

CHAPTER 4

FINDINGS AND DISCUSSION

This chapter presents the findings and discussion related to the research questions. The description of the study results is presented in three main parts. The first part provides the description of settings and demographic information of the study participants. The second part discusses the meaning of health based on participants' perspectives, followed by how participants take care of themselves. The concluding part discusses the findings.

Description of Setting and Participants' Background

Sociocultural Context of Setting

Data were obtained from participants who were teachers and nurses working in two schools and one hospital in Chiang Mai. All settings were selected for their accessibility and their high proportion of midlife teachers and nurses. All three settings were government organizations under the Ministry of Education. One school and the hospital were located in Muang District; the other school was located in Saraphi District, which was 15 kilometers south of Muang District.

Geographically, both schools have the same patterns of buildings and landscapes. Most of the main buildings have four levels without an elevator. Each

school has a noticeable gymnasium, which provides sport and fitness facilities for students and teachers. Colorful boards, printed with interesting topics regarding healthy behaviors, were displayed throughout the schools.

Both schools were participating in the project of health-promoting schools of the Ministry of Public Health. The school in Saraphi promoted public exercise programs in its official capacity as a designated community health promotion center. In both schools, there were activities such as having annual medical checkups for both teachers and students, and having exercise programs for them every evening.

The schools were also participating in the Buddhist practising school project. The project integrated Buddhist practice concepts [โรงเรียนวิถีพุทธ] for the moral and ethical development of administrators, teachers, and students. The school activities include Buddhist chanting every morning, integrating Dhamma Buddhism in teaching, having moral camps every semester, having activities for special Buddhist important days, and studying local wisdom.

The Strategic Plan for Thai Public Sector Development B.E. 2546-2550 sets out the aims of the Thai government to improve the quality of public services, to downsize government bureaucracy, to increase the competencies of public sector employees and to ensure responsiveness to democratic governance. Both schools were in the process of reorganizing their work processes, changing their organizational structure, enhancing teachers' abilities in using modernized facilities, especially computer and e-learning development, and preparing for a quality control survey under the educational quality control index of the Ministry of Education.

The teachers in both schools started their activities as early as 6.30 a.m. and worked as late as 9.00 p.m. They had at least 14-20 hours of teaching in class per week. During their classes they could not sit, as school policy did not allow teachers to sit while they were teaching. They had to stand or walk around the room during all of their teaching sessions. Besides teaching, teachers had extra duties such as being committee members in projects regarding school development, as assigned by the Principal. They had a fixed schedule for the weekly school meeting and urgent meetings as required by the school situations or projects. During the data gathering, both schools were closed occasionally by floods hitting Chiang Mai, and the teachers had to make up their missed classes during weekends.

The hospital is a university hospital, which provides services for patients in the northern region of Thailand. It has 1,358 beds; or, more than 4,500 patients were admitted to the in-patient wards and more than 700,000 patients used the out-patient services each year (Maharaj Nakorn Chiang Mai Hospital, 2006). The hospital was undergoing health care reform, which had a growing emphasis on improving quality and at the same time reducing costs (Office of the National Economic and Social Development Board, 2004). During the data gathering, the hospital was in the process of preparation for Hospital Accreditation by the Institute of Hospital Quality Improvement and Accreditation.

Nurses in the hospital worked in three rotating shifts of eight hours each. Day shift was 8 a.m. – 4 p.m., evening shift was 4 p.m. – midnight, and night shift was midnight – 8 a.m. However, most nurses started their work one hour earlier than the official start time and stayed at least 30 minutes after each shift. The nurses were

always busy with patients throughout their shift. They always walked among or stood beside the patients' beds. Nurses could have 15 minutes for coffee break and one hour for lunch or evening meal during the day or evening shifts. In the night shift, they had only 15 minutes for coffee break.

Participants

Participants were twenty Thai women in Chiang Mai in midlife, whose ages ranged from 40 to 59 years, with a mean age of 50.10 years. All of them were Buddhists. Ten were married and seven were single. Most of the participants had completed a Bachelor's degree; two had a Master's degree. Of the 20 participants, twelve were teachers and eight were nurses.

Individual monthly income ranged from 15,000 Baht to more than 50,000 Baht (mean 31,323, S.D. 9674.76). Six women held administrative positions in their organization. Half of the women ran a private business such as selling insurance, or working as a company representative for selling health products. One was the owner of a private tutorial school. Twelve women took responsibility for being primary care providers for their elderly parents.

In terms of menstrual status, eleven women were menstruating. The others had ceased menstruation; seven had ceased menstruation physiologically, and two had no menstruation after hysterectomy. Five women were on hormonal replacement therapy.

According to self-reports of the participants, all of them considered themselves as having an illness, which ranged from occasional annoying symptoms through to

chronic illness. Four participants reported chronic illness requiring a continuous course of medications for such conditions as hypertension, diabetes, and hypothyroidism. Of eight participants who had high blood cholesterol, two required medication. Most participants had annual medical checkups.

Among teachers, most of them (ten out of twelve) had annual physical checkups provided by the school health promotion program. Among nurses, most of them (six out of eight) had an initial physical checkup in the previous year provided by the hospital, according to the hospital accreditation staff.

Research Question 1

The first research question, “What is the meaning of health among midlife professional women in Chiang Mai?” sought to discover meanings of health among Thai women who were working as either teachers or nurses in Chiang Mai city.

From the point of view of these professional women in midlife, health was a comprehensive concept encompassing basic interrelated components of body and mind. The interrelation between body and mind was explained by most of the women when they talked about the meaning of health: “*Body and mind is related...If I am stressed, I feel inactive*”, and “*both body and mind can not exactly be separate*”. They perceived that mind has more power than the body; therefore, the mind is likely to be in control, whereas body appears to be the follower: “*mind is the boss and body is the follower...if my mind is happy, I will work smoothly...if my mind is not happy, I will have headache or stomachache*”.

Health is also viewed as a dynamic state and an outcome of personal practices. It involves both personal health behaviors and social factors such as family, colleagues, and organizations: *“health can be changed such as with age or any cause...it may be better or worse”* and *“the understanding from my family gives me joyfulness, to recover from my illness well”*. Health is perceived as unique for each individual, and is considered the optimal state of wellness for a given person, based on her potential and her circumstances: *“health depends on my intentions and my health behaviors, and is also involved with a healthy environment such as support from family, colleagues, and organization”*. Moreover, health is also viewed as valuable for the women, and the consequence of health is happiness: *“the one who has a healthy body and mind is the luckiest person in the world and she will be happy always”*; and, *“healthy is lucky”*.

‘Being able to maintain normality’ was a major theme that emerged from data analysis in response to the study question. Within this theme, there are two categories including being capable of managing ‘multiple roles’ productively and being capable of having a normal state of physical functioning and emotional stability. A

description of the theme, including quotes from the in-depth interviews, is provided in the following section.

Being Able to Maintain Normality

Being able to maintain normality means the personal capability of a professional woman in midlife to effectively fulfill her multiple roles and expectations, whether professional or family and household, and to gain well-being

based on her age by having a normal state of physical functioning and maintaining emotional stability.

Health as being able to maintain normality was an essential aspect of the women's being. What was of concern to the women was their resourcefulness to face physical changes associated with age while still having to fulfill their multiple roles arising both from their family obligations and from growing demands for productivity within their professional roles and responsibilities. As one participant said, *"If my health is not normal, everything will collapse the same as in a domino game...my work, my life, my family."*

The meaning of health as being able to maintain normality was manifested in the women's capability to carry out 'multiple roles' productively, and in their ability to maintain normal physical functioning and emotional stability.

Being Capable of Managing 'Multiple Roles' Productively

Being capable of managing 'multiple roles' productively involves the women's perception of their responsiveness to their professional role expectations and to their family roles, based on gender role expectations of being a Thai woman in the family. The women recognized that professional role expectations were based on their position and professional experiences within their organizations. Most of the women devoted themselves to their profession; as such, they called themselves *"working women"* and defined midlife years as *"the working age"*, which revealed that they placed great value on their work and their professional responsibilities.

From this perspective, women perceived that health was their ability to do their work

effectively and successfully. Successful productivity or higher promotions each year were always seen as indicators of being healthy by the women: *“I am healthy because I can work and my work is always a success...I get a promotion every year...my projects are always accepted by others”*.

Women perceived that their family roles were based on gender role expectations of being a Thai woman in the family, which included being a primary caregiver, a mother, a wife, and a daughter with unconditional respect for parents: *“For being a woman, it is common that we have to look after our family”*, and *“I am a daughter and I am happy that I can look after my parents...I prepare food, clean the house, clean their clothes, take them to the hospital when they are sick”*. Women believed that effectively fulfilling family roles and responsibilities were indicators of an achievement which brought with it well-being for the women. The achievement was a reward by which they gained a sense of self-value and being able to contribute: *“caring for elderly parents brought the feeling of pride as being a grateful daughter”*. Health from this perspective is the personal capacity to effectively fulfill their women’s roles for both their immediate families and elderly parents.

The participants focused upon capability for work as an important aspect of individual health status. Most participants reflected that they were healthy because they could carry on their work; however, they had noticed that the declining of physical functions made them slower in working: *“I can not work as quickly as in my previous age”*. They perceived that midlife was different from the other ages because their energy is declining -- *“weaker than my previous age”* -- so that midlife women could not do physical work as vigorously as in a younger age. The great concern of women over the physical changes of aging was not physical attractiveness but rather

loss of energy and vitality for their daily roles and responsibilities: *“I do not care for my physical attractiveness when I have weight gain but I do care that I feel low and have a decline in energy; and, you know that being overweight leads to many illnesses, including my backache when I work”*. Declining physical functions and signs of aging (such as decreased muscle strength, slowing bodily movements, back pain, body aches, poor eye-sight, and forgetfulness) which affected the capacity for working, made the women reconsider their health status. As one participant noted, *“I am annoyed with forgetfulness and it makes me consider my health”*.

