

PERCEPTION LEVEL AND PRACTICE ON REPRODUCTIVE HEALTH AMONG MENOPAUSAL WOMEN OF HILL TRIBE GROUP IN CHING RAI PROVINCE, THAILAND

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Abstract - The aimed of this cross-sectional survey were to assess the perception level and practice on reproductive health among menopausal women. The study samples were 400 menopausal women from eight hill tribe groups living in Chiang Rai province, Thailand such as Karen, Hmong, Mien, Muser, Lisu, Akha, Lua and Khamu. The Data were collected from questionnaire consist of perception level and practice on reproductive health among menopausal women. The findings revealed that they had low level of perception and practice on reproductive health. However, the results suggest that health care providers should provide more health care services and promote good behaviors among menopause women.

Keywords - Perception Level, Practice, Reproductive Health, Menopausal Women, Hill tribe Group.

I. INTRODUCTION

Menopausal women are a person who needs special attention and care because they have significant changes. After the transition from puberty to reproductive age, women will not have menstruation as a result of the ovaries stop working. According to, the change of estrogen hormone, it will affect to physical and mental health of menopausal women which is vary in each person. Some may not change, some may change slightly; meanwhile, some may have severe symptoms which interfere to their lifestyle. Symptoms may occur in physical such as the change of the structural body, reproductive system, urinary tract, autonomic nervous and the cardiovascular system as well as the psychosocial symptoms [1]. It can be seen that those changes effect to health, lifestyle and quality of life of postmenopausal women both directly and indirectly. If there is nobody promotes postmenopausal women a good perception and appropriate self-care, they will not be able to recognize and understand the appropriate behaviors. It is estimated that the population of Thailand in the future who aged over 40 years to 59 years which is the menopause period has increased from 9.43 million in the year 2015 to 9.91 million in the year 2020 [2]. From such that situation, it reflects the importance and intensity of future public health problems as the menopause women will have many problems in transitioning through the life span. Especially, hill tribe menopausal women, they may have more problems than menopausal women in the city as they live in the remote area. As a result, the ability to access the health care services is relatively low and the limitation of receiving health information since hill tribe women have poor education. Therefore, researchers are interested to study the perception and practice among hill tribe menopausal women. This will be the preliminary data for planning of health promotion and improve health behaviors among hill tribe menopausal women.

II. METHODS

2.1. Study Population

A cross-sectional survey was applied in Chiang Rai province which was located in the northern Thailand. The populations in this study were 8 hill tribe groups which was about 254,140 peoples living in Chiang Rai province such as Karen. The sample size was selected by using the Taro Yamane formula with 400 women [3]. Purposive sampling technique was used to recruit 50 women from hill tribe groups such as Karen, Hmong, Mien, Muser, Lisu, Akha, Lua and Khamu. The participants were voluntary to participate in the study. The inclusion criterias were menopausal women who experienced at least one year includes the physical menopause and artificial menopause, and who were voluntarily participated in the study. An exclusion criterion was menopausal women who have communication problems. This study was ethically approved by the Ethics Review Committee for Research Involving Human Research Subjects, Chiang Rai Rajabhat University, Thailand.

2.2 Procedures

The objectives of this cross-sectional survey were to assess the perception level and practice on reproductive health among hill tribe menopausal women. Measurement tools: the questionnaires were used to conduct data on the perception and practice regarding reproductive health among menopausal women. The researcher developed the questionnaire from literature review on the perception and practice of reproductive health among menopausal women. The questionnaires consist of 3 parts as follows:

Part 1: demographic data -6 items.

Part 2: the perception of reproductive health of women - 15 items.

Part 3: the practice of reproductive health among menopausal women -10 items.

Data were analyzed by using the computer program as follow:

1. Demographic data were analyzed by using descriptive statistic such as frequency, percentage and standard deviation.
2. Perceived of health status among postmenopausal women were analyzed by using descriptive statistic such as frequency, percentage and standard deviation. The assessment criteria are as follows.

