CHAPTER 1

INTRODUCTION

This chapter presents the background and significance of the research problem, study purpose, research questions, and scope of the study.

Background and Significance of Research Problem

Concern for the health and quality of life of women in midlife is a compelling issue for health care providers and policy makers. With the success of the family planning program in Thailand, in conjunction with public health improvement, the age structure of the Thai population has changed dramatically through the last few decades (Wibulpolprasert, 2005). The average life expectancy of Thai women has steadily increased, for instance, from 68.9 years in 1986 to 74.9 years in 2002 (National Statistic Office, 2003) it is expected to be 80.3 years in 2025 (Wibulpolprasert, 2005). In 2005, women aged 40-59 years were approximately 24 percent of the total women's population, compared with women in other age groups, or more than 7 million persons; by the year 2010, this midlife population will be the predominant group (Wibulpolprasert, 2005).

Although Thai women have celebrated a longer life expectancy, they also have higher rates of illness and health care service use than do men (Fuller, Edwards, Sermsri, & Vorakitphokatorn, 1993; Sermsri, Pummanpuen, & Panya-Ngam, 2005) and also have overall well-being less than do men (Sobieszczyk, Knodel, & Chayovan, 2003).

The demographic change presents challenges in achieving quality of life for women in their later years. Particular attention needs to be paid to the next cohort of aging women, that is, those now aged from 40-59 years and who have the potential to be healthy elderly in the near future. The health of women, as determined from their own experiences, should be a major concern for study before any health program changes are implemented.

The midlife years are complex with various challenging experiences for women. Among those challenges are changes in physical and psychological health and social status through multiple roles in the family and work domains. In the physical domain, midlife is often the time when chronic illness or disease starts to manifest. Diseases associated with the aging process that pose risks for midlife women include high blood pressure, high cholesterol, cancer, osteoporosis, and arthritis pain (Alexandra, LaRosa, & Bader, 2001; Rousseau, 1998; Woods, Mariella, & Mitchell, 2002). There are also noticeable physical changes during midlife such as central abdominal fat deposit (Guthrie et al., 2003), stress incontinence, dyspareunia, loss of libido, vaginal dryness (Berg, 1999), and physical functioning limitation due to health conditions (Pope, Sowers, Welch, & Albrecht, 2001).

A study conducted in the United States found that nearly fifty percent of American women in midlife have health conditions requiring ongoing medical treatment (Wyn & Solis, 2001). In Thailand, a study in Chiang Mai found that the prevalence of pulmonary infiltration and cardiomegaly in women increased with age and were common after the age of 44 years (Bhuripanyo et al., 2000). The causes of death from preventable diseases among midlife women are obvious and need to be recognized by health care providers in their regard for women's health care.

In addition to physical concerns, midlife women have been found to suffer from more psychological distress. Evidence from various populations has shown that midlife women have a high prevalence of psychological stress (Ananthigo, 1998; Glazer et al., 2002; Ho, Chan, Yip, Cheng, Yi, & Chan, 1999; Muecke, 1994). However, the sources of stress in this age group depend on the social context in each country (Im & Meleis, 2001). Thai women in an urban area of Chiang Mai in the past decade experienced stress from their husbands' behaviors, including excessive drinking and gambling, as well as argumentative and abusive behaviors (Muecke, 1994). In comparison, a recent pilot study found that midlife women working as teachers in one public school of Chiang Mai reported that their sources of stress were job, personal, family, social, environment, and financial circumstances (Chareonsanti & Tiansawad, 2006). This distinction between the factors in two studies might be due to the different socioeconomic status and changing roles and status of Thai women, resulting from social change and time.

The rapid growth of Thai economic development has greatly improved women's access to social infrastructure, particularly education. Women have participated in paid work and are becoming the significant contributors for the country development, especially in professional. The proportion of women in professional work is rising due to the rise in educational levels (Wibulpolprasert, 2005). However, traditional attitudes toward gender still exist through traditional social roles expectation. At the university level, women are found mostly in the traditional female service occupations, such as social sciences, education, and nursing (Tonguthai, Thomson, & Bhongsug, 1998). Tonguthai et al. (1998) found that well-educated women are employed primarily in professions such as teaching and nursing. Moreover, women

tended to be underrepresented in the upper income categories and high positions in rank (National Statistic Office, 2003).

