Qualitative research approach of grounded theory and dimensional Analysis was used as a methodology to analyse the data and to generate a substantive theory to explain their experiences. The grounded theory method guides the understanding of the social process of phenomenon under this study (Strauss & Corbin, 1990). The dimensional analysis method as described by Schatzman, (1991) was utilized during the analysis process to enhance the grounded theory method for building the understanding of how Thai immigrant women experience menopause. According to WHO (1996, P. 13), "peri-menopause" is defined as "the period immediately prior to menopause (when the endrocrinological, biological, and clinical features of approaching menopause commence), and the first year after menopause". This present study generally

used the term both "peri-menopause" and "menopause" to refer to the transitional years prior to and after the final menstrual period. The term "post-menopause" and "after menopause" referred to the years after the women had finished their monthly menstruations. In addition, the term "natural menopause" referred to the women whose ovaries were intact, and "surgical menopause" referred to those who had their ovaries removed.

Research questions

This study utilized the grounded theory approach to explore and describe the menopause as experienced by Thai immigrant women. The study was guided by the following research questions:

1. What is the experience of menopause for Thai immigrant women in the United States?

2. How do they respond, manage, and cope with menopausal transition within their socio-cultural contexts?

Significance of the study

Establishing research based knowledge of menopausal experiences among Thai immigrant women provides a better understanding of their beliefs, behaviors, needs, and responses toward their menopause within their socio-cultural context. The findings from this study can assist health care professionals to gain a broader understanding of the menopausal transition in Thai immigrant women in order to provide effective and appropriate care. The findings also serve as a valuable body of knowledge in nursing education because they provide guidance for nursing students to gain cultural knowledge and sensitivity to the Thai immigrant population.

This research-based knowledge can also be used as a fundamental piece of information in developing measurements for research on menopause with Thai immigrant and/or other immigrant women.

Summary

Menopause is a significant issue in nursing because it not only affects most women, but also is becoming more important because of an increasing number of midlife women in the United States. In addition to the physical change that occurs, women's experience of menopause is influenced by their particular socio-cultural contexts. Of the numerous studies that have highlighted women from various cultural backgrounds, there has been a lack of information about Thai immigrant women. This study is an in-depth exploration of Thai immigrant women's personal experience throughout the menopausal transition using qualitative research method. This study aims to make a contribution to the body of knowledge regarding menopausal issues in the healthcare arena.

Chapter II

Literature Review

This chapter examines the existing knowledge about menopausal experiences of women from diverse ethnicities and cultures with an emphasis on the effects of socio-cultural factors. The objective is also to identify the potential limitation in information and knowledge regarding menopausal experiences of women in certain cultures. In order to understand the trend of research on menopause, perspectives regarding menopause will be introduced. At the end of this chapter,
Thai socio-cultural contexts will be presented in order to describe Thai socio-cultural values.

Perspectives of Menopause

Although menopause has long been a part of women's lives, when menopause was first studied in the 1950s, it was a controversial issue among scientists from different schools of thought. Some viewed menopause as a disease caused by biological changes, while others argued that it was a natural part of women's lives constructed in socio-cultural contexts. Two major perspectives of menopause, biomedical and socio-cultural, are discussed in this section.

Traditional Biomedical Perspective of Menopause

When scientists first showed interest in menopause in the late 1950s, menopause was predominantly viewed from a biomedical perspective as a disease. The disease was thought to be caused by ovarian failure and composed of physical and emotional symptoms such as flushes of the head, face, neck, and chest, profuse sweating, fatigue, depression, and a sense of loneliness (Barnes, 1973; Wilson, 1966). It was also thought to be a stage of potential crisis that could lead women to become neurotic. (Formanek, 1990; Greene, 1984; Levine & Doherty, 1952; Millette & Hawkins, 1983; Wilson, 1966). The early research on menopause conducted in 1953 by a pioneer English female physician, Dr. J. Malleson, further provoked the public and the scientific communities to believe that menopause was a disease that caused severe emotional symptoms. Certain types of emotional disturbance were emphasized as menopausal negativism (Feeley, & Pyne, 1975; Utain, 1997; Wilson, 1966). The original treatments were mainly aimed to cure specific physiological symptoms associated with menopause and to alleviate psychological symptoms with estrogen replacement therapy (Jones, & Jones, 1981; Utain, 1997).

The biological perspective which focuses on the pathological view of menopause often dominates physician's notion and practice on women. This traditional perspective, which views menopause as a disease, therefore may tend to take control over a woman's natural life event. It tends to overlook what really happens with women in their daily lives during their menopausal years, and how they perceive and respond to their menopause. The traditional treatment of menopause with medication continues to be the dominant theme that leads the public to view women with negative attitudes.

Therefore, menopausal women are often stigmatized as unattractive and useless. The image of being useless and unattractive may lead the women to have feelings of fear and perceive menopause as a negative event. Having a negative attitude towards menopause may impede women's abilities to respond and adjust to their menopause.

As Millette & Hawkins (1983) point out, most of the studies conducted by male physicians for the general public during those early years attempted to describe menopause as a disease in order to sell hormone replacement therapy. In fact, this perspective that viewed menopause as a disease had been a dominant theme in the studies on menopause for several decades. It impacted the choices women made in taking care of their menopause and drove many women to consider using hormone replacement therapy in order to avoid experiencing the ill effects of the menopause. This perspective may still bring large benefits to the pharmaceutical industry.

Socio-Cultural Perspective of Menopause

While a traditional biomedical perspective continues to view menopause as a disease and focuses on medical treatment, a socio-cultural perspective shows that menopause is a culturally constructed and a natural life event. The early studies that focused on understanding women's menopausal experiences within their socio-cultural context emerged in the early 1980s. A group of anthropologists began to investigate the connection between menopause and women's experiences within their societies. They found that many women do not view menopause as a disease and the women of different cultures experienced menopause in different ways (Beyene, 1986; Davis, 1986; Lock, 1986; Walfish et al., 1984). The anthropologists began to view menopause as a biological event where meanings, perceptions, and experiences are

constructed in socio-cultural context. (Dickson, 1990; Kaufert, 1982; Lock, 1998). Similar to anthropologists, sociologists view menopause as a natural event and part of a transitional phase of life relating to the reproductive system and aging (Berger, 1999). Socio-cultural feminists also view that menopause is a cultural phenomenon (McPhearson, 1981), while nurses view menopause as a process of normal growth and development, a natural event, and a transitional process of life related to physical, psychological, and cultural environment (Dickson, 1990; Greenwood, 1988; Lee, 1997).

In contrast to biomedical research, socio-cultural research is conducted in the field using qualitative oriented research to better capture the context of menopause in daily life experiences. Socio-cultural research in the early times tended to be dismissed because of the popularity of quantitative analysis and the criticism for its failure to generalize and to fit the empiric sciences. The number of studies on menopause from a socio-cultural perspective was also very small compared with the studies from a biomedical perspective (Dickson, 1990; Davis, 1996).

In short, although numerous studies are still influenced by a traditional biomedical perspective, which discusses advantages and disadvantages of hormone replacement and the association of menopause with physical health problems, in past decades there has been increasing interest in research to understand menopausal experiences of women within their socio-cultural contexts. Studies regarding menopausal experiences of women from diverse ethnic and cultural backgrounds aim to identify any socio-cultural aspects that may be related to women's menopausal experiences.

Menopausal Experiences of Women across Cultures

When menopause is viewed as a life event where meanings, perceptions, and experiences are constructed in socio-cultural contexts, how women perceive and experience menopausal symptoms may vary according to ethnicity, cultural and social structures, as well as personal characteristics. Influences on menopausal experiences include beliefs, socioeconomic status, educational levels, work status, personal relationships and personalities.

Perceptions and Attitudes of Menopause

Women in some ethnic groups view menopause differently than others. African American women view menopause as a normal and welcome stage of life, while Caucasian women view menopause as a physical event of aging that may make them feel less attractive (Sampselle, Harris, Harlow, & Sawers, 2002). According to Walter (2000), both African American and Caucasian women of various ethnic backgrounds perceive that menopause leads them to feeling of uncertainty and loss of control. However, African American women have a more positive attitude toward menopause than Caucasian women according to Frey (1981). Among five ethnic groups, African American women perceived the absence of a period as gaining freedom and independence, and view menopause more positively than other ethnic groups in comparison to Hispanic, Chinese American, Japanese American, and White (Sommer, et al., 1999). Hispanic American women, according to Bell (1995) tend to have a positive attitude toward menopause, although they viewed menopause as a potentially disturbing event. Similarly, the majority of Filipino American women

have a positive attitude toward menopause (Berg, 1999). They view menopause as a normal process of life associated with aging and with changes in various roles in their lives (Hautman, 1996). Korean immigrant women in Canada and in the United States both have similar perceptions towards menopause in that menopause is a natural process or a normal change involving certain temporary symptoms that can be controlled (Elliott, Berman, & Kim, 2002; Im & Meleis, 1999). On the other hand, Indian, Pakistani, and Bangladesh women in the United Kingdom tend to view menopause more negatively in comparison to Caucasian women. They perceive that menopause will make a woman feel less of a woman (Gupta, Forbs, & Kirkman, 2001).

Women in different continents attain similar perceptions of menopause. They see menopause as a natural event that needs no medical treatment. Moroccan women in Rabat, according to Obermeyer, Schulein, Hajji, & Azelmat (2002), perceive menopause as a normal phase of life that does not require professional management. Similarly, Australian born women, according to Bloch (2002), and Jordanian women, according to Raeda (2001), generally do not see menopause as problems or as a cause of health problems. Thai women view menopause as a natural phenomenon for every female, and in fact place them in higher regard (Chirawatkul and Manderson, 1994; Nimit-Arnun, 1999). Although, for Korean women in Seoul, menopause causes some sufferings, they see no need to seek help from healthcare providers. They also view menopause as a process of life that brings them feelings of freedom (Lee, 1997).

Women who live in a rural setting in different countries report a similar view of menopause. The women in the rural areas of Ireland, Thailand, and Mexico have a positive view toward menopause. Rural Irish women, according to Carolan (2000), view menopause as a natural event accompanied with aging that brings a sense of relief and satisfaction in completing a motherhood task. Rural Thai women perceive menopause as a natural event related to menstruation, sexuality, pregnancy, and childbearing (Chaiphibalsarisdi, 1990). Rural Mayan Indian women tend to have positive attitudes toward menopause. They view menopause as a freedom from the negative beliefs associated with menstruation. Menopause is also perceived as a relief from childbearing and housework, as well as an acceptance of a respected elder (Martin, Block, Sanchez, Arnaud, & Beyene, 1993). These similarities and differences in views across cultural and national boundaries may indicate that many factors play a role in defining women's perceptions of menopause.

Menopausal Symptoms

Vasomotor and somatic symptoms such as hot flashes, night sweats, depression, irritation, headaches, and backaches are common symptoms that are experienced by many menopausal women. However, the symptoms are varied in women according to their ethnicities and cultural backgrounds in the way they report them. Oldenhave, Jaszmann, Haspels, and Everaerd (1993) report that symptoms such as night sweats, hot flashes, tenseness, and tiredness are the most common complaints in Women in the Netherlands. Similarly, vasomotor symptoms such as hot flashes, heat intolerance, night sweats, numbness, and psychological symptoms such as irritability and excitability are common among women in Thailand (Chewaroungroj, 2000; Chirawatkul &

Manderson, 1994; Chompootweep, et al.; Sukwatana et al.,1991). On the other hand, among women in Singapore and Taiwan, somatic symptoms such as lower backache, headache, and joint pain, as well psychological symptoms, such as insomnia and depression, are more common than vasomotor symptoms (Chim, Tan, Ang, Chew, Chong, & Saw, 2002; Fuh, Wang, Lu, Juang, & Chiu, 2001). However, these menopausal symptoms do not exist in women from some ethnic groups as in Mayan women in the rural area of Mexico who do not experience any menopausal symptoms (Martin et al., 1993).

In the comparison among Latina immigrant women in New Mexico, menopausal symptoms differ based on years since migration. Mingo, Herman, and Jasperse (2000) report that women who newly migrated to New Mexico experience fewer or no menopausal symptoms compared with those who have lived in the same state. For Korean immigrant women in Canada hot flashes, headaches, and lack of energy are the most uncomfortable symptoms (Elliott, et al., 2002). However Im (2003) found that Korean immigrant women in the United Stated reported experiencing fewer symptoms during menopausal transition than Korean women in South Korea. Symptoms reported included nervousness, pain in arms and legs, and fatigue.

Influences on the Menopausal Experiences

How women view menopause and how they experience menopausal symptoms differ among and within ethnic groups. Menopausal experiences not only are varied by the women's ethnic backgrounds and habitats, but also can be influenced by other factors such as belief structures, socio economic status, education, and personal attributes.

Belief Structure

Women in some cultures hold certain beliefs toward menopause that influence their experiences of menopause. Korean women living in Canada believe that menopause is an unacceptable topic of discussion. They view menopause negatively and tend to not express their feelings and experiences of menopause; they are more likely to experience menopause silently (Elliott, et al., 2002). Mayan Indian women believe that a menstruating woman is believed to carry evil and is a danger to others. They therefore view menopause as a freedom from the negative beliefs associated with menstruation. They also perceive menopause as a relief from childbearing and housework, as well as an acceptance of a respected elder (Martin at al., 1993). In contrast, women in Thailand believe that menstruation is an indicator of women's health. Once women bleed regularly every month with bright color, and good amount, they are considered healthy (Punyahotra & Denerstein, 1997). Although some of them view menopause as a marker of aging that may bring a decline of health and energy, others view menopause as a positive change. They believe that menopause brings them relaxation and a sense of independence from not having a period. In general, Thai women who experience pain and discomfort during menstruation look forward to menopause (Chirawatkul & Manderson, 1994; Chirawatkul, et al., 2002; Punyahotra & Denerstein, 1997).

Socio- Economic Status

Women's perceptions of menopause vary by their socio-economic levels. In African American women, low income women view menopause to be somewhat problematic because they lack education related to menopause (Holmes- Rovner, Padonu, Kroll, Breer, Rovner, Tararczyk, & Rothert, 1996), whereas middle class women

perceive menopause as a natural and transitional change associated with aging (Padonu, Holms-Rovner, Rothert, Schmitt, Hroll, Rovner, Tararczyk, Breer, Ransom, & Gladney, 1996). Similarly, women in the northeastern urban area of Thailand where many people work hard for a living, menopause is more likely to be viewed as a negative experience. Although they perceive menopause as a simple and natural event that brings them a freedom of not having a period, they regard menopause as a marker of aging and old age when energy is believed to decline and health to deteriorate. Menopause also can be distressing as it brings about a sense of weakness and feeling old (Chirawatkul & Manderson (1994); Chirawatkul et al., 2002). On the other hand, women in the southern region of Hat Yai, where the economic level is considered high compared with the other regions, are more likely to perceive menopause positively. They view menopause as a natural change that may be associated with some minor health risks; they practiced self-care in order to prevent health problems (Sripotcharat, Loykulnant, Chuntharapat, & Balthip, 2002). Similarly, Thai women in Bangkok's metropolitan area perceive menopause as a natural part of a woman's life and think that menopausal symptoms are normal and should be tolerated (Chompootweep et al., 1993; Sukwatana et al., 1991).