Having symptoms = 3 score
 No symptoms = 2 score
 Not sure = 2 score

3. The practice of reproductive health among menopausal women was analyzed by using descriptive statistic such as frequency, percentage and standard deviation. The assessment criteria are as follows:

Practice	positive-practice	negative-practice
Regularly	3 score	1 score
Sometimes	2 score	2 score
Do not do it	1 score	3 score

The data was assessed by using mean for comparing the data in each hill tribe group. The mean scores of perception and practice of reproductive health among menopausal women were divided into 3 levels: high, medium and low. According to Best, the range of score was maximum score minus the minimum score and divided by the required level [4]. The range of score was as follows:

$$\begin{aligned} \text{The range of score} &= \\ (\text{maximum} - \text{minimum}) / \text{number of level} &= \\ &= (3-1) / 3 = 0.66 \end{aligned}$$

Criteria for the perception of reproductive health among menopausal women were as following scoring ranges:

- 2.34 - 3.00 = high.
- 1.67 - 2.33 = moderate
- 1.00 - 1.66 = low

Criteria for the practice of reproductive health of menopausal women were as following scoring ranges:

- 2.34 - 3.00 = high/ always practice
- 1.67 - 2.33 = moderate/practice sometime
- 1.00 - 1.66 = low / never practice

III. RESULTS AND DISCUSSION

This study aimed to assess the perception level and practice on reproductive health among menopausal women in eight hill tribe groups: Karen, Hmong, Mien, Muser, Lisu, Akha, Lua and Khamu, totally 400 menopausal women. Findings revealed that there was 50 women in each hill tribe group, with an average age of 55 years, which was not in line with the study of Sutchantho and Lowirakorn reported

about nutritional status, food consumption and health practice of menopausal women who attending menopause clinic at Srinagarind hospital, Khon Kaen University, Thailand that the average age of menopause was 49.8 years[5]; similarly, the study of Mumruedee et al. reported the symptoms of postmenopausal women who received service from menopause clinic at Srinakarin hospital, research found that the mean age of the women was 48.7 years [6]. However, it can be explained that the menopausal hill tribe women from eight ethnic groups had higher mean age of menopause than the others probably because the culture of the hill tribe women that they will work at home when they were aging as well as most of them (82%) had no education, and 80% of them were farmers. Average age of the first menopause was at 47.41 years old, with an average of 4 children. Only 28% of them received information about reproductive health. It can be seen that the accessibility to health care service, health information, and advice of hill tribe menopausal women was relatively low. It may be due to the barrier of language since the communication between hill tribe menopausal women and health care providers required an interpreter. Also, most menopausal women communicate with their own tribal languages, there were the significant barriers from poor communication with health care providers. The culture and lifestyle of the hill tribe was unique; therefore, latent problems were found in every ethnic group. It was one of a significant obstacle of community development which occurred from poor education since they did not ready to learn something new as well as lacking of awareness in health care. However, they concern more about working for living rather than taking care of their health [7].

3.1. Perception Level

The study revealed that average score of the perception regarding reproductive hygiene among postmenopausal women from eight ethnic groups in Chiangrai province which consist of Karen, Hmong, Miu, Lemoore, Sukha, Lua and Khmu were at low level ($\bar{x} = 1.65$). Only, three ethnics groups: Hmong ($\bar{x} = 1.68$), Akha ($\bar{x} = 1.67$) and Khamu ($\bar{x} = 1.81$) were at moderate level. Apart of that they had a low level of perception. This may due to they were living in the remote areas and they were elderly. Their average age was 55 years and most of them had no education. As a consequence, the hill tribe menopausal women had a low level of perception regarding reproductive health which is consistent with the study of Yodin that the perception of health status was positively correlated with the health and behavior of postmenopausal women [8]. However, it was not in line with their other results that the postmenopausal women had a high level of perception regarding reproductive health since they were living in the city. As a consequence, they had more health information and access to the

menopausal clinic than the hill tribe women living in the remote areas. Moreover, the hill tribe women have low chance to see others women, they spent more time with their husband and family, filed works and housework; therefore, they had no time to pay attention to their health.

In this study, mostly of participants were a woman with menopause who perceived that they had, fatigue, insomnia, irritability, headache or dizziness, and joint pain, which was consistent with the study of Sararuk et al. reported the postmenopausal women living in Nonghyay village, Uthumphon Phisai distric, Srisaket Province, Thailand that most of them had mood changes easily 62.7 percent, followed by insomnia and irritability with 54.2 percent, and joint pain with 52.5% [9].

Hill tribe	Perception level on reproductive health		
	\bar{x}	SD	Perception level
Karen	1.64	0.30	Low
Hmong	1.68	0.28	Medium
Mien	1.58	0.32	Low
Muser	1.61	0.27	Low
Lisu	1.59	0.32	Low
Akha	1.67	0.24	Medium
Lua	1.61	0.27	Low
Khamu	1.81	0.19	Medium
Total	1.65	0.27	Low

Table 1. Perception level on reproductive health among menopausal women.