They perceived that the ability to maintain work capacity was based on age, or at least that they could work for the required time of 8 hours in their workplace. The perception reflected that the women tried to incorporate these changes into their lives, so as to move forward with their work within any limitations caused by aging.

- Midlife is different from other ages because health is deteriorating with age. The energy is declining so that midlife women can do physical work less vigorously than other ages do. Healthy midlife women are those who can work actively for their age. I said “for their” age because I do not compare myself with teenagers...Healthy midlife women must work actively for about eight hours.
- Midlife is different from previous ages...When I was younger, I feel that my immunity was good; at least after the night shift I could wake and be fresh but now I know myself that I have a sleep hunger after my night shift...my health is declining ...I need good sleep at night more than in my previous age...I have to sleep more hours before my next night shift to be able to work effectively at night...The nature of nursing is to work day, evening and night shifts...Working in the night shift is too tiring for me.

In addition to professional capability, women also emphasized health as vital in order to be successful in carrying their family role responsibility. In their personal

lives, women's daily demands focused on the roles of nurturing and the well-being of their family members. The women required their capability for fulfilling their domestic arrangements, as they took responsibility for all household chores. Most participants did not have a housemaid. All housework, such as cleaning and cooking, was in the hands of female family members, mainly the participants themselves. In addition, the women also provided psychological support for their family members. Having the personal capability to maintain their ability to work for the family reflects the potentiality and the gender roles of Thai women.

- Health means being able to look after my children and my husband...If I am sick or have not enough strength, I can not service them in daily life such as cooking, driving my children to school, or cleaning house as usual...I do all of the housework by myself...I am happy to see them healthy and happy.

Recognition of the expected role responsibility as a daughter made the women accept the responsibility to “pay back” their parents by taking care of their well-being. The women had to provide their parents with all physical, emotional, and economic supports, whenever they were ill or not. They provided support to their elderly parents, whether they lived with them or not. The women perceived that the fulfillment of the expected roles and responsibilities to their parents gave them the reward of being recognized as a good daughter.

- Health means being able to look after my parents as best I can... especially for my (paralyzed) mother ...If I am sick, who will look after my parents?...their well-being depends on me...They live with me and I am also satisfied that I can do for their comfort...buy medicine ...cook ...clean the house...At present, I do my best for them, my house is neat

and clean, food is available for their every meals...I pay back to them with my full potential.

- Health means to do my responsibility as a daughter...I go to visit my parents every week...every weekend I clean their house, cook and wash their clothes...Every day I phone them...I bring them to see a doctor every time of follow up...pay for their medication...I make decisions if they have any problem with their health.
- Health means that I can do all my work at the hospital, at my house, and at my father's house as usual... I have been taught since I was young that I am a daughter so that I have to do all the house work and have responsibility for the well-being of the entire family ...People in my village always accepted me as a good daughter who pays back to my parents.

Being Capable of Having a Normal State of Physical Functioning and Emotional Stability

Being capable of having a normal state of physical functioning and emotional stability means that the women have the capability to have good physical fitness and cognitive potential, in order to maintain their ability to fulfill their daily roles, and not to have preventable or uncontrolled chronic illness and menopausal symptoms. In

addition, they also value the capacity to manage and control their emotions in order to maintain a peaceful mind and serenity while facing undesirable situations or stress. In

midlife years, most of the women perceived that their bodies were changed not only by the natural process of aging but also by illness. Both conditions impacted upon their capacities to effectively fulfill the growing demands of professional and personal

roles and responsibilities, which consequently would affect their well-being.

Capable to have physical fitness and cognitive potential. This subcategory referred to a state of having physical fitness and tolerance for the changing physical and social environmental demands, endurance for all necessary tasks, being able to think clearly and constructively in order to continue to gain knowledge, and maintaining physiological functions in daily life. Physical fitness was required because most participants had physical activities all day, both from professional requirements and in their personal lives. It was perceived as a crucial resource for the women to complete their professional responsibilities. Women's professional roles required them to be present in their workplace at least eight hours per day, and five days a week with the physical skills required in their professions. They had to stand or walk around different places within an uncomfortable and changing environment. Therefore, they need the ability to tolerate such environments, to keep their physical fitness.

- Health means I must be normal or I must have physical fitness...It means that I can stand and walk for hours in my class...I teach sciences, either through experiment or lecture,.. I have to walk around the class to give them advice...I must have physical fitness...my legs must be strong enough to make my way, to walk around the room as usual...to look after my students as usual...I can walk as far as others do. ... I do not get cold when it rains and I can tolerate the sun and heat.
- Health is our daily life. It is about bodily fitness...having good immunity and being able to tolerate cold or hot temperatures. ... An unhealthy person is the one who has problems when faced with anything such as being cold, tired...fainting, weary, or easily complaining when walking a bit far.

Furthermore, working as a professional woman requires a combination of cognitive ability and physical functioning. Being a professional required the women

to work actively, be creative, and to continually update knowledge in their professions: *“to be a teacher is to be active...we must have up-to-date knowledge to teach students”*. Most of the participants recognized that their ability to think was declining with age. They considered their brain function when they experienced forgetfulness: *“the forgetfulness makes me nervous...what is happening in my brain”*. Moreover, they perceived that they were more forgetful when they were in midlife because of the aging process and some loss of concentration.

While the ability to think rationally and to learn were the signs of healthy midlife women, forgetfulness was perceived as an indicator of unhealthiness for the women: *“to forget means unhealthy”*. Women had great concerns about their good memory as they indicated that they would take early retirement if their forgetfulness worsened. In addition, being able to succeed in professional work, especially in the Civil organization, the women have to undertake intellectual activities for both professional and personal knowledge development. They had to engage in professional seminars as required for their professional position and ranks. The intellectual activities included thinking, reasoning, remembering, and learning.

- Health is having the ability to think...To be able to think is important to my work; for instance, I must create interesting health projects ...bring students to present their projects, to compete with other schools...We have always won the first prize every year...I am always invited to the professional conferences...If I do not have this ability, I can not do those works...If I do not have knowledge, no one will invite me...I can not stop doing those works...I am riding on the tiger's back. I can not get down; otherwise I am failing or retiring from my work.
- After my 52 years, my memory is getting worse...it interferes with my work because I could not remember people's names...I was such a knowledgeable person and was consulted by other colleagues...it is my

value that I know more than others and can help them, with my ability to think rationally and to learn the advanced knowledge in nursing and about disease...I was always working creatively and successfully...Now, I am annoyed with my short memory, which makes me tired of myself...I do not want to do as much work as usual and start to think about early retirement.

- Healthy midlife women are those who always learn and think rationally to manage their daily life...The ability to think and to create new ideas satisfy me with my productivity... I am lucky that I am healthy because I can think rationally in order to create my work and be successful in my profession...I can think to manage for the well-being in my family too.

Not having preventable or uncontrolled chronic illness and menopausal symptoms. This subcategory referred to not having any preventable or chronic diseases, disability, or sickness, which is related to the degenerative nature of aging and to menopausal symptoms. The women had learned that elderly persons were likely to develop degenerative chronic diseases including heart disease, diabetes, renal disease, hypertension, liver disease, and lung diseases. When they recognized having some physical changes of aging, manifested by such symptoms and signs as tiredness, muscular weakness, bone pain, and high blood cholesterol and sugar, they were aware that they were possibly going to have a chronic disease as they aged and they had to manage their lives to avoid the diseases. In women's perspective, although sickness is unavoidable for women of their age, it is often manageable. Most women perceived that illness brought with it the situation of being unable to meet their expected role responsibilities and the burden of disturbing others by asking to be looked after, and the costs of treatment including the expenditure of money and time for doctor visits or medication.

- Health for midlife means not having aging diseases. It means that the young or those who are not yet in their early forties should not have those five chronic diseases such as hypertension, liver disease, diabetes, renal failure, and heart disease...These diseases are degenerative aging diseases...If we are getting old, or after 60 years, we might have them...I saw many retired women who have those diseases...I saw those who have chronic diseases such as heart and renal failure spend a lot of money for treatment.
- Health means not having serious chronic disease such as diabetes ...On the other hand, if one is sick with serious chronic disease such as hypertension and she has followed the doctor's prescriptions and been able to manage herself or to control the disease and its complications, she is considered healthy... illness makes me uncomfortable and unable to effectively do my work.
- Health means not having chronic illness, no pain, no need to go to see a doctor...for example, I consider myself healthy because I do not have any problem which requires doctor visits.

In addition to not having uncontrolled chronic illness, health also includes the notion of not having uncontrolled or severe menopausal symptoms. The women perceived that menopause was a specific natural event for midlife and a sign of aging but that its symptoms were preventable and treatable. Women had experienced menopausal symptoms differently. Not every woman considered menopausal symptoms as requiring hormonal replacement therapy or regarded the symptoms as a disease. Those who had few uncomfortable menopausal symptoms and could tolerate or manage the symptoms did not consider it as illness. On the other hand, those who could not control or tolerate the symptoms, to the point that they could not effectively work, required counseling and treatment from the doctor at a menopausal clinic or “*wai thong clinic*”.

- If we can not manage our menopausal symptoms, we are unhealthy or abnormal...menopausal symptoms such as hot flashes and sweating can be prevented for its seriousness if we have knowledge how to manage ourselves during our menopause...Many midlife women do not go to see or consult a doctor because they are normal and they can manage themselves ...Those who visit a '*wai thong clinic*' are those who have problems with symptoms and can not control them by themselves...It is impossible not to have menopause because it is a natural event for us but we can control or manage its symptoms by ourselves.
- For midlife women, health must include menopausal symptoms...Severe symptoms or symptoms which interfere with daily life are considered abnormal...For those who are healthy, they do not have severe symptoms or they can manage their symptoms...Menopause is a normal event of midlife women but we will not know who will have such severe symptoms and when...It is individual experience...My symptoms differ to my other peers' ...I had fever and could not wake up to work for a week...A doctor advised me to visit a '*wai thong clinic*' and I have been treated since that time...If we can not tolerate its symptoms, it is time to see a doctor...to treat it for its abnormal symptoms.