Socio- economic status not only influences how women view menopause, but also affects how women experience menopause. Pakistani women who are wealthy experience more menopausal symptoms such as hot flashes, night sweats, anxiety, loss of memory and concentration, and back pain than those women who reside in the slums area (Wasti, Robinson, Akhtar, Khan, & Badaruddin, 1993). On the other hand, lower household income and unemployment leads Hong Kong women

to report experiences of hot flashes and cold sweats more frequently (Ho, Chan, Yip, Chan, and Sham, 2003).

Another aspect of the socio-economic status is the level of education and work status, which inevitably plays an important part in how women experience and view menopause. According to Frey (1981), educated and employed women from various racial and cultural backgrounds in the United States report lower frequencies of menopausal symptoms. In support of Frey, Obermeyer et al (2002) reports that Moroccan women with a high education and economic status experience low frequency of menopausal symptoms. Conversely, women in Mexico with low level of schooling experience a high frequency in appearances of menopausal symptoms (Mallacara, Cenita, Bassol, Gonzalez, Cacique, Vera-Ramirez, & Nava, 2002). Similarly, women in Thailand who had more than 16 years of education report fewer menopausal symptoms than those who do not complete a bachelor's degree (Cheewaroungroj, 2000). In contrast, educated women in Hong Kong report more frequencies of menopausal symptoms (Ho et al., 2003). In the United Kingdom, Asian women from India, Pakistan, and Bangladesh with high education view menopause more negatively than the Caucasian women in that a woman is likely to feel less of a woman after menopause (Gupta et al., 2001). Menopausal experiences among these women vary by income, level of education, work status, and other measures of socioeconomic status. These factors can be considered as external influences related to socio-economic conditions.

Personal Attributes

In addition to socio-cultural-economic factors, personal influences, such as relationships and personalities, affect women's perceptions and experiences of menopause. According to Walter (2000), single women feel that menopause brings them a sense of sadness and they believe that their experience with menopause would have been easier if they had been in a stable relationship. Similarly, women in poor married relationships and with family difficulties experience more vasomotor symptoms such as hot flashes and cold sweats (Ho, et al, 2003), and psychological symptoms such as nervous tension, feeling blue, and irritability (Hardy and Huh, 2002). However, women with higher self-esteem view menopause more positively (Bell, 1995) and experience fewer troublesome symptoms, such as depression, misery, and headache than those with lower self-esteem (Bloch, 2003). Thus it can be seen that women's sense of self-worth shapes their menopausal experiences and perceptions.

In conclusion, although menopause is universal, women around the world view and experience it differently. Some of them perceive menopause as a disturbing condition that requires help, while others perceive menopause as a normal event and believe that it will bring peace and freedom. Even women in the same ethnic group sometimes view menopausal differently. Women in several different cultures experience similar menopause symptoms, but vary in the degree and type of symptoms they experience. Women in some ethnic groups, such as Mayan Indian, do not experience menopausal symptoms at all. As seen from the literature review, there are many factors that contribute to the variation in menopausal perceptions and experiences.

Furthermore, the level of acculturation to a new country may affect how women perceive menopause. The belief structures that guide how women perceive and experience menopause address those variations within their individual culture. Women in different socio-economic status and levels of education experience menopause in different ways. Personal factors such as married relationships and self-esteem influence women's views and experiences of menopause.

Research on menopause in Thailand

Considerable research on menopause has been conducted in Thai women living in Thailand. Both quantitative and qualitative methods with surveys, interviews, in depth interviews, focus groups, and participant observations have been utilized in various studies. Many Thai women perceive menopause as a natural process of life that needs no treatment and hold positive views towards menopause (Chaiphibalsalisdi, 1990; Chirawatkul & Manderson, 1994; Jirasatienpong, 1997; Nimit-Anun, 1999; Punyahortra & Denerstein, 1997). Socioeconomic factors, such as lower education and family stress (Cheewaroungroj, 2000), as well as chronic diseases (Kaewboonthum, 2003), have an impact on reported symptoms. Many women in Thailand believe in practicing self-care during menopausal transition. This self care generally focuses on complementary health care and changing life styles, such as eating healthier food, using herbs, nutrition supplements, and massage, as well as practicing physical exercise. Exercise for the harmony of body and mind is also practiced (Arpanantikul, 2004; Chirawatkul, Patanasri, Koochaiyasit, 2002; Chunhakuntarose, 2002; Nimit-Arnun, 1999; Sirikul, 2002; Sriboonwong, 2001; and Sripotchanart, Loykulnant, Chuntharapat, & Balthip, 2001). Although the majority of the women in Thailand experience

common menopausal symptoms, such as hot flashes, backaches and headaches, muscle and joint pain, irritability, and forgetfulness, they view menopause as a natural event that can not be controlled. The use of self-care management is generally based on the severity of the symptoms. However, due to the influences of western biomedicine on Thai culture in the past few decades, menopause has been viewed as a medical condition that requires treatment (Punyahortra & street, 1998).

From the review of the literature about menopausal experiences of women from various cultural and ethnic backgrounds, the way women experience and perceive menopause depends on their ethnicity, cultural norms and beliefs, social and family relationships, and personal knowledge and attitudes. In addition, biological changes may interplay and shape each woman's life and her experience of menopause. To conduct effective research with Thai immigrant women, it is necessary to also understand Thai history, culture, and social realities and their influences on Thai women's lives.

Thailand and its people

Thailand, or the Kingdom of Thailand, was established in the mid 14th century. Previously called Siam, Thailand is the only nation in Asia that has remained sovereign and free from colonial domination. In 1939, the nation was named "Thailand", which means "land of the freedom". Located in Southeast Asia on the Gulf of Thailand and the Andaman Sea, its size is approximately that of France. Thailand shares borders with 4 countries, including Laos on the east and Northeast, Burma on the West and Northwest, Cambodia on the Southeast, Malaysia on the South. Thailand has a population of 64.8 million, of which approximately 7 million live in the capital city, Bangkok.

Seventy five percent of the population is Thai, and 14 % is Chinese. Malay and other minorities collectively make up about 11 % (Central Intelligence Agency, 2005). Thai language is the official spoken and written language in Thailand.

Many Thai social values, cultures, and beliefs are influenced by and brought from southern China; however, the main religion in Thailand is Buddhism, which transpired from India (The Land and Its People, 2002).

Thai Family

Family is the basic organizational unit of the Thai community. In the past, an extended family structure was widely seen in Thailand. Generations were living in the same house or in the same compound. The household included aging parents, daughters and their husbands, and younger children because, in general, a man moved to live with his wife's parents after getting married. In most cases, the youngest daughter remained with her parents and took care of them in their old age. Elders and men were usually in charge of the house and elders were valued and honored by their children (Caffrey, 1992; Somsawat as cited in Kabilsingh, 1991).

In general, relationships in Thai families are marked by hierarchical structure. Elder generations are the most highly respected unit of the family. Children are treated permissively by various members of the family and respect for elders is taught very early in life. This respect is not only given to parents, but all family members as well as older people outside the family. Female children are normally overseen very closely by the elders and they are taught to be caring, gentle, and submissive to other family members. They are often also expected to maintain feminine manners,

such as being a good listener, not talking back, and avoiding arguments (Moore, 1974). However, this tightly knit family structure is changing.

Since the society has changed greatly from being agricultural based to semi-industrial based, working age people have moved from their hometowns to get jobs in big cities. This migration of people has caused alterations in the family structure (Thailand National Commission on Women's Affair [TNCWA], 2002), resulting in increased numbers of nuclear families. The shift to nuclear family units has imposed new roles for family members, particularly for women. In order for families to sustain themselves in today's environment, they are often dependent on a dual income. Similar to society in other developed countries, many women have careers and work outside the home. In some cases, women are the primary wage earners in the family. This change in economics allows women to be less dependent on men for their well being and allows them more freedom in expressing themselves. Traditionally, women have endured more submissive roles in Thai society partially because they were economically dependent on men as the main providers in the family.

Religion in Thailand

Religion plays a very vital role in Thai life. More than 90 % of the Thai population is Buddhist and the Thai social system and way of life has evolved around this major religion. Buddhism is the basis for the development of Thai social and cultural values, thus shaping people's habits and beliefs. Theravada Buddhism has been considered the core of Thai national identity since the thirteenth century (Moore, 1974). Buddhism views that the body and mind are inseparable units. Good health is therefore viewed as the balance of one's physical and mental relationships as well as

one's social and environmental relationships (Coward, & Ratanakul, 1999). Buddhism deals essentially with virtue and wisdom, which can free people from all forms of suffering in life by maintaining moral goodness (Dhammadharo, 1989). It also holds the view that life is conditioned by the law of karma. This belief of karma expresses that both individual and social dimensions are interrelated as causes and effects without beginning or end. In the Buddhist perspective, the good things that happen in one's life are consequences of good acts, including the way one perceives, thinks, feels, and lives (Mole, 1973). In other words, good acts bring good things to life; bad acts have evil consequences. These beliefs lead many Thai people to think and do good things to themselves, to others, and to make merit. Merit-making is normally performed at the temple or monastery. The temple therefore is the moral, social, and symbolic center of a community. It serves as the social, recreational, and educational center for Thai people. In the early days, when an official educational system had not been developed, the temple also served as a center for educating people (Moore, 1974).

Thai Education

Thais believe that education is a very important aspect of life. All Thais are required to complete the primary education (6 year program) (UNESCO, 2002). The younger generations are taught that education is the only most precious permanent asset that the parents can provide for them as a lifelong benefit that no one can take away. They also believe that education is a tool for their living because it helps them to be able to obtain stable careers to improve their quality of life. Many Thai families take care of

their children including their school expenses until they graduate from a college or have a career.

Thai Women

Traditional social conditions that dominated the upbringing of Thai women may still have a certain impact on women's status to this day. The social value expects the women to take care of the home and the family members, yet they often have to work outside the home to help financially support the family. The women may also be expected to be modest and submissive, thus they may be dominated by their husbands or other male family members and they sometimes may not be seen as an important or independent person (Somsawat as cited in Kabilsingh, 1991).

Buddhism plays an important part in Thai women's life. Since Buddhists believe in moral goodness, women are expected to succeed to this moral goodness. Self-sacrificing attachment of a mother to her children is the primary symbol of moral goodness. The mother always gives and cares, and is benevolent and forgiving without expectation for return. The women also have to practice this moral goodness toward their spouses and family members (Caffrey, 1992; Mulder, 1994). In addition, due to the belief of karma, some women may have a tendency to accept the bad consequences happening in their lives and do not discuss or try to solve them. This belief can lead to women's exploitation and hinder women from solving their issues and from communicating their woes to others. This problem may be further aggravated by the fact that Thai women are also expected to maintain proper manners (Somsawat as cited in Kabilsingh, 1991).

In short, the Thai socio-cultural values and beliefs are central to Thai women's lives. Women's perceptions and experiences of menopause can be influenced by these socio-cultural values. Some of the same values may be also embedded in Thai women who relocate or migrate to other countries. Therefore, it is important to consider the women's socio-cultural contexts, as well as personal beliefs, when examining the experiences of menopause in Thai immigrant women. In addition, the socio-cultural contexts of these women may have mutated according to the level of acculturation into the new society where social interaction and economic structure differs from Thailand.

The researcher's philosophical standpoint

I conducted this study from the standpoint of a feminist researcher with a concern for the health and well being of women from my country. I therefore created a safe environment for the women by establishing a trusting relationship with them. I also encouraged them to speak their minds and express themselves by showing respect for their words, concerns, and beliefs. By exercising their right to their own ways of thinking, speaking, and understanding, these women felt empowered, and as a result were able to speak openly to me.

This study aims to interview Thai women who live in the United States. However, the traditional Thai social values, where a woman is viewed from a conservative or an oppressive standpoint to play a submissive role, might have a great impact on the woman's beliefs and experiences as they approach menopause. These values might influence the women's way of thinking and making choices about their health and well-being. Social expectations may prevent the women from

being straightforward when talking about what happens to their bodies, especially regarding reproductive organs. As a Thai researcher, I was aware of this issue and spent a lot of time getting acquainted with the participants prior to conducting this study. As a result, I was able to build trust and rapport with the women such that they felt comfortable with me. My personality of being modest, open, and honest enhanced the trustworthiness between me and the women. This increased the quality of data collected during the study.

Summary

This chapter discussed the two prevailing perspectives of menopause, Western biomedical perspective and socio-cultural perspective. A review of research literature illustrates the varying experiences and influences of menopause across the cultures, and thus the gap of the knowledge regarding menopausal experiences among Thai immigrant women was identified. The chapter concludes with the description of Thai's socio-cultural background, and how it relates to Thai women, which the researcher takes into consideration when conducting the study.

Chapter III

Research Methodology

Qualitative research with grounded theory was the methodological approach taken to explore menopausal experiences of Thai immigrant women in this study. Qualitative research is a method that is used to explore phenomenon that is not clearly understood. It is particularly effective for gaining in-depth understanding of experiences and processes that occur in the every day lives of study participants (Burns & Groves, 1999; Polit & Beck, 2004). The role of Grounded Theory is to enable the generation of a theory from data that is systematically collected and analyzed. The Grounded Theory approach is centered on investigating the phenomenon from the participant's perspectives and focuses on discovering the obtained meanings, contextual conditions, and interrelated processes within the phenomenon (Strauss & Corbin, 1997). In this study, the Dimensional Analysis method, as described by Schatzman, (1991) was utilized in the data analysis process to develop the Grounded Theory. Dimensional analysis helped guide the researcher in employing and analyzing the data in order to describe the menopausal experiences of Thai immigrant women within a tightly linked explanatory matrix.

Philosophical Underpinning

Grounded theory is a qualitative research approach based on the tradition of symbolic interactionism. Symbolic interactionism considers that human actions are purposeful and are based on the meanings that the individual invests in them because human beings are acting, not just responding beings (Blumer, 1969 & Chenits & Swanson, 1986). Glaser & Strauss (1967) state that "Symbolic interactionism stresses that human behavior is developed through interaction with others, through continuous process of negotiation and renegotiation. People construct their own realities from the symbols around them through interaction rather than through static reaction symbols. Therefore, individuals are active participants in creating meaning in a situation" (p.27). Symbolic interactionism enhances the researcher's ability to understand and explain the patterns of the participants' behaviors that occur in the natural environment.

Dimensional analysis

In this study, dimensional analysis as developed by Schatzman (1991) was utilized to analyze the data. Dimensional analysis is based on natural analysis. It is a normative cognitive process used by people to interpret and understand phenomena. In natural analysis, "when we listen to a story, we consider attributes as they are described. We consider actions taken in relation to the context, conditions, and consequences. If any part of the story presents problems in understanding, we ask questions. What the listener considers the issues of the story represents a point of view or perspective" (Robrecht, 1995, p. 170).