Although women's roles have been changing from those of previous generations, the social status changes experienced in midlife are always associated with positive changes, especially the increasing of self dignity and respected from others (Chirawatkul , Patanasri, & Koochaiyasit, 2002; Punyahotra & Street, 1998). According to Erikson's psychosocial theory (Waughfield, 1998), the task of midlife age is generativity versus stagnation. The main feature of generativity is a feeling of concern with producing, nurturing, and guiding the next generation (Lachman, 2004). In contrast, stagnation occurs when the individual turns her concern to one's own age group rather than to the younger generation (Whitbourne, 2001). Some women associated midlife with maturity, wisdom, a symbol of achievement and freedom, and a sense of satisfaction at having successfully raised their families to adulthood (Adler et al., 2000, Carlson, 1999, Jamjan & Jerayingmongkol, 2002, Woods & Mitchell, 1997). Working as professional, therefore, may be a social determinant which provides the women opportunities to fulfill their development of well-being in midlife.

On the other hand, demanding work and family responsibilities indicated the multiple roles of women may be sources of stress and subsequently may affect the health of midlife women. A study found that midlife women with demanding family and job responsibilities, along with higher education and income, had higher stress levels than less educated women (Kenney, 2000). The double burden from multiple roles responsibilities is even more pronounced for Thai women, particularly professional women.

Thai women have been socialized to assume traditional roles of virtually full responsibility for the household, the care of their parents, affiliated ill family members, and family finances, although they may also have outside employment (Choowattanapakorn, 1999; Muecke, 2001; Suriyasarn, 1993). Therefore, midlife professional Thai women may not have the opportunity to achieve their own goal easily because of the social expectations and the responsibilities placed on them. In addition, the multiple roles of women as portrayed in the Thai context may directly or indirectly influence the health status of Thai women, their health perceptions, and their health care practices. To provide holistic care for midlife professional women, there is a need for the health service to recognize the multidimensional nature of midlife women's health, the interplay of biomedical, psychological, and social factors influencing the women's perspective regarding their health meaning and health care in their daily lives. This study deals especially with those who are midlife professional women in Chiang Mai.

Being a professional woman in midlife in Chiang Mai may be challenging. Chiang Mai, which was a traditional society for more than 700 years, is being transformed by the profound socio-economic and demographic changes arising from globalization and growing industrialization (Chiang Mai Office, 2004). Increasing urbanization, the tourist industry, western media culture, and modern capitalist society all may affect the health, the roles, and the status of midlife women.

Women have improved their access to health information and modern medical care; however, the changes that come along with modernized society such as pollution and convenience foods, which cause chronic diseases, are pervasive and widespread

(Morrison, 2004; Nakachi et al., 1999). Such health risks are preventable by changing lifestyles and practicing better health behaviors.

Moreover, governmental bureaucratic reform may be an additional challenge for professional midlife women. The reforms have highlighted the importance of developing a new national management system based on efficiency, quality of life, and sustainability objectives (National Economic and Social Developmental Board, 2003). During the implementation of the reform, women may face a greater burden of work. For instance, a study found that during 2002-2003, women working as nursing faculty in one public university experienced frustration and perceived that working was the major cause of stress (Chumpirom, Taiyapirom, Parisunyakul, & Ratanawarang, 2004).

Although women's health has been a focus of Thailand health policy since the National Health Development Plan was formulated, the earlier plans had focused on maternal and child health, family planning, communicable disease control, and curative improvement and expansion. Not until the eighth plan (1997-2001), was the health care system transformed to focus more on human capacity in health, particularly appropriate health behaviors based on sound knowledge of real life situations in the holistic approach to society and it has recognized midlife women's health (Wibulpolprasert, 2002). Moreover, one of the foci of the Ninth National Economic and Social Development Plan (2002-2006) is to strengthen human potentiality as well as significant health determinants like socio-cultural and environmental factors (Wibulpolprasert, 2005). Such foci clearly render the need for integrative holistic health care, rather than modern biomedical care only for midlife professional women.