The women considered menopausal symptoms such as hot flashes, hot flushes, sweating, and irregular menstruation as illness when the symptoms were beyond their control and interfered with their work capability and well-being. Menopausal symptoms which are beyond personal control would be considered as abnormal

physical functioning and the women might be seen to be mad or '*lom pid dearn*' [ลม

ผิดปกติ]; so, the women need to be advised at a '*wai thong clinic*' to regain their

physical functioning. Uncontrollable menopausal symptoms, such as night sweats

and hot flashes, were also perceived by the women as a leading cause of sleep

deprivation. Their sleep pattern was disrupted so that they felt tired, irritable,

forgetful, and unable to concentrate. However, the women perceived that occurrences

of menopausal symptoms were temporary. This view reflected the women's

- Health for midlife must be normal...normal means not having serious symptoms during menopause such as hot flushes until I can not work...I had irregular menstruation for many months and I understood that I am getting old...However, I was sweating and had hot flashes, which were so uncomfortable and the symptoms interfered with my capacity to work...I was irritated and I was afraid of an inability to do all my responsibilities...I considered myself abnormal, unhealthy, and I was afraid I would be mad or have ‘*Lom pid dearn*’, which means an abnormal person or a mad woman caused by hormonal changes and leaving it untreated...I must be normal as usual...and do all my responsibilities well as usual. So I went to a ‘*wai thong clinic*’ for treatment...I can control its symptoms by using hormonal therapy.
- Health is normal functioning of our body...and not any abnormal symptoms...including severe menopausal symptoms or symptoms which irritated our daily life...I have abnormal responses to warmth and cold which are different from others...In winter, when they were cold, I was warm and needed to use a fan...the symptoms always occurred in the night and woke me up...I could not sleep well and was restless with having headache all the time...I was so fatigued, lost my concentration, lost my memory...I was afraid that I would have Alzheimer’s from my severe forgetfulness so that I went to ‘*Wai Thong Clinic*’...I used hormonal therapy to decrease uncomfortable symptoms of menopause...I plan to use the hormone for one or two years or until my symptoms disappear.

Capable of maintaining emotional stability. This subcategory refers to the capacity of individuals to manage or to control their emotions and to solve problems in a positive manner in order to maintain a peaceful mind and serenity while facing undesirable situations or stress. Capable of maintaining emotional stability, from the women’s perspective, was indicated by a sound mind, calmness, and positive moods

such as happiness and peace. Women perceived that emotional stability was their inner strength to successfully solve their problems. They also believed that, with emotional stability, they could face the occurrence of unpredictable changes without panic.

During their midlife years, they were several undesirable and unpredictable situations that could be sources of the women's stress. These situations might be related to their work or family. Causes of work stress described by the women included unfinished work, work overload, pressure from high expectations, and conflict among colleagues. Family situations that made the women felt stress were illness of family members, family safety concern, and family debts. In addition, hormonal changes due to menopause were a cause of emotional irritation. The combination of emotional irritation and stress had activated physical symptoms such as bowel irritation, migraine, and peptic ulcer. Women accepted that stress and undesirable situations were manageable.

- Health means not too much stress...if a person can manage her source of stress in positive ways, and not attempt suicide, it means she has good psychological health...It is our inner strength to face situations with stress...Stress might be work overload or high expectations from the head nurse... if there is stress but I feel I can control it, manage it well, and not have too much stress, it will be good.
- Health is normal living or living that does not cause any problem to others...I mean normal in both body and mind...some women at midlife are irritating and have problems with others without controlling their emotions...they are unhealthy... It is common to have stress at midlife because there are many situations that lead to stress such as work overload, bad relationships in family and so on...If I feel stress, I know it myself from my irritated bowel, either constipation or diarrhea...I know that it is abnormal...If we can control our emotion and be calm, we can face any difficult situation...it might be our bodies' changes or problems in

family...just be calm and have strength inside to solve problems without panic.

- Health means having a sound mind...unhealthy means having stress... At midlife, it is normal to be irritated with physical and emotional changes from hormonal changes but a normal midlife woman is the one who can manage herself...she will not be irritated or having bad temper from her changing hormones caused by menopause...she can control her emotions...she is calm.

All women were aware of the consequence of chronic stress for their physical functioning and well-being. They believed that stress was associated with cancer and with noticeable symptoms of insomnia, restlessness, irritability and difficulty in concentration. In the women's perception, capable of maintaining emotional stability was viewed as having positive moods such as calmness, and not having negative moods such as irritation, preoccupation, worry, distress, or extreme feelings. Women perceived that those who had emotional stability would have good relationships with others, be delightful, be calm in all experiences, and not have extreme expressions of emotion in undesirable situations.

- A healthy person is one who is not sad...her voice is not aggressive...calmness...be able to control her emotion...has good relationships with others...works and lives happily with others...I had an experience of too much stress for a year and I had difficulty to sleep...I was insomniac and irritated and I told myself I could not be that way...too much stress and chronic stress will lead to cancer...I know that.
- In daily living, a healthy woman is the one who can live normally by having normal emotions...not too extreme expression either in happiness or sadness...serene...not to make a loud noise or be fussy.
- Health is not too much stress... too much stress leads to cancer...Manage stress well...having a smiling face... having a good mind...when facing

any undesirable situations, she is calm...not having stress will let you be happy and healthy...not aggressive.

Research Question 2

The purpose of the second question, “What do midlife professional women do to take care of their health?” was to understand the experiences of, and ways that, Thai teachers and nurses working in Civil organizations in Chiang Mai protected/maintained their health. In-depth interviews were conducted to answer and to validate this critical second question. Findings reflected that women integrated their own perspective of health, ‘being able to maintain normality’, into their behaviors.

Women in this study emphasized the importance of health care practices for their own health. Most of the women found themselves experiencing a deep internal shift around the forty-five to fifty year mark: *“when I was forty-eight, I could feel change deep inside myself, that my health is not the same as it was”*. Their comfortable world appeared to be changed as a major life transition began: *“never know what will be changed next”*. Not only had their previously predictable bodies changed but also their emotions had been changing. Many women recognized that they were more mature and knowledgeable. They gave the first priority to health as it would lead to task accomplishments: *“my health is my number one priority; then my work both at school and family will follow”*.

The women began to pursue ways to maintain health when they recognized their health risks according to changes in their health status. Their perception of health risks and health problems was a result of their observed bodily changes, for example *“big belly”* or *“muscular and joint pain”*, or health information obtained

from their annual check up such as, “*high cholesterol and high blood sugar*”. Most women were aware of their health changes from their feelings of energy decline, or in their term as having a “*low battery*” and feelings of weakness: “*becoming short of breath when doing an activity such as walking up three flights of stairs*”.

As a result of recognition of being in a ‘health risk group’, or having health problems, these women started to consider ‘*rearranging their ways of life*’ by adopting activities they considered ‘good’ for maintaining their health functioning. In other words, they began gradually to change their daily life activities to deal with their changing health conditions, either health problems or other forms of suffering such as headaches induced by high blood pressure and having experiences of stress-related symptoms such as irritated bowel. They actively continued to rearrange their lives, to make day-to-day attempts to restore, maintain, or achieve health: “*I try in my everyday life to maintain my normal health as it used to be*”. While not all women were immediately upset by their health risks, they were without doubt aware that the intrusion of health changes associated with middle age meant “*life will not be the same*”.

Rearranging Their Way of Life

Rearranging their way of life refers to the ways in which midlife professional women changed their life in accordance with their age and state of health. To accomplish the women’s ultimate goal of role achievement, their normal healthiness must be maintained. However, the women recognized the declining of their physical functioning such as “*constipation, decreased hours of sleep, and decreased strength*

and endurance” and their susceptibility to having some chronic diseases. This recognition encouraged them to consider the necessity to make changes in their way of living. Moreover, the increasing responsibilities inherent in the women’s multiple roles, which required much energy, both physical and psychological, to complete their tasks, influenced their awareness of the need to make changes in their way of living. Based on their knowledge obtained through self-learning, health professional advice, public media and health products advertisements, the women chose to make changes by readjusting eating styles, initiating consumption of nutrients and vitamin supplements, making an effort to have more exercise, taking precautions against risk of accidents, and modifying known ways of reducing stress.

Readjusting One’s Eating Style

Readjusting one’s eating style refers to women’s modification of their eating habits, specifically, to consume food which they perceived as *‘food for health’* or food that had benefits for their health, particularly during midlife. They believed that such food could resolve or diminish women’s current health problems and health risks, such as weight gain. Moreover, food for health could prevent or delay chronic diseases associated with aging, such as diabetic and osteoporosis. According to women’s perspectives, food for health referred to those foods with essential nutrients, fewer amounts of cholesterol and calories and adequate fiber, as well as clean food or foods purified of chemical toxins, such as organic food.

Prior to midlife, the women did not pay much attention to consuming food for their health; rather, they preferred food for their satisfaction: “*eat what I like...chose*

food for my own satisfaction” and *“all you can eat”*. Upon entering midlife and recognizing health problems related to the midlife years, either from experiencing their own health problems and health risks or from observing their parents and their colleagues’ suffering from health degeneration, the women began to manage themselves by changing their eating styles in various ways, which included controlling the amount of food intake, changing sources of nutrients, and choosing safe foods. They emphasized changes in eating based on appropriate quantity and quality of food in various ways, either to avoid/reduce unhealthy food or to approach some questionable types of food with caution.