It can be seen that the menopause women may have varies symptom, from no symptoms to severe symptoms and may affect the well-being of their daily life. Generally, menopausal symptoms may be divided into physical and mental symptoms. Physical symptoms may found hot flashes which always occur among menopause women. However, hill tribe women in this study did not have much physical symptoms of postmenopausal women. They had other symptoms of menopause such as hot flashes over there body and face. Sweating on their face and at night time, sleeplessness, urinary incontinence, over urination, decreased in sexual response, painful during having sexual intercourse and did not reaching the climax since their vagina had thinner walls than previous time as well as low production of lubricant from various reproductive glands. As the reproductive system decreased its function, this may affect the relationship and family problems such as itching, burning sensation in the vagina because the vagina is dry. Also, vaginal wall would affect the pH level in the vagina by reduction of acidity which resulted in the easy of inflammation. Arrhythmia can be occurred, but do not have the exact pattern. All symptoms may cause of anxiety among menopausal women since it was unknown causes.

Migraine, headache, bone and joint pain are common physical symptoms. Moreover, mental symptoms such as depression, forgetfulness, distracted and easily irritated are mostly found. Depression is the most common symptom which affects the quality of life and social well-being of postmenopausal women.

3.2. Practice Level

The average score of practice regarding reproductive health among hill tribe menopausal women was at low level (\bar{x} =1.59). Only two ethnic groups were at moderate level: the Khmu (\bar{x} =1.83) and Akha (\bar{x} =1.72), the other 6 groups had a low level of practice. It was possibly due to the differences in opportunities to access the health service system. In addition, the awareness of women's health was very low, and the tribal culture where the status of women was lower than men; therefore, it influence to the decision-making among women, which cause of lacking their initiative, and less of the interest in receiving information of health care. Hence, it led poor practice regarding reproductive health. In addition, the values of the hill tribes that they preferred women who are diligent and patient to help husband for making a family income which resulted in the limitation of time among menopausal women to take care their own health, they would have less concern and poor practices.

RESULTS OF RECOMMENDATION ON FAMILY REHABILITATION OF ALL FEMALE POSTOPERATIVE WOMEN

Hill tribe	Practice level on reproductive health		
	\bar{x}	SD	Practice level
Karen	1.36	0.52	Low
Hmong	1.65	0.36	Low
Mien	1.60	0.51	Low
Muser	1.55	0.55	Low
Lisu	1.54	0.47	Low
Akha	1.72	0.46	Medium
Lua	1.53	0.41	Low
Khamu	1.83	0.21	Medium
Total	1.59	0.43	Low

Table 2. Practice level on reproductive health among menopausal women.

Practice regarding reproductive health among hill tribe menopause women in Chiang Rai province was the beginning of encouraging families to pay a role in helping women to have more time to take care their health. Chunin et al. had written about the role of men regarding reproductive health care in the reproductive health services guideline for health care providers

that whether husbands or wives play an important role in the reproductive health of women or the involvement of husband in reproductive health, it helps to make a clear difference in the health of women [10]. It is necessary to recognize and encourage the role of men to response and participate in reproductive health of postmenopausal women in order to improve women's health. Moreover, health care providers need to be motivated to promote the role of men in involving postmenopausal women's health continuously and sustainable.

CONCLUSIONS

In conclusions, the perception on reproductive health among menopausal women from eight hill tribe groups who living in Chiang Rai province, Thailand were at low level. However, only three ethnics groups: Hmong ($\bar{x} = 1.68$), Akha ($\bar{x}=1.67$) and Khamu ($\bar{x}=1.81$) were at moderate level. Apart of that had a low level of perception. The average score of practice regarding reproductive health among hill tribe menopausal women was at low level ($\bar{x}=1.59$). Only two ethnic groups were at moderate level: the Khmu ($\bar{x}=1.83$) and Akha ($\bar{x}=1.72$), the other six groups had a low level of practice. It can be seen that it is necessary to promote the perception and practice of postmenopausal women in the appropriate way and promote them the accessibility of health information and health care services. The research findings cannot be generalized since it only the study in one province; however, it can be used the data as a guideline for planning appropriate reproductive health care services for the hill tribe postmenopausal women.

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