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Lt.Col. NONGPIMOL NIMIT-ARNUN: THE PROCESS OF SYMPTOM MANAGEMENT AMONG THAI CLIMACTERIC WOMEN IN A DEPARTMENT OF THE MINISTRY OF DEFENSE. THESIS ADVISORS: SOMPORN TRIAMCHAISRI, Ph.D. SANTHAT SERMSRI, Ph.D. PAYOM EUSWAS, Ph.D. PRATAK O-PRASERTSAWAT, M.D. 276 p. ISBN 974 - 663 - 705 - 3

There is limited information on how Thai women perceive their menopause and what strategies have been used for symptom management. Thus, this qualitative study aims to explore this domain in order to describe the meaning and the perception of menopause, climacteric symptoms and the process of symptom management. Nineteen female military personnel in Bangkok, Thailand, were recruited to share their experiences. During a dynamic six months study in the field setting, they shared their information based on rapport. An exploratory descriptive design research project was carried out and qualitative data were collected through participant observation and in-depth interviews. Content analysis and explanatory model were applied for data analysis.

The results indicated the following major points:

1. Women perceived menstruation and menopause as a natural phenomenon for every female. It is an expected and beneficial physical and psychological change in health status, and body image. The well-known Thai folk term "lyad-ja-pai-lohm-ja-mah" refers to an imbalance of the blood and the wind elements in the body which causes emotional and personality changes. This saying caused a stigma for climacteric women. Women wished to get "lyad-lohm-dii" because it indicated health.

2. The perception of menopause in women can be divided into 4 categories: accept it as a natural phenomena, perceive it in a positive view, perceive it in a negative view, and perceive it with uncertainty. Perception to the severity of symptoms involved their decision-making and the significant management. Subjects with negative views towards menopause and threatened by severe symptoms, tended to have a sick role and used hormone replacement therapy (HRT) anxiously. While subjects who had an endurable severity preferred to use independent self-care or the "natural method," based on complementary health practice.

3. Women were searching for information for health from several sources with curiosity. They always considered data and test-retest/examines to find out the best ways for two purposes: to relief symptoms and to promote their health and well being. They were satisfied with counseling by senior experienced women, especially their mothers. However, most of the educated women were found to make a self-inquiry as well as seeking counseling from doctors.

4. Several influencing factors were found in the process of symptom management. These factors consisted of close-up relationship and the unique socialization in Thai family and society, women's networks, social classes, faith in medical patterns, original lifestyles, perceptions of health, menstruation, menopause and climacteric symptoms, body image concerns, opinions in HRT, and stressful life events in midlife.

The result of this research help clarify women's needs for effective health information and encouragement from health providers, in order to promote women's bio-psycho-social well being, based on independent natural self-care. This finding provided insight on the menopause and health-seeking process in Thai menopausal women's perspectives. These results can be used to inform and assist health policy-makers plan and provide relevant complementary medicine and the effective health care services for Thai midlife women.