Controlling the amount of food intake. The women controlled the amount of food intake by consuming a lesser amount of food each day and reducing the quantity of carbohydrates and fats. The women considered that food should be consumed in accordance with age because, during midlife, it is easier to become fat: *“food has changed with age because when we are younger we need food for our growth and development but when we are old, we need food to maintain our body”*; and [it is] *‘easy to be fat’*.

Recognizing the ease of weight gain, the women decreased the number of meals from three to two in a day. Although it was found by observation that the bodies of the participants were slim, all of them nevertheless considered themselves as having *“weight increasing and being fatter than when I was younger”*. The changed eating style was confirmed by the researcher, who observed that most of women skipped meals; either the morning or evening meal, and that they had a small dish for their meal.

- I have decreased my number of meals and amount of food since I was fifty because I observed that having three meals a day is overeating and my weight increased...it is because the physical metabolism is declining by age...I used to have two or three big spoons of rice but now I have only a small spoon for each meal...I do not eat dinner.
- Now, I select food to eat carefully when I am getting old... I have only two meals instead of three meals as usual...Mostly, I combine my breakfast and lunch to be one meal by having it at ten o' clock.

In addition to consuming a decreasing amount of food, women changed their eating style by reducing the intake of carbohydrates and fats and by paying attention to nutrients or the amount of carbohydrate and fat. The women reduced their intake of starch, sugar, and fats when they recognized that they had high blood cholesterol, high blood sugar, and weight gain. They controlled their sugar consumption by avoiding sweet foods such as sticky rice and desserts. They changed to eat brown unpolished rice, which was perceived as having less sugar than sticky rice they had preferred. The women avoided some fatty foods such as deep fried food, bakery products, and pizza, which they perceived as causing them to become fat.

The women also replaced beef, pork, and chicken with fish, that was perceived as having less fat than meat, pork, and chicken. Some women were successful in reducing their high blood cholesterol after controlling their fat consumption. Their meal was always composed of fish and they did not eat dessert after meals, even in the gathering occasions such as professional seminars and parties.

- I am concerned about sugar consumption because I put on weight...excessive sugar intake can contribute to the risk of diabetes...I have high blood triglyceride and fasting blood sugar...my doctor gives me advice that I must control my eating of sweets such as sticky rice and

dessert...I have brown unpolished rice or boiled rice instead of sticky rice although it is not tasty as sticky rice, as I used to have since I was born.

- I have less junk food or those KFC, pizza, or mama (instant noodle), which I like to have the most ...I used to eat bakery foods with rich cream...I know that those foods are fatty food and make me fat and [cause] high blood cholesterol...I changed my eating style since I found myself with high blood cholesterol and gaining weight”
- I also changed to eat brown unpolished rice, fish instead of pork or chicken, olive oil, and soy bean milk instead of cow milk because I have high blood cholesterol...I used to have yogurt made from fat free milk but my blood cholesterol was still high until I changed to use soy milk and have such kinds of food, [and] my blood cholesterol decreased.

Changing sources of nutrients. The women changed their types of food intake when they had experiences of having health problems such as irritated bowel, constipation, loose teeth, and osteoporosis or of being uncomfortable due to changes in physical functioning according to aging and menopause. Moreover, most of the women also perceived that they were at risk for chronic diseases such as hypertension and diabetes from observing their family members’ diseases and from analyzing their previous eating styles: *“I know that I am at risk for hypertension because my parents have hypertension and my (paralyzed) mother had a stroke from hypertension; and, I used to eat high cholesterol food such as sea food and deep fried egg; so, I have to change my eating style”*.

The women avoided some types of food: ‘to eat less’ and increased some other types of food: ‘to eat more’. They started to search for nutrition information concerning their health conditions from various sources, including medical text books, lay magazines, and the internet. They then selected food either in terms of quantity or quality of nutrients from the basic food groups, to ensure sufficient nutrients: *“having*

all five groups of foods, carbohydrate, fat, protein, mineral, and vitamin". Moreover, they selected food for its nutrients and food known as preventing certain diseases of concern, such as Chinese celery for preventing hypertension.

With the effort to have sufficient nutrients to prevent diseases of concern and according to their health conditions and health risks, women changed their sources of nutrients to be more plant-based and to be less animal-based. For instance, they increased consumption of soy bean products in order to have sufficient protein and at the same time to decrease problems of indigestion resulting from animal protein. In addition to increasing the intake of plant-based food, they emphasized having their daily diet include all the essential nutrients, while simultaneously reducing the amount of cholesterol and saturated fat consumed: *"using olive oil instead of palm oil"*. They preferred to select food appropriate for the elderly, the so called *'elderly food'*. Such food was described as food with more vegetables that was easy to digest, rich in calcium, and soft enough for chewing.

- I have changed my type of food since I was fifty because I have problems with constipation and irritated bowel if I had meat without vegetables...I eat more vegetables and have less meat every day, like an elderly does in order to eliminate every day.
- I take precautions with food because I know my health problems from my own experiences since I was fifty. I have constipation if I do not eat vegetables. I also have dental problems, then, I can not eat food I like such as grilled pork and deep fried meat...I changed to eating porridge and other tender kinds of food such as steam vegetable and fish...In addition, I am diabetic and I learn from the internet what food I should have to control blood sugar ...If I do not control blood sugar I may have many complications such as damaged nerves...I change to eat unsweetened fruits such as cantaloupe instead of ripened mangoes...Changing my eating style just to solve my health problems.

- I have had joint pain since I was forty from my osteoporosis, which is the consequence of my menopause, from surgery and my hypothyroid drugs... We know that milk and dairy food products are rich in calcium but I can not have meat and cow milk because of its smell and I can not digest it ... I read many books and learned that tofu and green leaf vegetables such as collards contain rich calcium so that I changed to have more calcium-containing food such as tofu and green leaf vegetables instead of meat and cow milk... Tofu is also the source of protein for me because I do not eat meat, as I mentioned... I do not use a calcium supplement because I know that I can have calcium from food... a calcium supplement tablet is too big to swallow and also makes me constipated.

Choosing safe food. Women changed their eating style by choosing ‘safe food’ or food which they perceived free from chemical products -- or so called ‘clean foods’ -- or organic food and food rich in antioxidants, that are consumed in order to neutralize or eliminate toxins from their bodies. Kinds of safe food in the women’s perception were those food produced from known and certified sources, and unsafe food was prepared food with unsafe cooking styles such as deep fried and grilled food.

Women recognized the effects of free radical toxin damage on the aging process, with the potential for cancer. They perceived that their health could be damaged by getting more toxin substances from the polluted environment, especially air pollution from the rapid growth of Chiang Mai; consequently, they might develop cancer. The women learned from experiences of their former colleagues who died with cancer, especially cancer of the liver and breast, during midlife.

They selected foods which were produced from known and certified sources in order to avoid eating chemically contaminated food. They were concerned about contracting illness from eating ‘unsafe’ or contaminated food from lay markets. They

stopped buying prepared foods from food courts for which they did not know the quality.

- I stopped having unsafe food because I know that it is not clean or may contain chemical toxins, such as seafood and vegetables from lay markets which may be soaked in chemical solution ...I buy fish in packages which I know its sources and I also changed to buy vegetables from qualified and known sources of product such as *Doi Khum* (Royal Project)...I select the food court in the supermarket that has a certificate from the Public Health Department...I do not buy cooked food which I do not know what chemical or seasoning they use...it may store chemical toxins in my body and cause cancer.
- I have clean food or less toxic food, at least, to prevent cancer...I changed to having organic vegetables which are sold at JJ supermarket...JJ supermarket is known by its products of quality organic food.

In addition to eating clean foods to expose their bodies to less toxin, the women tried to eat food that they believed contains antioxidants, or so called '*food to eliminate toxins*'. The women perceived that free-radicals could cause premature aging and cancer so that they needed antioxidants to neutralize or eliminate the free-radicals from their bodies. They learned through personal experience how to get rid of toxins by eating food rich in antioxidants. The women modified their types of food by having more vegetables and fruits, which were perceived as having high chlorophylls, beta carotene, phytoestrogen, vitamin A, and vitamin C in order to absorb and eliminate toxic substances and, consequently, to strengthen their immune systems to resist cancer. The women always bought food from a food court in their workplace, which were certified by the health promotion program in the workplace; and, most of them had lots of green leaf vegetables and always had fruit such as papaya or orange after their meal.

- I also eat more vegetables, fruits, and alfalfa...alfalfa is a kind of small tree which contains chlorophyll, which can absorb toxins and gives me immunity by preventing free radicals in my body...Free radicals cause premature aging and chronic illness such as allergies and cancer.
- I changed to have several kinds of vegetables that have positive effects on my health such as, convolvulus contains high beta carotene which is good for my eyes and my immune system, to prevent me from getting cancer. Tofu and soy bean have phytoestrogen to prevent breast cancer.

Initiating Consumption of Nutrients and Vitamin Supplements

Initiating consumption of nutrients and vitamin supplements means the women began to use natural or artificial foods and products that were considered to prevent health risks, to restore their energy and fitness, to delay the aging process, and to decrease menopausal symptoms. Nutrients and vitamin supplements included energizing herbals and vitamins, either synthetic or natural. With the recognition of the decline in physical functioning during midlife, the presentation of aging signs, and the emergence of health risks, the women viewed the changes as an imbalance of nutrients and a deficiency of essential vitamins.

Although most of the women perceived that nutrients and essential vitamins could be consumed from their diet, a few nurses and most of the teachers initially consumed nutrients and vitamin supplements. The women were motivated by commercials and health professionals for the reason that those food products could improve their health problems, restore energy, and also prevent illness. Women

learned of the benefits of vitamins and supplements to their current health conditions from colleagues, relatives, or friends, who were mostly health care providers in the health business. Most of the women also had nutrients and vitamin supplements in

midlife in order to prevent free radicals in the body. Some women were introduced to use nutrients such as a protein supplement in order to replace natural protein that they thought was contaminated by chemical substances during the process of animal butchering. After having tried each product by monitoring their health and their feeling of physical strength, women might also further motivate their colleagues and entire family members to use the same food products and vitamin supplements.