The purpose of dimensional analysis is to discover the meaning of interactions of the participants that the researcher observes in situations. In dimensional analysis, "data is collected and scrutinized until a 'critical mass' of dimensions is assembled, which represents emerging pathways that possess some explanatory power" (Kools, McCarthy, Durham, & Robrecht, 1996, p. 317). In this method, an explanatory matrix provides a better framework that helps the researcher derive a story line or give a better explanation of the phenomena observed in the study.

The dimensional analysis method is composed of the processes of designation, differentiation, and integration. The designation process can be described as the process of conceptualizing the properties that are observed in the data and then naming them. The differentiation process can be described as the process of objectively selecting the perspectives, dimensions, or concepts that are the main concern of the participants and central to the phenomena. These central perspectives or dimensions then are conceptually organized in a meaningful way based on their contexts, conditions, processes, and consequences. The central perspective that provides the most fruitful explanation of the story was selected to be a core dimension of the study. The integration process is a final process of a theoretical story's construction. The story narrates and represents the understanding of the phenomena under the study and is considered as an outcome of the process (Kools et al., 1996; Robrecht, 1995; Schatzman, 1991).

Participants and Entrée

I have established a good connection with Thai people living in southern California over the last 3.5 years. I started with participating in

activities at community centers such as Thai temples. Soon after, I was invited to work with the Thai Association of San Diego as a volunteer. This work provided me better access to know more Thai people and proved to be a good opportunity to build relationships with middle-aged Thai women. As a relatively young person in the association, I was always asked what I do in the United States. This question allowed me to introduce my study to many of the women, and later on I asked them to participate in my study. Networking with the Thais in various activities also gave me the access to become better acquainted with them and their families. By the time I started the interviews, we already had established trust and reached a very comfortable level of talking about their menopause, as well as their general lives. Most women were so open with me that I felt very privileged to be a person with whom they shared their personal stories. These stories contributed greatly to the richness and depth of my study.

Upon the approval of the Institute Review Board of the University of San Diego (see Appendix A), I began verbally inviting the women to participate in my study. Posters of invitation (see Appendix B) were also posted at the Thai temple upon obtaining permission from the President of the temple (see Appendix C).
The women were selected with the following inclusion criteria: must be experiencing or had experienced the changes in regularity of menstruation or the symptoms of menopause ; were born in Thailand and have been living in the United States for at least three more years; be able to communicate in Thai; and have time to be interviewed.

To obtain the richest and most relevant information regarding the experience of menopause, I carefully selected the first few women to participate in this study based on the quality of the time and conversation we had. The first two women I interviewed were

very important in order to set the groundwork for my study. These women were very articulate and were able to describe and reflect upon their experiences of menopause. The data obtained from these two women provided me with an understanding of the general experiences of menopause among Thai women. Certain themes and concepts emerged from these initial interviews. Based on these themes or concepts, additional women were selected for the study. In other words, the process of recruiting theoretical sampling and collecting further data was driven by the dimensions, themes, or concepts that emerged from the earlier data.

Data collection and data analysis

In this study, data collection and data analysis occurred simultaneously. The data collection involved semi-structured interviewing in Thai, the researcher's native language. The women and I agreed to meet at the place of their choice where verbal informed consent was obtained and the purpose of the study was explained (see Appendix D). Each conversational interview took approximately 60-90 minutes. The conversational interviews in Thai were audio-taped. The following guidelines were used to provide focus and structure to the interview conversation: 1) experiences connected to living with menopause; 2) reactions, responses, and perceptions to those experiences; 3) everyday living patterns; and 4) thoughts about their future health status. The interview guide (see Appendix E) provided questions for the data collection.

I usually started the interview thanking each woman for letting me talk with her regarding her health, life, and menopausal experience. I continued with

broad open-ended questions (see Appendix E) such as "Tell me about your menopause, and How did it start?" Additional questions such as "What do you do when you experience menopausal symptoms?" were asked. I usually asked general demographic data at the very end of each interview. These demographic data questions included "what part of Thailand are you from?, what brought you to the United States?, how long have you lived in the United States?, are you married and do you have children?, and how do you feel living here?"

After each interview, the audio-tapes were transferred into voice files in a computer and then the Thai interviewing contexts were transcribed word for word into handwriting. The data was analyzed in Thai to prevent the loss of meanings and cultural aspects of the participants' experiences. By conceptualizing the interviewing context from the first interview, I looked for significant incidents, themes, dimensions, or ideas related to the menopausal experiences and conceptually named them in Thai and then translated into English. To keep the original meanings of the woman's experiences, some N-vivo codes were also assigned and carefully translated into English. Moreover, I had another Thai doctoral student read some of the transcripts and my English translation in order to maintain the closest meanings of the interview.

Subsequent participants were selected to be interviewed and each interviewing context was immediately analyzed in the same manner. Throughout the analysis of each interview, I looked for dimensions and behaviors that occurred repeatedly. The aim of this process of analysis was to compare the incidents that occurred among the group of women in order to see similarities and differences

and to ask questions about their particularities. The incidents that emerged from each later interview were compared with the earlier incidents and their properties were developed. The themes that were similar in the property levels were labeled with the same name. In other words, each incident was named based on its properties. During this process, the comparisons of the incidents led to creating dimensions. The list of similar incidents or concepts were grouped and later become dimensions, which were continually refined at higher abstract levels as they emerged.

Once the dimensions emerged from the early interviews, some of the interview questions were modified in order to inquire further information that aided in the full understanding of the relationships of the dimensions. The women in later interviews were sometimes then asked questions developed from the earlier interview context. These questions stimulated the women to tell stories that tended to validate the relationships and interrelationships of each dimension found earlier. Throughout the interviews, the emerging dimensions were compared with notes or memos that explained the relationships of the dimensions. I continued simultaneously interviewing and analyzing data until there was no further new information or concept identified. At the 11^{th} and 12^{th} interview, the data became saturated; the interview contexts stopped providing further information and understanding of the relationships and interrelationships of each dimension. Once the relationships and interrelationships of the dimensions were saturated, they competed for the central perspective. Since the central perspective pulled all other dimensions together based on their properties, it presented the holistic view of the phenomenon of menopause. At this point, the data collecting process was finished.

Ethical concerns of risks, benefits, and confidentiality

To prevent the risk related to the privacy of the participants, I provided the participant with both an oral and written affidavit (as part of the consent form) stating that any information from the interview would be kept confidential. I maintained the participants' confidentiality and minimized the loss of privacy by coding the interview record. The interview record was kept in a confidential place in a locked safe that is fire proof and the voice files were deleted from the computer.

I perceived there could have been certain risks related to data collection on such a personal topic. These risks included discomfort in talking about certain issues related to menopause and/or difficulties in continuing the interview. Therefore at the beginning of each interview, the women were told that they had the full right to not answer any questions, stop the interview anytime, withdraw from the study, or complete the interview at a later time. However, none of these risks were realized in any of the 12 interviews. In fact, throughout the study, all women were relaxed and enjoyed talking. Since I had established good relationships with these women over the years, by the time of the interviewing we already had a high level of trust; they especially felt comfortable speaking with me about their personal experiences, not only because I am a Thai woman, but also because of my background in health.

Many women stated that they benefited from participating in this study. They felt lucky that I was interested in their health and well-being regarding menopause. They were grateful to be asked questions that helped them to reflect and talk about their feelings regarding menopause and what they really experienced. In general,

they not only enjoyed sharing their experiences, but also benefited from having me to listen to their concerns and feelings, both related and unrelated to their menopause.

Summary

In this study, dimensional analysis was utilized to provide the methodological framework in order to analyze data for building the grounded theory of menopausal experiences among Thai immigrant women. This chapter also provided an overview of the entire process of the research, from the initiation of the project to the data collection and analysis. The findings of this study are presented in the next chapter.

Chapter 4

Navigating the change of life

'Navigating the change of life' or 'การนำวิถีชีวิตในวัยหมดประจำเดือน' emerged as the central perspective that embodies the process exercised by the Thai immigrant women throughout their menopausal transition years. 'The change of life' refers to the menopause or "การหมดประเดือน" itself which not only takes the women from a reproductive phase to a non-reproductive phase, but also to another stage of life symbolized by old age as well as a sense of tranquility. The women cross a great divide as they pass from what they recognized as their *normal years* through the *years of change* on to *post menopausal age*. This journey is characterized by numerous experiences of highs and lows resulting from various physical and emotional changes. At times the women experienced feelings of uncertainty toward life and their womanhood, while other times they enjoyed feelings of liberation and freedom. As the women navigated through their journey, they usually learned that they were placed into a higher stature socially and emotionally, which brought them a sense of newfound tranquility.

The findings presented in this chapter provide holistic insight into understanding the menopausal experiences among Thai immigrant women based on interviews with 12 Thai women ages 49-61 residing in the southwestern region of the United States.

In this study, the women described their experiences in light of bodily changes, emotional changes, feelings and perceptions, life changes, and interrelated actions that occurred during various stages of menopausal transition. The experiences reported by these women collectively form the foundation for *navigating the change of life.*

Most of the women began the journey with signs of bodily changes as they started to notice unusual patterns from their 'monthly visitor' or 'ประจำเดือน'. They generally interpreted these signs as an indication of the beginning of their menopause. As they continued their journey through the years of change, the women noticed several other bodily symptoms in addition to emotional changes and mood changes in 'not a nice way'. These early and middle stages of menopausal transition were characterized by concerns with the disadvantages of menopausal symptoms that interrupted routine activities. During later stages of the journey through the change of life, the women began to realize the benefits and felt new tranquility in their lives.

The women viewed the change of life as an inevitable and natural event. This view shaped their perceptions and attitudes as they 'navigated' through life during the menopausal years. Awareness of the impending menopause helped them to better prepare in terms of emotional readiness to accept the changes. They were inclined to manage and adjust into this stage of life because they wanted good health and well-being. The following statements depict the women's views toward navigating through their menopause:

> ...I think menopause is the time that our female hormones change. We have to know how to cope with it...if we know what symptoms are going to happen, we will not panic, be sad or depressed about it... We should admit that it is coming and it is part of life...I do everything to promote good health...

> ...It is part of us. Almost every woman has to experience it...We should know how to take care of ourselves...I do everything to have less symptoms, feel good (healthy), and look good... Although my body ran out of hormones, I still want to be healthy and look pretty...
>
> ...I chose to take care of my body...It is really up to you if you want to be a nasty old lady staying home and feel sad and depress for yourself about being menopause, or you want to take care of yourself and be a happy woman...you have choices for yourself...

Some actions taken by the women to help ensure a healthy and smooth transition through menopause included searching for information and emotional support. The women sought out information about menopausal changes from peers, relatives, media, and health care professionals. These various sources of information helped guide and support them through the change of life and provided strategies on how to care for themselves physically and emotionally. In terms of emotional support, the women viewed their husbands as the single most important person in helping them through a smooth transition. Their religious beliefs also supported them in managing the changes especially since their religious views led them to see the change of life as a normal part of a woman's life cycle. With the help and support from all of these sources, the women were able to manage the turbulence caused by the change of life and were able to adjust to their new lives.

The central perspective of navigating the change of life encompasses the women's experiences in terms of learning, managing, and adjusting to the changes of their bodies, emotions, and feelings during menopausal transition. To further understand the process followed during the transition, a theoretical model (Figure 1) was proposed where *navigating the change of life* encompasses four main dimensions including

1) context, 2) conditions, 3) action/process, and 4) consequences. This model represents the different elements of the process exercised by the women on their journey through the change of life.

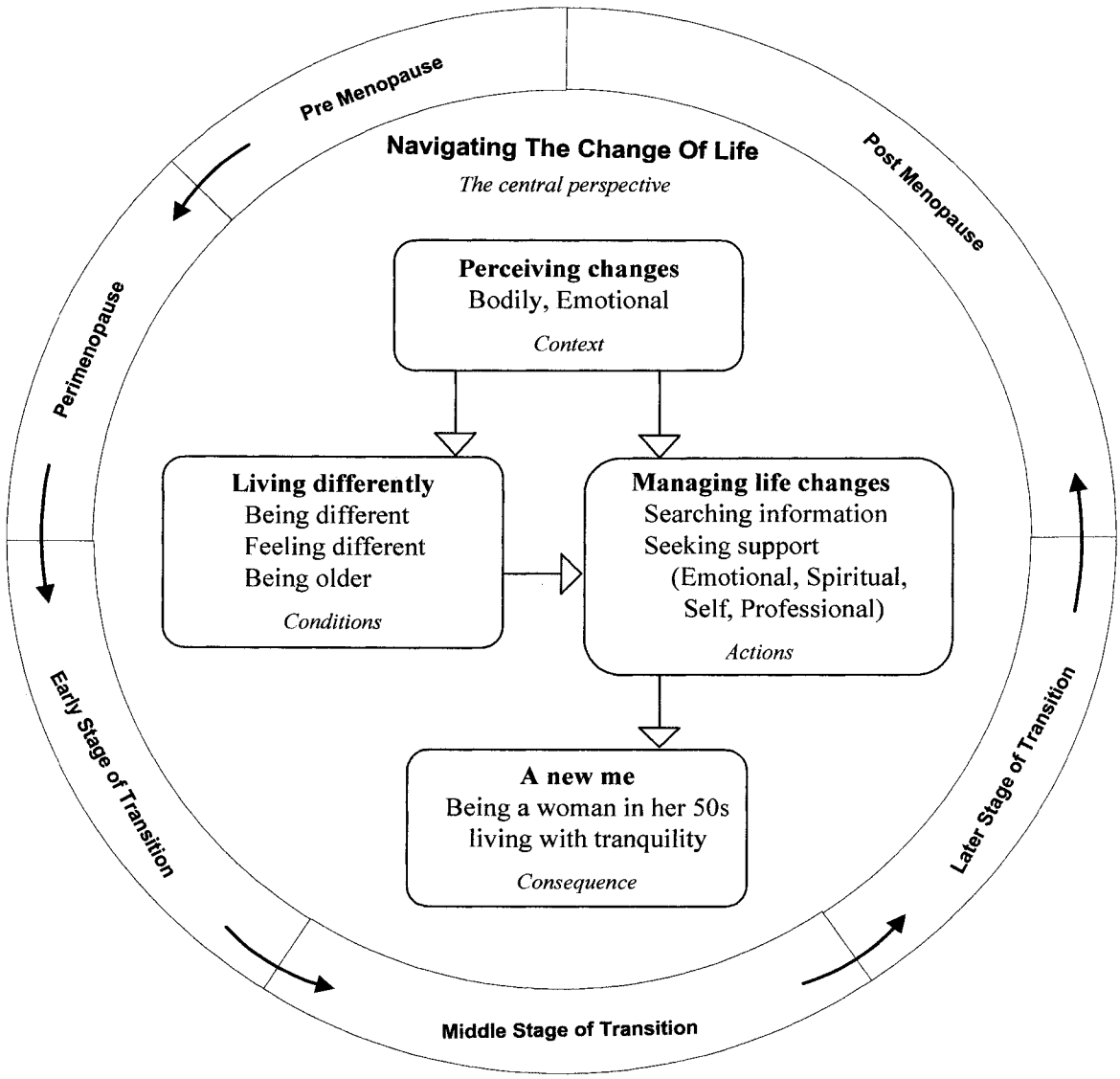

Figure 1. Navigating the Change of Life:
A Theoretical Model of Menopausal Transition among Thai Immigrant Women