Unfortunately, the health care system in Thailand is dominated by the biomedical model of health, which focused on menopause, with a belief that midlife

women are defective and imperfect due to the presence of an estrogen deficiency disease (Seibold, Richards, & Simon, 1994). Consequently, health care providers may encourage women to be dependent on the health services for a therapeutic approach to control symptoms (Parisunyakul, Yimyam, Baosoung, & Sansiriphun, 2000). Moreover, studies of midlife women have focused on menopause symptoms and have largely ignored a holistic view of women's health experiences (Chaikittisilpa, Limpaphayom, Chompootweep, & Taechakraichana, 1997; Soonthornpun, 2000). As such, midlife women have been perceived as defective based on the medical model of disease and risk rather than being encouraged and recognized for their potential and their contributions to society.

Within the nursing arena, health and health promotion practices have been primarily studied from a western perspective, which differs in important ways from the eastern perspective dominant in Thailand. In general, the word 'health', or '*sukaparb*' [สุขภาพ] meaning state of happiness in the Thai language, is more like 'well-being' and reflects conditions to assure health, such as family, economic, and community circumstances (Sivaraksa, 2004). The meaning of health in Thailand may be culturally specific for Thais, with a focus on connection to and harmony with others. However, there are few studies that consider a midlife women's perspective in the context of Thai society (Arpanantikul, 2002; Chirawatkul, et al., 2002; Jamjan & Jerayingmongkol, 2002). Most focus on women's perception of their health regarding their menopausal experiences, without clearly understanding what health at midlife more inclusively means for them. The lack of body of knowledge from the women's

A clear understanding the meanings of health from the clients' perspective would pave the way of nursing practice to be consonant with the sociocultural context of midlife professional women. It is evident that the meaning of health is multidimensional and dependent on cultural experience. The concept of health perceived by women from several countries emphasizes a similar focus on equilibrium of basic needs, ability to perform daily role activities, and being free of disease and personal illness; however, they have different perceptions of health practices according to their sociocultural context (Daly, 1995; Higgins & Learn, 1999; Kenney, 1992; Rosenbaum, 1991; Woods et al., 1988). Those meanings illustrated different point of view of 'health' from that based on medical model, which focuses on physiological changes like menopause and ignores the sociocultural perspective influencing on health, especially in Thai societal context.

The health care system in Thailand for women mainly focuses on the biomedical model, rather than on a holistic approach in response to the women's perspective on the period that they are facing, with the transformed society and also the transformation of life. As the well-being of midlife professional women affects many others with whom they interact, give care, advice, or influence, a better understanding of midlife professional women's health meanings and health care can have far reaching importance. They are also the valuable people who have potential to be healthy elderly in the near future. These active citizens should be given opportunities to advocate on health issues of concern of them and to address the problems they would identify. There is a need

for research which enables a focus on women's issues and a commitment to research based on women for women.

Thus, a qualitative research informed by general principles of feminist inquiry is considered to be well suited, enabling an insight to health meanings that guide women's responses and behaviors in their situational context. The method will reflect midlife professional women's value of their own 'experiences' about their health meanings and their health care practices, and understanding the experiences of women from their own point of view. It is also anticipated that such valuable information would directly benefit to formulate a socio-cultural based intervention for Thai midlife professional women.

Study Purpose

The overall purpose of this study is to describe the meaning of health and identify practices among midlife professional women in Chiang Mai.

Research Questions

The specific research questions that will be addressed in this study are:

1. What is the meaning of health among midlife professional women in Chiang Mai?
2. What do midlife professional women do to take care of their health?

Scope of the Study

The study describes the meanings of health and identifies health care practices of midlife professional women in Chiang Mai. It relies on the in-depth description of women's experiences grounded in environmental, social, and cultural contexts. The study was conducted among midlife professional women who were teachers and nurses in one hospital and two schools in Chiang Mai, a province in the north of Thailand. This fieldwork lasted for ten months from May 2005 to February 2006.