Balancing nutrients intake. The women thought that nutrients and vitamin supplements were required to balance nutrients intake. They perceived that they were becoming elderly, which might involve unbalanced intakes in daily diets and decline in physical functioning, such as absorption of nutrients. They used nutrients and vitamin supplements in order to have adequate essential vitamins to restore energy and maintain normal body functions. Nutrients and vitamin supplements were considered to be “*elderly nutrients and vitamins*” or nutrients and vitamins suitable for the elderly; these included such items as calcium tablets, vitamin B 1-6-12, vitamin D and E. Most of the women started to have ‘elderly’ nutrients and vitamin supplements in their early forties or when they had health problems such as osteoporosis. Some of them started their vitamin supplementary regime after they became concerned about “*loss of fitness*” or finding it “*easy to be tired at doing physical activities*”, which were considered as resulting from an imbalance in diet, or so called “*dietary deficiency*”. Some of the women consumed nutrients and vitamin supplements with they believed to prevent chronic diseases or to resolve their current health conditions -- such as vitamin B for numbness, and garlic to reduce blood cholesterol. Moreover, most women took vitamin C, which in their perception was an

antioxidant against free radical cellular damage, and was useful to shorten the duration of colds and flu. Vitamin E and D were also used in order to prevent cancer.

- I have used vitamins as a supplement to my strength since I was fifty because I think I should have adequate essential vitamins to restore my energy and maintain my body functions...When we are getting old, our body may not absorb well so that we need to have vitamins to balance our intake...My sister, who is a doctor in nutrition, told me to have wheat grass to restore my physical fitness...I read a magazine that the horses in North America eat wheat grass and they are energetic...I use calcium tablets to prevent osteoporosis...my doctor gave me folic acid to prevent anemia because I am a Thalassemia carrier...I have vitamin E and D to prevent cancer...a capsule of fish oil, and a tablet of garlic product to reduce my cholesterol.
- My doctor, who is also my friend, introduced my husband and me to elderly vitamins such as vitamin B to prevent numbness in hands and legs...I have other protein supplements in the morning, introduced by my brother...because I did not eat enough meat in a day and I was easily tired...and because I do not want to eat those meats, pork, or chicken, which might be contaminated with chemical substance during its process.
- I have had natural vitamin C since I was forty, when I had severe flu...I encourage my entire family to have vitamin C too...I read articles written by a doctor who encourages natural therapy [ธรรมชาติบำบัด] that we can get vitamin C for 1000 mg per day to restore our immune system and to help eliminate free radicals which cause chronic diseases, such as cancer; and we can have 3000 mg in case we had sickness...after all I did not have flu for many years so far...or if I have a cold its duration is shorter than in previous times.

Initiating anti-aging nutrients. Women perceived that their menopause was an alarming sign of aging. In the women's perspective, menopause, either natural or surgically-induced, was a sign of estrogen hormone deficiency, with subsequent loss of youth and discomfort with menopausal symptoms. Although women accepted that menopause was unavoidable, they thought its symptoms and signs of aging should be

managed. From observed wrinkled skin and freckles on the face and skin, women were concerned about losing their youth or “*not looking young*” so they used ‘*anti-aging nutrients*’ and vitamin supplements against the aging process. They learned by searching for information of anti-aging nutrients and vitamin supplements from various sources including health providers and magazines. Based on the belief that they should “*take care of the inside so the outside looks good*”, some women started to use anti-aging nutrients after they found that creams and beauty treatments could not resolve their skin problems. Some of them used anti-aging nutrients after they noticed changes in physical functioning. They tried several kinds of nutrients including natural and synthesized products until they found the one they preferred. Most nutrients used by the women were processed food products such as ginseng essence, bird nest, chicken soup essence, and supplements such as lecithin and zinc.

- In midlife, we should know that we need anti-aging nutrients and supplements to restore our youth...the ancients might use soy milk to release menopausal symptoms...I had it for many months but it makes me fat...I then used hormonal, ginseng, and lecithin instead...ginseng essence prevents wrinkled skin... we need to eat and have balanced nutrients from inside our bodies rather than cover from outside...it is the same as wounds...we can not use only topical medicine...we have to eat antibiotics to fight back the germs from inside...hormones, ginseng, lecithin, and vitamin work the same as antibiotic for fighting our aging signs.
- I have had lecithin and zinc for many years...my nephew who is a pharmacist told me that at midlife we need essential nutrients to delay premature aging...I read from magazines that lecithin and zinc help tissue regeneration and wound healing.

Making an Effort to Have More Exercise

Making an effort to have more exercise means the women were trying to have more exercise in a manageable way; that is, to integrate regular exercise into their daily life. Prior to midlife, most of the women did not have exercise as routine activity because they thought that they had physical activities all day: *“In the past, I thought I had enough exercise from pushing, pulling and lifting the patients”*, and *“I stood for hours in my work and it was enough for my fitness”*.

During midlife, women found that their physical fitness was declining, which subsequently affected their work capacity, *“my muscle is not firm and I experience pain in my muscles and joints when I have vigorous work as usual”*. The women became aware of the benefits of having more exercise as a result of their direct observation that their peers who did exercise regularly were healthy and vital, without facing menopausal symptoms or chronic illness. Women also observed their failing elderly parents who gained muscular strength and a better prognosis for chronic diseases such as hypertension after having regular exercise.

Moreover, recognition of the benefits of exercise for their health conditions such as high blood cholesterol, osteoporosis, and weight gain made the women engage in regular exercise to restore and enhance their physical functioning. They perceived that exercise was a vital component of a healthy life style. Most of the women had experiences that exercise indeed prevented decline in health and corrected their health problems, *“I do not have pain in my legs after starting walking for a year”* and *“my blood cholesterol decreased after three months on a treadmill”*.

However, women also recognized that their multiple roles and responsibilities were

barriers to their required exercises of three days in a week. The women, therefore, tried to have more exercise by integrating it in routine physical activities and scheduling their own time for exercise.

Integrating exercise in routine physical activities. Working in the organizations which emphasized exercise as an activity of health-promoting project, the women had learned the benefit of exercise from various sources such as health books, doctor advice, direct experience, and indirect experiences from observations of other women of their age. Moreover, they were convinced to participate in the exercise program of their workplaces to fulfill the workplace quality control index. However, the women faced barriers due to their multiple roles in exercising every morning or evening as recommended by many health books: *“They said the best time to exercise is early morning or evening but I can not, I have to prepare food for my entire family at that time”* and, *“I live in a suburb and my lifestyle is hurried, going to work as early as six (o’clock) and in the evening I have to prepare food for my family including my father so that I can not have exercise, as any book recommends to exercise in early morning or evening”*.

Women, therefore, tried to exercise in manageable ways. They adjusted their times to exercise every day. They incorporated more physical activities requiring more energy into their routine daily living instead. Those activities included running while doing house work, walking upstairs instead of using an elevator and walking to talk to others instead of using the telephone.

- I try to engage exercise in my routine work...in the morning, I set an alarm clock for an hour to finish cleaning clothes, washing dishes, and preparing food for my husband and my mother. I run from left to right to do all household works...during my working hours, I tried to change my sedentary routine work...Instead of using the telephone, I walk to talk to the person I have to, although sometimes I have to walk from building to building...in the evening, I have to complete my house work such as cleaning house, preparing dinner for the entire family members, and ironing clothes...Many books recommend us to exercise in the morning and evening but I can not, I have work to do.
- I have a prolapsed uterus and my doctor told me to exercise for strengthening the muscles and my own fitness. If I do not do it, I will have pain in my lower abdomen... I do not join the aerobic class in the school because I have to work for my private tutorial school... I try to walk or bike in front of my house...I thought that I could adjust my time to do it...I also try to have more physical activities during my routine work by parking my car far from my building to walk more...I replace using the telephone by walking to talk to others personally...after lunch, instead of sitting at my desk, I walked to talk with students from building to building...physical activities strengthen my legs and my physical fitness enough to walk as far as others can.

Scheduling their own time for exercise. Most of the women had tasks,

physical activities, and duties involved in carrying out daily professional and domestic roles, which required muscular strength and physical fitness. Prior to midlife, women did not consider that working with improper positions, including extending bodily

postures, bending, and standing, would increase their risk of muscular strain: *“In the past, I pushed, pulled, and lifted the patients in the labor ward...I ran to service both*

patients and doctors, especially in cases of emergency ...those activities increase

muscular strains when I am at midlife”. At midlife, with the experiences of declining

physical fitness and having osteoporosis, women paid more attention to regaining

their physical fitness and avoiding muscle strain. In addition, with learned

experiences, either direct or indirect, women recognized the benefits of exercise for

preventing chronic diseases such as Alzheimer's, and minimizing health risks such as high blood cholesterol and also menopausal symptoms. Again, in recognition that having regular exercise can overcome muscular strain, restore physical strength, and improve health conditions, the women started to make an effort to do exercise.

Prior to midlife, many women had experiences of doing exercise in aerobic classes provided by their workplace. However, during midlife, women had more responsibilities at work so that they could not both do their work and have exercise in aerobic classes as usual. The time schedule of the aerobic classes or exercise programs provided by the workplace was inconvenient for the women; most programs started at 4.30 P.M whereas women finished their work at 5 P.M or later. Women, therefore, had to schedule their own time for exercise by using exercise equipment either at fitness centers or at home. Some of them set their own schedule to exercise at a convenient time at least three days in a week.