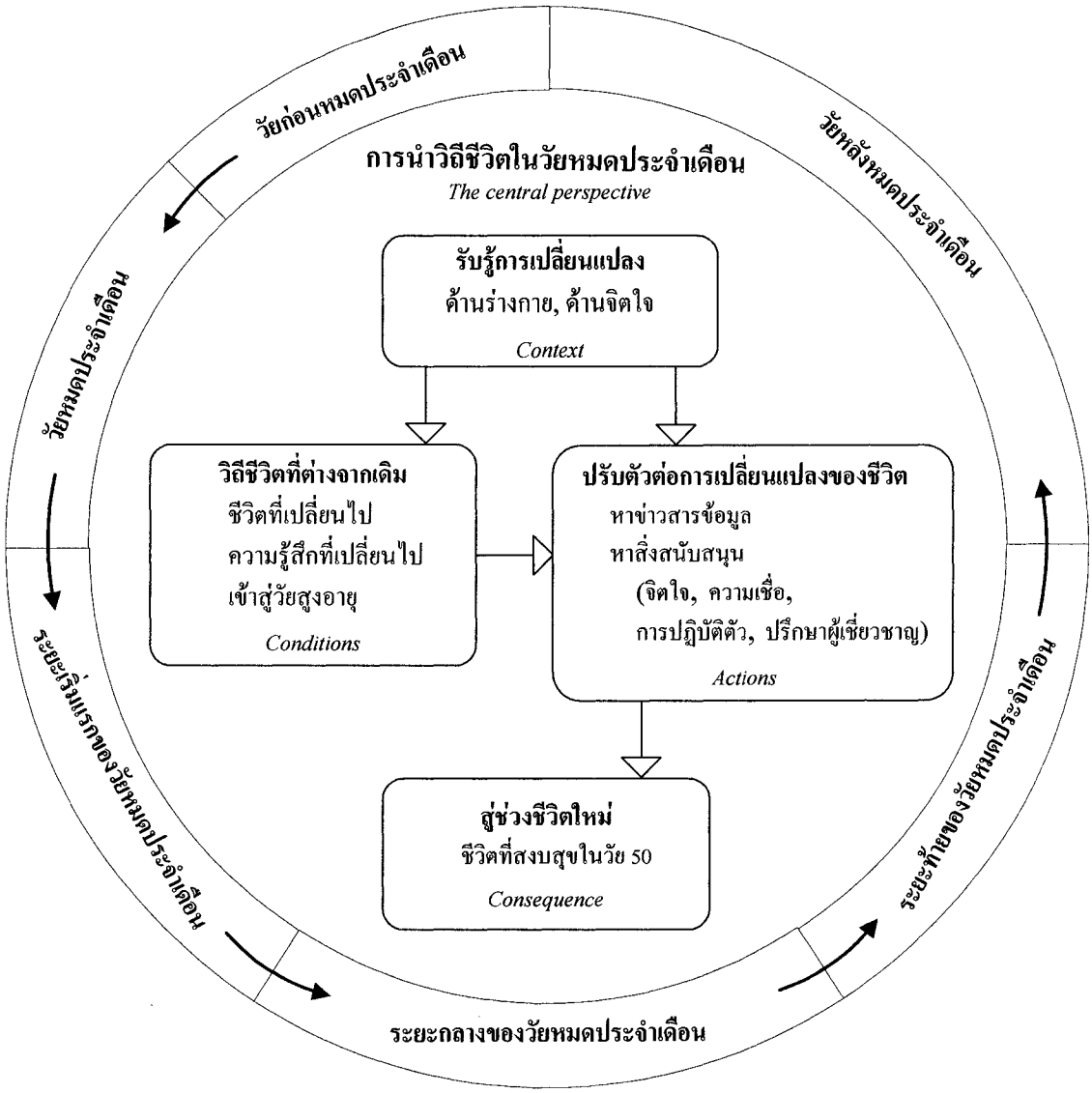

Figure 1. การดำเนินชีวิตในช่วงวัยหมดประจำเดือน: ทฤษฎีการเปลี่ยนแปลงเข้าสู่วัยหมดประจำเดือน ของหญิงไทยในอเมริกา

"Perceiving changes" or "รับรู้การเปลี่ยนแปลง" is the first dimension that serves as the context depicting the perceptions of physical and emotional changes of menopausal phenomena. "Living differently" or "วิถีชีวิตที่ต่างจากเดิม" is the second dimension that serves as the condition or life changes that initiate a response with actions influenced by the context. "Managing life changes" or "ปรับตัวต่อการเปลี่ยนแปลงของชีวิต" is the third dimension that serves as the actions or processes that the women carry out to gain balance and stability. "A new me" or "สู่ช่วงชีวิตใหม่" is the last dimension that serves as the consequence of the phenomena and the actions taken. The actions in turn taken lead them through the process of adjusting to their new life.

Perceiving changes

"Perceiving changes" is best described as the way the women view the changes related to the transition to menopause and the menopause itself. Observing these changes can be qualified into views about the coming of menopause in general, and views on the occurrence of bodily/physical and emotional changes that accompany it. These bodily and emotional changes include changes in menstruation, moods, sleep, sensations of feeling hot and cold, physical appearance, and overall health.

The women viewed menopause as a natural occurrence in a woman's life resulting from the finishing up of female hormones. They believed every woman experiences bodily and emotional changes as a result of menopause; however, the degree of change may vary from one woman to another according to personality, environment, and physiology.

The women's perceptions of the expected change in life are apparent in some of their statements:

> ...I knew that it's time for me... I am almost 50. I cannot do anything (to postpone it)...you know? When it's time, it's time...
>
> ...I heard my customers talk about it...they are at my age...it is coming to me now...I am ok with it...
>
> ...Everyone has to have it. All my girlfriends were having it. Now it's my turn...
>
> ...I remember my mother's symptoms...she was around my age when she had it...so I just knew that it was time for me...

The women generally expected the signs of menopausal changes to start becoming evident at the age of around 50. Most of them actually started experiencing menopausal changes between the ages of 49-50. A few who noticed changes in their mid- 40's considered their menopause to have come earlier than other women. One woman believed she had an early menopause because her physical changes started at mid-40's:

> ...mine...it came so early...right after I passed my 45th birthday, my periods started to change. It came for a day and stopped for about 2 months and came as usual for a month and disappeared again for several months...off and on like that...sometimes it came a little heavier than usual...I finished it even before I was 48.

Another woman thought she experienced an emotional sign of menopausal changes much earlier and prior to experiencing bodily changes:

> ...I think it started when I had my last child...about 39-40...my feelings had changed. I felt sad and frustrated very easily. I think I had mood swings...

There was a third case in the group where the woman experienced menopause at an early age, but this was a surgical menopause resulting from a hysterectomy:

> ...at the age of about 46, I had a hysterectomy because I had a complication from my menopause...my uterus got a little bit enlarged because the imbalance of my hormones...

Bodily Changes

Among bodily changes, menstrual irregularity is a typical and early sign of changes. Most women described their menstrual irregularity such as heavy bleeding, spotty bleeding, prolonged bleeding, and abrupt bleeding as *early signs* of their bodily changes. Other bodily changes such as feeling warmth or heat, waking up sweating, gaining weight, changes in external appearance, feeling tired, and deterioration of physical health were signs that many women noticed during the *transition period* or as they approached menopause. The changes in physical appearance and deteriorated health were usually reported by the women who were in the later stage of transition and post menopausal age.

Changing cycles

Most of the women were aware that a sign of menstrual changes was a precursor to the coming of menopause. They were intimately familiar with their bodies, especially the menstrual periods that they had lived with for more than 30 years. When they started to see unfamiliar changes they generally recognized them as signs of the beginning of menopause. Most of them usually noticed changes in the pattern and cycle of menstruations as the first sign of bodily changes.

The women narrated stories of changes and irregularities in their menstruation cycles or patterns. Some women reported skipping of periods:

> ...Mine...it first had gone for 3- 4 months and came back only 2-3 times a year for about 2 years and it has stopped since then...when it came back it came so little. Sometimes it just came out when I went to the bathroom...
>
> ...They usually had been quite normal and regular, but one day it suddenly stopped. First I thought I was pregnant, but then I though, wow! getting pregnant at the age 50 (laugh)...I had waited for couple of months. It came back for 1 time. I think that was the last time 5 years ago...it did not come back since then. It was suddenly gone...

Other women experienced more frequent bleeding and unexpected periods:

> ...My periods were usually normal every month, and then it came more frequently...as frequent as about very 20 days and it came so little, much less than it used to...one day it disappeared completely and never came back again...
>
> ...It started to come 2-3 times a month and it came without notice...unlike when we have normal periods, we would feel some sign a week ahead...such as feeling tired and having a backache. This time, it just came out with no warning signs...

Some women experienced irregularities in their menstruation patterns.

Several of them mentioned having prolonged menstruation cycles and some

also experienced heavy periods:

> ...When my periods started to change, it came a lot. Oh! sometimes when I stood up, it flowed as if you had turned on the faucet, I had to change pads almost every hour...
>
> ...Oh! for me, it was so heavy...came out like jelly and it lasted for almost a week... It had been like that for about a whole year and then it was gone...

One woman reported that she had spotty bleeding almost the whole month:

> ...My period...it lasts for almost the whole month, but it did not flow...just spotted bleeding...it's very annoying...

Identifying hot flashes & night sweats

Another bodily change that the women mentioned along with the changes in menstruation was the change in sensation related to temperature and temperature changes. They experienced sensations of being hot, feeling heat waves, feeling warmer than everyone else, and waking up sweating in the night. The women identified these occurrences as hot flashes and night sweats. Feeling hot and experiencing heat waves were described as a day-episode of hot flashes, and sleep-sweating as a night-episode of hot flashes.

Many of the women described the pattern of hot flashes as feelings of heat that usually happened unexpectedly and lasted for a very short duration:

> ...the feeling of heat waves...I felt the heat waves run through my body very fast. It only lasted for about a second each time...
>
> ...It felt like hot wind blowing past my body very fast. That's about it...
>
> ...I just suddenly felt extremely hot...so much so that I could feel the spots of perspiration appear on my skin and then just as suddenly the heat was gone...
>
> ...For me it happened so quick...sometimes I felt very hot and I went to turn the air conditioner on, but the hot feeling had gone before the air conditioner started to run...It's so funny when I got it. Seem like I was an electric woman (laugh). I could feel electric heat waves run very fast from one side of my body to the other side...
>
> ...I felt hot...like there was a heater turning on and off...on and off very quickly inside my body...
>
> ...The hot feeling quickly comes and goes, comes and goes. It was just like the pain from the uterus's contraction when you are delivering the baby...

Many of the women commented that their hot flashes could not be noticed by anyone, especially if they did not talk about it. None of them reported intense hot flashes

or extreme feelings of heat. When they experienced hot flashes, they usually just felt uncomfortable for a few minutes. The women felt that their regular day-time activities were not affected much, however, many of them complained of disturbed sleep due to night time hot flashes.

Several of the women attributed disturbed sleep patterns to excessive night sweats resulting from night-time hot flashes. They complained of having to wake up during the night to change clothes, take a shower, or adjust temperature, which further disturbed their sleep:

> ...When sleeping, my hands and feet would get cold, but the rest of my body felt hot. Around 2 to 3 am, I would sweat so much that my pajamas would get wet and I had to get up to change clothes. Sometimes I felt lazy so I slept with the wet pajamas...
>
> ...I felt so hot that I had to wake up in the middle of the night. Many times I looked around the house to see if anyone had turned the heater on too high...At times I felt so hot that I had to take a shower during the night...
>
> ...Sometimes I could not sleep at night because I felt very hot even though I had two air conditioners on. I had to sleep without clothes...when the hot feeling was gone I pulled the blanket over my body but not so long after that I would feel hot again and start to sweat...I had to take the blanket off. Sometimes this went on all night long...

Many women noticed that the onset of their hot flashes coincided with the onset of their menstrual irregularity. One woman reported that she did not recognize the symptoms as hot flashes at first but made the connection later when she linked it to her irregular pattern of her periods. Conversely, only a few women said that they started to experience hot flashes when they were about to finish their monthly menstruations:

> ...my periods had been swinging for almost a year before I had the feelings of discomforting heat and feeling very hot...shortly thereafter my periods stopped...

> ... I just started to feel hot and cold, hot and cold when my periods were about to finish...

A woman who had her uterus and ovaries removed stated that she started to feel much warmer than everyone else after she had the operation. She observed that the temperature that was comfortable for her was usually too cold for other people:

> ...I used to get cold easily, but now I feel hot all the time. I have to stay in the air conditioning all day...do you feel cold? Anyone who walks in here complains that it is too cold...I turn it on very cold, but I feel just comfortable...

Among the women in this study, hot flashes were considered the distinctive characteristic of menopause. In fact, if any of them reached their menopause without noticing any hot flashes, they attributed it to good fortune. A woman who finished her monthly menstruations 4 years ago and was reaching the age of 55 said she did not experience what other women called hot flashes. She believed that the traditional Chinese remedy she received during the delivery of her children helped ease her menopause in a big way:

> ...I feel pretty much the same about temperature as I always did. I think I did not have any hot flashes. I did not have what my girl friends or other women had...I was lucky. I think it may be because...when I gave birth I had a good recovery and so my body was doing very well...I was lucky that I got a very nice Chinese lady to help me to recover. She did all kinds of stuff. She put a heated brick over my tummy several times a day to help my uterus get back into shape. She put a lamp at my perineum to help its healing. She cooked all kinds of food and soup to help my body excrete all residual from my uterus. She gave me a steam-herbal-sauna bath. I had to stay in the bathroom for an hour every day for the herbal steaming ...

Feeling physically unwell

Another type of bodily change mentioned by many of the women included headaches and the feeling of tiredness. Some women said these feelings usually happened

around the time when they were menstruating. Several women who experienced frequent periods linked the feelings of fatigue to their menstruation changes. Other women thought that the fatigue had a lot to do with 'not having good sleep at night' due to the hot flashes and sweating. However, the women said the headaches and tiredness were bearable, and could be managed:

> ...I think I felt tired because I had so many periods a month...2-3 times...it was too much for my body...I had to take multivitamin and iron to help my body...
>
> ...I sometimes got headaches and felt weak when I did not have a good night sleep...sometimes I took 'Advil'...
>
> ...some days I felt like I did not want to do anything, but just wanted to stay in bed...too tired to get out of my bed...but when I finally got up and had a cup of coffee and started to do things, I was ok...

One woman thought that her headaches may not be related to menopause at all, but may be related to the environment instead:

> ...my headaches were bothering me back then when I worked in downtown...I got a headache almost everyday...but after I moved up here, I felt a lot better...maybe because of the fresh air from the ocean...I am not sure if it was only my menopause...

Noticing changes in external appearance and health

Many of the women mentioned that they noticed other changes including wrinkles, dry skin, weight gain, far sightedness, and poor physical health in general. Although they thought that these changes were part of the natural aging process, they expressed concern with regard to their external appearances. Gaining weight was the biggest concern among the women whose monthly menstruations had already stopped. They noticed that they gained weight very easily and found it difficult to keep the weight under control:

> ...I gained weight after I finished my periods...oh! It is very hard to get rid of the weight at this age...
>
> ...I gained 8 pounds over the last year...although I tried to eat less and go for a walk more often...it seems like nothing changes...it's very hard to lose a few pounds...

Emotional Changes

The women noticed that emotional changes usually occurred throughout their menopausal transition. These emotional changes included feelings of sadness, depression, irritation, and worry. Most women noticed that the peak of their emotional changes occurred during the period of time ranging from menstrual irregularity to menstrual cessation. Some women whose social roles changed due to losing or changing of a job during menopausal transition observed that their mood changes may also have been stimulated by these external aspects. On the other hand, women who had already stopped having monthly menstruations noticed a decline in the occurrence of emotional changes in general.

Mood changes

Mood changes were frequently mentioned as additional symptoms that occurred during the transition to menopause. Some women still experienced mood changes long after the cessation of their monthly menstruations. Many women quoted their emotional changes as 'negative, or not in a quite nice way'. Some women quoted them as 'positive, same as usual, or better than before'. The women described their negative mood changes as the inability to control various feelings including irritability, crankiness, sadness, depression, anxiety, crying, angriness, and excessive worry. The feeling of sadness and

depression were the most common complaint among the women when it came to changes in emotions or feelings. They described feelings of being down and sad accompanied by feelings of pessimism:

> ..It was bad...I cried so easily. I was so sensitive to everything...felt sad and down...and cried at least 2-3 times a month. I just felt sad towards everything. I knew sometimes things did not deserve to make me sad, but they did...
>
> ...I just felt sad and depressed without any reason. I felt sad about everything. Sometimes I felt sad even sitting down doing nothing. I had to find things to do...
>
> ...I felt dissatisfied and disappointed about everything I could think of...somehow I always felt that things were not the way they should be...like when I was thinking about the house, I would think that the kitchen should have been designed differently even though it was actually just fine...OH! I could come up with things that worried me all day long...

Some women who did not experience unwelcome mood changes attributed their calm and peace to good luck.

By observing their bodies and behaviors, as well as investigating their emotions, the women developed a connection between negative mood changes and hormonal changes. They viewed the imbalance of female hormones during this age as the major cause for negative mood changes. In other words, they did not consider certain changes in their feelings and emotions such as worry, stress, and irritation as being unusual. One woman felt strongly that her mood changes were induced by hormonal changes:

> ...I used to feel that everything was just so stressful. At that time I was not sure whether the problems caused sadness and stress or if it was the emotional changes related to menopause that made me see things as problems...Now that I have already passed that stage, I look back and I am very sure that menopause played a big role. Although there were real problems, my hormonal changes played an important part in how I felt towards these problems and affected how I solved problems at that time...

Since changes in feelings and emotions fall under the psychological domain, certain internal and external factors such as personalities, changing environment, and changing social roles were attributed to emotional changes. One factor cited by several women was work-related changes that caused stress and depression:

> ...It was a big change for me at that time...I used to be the boss and had lots of interaction with people...suddenly I had to stay at home being a nanny for my grandchildren...alone with a baby, a dog, and a cat...did not talk with anyone almost all day...just watching the baby...when we (she and her daughter) had little conflicts, I felt sad and cried...I had never been like that before...
>
> ...It was the worst time for my life...I used to work and talk to my customers everyday...I cried and cried almost every day...I was very depressed...
>
> ...last year, my depression got worse when I got laid off from my only part time job...I had too much time to do nothing...I worried about my financial situation...

Another influence on emotional changes was family difficulties. Two women who faced marriage problems during the transition period believed that the problems weakened their emotional state, leading to depression and stress. Those problems also made it more difficult for them to go through the time of hormonal changes. One woman said if she had a good family, she would not have felt as depressed as she did. Another woman said it was too much to handle both her bodily changes along with her marriage problems. She thought she would have felt better if she had ended her marriage sooner.

Personalities were believed to be an internal factor that may be linked to the intensity of mood changes. A woman whose work provided access to general-life conversations with many middle-aged women observed that

the way women feel and react toward menopause is influenced by their personalities. She gave an example of her opinion as follows:

> ...I think personalities have a lot to do with menopause...our personalities develop since we are very young even before we are born...as seen by the difference in a spoiled or hot tempered child and a sweet or well-disciplined child. When a spoiled child grows up and has menopause, she may not be able to accept the changes and may not want to control her emotional changes. She might just want to let it out at anyone anytime anywhere...so she may turn to be a nasty old lady... but a well disciplined child or a child who is calm and sweet will be willing to learn to accept the emotional changes and try to cope with them...

The relationship of hormonal changes to negative emotional changes was quite evident for many women. However, some women did not notice these negative changes but instead reported positive experiences of emotional change including feeling more calm and optimistic. They described changes in their feelings and emotions as feeling much better than when they were younger or in some cases feeling the same as usual:

> ...I used to have a hot temper when I was younger. Right now I can say that it is a lot better, it's cooled down...I do not get irritated or get mad as easily as I used to...I think I am loosening up a lot...

> ...I think after my operation (hysterectomy) it was much better...I rarely feel angry or mad...when I see something that should make me mad, I feel like... OK, just calm down...

> ...I think I felt pretty much the same. I probably did not feel irritated...because I do not have periods anymore...no uncomfortable feelings or irritation...

Emotional stability was a concern among the women, since changes in emotion and feelings were quite difficult to control. They could happen without 'proper reasons and occasion'. The women's emotional changes could affect their abilities to manage things in life and could affect their personal life:

> ...I noticed that I got mad very easily. Sometimes I felt like I could not hold my self back from responding back to people...I never talked back to my customer. I never got mad that easily, but I could not control it. It just happened...it was not a good thing...it happened at the wrong time and place...
>
> ...I felt sorry for my husband... sometimes I just felt so irritated...I yelled at him for no reason...*it's not good...I could have lost my marriage, but...well! I could not control it...so an* apology was the best thing I could do...

The women's perceptions of the physical and emotional menopausal symptoms defined the context in which they navigated the change of life. As the women experienced different symptoms during various stages of their menopausal transition, the perceptions and views of also evolved. These symptoms and perceptions at each step formed the basis for the impact on life and the actions they took to adjust to the changes.

Living differently

"Living differently" or "วิถีชีวิตที่ต่างจากเดิม" reflects the condition experienced by the women that directs them to carry out actions and plans for managing their menopausal changes. As noted earlier in this chapter, the women experienced various physical and emotional changes that affected their lives in many ways. Certain changes curtailed normal activities while others caused uncertainty and emotional distress.

The impact on life varied with changes in perception of menopausal symptoms as well as with changes in the symptoms themselves as the women passed through different stages of menopausal transition. Many of the women in the early and middle stages complained that menopausal changes disturbed them and influenced their self-esteem. The women in later stages of menopausal transition and post-menopausal stage usually had fewer life interruptions due to menopausal symptoms and could see benefits such as freedom from menstruation and a sense of tranquility.

In general, some changes benefited them while others took away certain abilities and values that they cherished. They all had to face the reality of being different, feeling different and getting older.

Being Different

Although the women accepted menopause as a natural stage of life, most of them implied that menopause brought a sense of loss because of irreversible bodily changes. The statement below reflects the women's sense of loss:

> ...it's the time for another stage of life when you lose it permanently..., but I don't regret anything...must accept it...at this age, there is no hope for getting pregnant..., but you know?...that's life. You used to be young...have black hair and suddenly you have gray hair...so you think, Oh! my god, I'm losing that. It is a loss...that's what I feel about aging, but I have to accept it. I am 50. Anyone who is getting to number five-O is usually called an old lady...

Some women stated that menopause means losing the opportunity of having a child, and others said it means getting older. Many women felt dissatisfied because they could not do things as usual, especially when they were experiencing certain menopausal symptoms.

Bodily changes such as irregular monthly menstruation limited regular daily activities. Some women discontinued certain activities during the transition years because of the unexpected and heavy bleedings that sometimes went though their clothes. A woman said she did not go swimming as often as usual because she was afraid that she would bleed in the swimming pool. Another woman said she did not go to the gym regularly as she used to because she was tired of wearing pads every time in order to protect her unexpected periods:

> ...it came when it wanted to come...no warning sign...it just flew out...I was tired of 'riding' a piece of pad when exercising...so I chose to go exercise right after I was sure that each period had finished...

Another woman mentioned that her frequent bleeding limited her intimate or sexual activity:

> ...it was not the same...my periods came 2 -3 times a month...my poor husband rarely had a chance to meet (making love) my body as he used to...

A night version of hot flashes and night sweat limited the women to carry out usual daily activities. Several women who experienced very disturbing symptoms said they did not feel happy and energetic during the day. If they had a busy day, they would be very cranky and irritated. A woman said sometimes she could not get through a day without taking a short nap.

Feeling Different

Menopause also gave some women different feelings toward their femininities. Some women expressed that sometimes they felt insecure toward their intimate relationship with their husbands because they felt the changes from the lack of female hormones. Several women were afraid that menopause would affect their husbands because the husband may think that menopausal women may not have sexual desire or may not want to have intimate relationships. One woman heard that menopause might lead to poor sexual health. She was concerned because she did not know if her sexual relationship with her husband would change when she actually no longer had female hormones. She was hoping that taking good care of herself during the transition would help her body to be the same so her marriage would not be affected. Another woman said she sometimes felt uncomfortable engaging in sexual intercourse

because of a vaginal dryness. Sometimes she did not have a readiness to engage in sexual activities because she was not in the mood for it. She however, did not let her husband know that feeling because she still wanted to have the same value for her husband. She however started to use natural remedy to help her sexual health, and was hoping that things would get better.

Being Older

Approaching menopause was perceived as loss of youthful look and good health. Since the women viewed menopause as a signal for approaching the next stage of life, menopausal changes were connected with aging and poor physical health. The women perceived that running out of female hormones meant getting old. Although they admitted that in fact everyone must be aging, many of them felt disappointed when they started to see signs of aging at the time of menopause. Many women related signs of aging directly to their menopause. They voiced dissatisfaction with their physical looks such as gray hair, thinner hair, dry skin, wrinkles, as well as deterioration in eyesight and weight gain. Many women stated that it was difficult to try to look the same. Although they can cover some aging signs, such as gray hair by dying it, other signs such as dry skins and wrinkles remained. They reported the increased usage of cosmetic creams and some of them said they would consider a minor cosmetic surgery. In general, they were concerned about the changes in their looks and figures:

> ...after menopause...I got a lot older...I can see my aging face in the mirror... I still want to be pretty. I might consider having cosmetic surgery if I have enough money. Just a minor, minor one, not a big one...

> ...At this age...nothing looks that good...I see changes in myself. I see my gray hair, wrinkles...I see thinner hair. I used to have thick hair. This is a big change...I am not satisfied with my look...things go downhill very fast at this age...
>
> .... I looked at my self in this (hand mirror) and I saw gray hair in my nose (laugh out loud) and I was shocked (laugh)...The other day I saw my gray pubic hair, today I saw my gray nose hair... Oh! I have nothing left. They are all gone...(laugh)...
>
> ...When the body runs out of hormones...the skin gets dry (touching her face)...it does not look bright and fresh like it used to...I apply lots of lotion and cream. I buy all kind of brands that I hear can help to moisturize my skin...because my body has run out of hormones...
>
> ...menopause!...I am not happy because I want to be pretty as I used to be...I used to be a pretty woman...I looked in the mirror...I immediately saw a pretty woman in it... but now when you pass 50, things are not the same anymore...
>
> ...if I lose a little bit of my weight and attain a younger woman's figure...I would be happy...it is not easy to keep yourself in a good shape after you are over 50...

The change in eyesight around the time of menopause also resulted in a transient reduction in self-confidences among the women as it represented a sign of aging. One woman mentioned that in general she did not look too old and that people would not be able to tell her age if she didn't have reading glasses. She thought the reading glasses made her look old and affected her external appearances:

> ...although I am still in good shape because I exercise...the need for reading glasses reveals that I am an old lady...

The level of confidence in the ability to maintain good health was also affected with the approach of menopausal age. Some women observed that it takes longer for the body to heal and recover from injury or sickness. It made them realize that their bodies were not the same and that they were not as healthy as they used to be.

A woman had to limit herself to do activities she liked such as hiking because it took a very long time for her sore muscles to return to normal. Another woman was concerned that she may not be able to recover from her operation because of her age:

> ...I had a back problem for years...next month I have to go get an operation if I want to get better...but I am very scared...I am old...I am afraid that my body will not come back to the same condition...

When menopausal age was viewed as aging, it also meant no longer being in a productive age. Several women expressed the feeling of loss as being devalued when they are no longer menstruating. Having periods were the women's identity of being a woman and being able to be a mother. It felt valuable to be able to be a mother. They viewed that to fulfill womanhood is to be able to bear children. Menopause is the time that they lost their opportunity of having a child and being a mother. The women expressed disappointed feelings as follows:

> ...Menopause...(pause)...means my producing period is gone...I am no longer productive...that I can not get pregnant any more. I lost it permanently...
>
> ...It is the time of not being able to reproduce anymore...What can I do? It (menopause) is coming...I am already a non reproductive woman...

In short, the women realized both a sense of gain and a sense of loss resulting from the changes, symptoms, and events of menopause. The pros and cons were often discovered simultaneously and sometimes perceived as a balance. In general, when the women learned that menopause brought them some aspects that were useful, they made an adjustment to accept them. When they noticed the losing

due to menopause and menopausal changes, they sought for information and support, and directed certain actions and plans to respond to and cope with them.

Managing life changes

"Managing life changes" serves as the actions taken to address the conditions within the context. It represents the process and strategies the women utilized to cope with menopausal transition. The women recognized the importance of learning about menopause and managing self care to lessen the impact of menopausal changes. How well they managed their menopause often depended on the sources of information and support, both of which played a role in guiding their self care.

Searching for Information

The women sought information about menopause to learn and understand what was happening to their bodies as well as to better prepare and adjust to the changes. Menopause related information was found through many different sources including media, magazines, health professionals, and other women. Most women obtained general information by talking with other women, reading, watching television programs, and attending workshops or lectures. More specific information such as medical advice was attained through healthcare professionals.

In general, the women used information from media and health care providers as a way to determine if they were going through the change healthily. Talking with other women acquaintances or relatives who had experienced or were experiencing menopause provided a better understanding of bodily and emotional changes and information guiding self care. Most women usually began to search for information when they first began to notice their bodily changes:

> ...I was not sure if I was really in menopause when I started to see a change in my periods so I went to see the doctor... he checked my hormones and told me that I was in a peri-menopausal stage...I also went to a group seminar and learned about it and how to take care of its symptoms...
>
> ...I read books and got more understanding what is happening to my body...many books out there tell you ...if you read them you will know how it happens and how you can help your body...