- Using enormous energy without muscular fitness hurt my back and my muscles...Moreover; I had osteoporosis from lacking regular exercise, besides joint pains... I then started my regular exercise by walking, biking, and running in the evening...depending on the time I have...I put my effort to do it at least three days in a week.
- Since last year I cannot exercise regularly because I finish work late, I could not join the aerobic class in the school, which routinely starts at 4.30 P.M...I have increasing blood cholesterol and my doctor advises me to do more exercise, I try to do more exercise by working in my garden during the weekend, the most convenient time for me.

Taking Precautions Against Risk of Accidents

Taking precautions against risk of accidents means the women were aware of their safety and tended to behave in a more cautious manner in their physical activities. Their awareness was heightened by perception of their susceptibility to become frail in later life. With their recognition of changes in physical functions, especially declining muscular fitness, the women became concerned about the risk of accidents. In addition, they noticed that their eyesight had changed and they could not focus or notice objects as well as usual. Many women had experienced accidents such as falling down and had been hospitalized. They also had muscular pain when they lifted heavy items, which they had done without pain before their midlife years. The women were concerned about the possible negative consequences of accidents including bone fracture, pain, functional impairment, disability, and admission to a long-stay facility. They believed that the consequences of an accident might restrict their capacity to help themselves and to fulfill their roles and responsibilities in either the professional or family setting.

Prior to entering midlife, women did not hesitate to take risks for satisfactions such as engaging in vigorous activities and fast driving and had not been much concerned of the consequences of these risk behaviors. During midlife, the recognition of increasing risk or danger of accidents, either from their own experiences such as muscular and joint pain and broken fingers from falling, or from observation, made the women tend to behave in a more cautious manner, '*safety first*'. The women also were concerned to modify their behaviors in accordance with the conditions at their workplaces such as moving in tall buildings without elevators. They readjusted

themselves to avoid unintentional injury by looking at steps when they walked, driving carefully, and walking slower than at previous times, and holding onto railings while walking up or down stairs.

- I drive slower than I used to do...In the past, I did not hesitate to get pass other cars to be at my destination as soon as possible...until I am midlife and have responsibility for my paralyzed mother...I understand from my mother and my situation as care provider how it is to suffer, to be motionless and to be bedridden... I am aware that accidents may cause me... The accidents, especially a car accident, may cause me disabilities until I can not work...so that I have self-awareness of accidents and dangers.
- In midlife, I am careful about accidents such as when walking. I walk carefully by looking at my steps...step by step...carefully walk not to bump into anything, left or right...My knee pain and my joint pain make me aware of walking up or downstairs...If I am not careful or I walk without concern it is so painful in my knee until I cry... I walk slower and catch the railing to support myself.
- I feel that I am not as fit as I was in the past...I am weaker...slower in walking...I am aware of falling down when I walk upstairs...I do not ride motorcycles or even move it because I know that my balance is not so good...I fell down several times in recent years...last time I broke my fingers and had to be hospitalized...it is about my eyesight...it is changing...I can not focus well...in addition, I am not as quick as I was...I have adjusted myself to prevent accidents since I was 51 years old because I noticed that I had car accidents and fell down so often...when I drive, I am so careful and drive slowly.

In addition to being careful of unintentional injury by accidents, the women considered other changes such as using support shoes and being conscious of their physical positions, either when sitting or standing, to prevent overstrain of their muscles. They were concerned about using their muscles awkwardly in pulling or carrying heavy things. Moreover, they changed their ways of doing tasks, such as

using small carry bags instead of big bags and modified work techniques to avoid extreme physical exertion. All women wore anti-slip and low- heeled shoes. They carefully sat with good positioning. They changed their position slowly. Those who were teachers would ask their students to carry heavy books for them.

- I am very careful with my positions...When I was younger, I could lift heavy items and I recovered overnight...now, I can not...such as last month I helped a colleague to place several packs of paper from floor to shelf. I was in the same position, bending down and lifting up, for half an hour...I did not take a break because I wanted to finish it quickly...After that I had pain in my shoulders for a week...I know myself that my muscle strength has decreased...so that I am careful with my position, not to be in the same position for long...not to do vigorous activities.
- I am conscious of how easily pain in my back happens...I once had backache from lifting my portable cleaning machine...after that if I was in an abnormal position such as bending too much or sitting with curved or crooked posture, I will have backache...I know my risks so that I am careful with my positions...I change my position often, not to sit in the same position...I do not lift heavy items...if I have to carry many things, I will use small and several bags and walk several rounds instead of putting them all in the same big bag, which is too heavy to carry...I use good support shoes for my gait and balance and to prevent backaches.
- I am aware of my physical activities to prevent myself from having accidents or pains...I always have backaches if I walk or do my bedside nursing care for long hours...I have treatments for my backaches every month and my doctor told me not to use my back too much...I changed my styles of working...In the past I pulled or pushed the bed with pregnant women to hurry to delivery room ...Now, I ask the pregnant woman to walk from her room to the delivery room when their cervical dilatation is at 9 centimeters...I found that their second stage is shortened and I do not have pain from vigorously using my back.

Modifying Known Ways of Reducing Stress

Modifying known ways of reducing stress means that the women adjusted themselves to undesirable stressful situations by accepting the situation as it is or letting it go. The women recognized that stress in their life was unavoidable. They perceived that sources of stress were mostly derived from the increasing demands of their role responsibilities and from conflict among colleagues. Prior to midlife, the women managed their stress by an aggressive confrontational, emotional approach, and they tried to change or control others. They set their own point of view to be the standard and expected that others should follow. Gradually, the women learned from direct and indirect experiences, by observing others, that the aggressive approach did not resolve the problem. Moreover, this approach had worsened the situation by creating more stress. Women realized that they could not achieve effective and efficient productivity, either in their professional or family work. Their professional work and their family responsibilities required their calmness and good relationships with others, to cooperate and gain success in their work responsibility. The women accepted that they could not control or dictate to others to agree or accept their ideas or follow their commands all the time.

Women realized that their daily life required liberating themselves from concern about other people's opinions of them. Women, then, reconsidered their approach to have harmony in life. In addition, the recognition that stress played a prominent role in illness such as hypertension, chest pain, and cancer and health risks such as sleep problems and depression alerted the women to change their stress-management approach. They used various approaches to reduce stress including

changing their view of life and attitude toward others and practising conscious awareness to be mindful.

Changing one's view of life and attitude toward others. Working and living with others, women accepted that everyone has a unique personality and limited capacity. They had learned that they could not have unduly high expectations of others' behaviors or productivity. Moreover, with recognition of their health problems, the women realized that all outward manifestations were subject to the natural laws of change, impermanence, decay and decomposition. They explained that life was impermanent. They applied the Buddhist knowledge of the reality of the life cycle of birth, old age, illness, and death, to understand and forgive others, and to control their mind and emotion when confronted with stress situations in order to keep their peaceful mind and solve the problem simultaneously.

- Mostly my stress comes from my father's bad temper, which I can not change, his personality so that I accept him as he is...Last year I was so stressed from my unfinished work... I was always angry with my colleagues who could not be as effective as I expected, which made the situation worse because we must work in teams...I was so stressed and I know that stress is a cause of cancer... one night, I read religious books to release my stress...the book taught me to understand the impermanence of life...everyone will pass the cycle of birth, old, illness, and die...I felt calm and accepted the stressful situation as it was...I knew that I could not change others so that I started to change myself by changing my attitude toward others and by controlling my mind and my emotions... with the feeling of letting it go...no one is perfect and so am I.
- Working in my position, it is unavoidable to have stress...sources of stress are anything, an argument with the supervisor, work overload and I can not finish it on time, or having a new system in the hospital...When I was young, I did not hesitate to criticize my head nurse or supervisor if I did not agree with them...When I am in this position (head nurse), I

understand that sometimes we can not do as we had done... if I do not agree with my colleagues, instead of expecting them to do as I thought and to change their ideas, I change my approach to them, do not keep thinking about the topic, and look for the reasonable solution to solve problems.

Practicing conscious awareness to be mindful. In addition to changing their views of life and their attitudes toward others, many women modified their known ways of reducing stress by practising conscious awareness to stabilize emotion. They recognized that life could not be controlled all the time but they could learn to live with this realization. They had been hostile and aggressive and were unhappy with their hostile manner. With learned experience from being a practicing Buddhist, they applied Buddhist teachings of the four noble truths including suffering, origin of suffering, cessation of suffering, and a path to the cessation of suffering as a rational attitude of changing their approach to stressful situations. Stress was perceived as a suffering (*Duhka*) from one's actions or *Karma*. Women believed that it was one's own actions that determine either one's suffering or one's happiness so that it was one's personal responsibility to have or not to have stress. The major responsibility for relieving stress rests with the individual, who is primarily responsible for her own well-being. They became more aware of their thoughts, feelings, and behaviors. They reminded themselves to pause and ask themselves how they were feeling and whether their behaviors were in accordance with their values. They acknowledged their present-moment reality as it actually was and faced situations created by other people's intrusive words or behaviors, instead of suppressing or fleeing from such situations. The technique provided the women with stability, clarity, and effectiveness when dealing with stress.

- Now, I am changed...I can control my emotions and understand stress...If I face someone or something and I start to feel anger, I will go into a toilet to sit and to adjust my mind until I feel better...I asked myself how I feel...remind myself of my feeling and what behaviors I should have in the situation... Conscious awareness makes me be aware, to change the approach, to be softened...The techniques give me a great joy and peaceful mind.
- In the past, I was such a hot tempered person and quickly argued with others if I knew they gossiped about me but now I am changed...I have learnt that if I have conflict with others, I am unhappy...how can we live in the same place if we can not control ourselves?...I calm down and think before acting because I think I can not live for 100 years...no one lives for 100 years...to live my life I must forgive others, accept any situation as it is, do not concern myself with anyone's words, and letting go of the past...living for the present...to stop the stress and to live happily with others.

All of the women agreed that effective stress management was important for their health maintenance. Some of the women used meditation as a technique to reduce stress in their life or when confronted with undesirable situations. The women tended to apply Buddhist rites and rituals by doing meditation to release their feeling of stress and as a healing technique for their suffering.