Knowing about menopause in advance helped some women better prepare in terms of expecting the coming changes. The women who had an access to the information about menopause prior to their own were more likely to see signs of menopause as normal changes. A few women who fell in this category reported learning about menopause from their close ones, as well as from the media:

> ...I heard many of my customers talk bout it...I kind of knew when it started to happen to me, but to make sure that I was healthy I went to see the doctor...
>
> ...I asked my mother about my heavy periods...she said 'oh! my periods were like that too. I was bleeding a lot before I finished it'...so I thought mine was normal, although it was heavier than usual...
>
> ...Oh! I remember watching TV program in Thailand and they talked about how our bodies can change when we go to menopause...I somewhat knew that I was going through it...I did not worry...

Seeking Support

Through the process of searching for information from various groups of people, the women also benefited from a sense of support. Most of them mentioned that they had access to emotional, spiritual, self, and professional support during their menopausal transitions.

Emotional support

In general, most women sought out emotional support from their husbands and peers. They reported that talking with their loved ones and female peers helped them to feel better about themselves during their transition. Many of them stated that they needed the most emotional support from loved ones. The women who were married felt that the husband was an especially important person who should assist them through the transition. They believed that the husband's participation was a crucial factor in determining whether a woman would have a healthy or unhealthy menopause. In order to better cope with the changes, they felt it was essential to educate the husband on what was going on with their bodies. Most of them acknowledged receiving the husband's support in the form of understanding and willingness to learn about their bodily and emotional changes:

> ...I told him about my symptoms of menopause and my thoughts of using HRT. He told me not to worry about anything, let it happen naturally...He understands. Sometimes when I had mood swings, he would console me and clam me down...
>
> ...Oh! it is very important to let my husband understand what is going on in our female bodies. My husband likes to read what I read...I think he knows about menopause as much as I do... He got the best father and the best husband award from our community this year...

Another woman relayed how she got support from her husband:

> ...I was so lucky that I got married to him. He is a very good man. He is and was very supportive. If I was not feeling good or felt cranky, he would sit with me and hug me until I felt better. If I felt irritated or sad, he would ask me if I would like to talk about it or go for a walk... and sometimes prepared a warm bath for me... He always makes me feel good...I am very happy with him and it (happiness) shows on my face. It's a very big difference from what it used to be several years ago, now my face looks very healthy and the skin is clear, no pimples, no freckles. When I was with my first husband, he just made fun of me when I had mood swings...he would say 'leave your mother alone, she is having a mood swing'. He never helped me and never asked me what he could do

> to help me feel better...and I did not know where to seek help because I was so embarrassed...

Another woman elaborated on how she guided her husband to learn and understand her menopause:

> ...He is a man. Men do not have periods and menopause so they do not know what happens in the woman's body. You have to talk (with your husband). Communication is very important. I took my husband with me to see the doctor so he could learn and hear the same things I did. I liked to read and talked to my husband... I told him that I sometimes may not feel well. I can get a headache, feel sad, cry easily, etc and just a glass of wine would help me feel better...so he could understand...

Other than the husband, peers also provided a source of emotional support during menopausal transition. The women stated that talking with girl friends and other women who were experiencing menopause provided a certain level of emotional support and guidance on how to take care of the changes:

> ...it was good for me that most of my girlfriends were going through it when I had mine...so I kind of learned from them and did what they said helped...

> ...I am lucky that many of my customers are older than me...so they gave me a lot of advice...although they are not Thais, they had similar symptoms to what I had...

> ...most of my girl friends at work already had it...they told me lots of things like what to expect and when...and what I should do to manage it...

Networking with women passing through the same stage of life provided a sense of comfort and feeling that they were not going through it alone. One woman stated that participating in group seminars helped her to talk things out and obtain support from people who were experiencing similar symptoms. She felt good about herself when she learned that there were many other women going through

what she was going through. Although the women in the group were of different origins and looked different, she believed that most women's bodies are the same. Talking and exchanging information with the group gave her knowledge about taking care of her body and helped her to better cope with the bodily and emotional changes:

> ...It is very helpful for me...there are many women who have similar experiences to what I am having...we learn from each other...it is fun that we can talk about what we have and how we deal with it...

A few women in this study did not see the need for talking with others to obtain support, not even with their husbands. They viewed the topics of menopause and women's reproductive organs as personal and only felt comfortable discussing them with healthcare professionals who have studied the human body. They felt embarrassed to talk with other people about these personal concerns. One woman said she did not talk about what she had experienced with anyone, not even with her sisters, because she felt too shy to talk about her bodily changes. She assumed that almost all women experience the same things so discussion was not necessary. She learned about menopause mainly from her doctor and by reading about it. She believed she would be fine with her menopause because it was a natural change that her mother and grandmothers had also experienced.

Spiritual support

Other than emotional support they reported as providing understanding and guidance, the women's beliefs rooted in their religions also helped them in accepting and coping with their menopausal changes. Their religious belief shaped their views about menopause and in turn guided them to cope with changes. In Buddhist philosophy, menopause was viewed as a normal life cycle of a woman's life. They believed that it is

an inevitable event for women. If the women accepted this fact, they would not deny the changes that occurred during these years of life, and they would be able to cope with it. Most women saw that menopause was not only about physiological changes, but also about aging:

> ...Menopause is one phase of life... Buddha said, we have to grow, get older, and die. No one can avoid it. I think if we (women) know how to prepare and take care of ourselves many years prior to menopause, we may face very little problems during menopause...
>
> ...No one can avoid it...Menopause is part of growing up too. We are growing old. We should take a good care of ourselves so that we can be healthy and live long...
>
> ...The Buddha teaches us to be aware in every stage of life...Menopause is one of these stages and it comes to every woman. It is normal. We should be glad that we are still healthy, and have ability to care for ourselves.
>
> ... I noticed wrinkles and dry skin as well as gaining weight, but I accepted that it is part of the life's cycle... the Buddha said that every single human being whether rich or poor has to get old and eventually die...no one can avoid it...so does menopause...

The women applied their belief to cope with changes occurring during their menopause transition. A woman who faced family difficulties stated that:

> ...I was very stressed...so many things happened at the same time...I thought about leaving my family...Buddhist teaching helped me to see that this is life...we all have good and bad times...neither good times nor bad times stay with us forever...

Within the religious belief, the law of karma reflected the women's view on managing the changes. It emphasizes on the cause and effect of one's actions, thoughts, and feelings. The women believed that they were the ones who control their own health and well being. Any actions they take effects their health:

> ...If I did not exercise, I would have felt very bad (suffering from menopausal symptoms). I have exercised throughout my life; I passed my menopause (menopausal transition) very easily...
>
> ...I chose to be healthy so I started to take good care of myself since I turned 40 years old. I have taken natural supplements and vitamins to help my body prepare for menopause. I have taken calcium so I get strong bones. I now do meditation because I know that it will promote my mental health...

Self support

Most women chose to go through menopause naturally; however, they applied various strategies to cope with menopausal symptoms. They tried to minimize their discomfort and maintain health with natural, herbal, diet, and alternative remedy. They paid attention to proper food, exercise, yoga, meditation, homeopathic, herbs, vitamin and calcium, and Chinese herbal medicine. In general, changing their lifestyle, such as eating right by consuming more vegetable& fruit, and taking vitamin and herbal supplements:

> ... I am careful about food and try to control my weight...I eat more fruit and vegetable...I try to take a long walk after dinner very often...
>
> ...I drink soymilk instead of regular milk...I think it is better not to add so much synthetic hormone in my body...soymilk has natural hormone...
>
> ...I exercise more...I take vitamins, do not eat junk food, and I now drink a little bit of wine instead of beer for relaxation. I eat organic foods. I do yoga. I take black cohosh and evening primrose oil...
>
> ...I eat right, take vitamin E, calcium, multivitamin..... I use all kind of good cosmetic cream I heard that help to maintain my good looking skin...

Exercise was also mentioned as a strategy used to maintain health and reduce menopausal symptoms. The woman who regularly exercised throughout their life stated that the exercise helped them go through menopause smoothly. The other woman

said that exercise can keep her feeling fresh and optimistic about life. To reduce stress, anxiety, and irritability, many women turned to physical exercise such as going for brisk walks and aerobic dancing. Some women used meditation and yoga to exercise the balance of the body and mind. Many women learned about the benefits of physical exercise and applied it to promote their moods:

> ...I know that exercise can help a lot. I read books about menopause...I discovered that exercise helps the body produce female hormones from the kidney...it helps you to have a smooth menopause...
>
> ...Exercise is very important for women. They said that the women who do not exercise can get depressed very easily because the body does not release endorphin...our reproductive hormone is gone, women can have depression...endorphin hormone can help eliminate depression...I love to exercise. It makes me feel good...

Some women have their own strategies to manage personal problems related to their menopause. The women who experienced heavy periods said they had to be careful not to make a mess by changing pads every hour. They tried to stay at home during their periods because they did not want to have a mishap in public places. The women who were working outside their homes stated that to be safe, they prepared many pads and stayed near the restroom. One woman whose work required standing for long periods of time revealed that she would wear two pads at a time to make sure that she could last until she finished taking care of her customers. Another woman who experienced frequent periods said that during her menopausal transition, she wore a pad every day because she did not know when her periods would come. Some women who experienced emotional difficulties such as sadness and irritation came up with certain techniques to help them to cope with it:

> ...I started to write a journal. It helped me to release stress and feelings of frustration...
>
> ...I do yoga...it helps me a lot in terms of making me peaceful...It calms me down...I feet peace when I do yoga...
>
> ... Singing karaoke...it helps me not to feel depressed...also I tried to hang out more often with friends... ...

Some women chose to combine natural medicine with western medicine to help minimize certain menopausal symptoms. Using hormone replacement therapy (HRT) seemed to be an alternative for a few women. Only two women in this study used HRT to minimize their menopausal symptoms. One woman said she did not have success in managing her physical symptoms with natural remedy alone, so she turned to HRT, which worked out well for her. However, she quit HRT when she learned that it can cause cancer and returned to use more herbal supplements. Another woman stated that she never thought about natural remedy and fully trusted the effectiveness of hormones. She added that she already knew that she would use hormones from the start. She was introduced to the HRT at the early stage of her menopausal transition when she started to feel mood swings. She said hormones helped her to reduce feelings of depression and disturbance from hot flashes. She did not like to feel depressed and did not want her depression to get worse so she decided to continue using hormones until now. She felt that her emotional symptoms and hot flashes could be eased with the combination of antidepressants and hormone replacement therapy:

> ...I have been taking hormones since I started my menopause. I think it helps me a lot. I don't know how other women live without it. I would have very bad episodes of hot flashes and depression if I did not take hormones. Even now I feel that I need to increase the dosage of hormone because lately I have had bad hot flashes...I also take "Paxil" to help my depression too...

Professional support

When the women thought the menstrual changes would cause susceptibility to poor physical health, they sought medical advice. Seeking medical advice was a source of support to reassure them that what they were experiencing or concerned about was normal:

> ...I was worried. It (periods) came so many days...almost the whole month...so I went to see the doctor to make sure whether it was ok or not...
>
> ...I decided to see the doctor...I was so concerned that if something else had gone wrong because I was only about 45 when I had irregular periods...
>
> ...after my periods disappeared for 4 month, I went to see the doctor. He drew my blood to check the level of my hormones and the strength of my bones....even I knew I was in menopause, but I just wanted to make sure that everything was OK...

A few women reported that concerns with emotional changes led them to seek medical advice:

> ...at that time I thought I needed to do something with my mood swing so I asked the doctor if hormone would kelp...I had taken it for several years...
>
> ...I asked the doctor to give me hormones...I use hormone...I think it really help my depression...I take antidepressant too...

Managing life changes as actions allowed the women to gain control of the menopausal changes and maintain a balance in terms of their bodies and emotions. Searching for information and support, exercising self care, and focusing on religious beliefs allowed the women to understand menopause, maintain good health, and feel better about themselves. These actions brought about a sense of stability and made it possible for the women to more easily adjust to the new phase of life.

A new me

"A new me" served as a consequence that explains the outcomes of actions involved in their menopausal transition. By experiencing bodily and emotional changes, learning about the menopause and its changes, and managing to cope and adjust to those changes, the women gained a certain level of control over the transition and moved to the next phase of life. The women who already passed the stage of menopausal transition mainly reported gaining tranquility freeing them from monthly menstruations and its symptoms, as well as menopausal symptoms. Tranquility was also attributed to finishing up responsibilities for their children, which also usually occurred during the postmenopausal years.

Being a Woman in Her 50s Living with Tranquility

In general, the women felt good about themselves when they reached post-menopausal age. Being at a post-menopausal age gave them a sense of emotional liberty. They gained freedom, felt tranquil, and felt more valuable. Being women at the age of 50s, they also felt more emotionally mature and secure. Although they were aging, they felt comfortable to be themselves.

One woman stated at this age she felt comfortable and confident about being herself, having more life experiences than other younger people. In Thai society, she also gained a high level of respect from reaching an older age that made her feel valuable:

> ...although I am considered an elderly woman and all children call me great auntie, I am proud of it...it means I have more life experiences than those younger generation...I also got respected by many (Thai) people...they always take very good care of me...I feet I am valued...you know?...like...if I want to say something to compare...it just like an old age cheese...the older the better...

Another woman said menopause made her mature and that she felt confident to express her feelings and opinions. She was not afraid of expressing her feelings as she used to be when she was younger. She realized that she had more confidence in expressing her opinions. If necessary, she felt that she could speak out to protect her rights and not allow anyone to take advantage of her:

> ...I feel more relief when I can say what I think and what I feel...I talk back to people. I did not used to do that, but right now I do. If I think I should say my opinions, I do...I feel that I am a grown up woman...I am already in menopause...I am in the next stage of life, which is considered an elderly age...

Reaching menopause also gave some of the women freedom economically:

> ...Oh...I am very glad that I am done. I do not have to worry about buying pads and tampons. I save a lot of money...
>
> ...It's good, right? You do not have to spend money on pads anymore...you can buy more clothes...

The women who were in a post-menopausal stage gained peace and felt satisfied about their life. Menopause was the time they finished responsibility physically, financially, and emotionally for children. They were reaching a stage of financial and emotional security. They usually have got what they want in life. They have more time for themselves. The women shared the feelings of peace and satisfaction from life in their menopausal age:

> ...both of my children are doing fine and they live up north...now I have more time for myself. I can go to the temple and pray almost everyday...I can help out at the temple as much as I want to. I feel good about life...
>
> ...my youngest son already works...I do not have to worry about him...I have more quiet time for my mind...I have a lot of time for my morning and evening walk...I feel good...

> ...at this age, I have financial security...the children can take care of themselves... I have a good family... I have everything... nothing to worry about. Just have to maintain the way I have...

In general, the cessation of monthly menstruation was welcomed by most women. The women reported liking the increased freedoms of not having monthly menstruation and it symptoms. Most women enjoyed being menopausal. They expressed that they felt liberated from their periods:

> ...I was so glad that I finished my periods...I got very sick so many days when it came... About 3-4 times a year, I would get a very bad cramp and throw up so much that I had to go to the doctor and get a shot...
>
> ...Oh! I feel good now...I hate having periods...it gave me uncomfortable feelings. I got cranky... I felt yucky...I am glad it's over...
>
> ...I am very delighted for it. I do not have to worry about making a mess, don't have to worry that I might leave something behind...no headache no cramps...

Being menopausal gave the women more freedom and flexibility in engaging in regular activities, as well as sexual activities:

> ...I do not have to worry about getting pregnant. I am done with it. I have more freedom...
>
> ...Now I can go to yoga anytime without worrying about oh! I have a period again so I can not go do yoga...
>
> ...Oh...I am very glad that I am done...I do not have to be afraid that I would make a mess when I stand up doing my customer's hair....I feel good that I do not have to have a periods anymore so I can make love anytime...
>
> ...I am so glad that it's over. Oh! (exhale) before I finished my periods, it was very bad. I bled 2-3 times a month. My poor husband never got to meet my body...we rarely had time to make love because I was busy with having too many periods...

The women still viewed themselves as women. They felt that they became physically and emotionally mature when they reached menopause. Although many women tried to hold on to being and feeling the same as much as possible in certain aspects, some women let go of expectations of staying the same:

> ...we lost something, but we gained something else... we grow old...we are mature ...I feel that I am still myself...I think the best we can do is to maintain what we have and be happy...

> ...at this age you have to learn that you can not keep everything you used to have with you...it's ok...because it is life...I am older, but more mature, and now I am proud of being a grandma...

Summary

'Navigating the change of life' illustrates the women's experiences of menopause and the journey through the transition to menopause. These experiences provide insight into the bodily changes, emotional changes, feelings and perceptions about the changes, impact to life, actions taken by the women and the adjustment to the new stage of life. Many of the bodily and emotional changes were perceived by the women as disadvantages that led them to live differently from a normal life. They felt these changes disturbed the women, limited certain activities and reduced the value of being a woman. The women managed to adjust and cope with the changes by seeking of information and support, and by exercising self care. Managing life changes helped them take control over their transition and gain stability. Once they felt stable, they moved to another phase of life as women in their 50s living in tranquility. Although menopause brought them to a new phase of life which meant getting older, they still viewed themselves as women and wanted to maintain their self worth as a female human being.

Perceiving changes represents the women's view of bodily and emotional changes during menopause and its transition. Women who had reached menopause and those that were in later stages of the transition viewed certain changes such as menstrual cessation and higher social status as benefits, bringing the freedom and peace in the later years of life. The women experienced both gaining and losing aspects of menopausal changes. They learned that some changes benefited them while other changes took away certain abilities and values they used to cherish. They often simultaneously discovered both pros and cons that they sometimes perceived as a balance. Although, the women perceived the effects of bodily and emotional changes negatively impacted their lives, some of them expressed more concern about emotional changes because symptoms like irritability could negatively impact their personal lives. In general, the women made an adjustment to those aspects that were useful and took certain actions to respond the changes that affected life adversely.

Managing life changes comprised of the actions taken by the women to gain control of menopausal changes and maintain a balance of their bodies and emotions. They sought out information and support as well as exercised self care. The information helped them learn about menopause and interacting with the various sources of information provided differing levels of physical and emotional support.
Another important source of support that helped the women adjust to menopause was the religious belief of '*the impermanence of life*', which permitted them to see menopause as a natural part of a life cycle. Once they felt stable and satisfied with the level of adjustment, they accepted themselves as women who approached a new phase of life. The women expressed the desire to maintain their identity and self image as a woman.

They continued most of what they used to do, particularly maintaining their internal health and external appearances by practicing various kinds of self care. By striving to preserve internal and external aspects, they did not feel that they were denying the approach of the next stage of life (old age) but instead they saw that the value of being themselves was intact.

Chapter 5

Discussion

The objective of this study was to explore how Thai immigrant women experience menopause. Interviews pertaining to menopausal experiences were conducted with 12 women in their native Thai language. Grounded theory and dimensional analysis method were utilized in employing and analyzing data. Based on the analysis, "Navigating the change of life" emerged as the most salient perspective that describes the Thai immigrant women's experience of menopausal transition. The discussion in this chapter highlights significant findings of the present study in comparison to findings of previous studies of women from various populations. The average age at menopause, types of symptoms, factors influencing those symptoms, and actions for managing or coping with menopause all form the basis for the comparative analysis. This chapter also provides insight into the implications of the findings with respect to the three facets of nursing, nursing education, nursing practice, and nursing research.

Common Experiences

The Thai immigrant women in this study experienced universal characteristic menstrual changes during middle age. They observed that the changes in menstrual pattern and cycle occurred at the beginning and the continuous absence of the monthly menstruation marked the finishing point of menopause. Many of them

recalled that they finished their last period around the age of 50. The average age of menopause from this study was a little higher than the average age of natural menopause in the previous study of Thai immigrant women by Buttharowas (2001), which was 48.5 years. However, the women in this present study reported age of reaching natural menopause quite similar to the Thai women in Thailand (Chompootweep, 1993), who reached menopause at the average age of 49.5. It was also similar to other Asian women and women from other regions. Malaysian women reported a similar median age at menopause of 50.7 years (Ismael 1994). The median age of natural menopause in the women from seven south-east Asian countries, Hong Kong, Indonesia, Korea, Malaysia, the Philippines, Singapore and Taiwan, was 51 (Boulet, et al. 1994). The women in this study also reached natural menopause at a similar age to Caucasian women in the United States (McKinlay 1996) and Saudi Arabian women (Greer, et al., 2003), at the age of 50.

The Thai immigrant women experienced menopausal changes like other women did. Changes in cycle and pattern of monthly menstruation were a common sign among these Thai immigrant women as those in women from the study of Kittel et al. (1998) and Mckinlay, Brambilla, and Posner, (1992). Although the Thai immigrant women viewed menstrual irregularity as a common characteristic of physical signs of the menopausal transition, they perceived that vasomotor symptoms, especially hot flashes and night sweats, were a consequence of hormone fluctuation prior to the cessation of menstruation. Those women who had hot flashes and night sweats noticed that these feelings disturbed them, and appeared often during the years of menstrual changes. They felt these symptoms subside as they moved into post-menopausal years. Vasomotor symptoms experienced by the women from this study

were similar to that of women from other regions, including Australian women (Dennerstein et al., 1993), British women (Hardy and Kuh, 2002), Norwegian women (Holte, 1992), Dutch women (Oldenhave et al., 1993), and women in Massachusetts (McKinlay et al., 1992). Those women reported that vasomotor symptoms occurred most often during their transitional years. In this study, however, a few of the women seemed to pass menopausal transition without experiencing these vasomotor symptoms, but only one 57 year old woman still reported the same feelings of night sweats.

Emotional or psychological symptoms described by the women in this study were the changes of feelings or moods such as feeling irritable, angry, upset, sad, or depressed. They observed that these mood changes were usually accompanied with the feeling of discomfort from irregularities in monthly cycles. Many women who experienced mood changes also thought that hormone imbalance played a major role.
Other external factors were also viewed as a trigger of mood changes. They observed that their mood changes were aggravated by stress in daily life such as encountering a stressful marriage, changing roles or responsibilities in daily life, and facing financial difficulties. These findings suggested that life difficulties were believed to aggravate emotional symptoms. Other previous studies also reported the factors that magnified emotional symptoms. For example, Cheewaroungroj (2000) reported that Thai women in Thailand showed that stress in daily life intensified mood swings. Kuh and Hardy (2002) reported that the psychological symptoms increased among British women who experienced changes for the worse in work and in family life. Kaufert et al., (1992) stated that the higher levels of stress and worries about the family related to the higher level of emotional symptoms among women in Manitoba.

However, several women in this study described that their feelings and emotions had been 'neutral' because they did not notice drastic mood changes.

The women who had passed transitional years and moved into a post-menopausal stage usually noticed that mood changes declined. These women also expressed the liking of freedom from the discomfort of menstruation. They felt liberated from the turbulence of physical and emotional changes during the transitional years. The women also felt at peace and gained emotional stability as they reached post-menopausal age, when their children had grown up and become physically and financially independent. From the women's narrative, the patterns of changes in feelings and moods were similar to those found in women from previous studies in that the mood changes appeared to be disturbing during peri-menopause and subsided when they passed into post menopause. For example, the women from 5 ethnic groups (African American, White, Chinese, Hispanic, and Japanese) reported that the peak of emotional symptoms during the transitional years included feeling tense, depressed and irritable. The intensity of these symptoms was linked to irregular menstruation (Bromberger et al., 2001). Australian women reported a significant decline in negative moods as they passed form the early transition to the later transition (Dennerstein et al., 2002 a).

Symptom experiences among the women in this study suggested that changes in feelings and moods could be induced by the feeling of discomfort from physical symptoms, and by current life events and difficulties. In other words, the emotional status during the menopausal transition may also be related to psychosocial aspects. On the other hands, vasomotor symptoms were mainly related to

menopausal status, which increased during peri-menopausal years and declined after menopause.

Influences to Menopausal Experiences

Other studies observed that symptom experiences were directed by women's perceptions and views about menopause. For example, Austrian women who were optimistic and held neutral attitudes towards menopause reported lower levels of menopausal symptoms, such as sleeping disorders and nervousness (Bloch 2002). The women in this study held neutral to positive feelings toward menopause, although changes and disturbing symptoms during transitional years led them to feel discomfort in carrying out daily activities and insecure about their external appearances and womanhood. Unlike some other women, such as Caucasian women in the United States (Avis and McKinlay 1991), the Thai immigrant women viewed that menopause brought them freedom from the burden of menstruation, leading to peace and tranquility in older age. Since a belief rooted in their religion guided them to view menopause as a natural stage of a life cycle, they accepted the biological process that is an inevitable event for all women, and thus managed to cope with its symptoms. Their views of menopause suggested that how women viewed menopause was influenced by cultural beliefs and norms. Attitudes and views of menopause guided them to perceive the importance of self-care in order to go through menopausal changes and maintain good health.

Self-Care Management

As the women experienced bodily and emotional changes, they managed to cope with these changes in order to maintain regularity of life. Reading books and magazines, watching TV programs, and talking with peers provided information about menopause, and managing and caring for its symptoms. They also realized that talking with other women who had similar experiences provided emotional support. Consulting a health care professional was another way of seeking information regarding overall health and menopause. Most of the women consulted their doctors at the beginning stage of the transition when they started to have concern about menstrual changes in order to reassure that what they experienced was normal, as well as to inquire about certain health information regarding menopause.

Among the women in this study, physical changes, particularly menstrual irregularity, were main reasons for consulting health professionals. Only a couple of women consulted their doctors because of mood changes and vasomotor symptoms. On the other hand, the women in Thailand tend to seek medical advice when they started to face health problems (Punyahotra & Street, 1998). The women in this study usually do not seek medical attention because they viewed that their bodies related to reproductive organs are private and not necessary for social discussion. Similarly, Australian women were more likely to consult their doctors because of the changes in mood and vasomotor symptoms, and they expressed desire for using HRT to treat these symptoms (Guthrie et al., 2003).

McKinlay et al. (1992) observed that the women who experienced longer peri-menopause transitions tended to seek medical advice. Anderson and Posner (2002)

reported that women with jobs, as opposed to unemployed women, were less likely to consult a health professional regarding their menopausal symptoms. In this present study, a woman who maintained a long term consultation with her doctor with her about hot flashes and night sweats began consulting her doctor because she felt that her depressive moods were intensified from the loss of her job.

Many Thai immigrant women did not view their bodily and emotional changes as an abnormal event that needed treatment; they therefore saw health care providers mainly for emotional support. Although they received a recommendation to use HRT from their healthcare providers in order to control certain symptoms, such as irregular bleeding, mood swings, and hot flashes, they believed that menopause was a natural event and that HRT was not necessary. Similarly, Hispanic American women believe their menopausal symptoms are minor and do not want HRT to relieve those symptoms (Longworth 2003). Moreover, the Thai immigrant women were concerned about potential negative side-effects and aftereffects of the hormone usage. The two women who used HRT shared that doctors recommended using the hormones from the beginning of the transition in order to help reduce severe disturbing night sweats, and depressive feelings. They described problems with depressive moods related to general health problems. This finding was consistent with the study of Avis (2003) who found that depressive moods were more related to health status than menopause transition itself.

From the women's experiences with consulting health care providers, the choice whether or not to use HRT might not only be influenced by the symptom experiences, but also by the mainstream ideas about treating menopause. In addition, it might be

affected by their beliefs toward healthcare providers. In general, Thais highly regarded health professionals because of their education and knowledge of health care. Therefore Thai immigrant women may have a tendency accept the treatment that is recommended by doctors.

The women were concerned about the result of emotional changes more than bodily changes. They were aware that physical changes, such as menstrual irregularities and hot flashes, as well as weight gain and invisible aging, would not affect others, but mood swings would. Mood swings sometimes were unpredictable and might affect people around them both in their personal and professional life. It was important for them to manage to control the feelings of irritability and anger, especially when they interacted with people outside the family. Within the family, however, they expected their close one, especially their spouses, to understand emotional as well as bodily changes from menopause. Spouses' understanding helped them greatly in both emotional support and marriage relationship. All of the married women stated that they obtained understanding and emotional support from their husbands. The women who had Thai spouses expressed the advantages of communicating about menopause in Thai. Several women who had Caucasian spouse said they were able to communicate adequately. Although a woman experienced potential language barrier with her Caucasian husband, she was able to prevent the problem by asking her husband to accompany her when she went to see the doctor and attend group seminars.

The women emphasized the importance of spousal support for coping with menopausal transition. Most women had immediate family with them in the United States; they mainly counted on their life husbands through tough times.

It was very crucial for the women to be able to go through the turbulent years with support from husbands, unlike Thai women in Thailand (Arpanantikul, 2004) who stressed that the understanding from the community was the most important support. However, among the women who were unmarried in this study, support from networking with peers helped them to cope with their transition.

Thai immigrant women exercised self-care practices to manage menopausal symptoms and promote health. Similar to Amish women (Batson, 2004), Thai women favored using supportive and natural therapy to relieve menopausal symptoms and to prevent health problems. The abundant used of herbal and natural supplements was to help reduce discomfort during menopausal transition. Vitamins and minerals, such as calcium and fish oil were also taken in order to promote overall health and appearances, as well as to maintain the strength of bones and the heart. Mental exercise including Buddhist meditation and physical exercise, such as yoga, swimming, walking, and aerobic dance, were also practiced among many of the women. These exercises were carried out in order to promote physical and mental health. In addition to these practices, the women in this study observed unusual physical signs, such as vaginal discharge, as well as performed breast-self-examinations regularly. They maintained a routine gynecological check up and consulted health professional with, if any health problems.

In short, the Thai immigrant women experienced physical and emotional changes when they moved into a stage of menopause. As part of their religious belief, they viewed menopause as a natural part of life that transitioned them to the next stage of life. Many of them believed in going through menopause naturally. The concept of 'karma',

which emphasizes cause and effect, in some degree, led them to see the importance of self-care during these years, maintaining good health in the later years of life. Although they experienced bodily and emotional changes leading to insecure feelings in the regular daily activities, they managed to pass through transitional years with support and information.