- I meditate by sitting comfortably, letting go the stress and calming my mind...the stress is *Duhka*...in the Law of Karma, everything happens for a purpose and everyone has her destination by her *Karma*... Two years ago I had stress from my work as a head of department ...it was a *Duhka*...I resigned from the position and learned Buddhist doctrine...I saw my sister who had stress too much and finally she had cancer...her husband died from cancer...they had their own karma...If we want to be healthy and not be ill with cancer, we must understand *Duhka* and *Dhamma* and do not have so much stress ...meditation gives me calmness and understand *Duhka*.
- I always had migraines from stress and I could not work...it was getting worse...Ten years ago I went to learn Buddhism...I understand more about the nature of life, the four noble truths, suffering, cause of suffering,

freedom from suffering, and the path for freedom of suffering...stress is *Duhka*...I learned how to release my tension by doing meditation... At present, I use meditation...everything will pass...nothing is permanence...Practising meditation every day makes me happy day by day.

- When I want to relax my body and my mind...I will sit and pay attention to my breathing...I know that my body is relaxing because I will burp and my body parts which I feel tensed or painful will relax and there will be no more pain...I do my meditation automatically every time I feel stress...I read many books and learn by myself that stress is harmful to our health... I follow Buddhist teaching about the four noble truths, suffering, cause of suffering, freedom from all suffering, and a path to total freedom from suffering.

Discussion

The objectives of this study were to describe the meaning of health and identify health care practices among midlife professional women in Chiang Mai.

Themes that emerged based on the findings were: 1) being able to maintain normality; and, 2) rearranging their way of life. Discussion of research findings will present support for existing knowledge and new contributions to knowledge from the current study findings.

The health meanings and practices among professional women during their midlife years, as described in the present study, reflect the expected roles and responsibilities of Thai women, specifically to serve their family members' well-being and the productivity of their organization. Being able to maintain normality, as described in the present study, may be viewed against the contextual background of Thai people's health and the women's lifestyles, which combine professional work with care giving or other roles and responsibilities. In the Thai culture, health is an

important component of everyday life as health is equated with well-being (Sivaraksa, 2004) and being dynamic, a perspective derived from the functioning of components in the life system (P.A.Payutto, 2006).

The meaning of health in Thai culture emphasizes a sense of relational health or focus on connection to and harmony with others (Thanawut, 2004). Moreover, since the introduction of western medicine into Thailand in 1828 (Wibulpolprasert, 2002), Thai people have integrated a biomedical model to explain illness as an abnormal functioning of each component and to explain health as the result of normal functioning among components in life (Chuengsatiansup, 1982).

Women's descriptions of their health meanings in this study emphasized the ability to effectively fulfill their multiple roles productively and being capable of having normal state of physical functioning and emotional stability. They demonstrated an interrelatedness of life components that included a sense of roles and responsibilities as professionals and as Thai women in the midlife years. Findings in this study revealed that women were very active in their professions and in maintaining their family lives. Despite women's responsibility as professionals with full participation in paid work, they continued their primary responsibility for domestic duties, as they had to fulfill traditional roles as a daughter and wife of Thai culture. In traditional Thai culture, daughters are expected to assume great responsibilities to parents. By tradition, a wife's role includes raising the children, doing housework, caring of other family members, and being responsible for family earned income (Soonthorndhada, 1992). Therefore, women are required to shoulder a double or triple burden, which often triggers great concern for their physical

functioning in order to remain effective and efficient in their capacity to meet these social expectations.

The participants' meaning of health emphasized normal states of physical functioning understood as including both physical fitness and cognitive potential. For these women, healthy also meant not having preventable or uncontrolled chronic illness and menopausal symptoms, and being able to maintain emotional stability. Their concern about being 'capable of having normal state of physical functioning and emotional stability' may reflect social pressure for women to be effective in both professional and family work (Richter, 1992). The value placed on physical functioning reflected the demands women have to deal with. Physical fitness and cognitive potential would provide them the capacity to fulfill their daily role activities. Their perception is characterized by responsiveness to increasing demands from work, harmony in negotiated relationships, unconditional respect to parents, and duties to all family members.

Women, who are responsible for caring for both themselves and others, including members of their immediate and extended families, may face a double jeopardy by virtue of their roles and social status. When women become middle aged, they found that their well-being declined because of the physical and psychological changes, cultural values, and the economic burdens of care that they faced.

Moreover, current economic, environmental, and social constraints influence women's ability to meet their responsibilities, and to adjust to carry on their daily role activities in both professional and family life. They perceived this situation as their 'normal life'. With the pressures of family and these social obligations, the women disciplined themselves to concentrate their time and energy on working in their

professions and supporting their families. They prioritized these obligations over care for their own health unless they recognized signs and symptoms of illness. In other words, as professionals in service to others and as primary caregivers for spouses, children, and their own parents, women nurtured others at the expense of their own psychological and health needs (Choi, 2005). Thus, social values about women's responsibilities influenced the women's health related behaviors and underpinned their conceptualization of health.

Multiple roles themselves may not be problematic, rather, the increasing demands that women experience while striving to fulfill these roles often leads to stress. Professional women are exposed to numerous and well-recognized potential psychological stressors; for instance, nurses must deal with people in need, at times of death, hopelessness, and uncertainty (Tyson & Pongruengphant, 2004). Teachers may be exposed to increasing demands from workload and lack of social support (Verhoeven, Maes, Kraaij, & Joekes, 2003). These conditions require constantly using oneself, as a professional specialist, as the most important instrument to help others, resulting in less time to take care for themselves (Nateetanasombat et al., 2004). Women also were responsible for housework, often with insufficient support such as a housemaid. Moreover, they did not have access to other supports such as counseling services to deal with problems of family life or social welfare to help in caring for the older or ill family members at home. In Thailand, many more aging Thai parents live with their daughters than sons (Sobieszczyk et al., 2003).

Health meanings derived from this study support studies that explore health meanings among different groups of women from various countries. Women, mostly, viewed health as a personal capacity to accomplish daily role expectations depending

on one's age and social status in the society (Kenney, 1992; Lee, 2002; Lundberg, 1999; Rosenbaum, 1991). Similarly the notion of health among women suggests that women are socialized to care for others throughout their lives. In their roles as daughters, wives, and mothers, there were seemingly endless opportunities to care for and nurture their immediate and extended family members. Moreover, women were also actively responsible to fulfill their expected roles in economic activities as well as in family roles (Choi, 2005). As such, women should be recognized as great contributors to the well-being of their family and to the productivity of organizations in Thai society.

The meaning of health as not having preventable or uncontrolled chronic illness and menopausal symptoms supports previous studies regarding meanings of health and menopause among midlife women worldwide (Carolan, 2000; Chirawatkul et al., 2002; Huffman, Myers, Tingle, & Bond, 2005; Lee, 2002; Sampsel, Harris, Harlow, & Sowers, 2002; Skidmore, 2002; Shin, 2002). Generally, midlife women perceived menopause and other physical changes as signs of being old. They accepted menopause as a natural event in a woman's life cycle, one that would not change their social status. However, women perceived that their aging process, indicated by signs and symptoms including menopausal symptoms, would interfere with their well-being and they would develop a variety of health ailments and risks for chronic disease. This finding demonstrated that women had concerns for their health risks but also uncertainty about which diseases or symptoms they might experience.

This study revealed that demanding working careers, social role expectations, and aspirations towards improving their overall well-being have contributed to development of a new conception of female physical health during midlife years.

Although women accepted that they might have health risks for chronic diseases, their emphasis was on an active, productive life, and not on succumbing to the natural forces of aging and disease. They emphasized health in midlife as success in delaying and countering these aging and disease processes as long as possible. Midlife professional women in this study felt anxious about developing chronic illness because they knew that their family counted on them to meet their physical and emotional well-being, and to provide economic support.

Health care practices of the women in this study emphasized ways to restore, enhance, and maintain physical functioning, to prevent chronic illness, and control symptoms associated with aging and menopause. Women perceived that their midlife years were the beginning of being old and developing greater health risks. They had both direct experiences of declining health and indirect experiences from observing their peers and their elderly parents' health and health related activities.

Together with accessible health information from modern medicine and media regarding health care practices, many women gradually used their experiences as a reason to rearrange their way of life to live an entirely different life style. Their rearranging their way of life included readjusting one's eating styles, initiating consumption of nutrients and vitamin supplements, making an effort to have more exercise, taking precautions against risk of accidents, and modifying known ways of reducing stress.

It is not surprising that the health meanings and health care practices from these midlife professional women's perspective is consistent with existing knowledge of health based on the medical model. This model highlights normal physical functioning, disability, chronic, degenerative diseases of aging, and activity limitations

(Larson, 1991). The nurses and teachers in this study were active in knowledge seeking and also had basic knowledge in sciences, which may have influenced their perceptions to reflect dominant biomedical views of health.

There is no doubt that midlife professional women have become increasingly familiar with the term 'menopause' and the typically associated symptoms such as night sweats, hot flushes, hormonal imbalances, and mood changes. Numerous popular bio-medical journals, lay magazines, and advertisements have emphasized the link between estrogen deficiency and osteoporosis, cardiovascular disorders, and mood swings in order to motivate women to seek medical consultations and to use health products. Many women indicated that they had experienced menopausal symptoms and that these had been diagnosed as such in medical consultations. Similar recognition of media influences on perceptions of menopause were reported in this age group in several previous studies (Arpanantikul, 2004; Chirawatkul et al., 2002). That the women perceived themselves at high risk for chronic illness and menopausal symptoms demonstrated that they were concerned about their health and health care behaviors. It also reflected that women wanted to have better lives and believed that not having preventable or uncontrolled chronic illness and menopausal symptoms was part of ensuring a better quality of life.