Directions for future nursing research

The study has contributed substantially to the research literature on menopause because it was the first study that explored in depth Thai immigrant women's experience by using dimensional analysis approach to build the grounded theory. Entering into this study with a feminist views to explore women's experiences, listening to the women without having pre-conceived ideas, and asking questions to probe their personal experiences allowed the researcher to obtain a rich body of information regarding menopause. The findings emerged from this study represented a basic social process of menopausal experience among the Thai immigrant women.

The findings from this study lay the basic ground work for further research on the proper care for Thai immigrant women. The study suggests that further research among Thai immigrant women should investigate the impact of acculturation and psychosocial aspects on menopausal transition. The practice of self-care measures, the pattern of social interactions and communication, and the information regarding symptoms experiences among the Thai immigrant women also need to be explored further.

Implications for nursing education

Information and background of Thai socio-cultural context must be integrated into the foundation level of nursing sciences, namely nursing education. Understanding the beliefs, health perspectives, and health care practices of Thais can provide nursing students with a cultural sensitivity in order to prepare them to work competently with Thai patients in their future careers. Strategies for educating nursing students about Thais should include related articles or movies, inviting a guest lecturer, or developing a short field-work activity in the Thai community. Moreover, nursing students should be introduced to the findings of this study so that they understand the differences and similarities of the experiences.

Implications for nursing practice

The findings from this present study provide nurses with an opportunity to learn about Thai immigrant women's health regarding menopause within their socio-cultural context. The women in this study shared their experiences that 1) menopause was a natural event that needed no treatment, but supportive care; 2) menopausal symptoms sometimes disturbed daily activities and brought on feelings of insecurity; 3) living in the United States only with their immediate families made support from their spouses crucial to menopausal transition; and 4) language barriers sometimes limited them from explaining certain feelings about menopausal symptoms to their spouses and/or healthcare providers. The findings from these Thai women's voices help nurses to become aware the differences between Thais and other immigrant groups regarding experiences of menopause.

These findings also assist nurses in developing a proper patient education for the Thai women. To provide support and education, nurses should be aware the individual nature of menopausal transition for each woman. It is important for nurses to understand the individual menopausal experiences within the context of their lives. In addition to the providing the traditional care, nurses need to have more time to listen to women with patient and kindly attitude. Since Thai women believe in going through menopause naturally with self-care practices and prevention using natural and alternative therapy, the information of health prevention, natural and herbal supplements, and other alternative medicines should be included in the patient education program. A health seminar group among Thai women may be developed in order to provide Thai women with access to support group. In addition, when working with Thai women, a translator may be provided if necessary.

Conclusion

The experiences of menopausal transition among Thai immigrant women in this study were discovered through a feminist perspective. As a Thai female nurse researcher who determined to encourage the women to speak their minds, I was able to make a special gender connection with this group of women such that they felt empowered to speak about their menopausal experiences openly, despite the traditional Thai socio-cultural values that limit open discussion of women's personal issues. It is clearly evident that this dynamic enhanced the quality and depth of the data as seen by the findings. Given that the women felt a special connection with someone who shared the same feminine values and cultural background, and understood their current socio-context and environment, they felt eager to share their personal experiences for the first time.

The qualitative research approach and the method of Dimensional Analysis were utilized to employ and analyze data from the interviews of 12 Thai immigrant women. As a central perspective emerged from analyzing data, a theoretical model entitled "Navigating the change of life" was developed to illustrate significant findings from the women's experiences throughout menopause. Although they experienced various changes, including physical and emotional aspects, they viewed menopause

With positive to neutral attitudes, as a natural part of life. These attitudes assisted them in coping with menopausal changes and guiding them to manage the transition. The 'cause and effect' principle from the Buddhist belief shapes the value of long term self-care and preventative care in order to remain healthy in future years. Self-care practices that the Thai immigrant women utilized to manage menopausal symptoms were mainly natural and alternative. In addition to self-care, social supports were also emphasized as an important factor to help them manage the transition.

Implications to nursing sciences are suggested. Nurse researchers should further examine the influences of social cultural and economic factors on experiences of menopause among this population. Nursing students should be prepared with information about Thai immigrant women's menopause within their socio-cultural context. Nurses should consider the uniqueness of the experiences regarding menopause of this population so that the proper care can be provided and specific client educational programs can be developed. In short, this study contributes to nursing sciences, addressing a knowledge gap in the topic of menopause among immigrant Thai women.

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Appendix B. Posters for the Recruitment of Participants

Appendix B

ขอเชิญหญิงไทยอายุระหว่าง 45-55 ปี

สนับสนุนการพัฒนาสุขภาพของหญิงไทย
โดยการพูดคุยเกี่ยวกับ เรื่องสุขภาพ
และประสบการณ์ในวัยทอง
โปรดติดต่อคุณบุลพรโทร 619-772-1028
ขอขอบคุณในความร่วมมือ

Thai women aged 45-55 are invited to participate in
a study about health experiences during the midlife years
Your participation will be greatly appreciated and
may lead to better healthcare for Thai women in the United States
Please contact Bulaporn at 619-772-1028

บุลพร 619-772-1028

บุลพร 619-772-1028

บุลพร 619-772-1028

Appendix C. Letter of Permission from the Thai temple

Appendix C

139 W. 11th Avenue
Escondido, CA
92025-5018
(760) 738-6165
(760) 741-3459

June 20, 2003

To Whom It May Concern:

I have spoken with Ms. Bulaporn regarding her research. I understand that the study involves interviewing of Thai women with regard to their health and health related experiences. I will support and facilitate Bulaporn's study at the temple, as this study may benefit these women as well as other Thai women living in the United States.

Sincerely,

Mr. Phramaha Boonta Srithalat
President of The Thai Temple, Wat Buddhajakramongkolratanaram

Appendix D. Information Sheet

Appendix D

คำชี้แจงสำหรับผู้เข้าร่วมการวิจัยเรื่อง ประสบการณ์ในวัยหมดประจำเดือนของหญิงไทยในสหรัฐอเมริกา

เนื่องด้วย คุณ บุลพร น้าทิพากร นักศึกษาปริญญาเอก คณะพยาบาลศาสตร์ University of San Diego อยู่ในระหว่างการทำงานวิจัยซึ่งเป็นส่วนหนึ่งของการศึกษาหลักสูตรปริญญาเอก งานวิจัยเรื่อง ประสบการณ์ในวัยหมดประจำเดือนของหญิงไทยที่อาศัยอยู่ในสหรัฐอเมริกา มีจุดประสงค์ เพื่อที่จะสนับสนุนและส่งเสริมการมีสุขภาพดีของหญิงไทย ในงานวิจัยนี้ผู้วิจัยจะสัมภาษณ์หญิงไทยที่มีอายุระหว่าง 45-55 ปี ที่เกิดในประเทศไทย และจะอาศัยอยู่ในสหรัฐอเมริกา เป็นเวลาอย่างน้อย 3 ปี เกี่ยวกับสุขภาพและประสบการณ์การที่เกี่ยวข้องกับวัยหมดประจำเดือน

ถ้าคุณยินดีที่จะเข้าร่วมการวิจัยดังกล่าว

1. **คุณมีสิทธิ์ที่จะซักถามข้อสงสัยก่อนการให้สัมภาษณ์**
2. **การสัมภาษณ์ใช้เวลา ประมาณ 60-90 นาที ในสถานที่ ที่คุณสะดวก**
3. **คุณจะได้รับการสัมภาษณ์เกี่ยวกับ การดูแลตนเอง ความรู้สึก ความคิด และสิ่งที่คุณประสบในภาวะการหมดประจำเดือน**
4. **ถ้าคุณรู้สึกไม่สุขสบายหรือไม่พึงพอใจในการให้สัมภาษณ์ด้วยเหตุใดก็ตาม คุณสามารถหยุดให้สัมภาษณ์หรือ ให้สัมภาษณ์ในโอกาสอื่น หรือยกเลิกการให้สัมภาษณ์**
5. **ถ้าผู้วิจัยต้องการรายละเอียดหรือข้อมูลเพิ่มเติมภายหลัง คุณอาจได้รับเชิญให้สัมภาษณ์อีกครั้งหนึ่ง เป็นระยะเวลาประมาณ 60 นาที**
6. **การสัมภาษณ์จะถูกบันทึกลงเทป และผู้วิจัยอาจจดบันทึกในระหว่างการสัมภาษณ์**
7. **การสัมภาษณ์ครั้งนี้มิได้มีค่าตอบแทนให้กับคุณ ในกรณีที่คุณรู้สึกไม่สุขสบายหรือเครียดจากการให้สัมภาษณ์ คุณมีสิทธิ์ที่จะยุติการให้สัมภาษณ์ หรือถ้าคุณมีปัญหาในการจัดการเกี่ยวกับความเครียด คุณมีสิทธ์ขอให้ผู้วิจัยแนะนำคุณให้พบกับผู้เชี่ยวชาญในสาขาดังกล่าวได้ เนื้อหาการสัมภาษณ์จะถูกเก็บเป็นความลับ ชื่อและนามสกุลของคุณจะไม่ถูกบันทึกและเปิดเผย ผู้ทำการวิจัยเพียงผู้เดียวเท่านั้นที่จะรับทราบข้อมูลเกี่ยวกับการสัมภาษณ์ ข้อมูลดังกล่าวจะถูกเก็บรักษาไว้ในที่ปลอดภัย และจะถูกทำลายในเวลา 5 ปี**
8. **ถึงแม้ว่า การสัมภาษณ์เพื่อการวิจัยครั้งนี้ มิได้มีค่าตอบแทนใดๆแก่ท่าน แต่ผู้วิจัยหวังว่าการศึกษาครั้งนี้จะเป็นประโยชน์ต่อการดูแลสุขภาพของหญิง**

ไทยที่อาศัยอยู่ในสหรัฐอเมริกาในโอกาสต่อไป และผู้วิจัยขอขอบคุณที่ท่านให้ความร่วมมือในการวิจัยครั้งนี้

ข้าพเจ้ารับรู้และเข้าใจคำชี้แจงข้างต้น และ ยินยอมเข้าร่วมการวิจัยนี้ ถ้าข้าพเจ้ามีข้อซักถาม ข้าพเจ้าสามารถติดต่อสอบถามได้ที่ คุณ บุลพร น้าทิพากร ที่โทร 619-772-1028 หรือสอบถามได้ที่ ที่ปรึกษาโครงการวิจัย Dr. Sharon McGuire ที่ โทร 619-260-7526

Appendix D

Information Sheet

Ms. Bulaporn Natipagon is a doctoral candidate in the Phillip Y. Hahn School of Nursing, University of San Diego. She is completing this research study as part of the requirement for Doctor of Philosophy Degree. Ms. Bulaporn, the researcher, is conducting a research study on the topic of the Menopausal Experiences of Thai Immigrant Women. The purpose of this study is to explore Thai immigrant women's experiences of menopause in order to help Thai immigrant women to have a healthier life.

To complete this research study, Ms. Bulaporn is interviewing Thai immigrant women aged 45-55 who experience changes or symptoms related to menopause.

You are being asked to participate in this study because you are a woman age 45-55 who was born in Thailand, have experienced changes or symptoms related to menopause, and will continue living in the United States for at least 3 more years. If you agree to participate in this research study:

1. You will be given an opportunity to ask questions about this study and this interview before you give verbal consent to participate in this study.
2. You will be interviewed for about 60 to 90 minutes at a place that is convenient to you.
3. In the interview, you will be asked the questions about how you feel, think, and/or experience menopause, and how you manage menopause.

4. If you feel uncomfortable, tired, or for any other reason, you can end the interview or ask to complete the interview at another time. You may withdraw from the study at anytime.

5. You may possibly be contacted for a second 60 minutes interview if the researcher requires more information. If necessary, she will contact you by telephone to set up another interview at a place of your choosing.

6. Audio taped recording and handwritten notes will be made of the interview conversations.

7. You understand that you will not be paid for your participation. Some interview questions may make you feel uncomfortable, but you are free to not answer or stop the interview at any time. A referral to a qualified mental health professional will be given to you if you desire.

In order to protect your confidentiality:

a.) A code will be assigned to the interview record

b.) Neither your name nor any identification will appear in both audio taped recording and note taking. All individual data will remain confidential. You will be assigned a made up name in all research reports.

c.) The interview records will be kept in a confidential place in a locked file with access only by the researcher. All records will be destroyed in 5 years.

8. You understand that there will be no direct benefits to you from participating in this study. The possible benefit from this study is that health care providers will better understand Thai immigrant women's health and menopause.

I understand the information contained in this form, and consent to the research it describe to me. If I have any further questions, I can call Bulaporn Natipagon at 619-772-1028 or contact her doctoral dissertation supervisor, Dr. Sharon McGuire at 619-260-7526.

Appendix E. Interview Guide

Appendix E

คำถามประกอบการสัมภาษณ์

1. กรุณาเล่าประสบการณ์เกี่ยวกับวัยหมดประจำเดือนให้ฟังหน่อยค่ะ

   รู้ได้อย่างไรว่าเข้าสู่วัยหมดประจำเดือน?

   รู้สึกอย่างไรบ้าง?

   มีอาการ อื่น ๆ ที่เกิดขึ้นร่วมในช่วงนั้นไหม?

2. ปฏิบัติตนอย่างไรบ้าง เมื่อมีอาการเปลี่ยนแปลงเกิดขึ้น?

3. อะไรเป็นส่วนสำคัญที่สุด ที่ช่วยบรรเทาอาการเปลี่ยนแปลงที่เกิดขึ้นในช่วงนี้?

4. กรุณาให้ความหมาย หรือ อธิบายความหมาย ของวัยหมดประจำเดือน

   คิดว่าจะเรียกหรือให้คำจำกัดความในสิ่งที่ตนเองประสบ ว่าอย่างไร?

5. คิดว่า วัยหมดประจำเดือนของคุณ มีผลกระทบต่อคนอื่นหรือไม่, อย่างไร?

6. คิดว่าจะประสบกับวัยหมดประจำเดือน แตกต่างไปหรือไม่ ถ้าคุณอาศัยอยู่ในเมืองไทย, อย่างไร?

7. อาศัยอยู่ที่ อเมริกา มานานเท่าไร?

   ชอบความเป็นอยู่ที่นี่ไหม, อย่างไร

8. สภาพการสมรส?

   มีบุตรกี่คน?

   บุตรอาศัยอยู่ร่วมกับท่านหรือไม่

9. มีอะไรที่คุณนึกได้ และอยากเล่าเพิ่มเติมบ้างไหม?

Appendix E

Interview guide

1. Tell me about your experience of menopause.

   How do/did you know that you are/were having menopause?

   How do/did you feel?

   What else do/ did you experience during menopause?

2. What do/did you do/did when you notice changes, feel uncomfortable, or experience menopausal symptoms?
3. What do you think is/was the most helpful aid during your menopausal transition?
4. Tell me in your own words what menopause means.

   How do you regard what you are/were experiencing?
5. How are your (menopausal) experiences influenced by other people?
6. What would be the differences in your experiences of menopause if you lived in Thailand?
7. How long have you lived in the United States?

   How do you like living here?
8. Are you married?

   Do you have children? Are they living with you?
9. Would you like to talk about anything else regarding your menopausal experiences?