The findings derived from this study demonstrated that women preferred to prevent and control their health risks from high blood cholesterol and blood sugar.

They engaged in health activities based on the belief that improving their health behaviors would alter their risk of developing future illnesses, in particular osteoporosis, heart disease, diabetic, and cancer. Similar awareness of health risks and self management were reported among midlife women in several previous studies

(Arpanantikul, 2006; Boonyoung, 2003; Dennerstein, Dudley, & Guthrie, 2003; Hunter & O' Dea, 1999).

Current study findings revealed that women were concerned about deteriorating health related to their health behaviors and the devastation of the environment. The findings related to women's concern of environmental influences on health may reflect changes in Chiang Mai from a traditional agricultural society to a modern capitalist society. Chiang Mai, which was a traditional culture for more than 700 years, is undergoing profound socio-economic and demographic transformation arising from globalization and growing industrialization. Problems such as pollution, traffic, and accidents that come along with many modernized societies are increasing in Chiang Mai (Amagai, Takahashi, Matsushita, Morknoy, Sukasem, & Tabucanon, 1999; Nakachi et al., 1999; Police, 2004). Moreover, these social changes are accompanied by a shift toward individualism and competitiveness, which may contribute to an increasing awareness of chronic diseases, including cancer related to stress and toxins in the environment.

In this study, women were aware of their high blood cholesterol and observed changes in their physical appearance related to fat deposits in their body. Women made dietary changes to consume necessary nutrients by eating appropriate amounts from all of the food groups. They knew which foods supply what nutrients, and this knowledge allowed them to self-regulate their diet by monitoring the intake of nutrients in relation to the amount of exercise. They understood that fruits and vegetables contain antioxidants, which would keep them healthy. They knew that having fiber in their diet would keep their digestive system functioning well. The

women believed that a plant-based diet was linked to health overall and contributed to lower cholesterol, weight loss, and reduced chronic disease risk.

Obesity and overweight among midlife women has become an issue in Thailand in recent years. Thai women aged 35-59 years are in the great risk of hyperlipidemia, hyperglycemia, and obesity (Aekplakorn et al., 2004; Wibulpolprasert, 2005). This study reflects the nature of the women's sedentary working style with less daily energy expenditure. Moreover, women were more likely to eat more western style food and less likely to perform exercise. Women's increasing concern of high blood cholesterol during midlife, identified in this study, may relate to the fact that women had just had their first annual physical check up provided through a health promotion program in their workplace. The women might have had undiagnosed high blood cholesterol before their midlife years.

In addition to concerns about physical functioning, women perceived that health meant capable of maintaining emotional stability. This meaning reflected ideals from Buddhist teaching embedded in the Thai culture, specifically ideals about achieving a virtuous life and peace of mind through understanding the meaning of life. Health, from the perspective of women in this study, was an inner contentment, a feeling of serenity, and striving for psychological and spiritual enrichment. All of the women in this study identified themselves as Buddhist, and Buddhist philosophy had a significant influence on their worldview and way of thinking.

According to Buddhist teachings, everything has a cause and all things are conditioned by causes that produce them. All things are interconnected. Life is a chain of karma, and life is impermanent. People are responsible for their actions through more than this single life. They are responsible for everything they think,

say, or do until they finally move beyond the chain of rebirth and death to a deathless state, *nirvana*. In other words, individuals must solve their problems the only way they can be solved - by and for themselves. The purpose of life is to abate suffering and attain happiness. In order to do so, the practice of an awareness of impermanence and an ability to let go should be embraced.

Moreover, physical illness is often the consequence of unhealthy mental states (Bhavilai, 2006; Ramaswami & Sheikh, 1989). The normal individual's mental states are a mix of healthy and unhealthy factors. The goal of Buddhism is to increase the presence of healthy mental states and eliminate unhealthy ones altogether (Ramaswami & Sheikh, 1989). The basic practice of Buddhist method is meditation, which thoroughly restructures attention habits and contributes to achievement of the status of *Arahat*. The *Arahat* has liberated himself or herself from pride, conceit, hatred, and selfishness and is full of wisdom and compassion. The *Arahat* also demonstrates alertness and calm delight in all experiences (Bhavilai, 2006; Ramaswami & Sheikh, 1989).

Findings derived in this study may reflect the influence of religious ideals on women's perception of health and well-being. This finding is consistent with previous studies of health meanings among midlife women. A study of midlife Muslim and Buddhist women in southern Thailand found that health included not being irritated, not being occupied or worried, not being distressed, and having a bright face (Boonyoung, 2003). Latino women in the United States identified the need for balance in their lives to maintain optimal health. The concept of health in their perception encompassed physical well-being, emotional and spiritual dimensions and the importance of family and community (Villarruel, Harlow, Lopaz, & Sowers,

2002). Greek-Canadian women described health as well-being in the sense of feeling good, happy, satisfaction, enjoy life, and be able to make judgments (Rosenbaum, 1991).

This study demonstrated that women had to manage unavoidable stress in life. The women in this study perceived sources of stress from demands and pressures related to work overload, relationships with others, personal and family member illness, death of parents, and increasing environmental devastation, all of which affected their health. This finding is similar to that in several previous studies. Women with demanding families and job responsibilities, along with high education and income, had higher stress levels in spite of their greater resources (Duffy, 1988; Ibrahim, Scott, Cole, Shannon, & Eyles, 2001).

Moreover, since 2002, the Thai government has released the ‘Act on Reform of Ministries and Department’, which aims for a total transformation and the creation of a new government management (NPM) (Office of the National Economic and Social Development Board, 2004). During this period, there have been several changes in the public sector. The workload for government employees has increased to review the role and functions of the organization, to clarify its objectives, and to ensure that unnecessary functions are abolished. This reform also includes personnel management reform, in which the contracts for any position in the government sector are based on competence and performance (Office of the National Economic and Social Development Board, 2004). Since the beginning of this change, the demands and pressures from work have increased as has associated uncertainty in the process. Moreover, under these public sector reforms, both schools and hospitals were in the process of reorganizing their work processes to ensure the quality of work outcomes

and to enhance the modernized performance of teachers and nurses. Therefore, midlife professional women who participated in this study would have experienced these changes and pressures, as a source of stress resulting from increasing demands for effectiveness and efficiency in work.

Family responsibilities were perceived by women as a source of stress. Although families are a valuable resource for women in managing their stress, they are also potent sources of stress (Rook, Dooley, & Catalano, 1991). Women had been socialized to assume virtually full responsibility for the household, the care of their parents and affiliated family members, and family financial resources. Women with multiple roles will have more demands and pressures arising from family relationships and responsibilities. The conflicts arising from family relationships and the demands and pressures to fulfill family needs were important influences on the well-being of midlife women (Baruch, 1984; Martire, Stephens, & Townsend, 1998).

In this study, Buddhist religious beliefs and practices influenced women's management of unavoidable stressful situations. Their stress reductions focused on changing their view of life and attitude toward others and practicing conscious awareness to be mindful, by considering that their stress was suffering from their own karma or their past behaviors. Women associated stress with chronic illness, particularly cancer. Similar strategies of stress management were reported for Thai women from several previous studies (Burnard & Naiyapatana, 2004; Dane, 2000; Tyson & Pongruengphant, 2004).

This current study finding supports the notion that Thai people have an aversion to fierceness in physical, verbal, or mental behaviors. Promoting harmony and cooperative relationships is highly valued. Thai people would receive high

respect from others if they remain composed (Pincharoen & Congdon, 2003). Kindness, gratitude, and appropriateness are valued behaviors in Thai culture, and are embedded in Buddhist teachings. According to Buddhist teachings, the nature of life or equanimity (*Upekkha*) is one of the four ideal states of mind in Buddhism, the others being loving-kindness (*Metta*), compassion (*Karuna*), and sympathetic joy (*Mudita*). The attitude of mind taught in Buddhism was used by women in the current study as the framework for all situations arising from social contact. A state of mind, *Upekkha*, or equanimity, was used as a tension remover, a peacemaker in social conflict, and a promoter of harmony in life (Bhavilai, 2006; Ramaswami & Sheikh, 1989). It is the state of mind that a person realizes that all outward manifestation is subject to the law of change, decay and decomposition, and one must accept that reality is merely the expression of natural law: “*it is as it is, and letting go*”. Thus, the practical approach to life, according to Buddhism, involved the women’s dealing with stress. This finding confirms that by participating in the religious practices, Thai women found the personal and spiritual resources to manage with stress arising from conflicts, losses, and the aging process. The women obtained a peaceful mind by letting go of conflicts, problems, anger, hostility, and worries. Finally, the peaceful mind enabled them to maintain their capacity to meet expectations and fulfill responsibilities in their daily activities.

Conclusion

This chapter described women’s perspectives on the meaning of health and their health care practices to support their health. The participants were twenty

women aged 40-59 years who were teachers or nurses residing in Chiang Mai.

Research question 1 asked what the meaning of health among midlife professional women in Chiang Mai was. Women's perceptions reflected expected roles and responsibilities of Thai women to their family members' well-being and to the productivity of their organization. The participants identified the theme of being able to maintain normality.

The focus of research question 2 was on the women's health care activities. Women took care of their health by rearranging their way of life. Their health care practices reflected the changing socio-economic context of Chiang Mai to modernize, which meant that women could easily access health information and health services, but also that they were burdened by increasing demands and conflict arising from work and family, in addition to increasing health risks associated with the aging process and devastation of the environment.

The findings from this study support the notion that socio-environmental contexts are strongly related with Thai midlife professional women's health and well-being. Findings also suggested that the women's multiple roles and responsibilities directly related to their stress. Women's health meanings and health care practices were influenced by their socio-cultural context as being in midlife and their status as knowledgeable professional women living in Chiang Mai as it undergoes urbanization. Finally, their views of life and health practices were profoundly influenced by Buddhist philosophy.