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LIVING WITH CHANGING HEALTH: PERIMENOPAUSE AMONG CHINESE WOMEN IN TAIWAN

by

Lee-Ing Tsao, MNSc, RN

A dissertation presented to the

FACULTY OF THE PHILIP Y. HAHN SCHOOL OF NURSING

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In partial fulfillment of the

requirements for the degree

DOCTOR OF NURSING SCIENCE

May 1997

Dissertation Committee

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LIVING WITH CHANGING HEALTH:
PERIMENOPAUSE AMONG CHINESE WOMEN IN TAIWAN

Abstract

The purpose of this qualitative study was to generate theory about women's perimenopausal life experiences. Thirty-five Taiwanese women aged 40 to 59 who perceived themselves as perimenopausal and who were not using hormone therapy were interviewed. Data were generated from interviews which were conducted in Mandarin.

Living with Changing Health was the core category for describing and guiding the process of perimenopause. During this process, Awareness was identified as the antecedent condition. Once the woman became aware, she would begin the process of living with her changing health. This process would be marked by action and interaction among the categories of Emotional Fluctuation, Searching for Answers, Compromising, Pursuing the Better Life, and Keeping on. Throughout this process women viewed perimenopause as A Natural Life Process during which they lived with their changing health.

Although for Taiwanese women perimenopause is a natural life process, it is no longer a silent passage. Nurses should be sensitive to mid-life women noting if there is peaceful and silent passage or if there is hidden turbulence beneath their apparently peaceful lives. Helping them to live with their changing health is the most important issue for the care of Taiwanese perimenopausal women.

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DEDICATION

To my family and my friends,

who would be pleased.

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ACKNOWLEDGMENTS

The accomplishment of this dissertation would not have been possible without the encouragement and assistance of participating Taiwanese mid-life women, the dissertation committee, my friends and family.

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I hope the present study will contribute toward providing better care for Taiwanese perimenopausal women. Hopefully, perimenopausal care in nursing will be budding in Taiwan.

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LIVING WITH CHANGING HEALTH: PERIMENOPAUSE AMONG CHINESE WOMEN IN TAIWAN

Chapter I

Treloar (1982) has defined menopause as the natural ending of the menstrual experience. Although menopause is a universal experience for women, how it is experienced is not universal. Perimenopause is the time surrounding menopause. It is also a life transition for mid-life women that may be accompanied by some somatic and/or psychogenic symptoms lasting for some years around the menopausal stage. In this transitional period, physiology, anatomy, social support systems, culture, expectations, and the woman's attitudes, especially her self-image, all have an influence on how easy or difficult perimenopause is for an individual (McCraw, 1991).

In Taiwan, women aged 40-64 years old represent 11.23 percent of the population. Currently, the average life expectancy of Taiwanese women is 77.52 years old (Department of Health, The Executive Yuan, R.O.C., 1995). Chang, Chen and Hu's (1993) study showed that average age of natural menopause is 49.4 ± 3.8 years old. Therefore, it is important to emphasize the significance of the percentage of Taiwanese mid-life women in Taiwan's total population: over eleven percent is a sizable population that justifies proper care of mid-life women. In addition, Chinese women in Taiwan (Taiwanese women) live approximately one-third of their lives after menopause.

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Consequently, it should be of immediate concern to create an image of individual growth and vitality as well as that of someone who is aging with dignity during this transitional period.

This chapter discusses the problem, the purpose, research questions and significance of conducting this study.

The Problem

Menopause is a universal occurrence for all women; however, there are some different paradigms for viewing menopause. The biomedical model, especially as used by biologists and physicians, depicted menopausal women as suffering from a hormonal deficiency disease. Wilson and Wilson (1963) were the first authors who explicated the concept of menopause as a disease and linked a woman's future--indeed, her dignity without estrogen replacement--as one of spending life in a realm of living decay. The biomedical model viewed menopause as a hormone deficiency disease and treated it with hormone replacement therapy (HRT) or estrogen replacement therapy (ERT). In contrast, behavioral scientists and some feminist researchers preferred to attribute menopausal symptoms to life events and societal values. However, biological and sociological explanations of menopause stood in opposition to one another, creating confusion and slowing progress toward a complete understanding of this life phase (Voda & George, 1986).

Recent studies have shown that menopause had a biological base, yet was an experience that differed according to cultural values (Barnett, 1988; Brown, 1982; Buck & Gottlieb, 1991; Chaiphibalsarisdi, 1990; Dobbie, 1991; Hautman, 1996). Menopause

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drew its meanings from basic concepts within the culture, such as the meaning of women's reproductive power, the role of women in the social structure, and attitudes toward aging. The interpretation of menopausal symptoms was tied closely to the individual's experience of her own perception as a menopausal woman in society. An appreciation of how the cultural context influences women in menopause may open more avenues to assist women during menopause than the simple prescription of hormone therapy (Theisen & Mansfield, 1993). Therefore, this study focused on perimenopausal experiences of Taiwanese women.

Perimenopause: Multidimensional Impacts during Transitional Period

According to Webster (1981), transition was defined as a passage or movement from one state, condition or place to another. The attributes of the concept of transition included: process, disconnectedness, perception, awareness and patterns of response (Chick & Meleis, 1986; Schumacher & Meleis, 1994).

Perimenopause is the time preceding menopause and includes the year after the permanent cessation of menses (Cook, 1993). Perimenopause can be viewed from a transitional perspective. Because it is a special nature of change for perimenopausal women, it involves changes in a woman's body, mind and surroundings, and this change will direct women to move to another period of life. This approach integrates the four types of transition--development, situational, health-illness and organizational transition of women's lives (Schumacher & Meleis, 1994).

From the developmental perspective, perimenopause is one of the mid-life changes women may experience. Some studies indicated that different cultural contexts have had

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different meanings for perimenopausal women (Chang et al.,1993; George, 1988; Tang, 1994).

Women also may have faced some situational transitions that involve unexpected or untimely events during the perimenopausal stage such as changing jobs, retirement, becoming a widow, illness and so on. More emotional distress may have been experienced when faced with unexpected and untimely situational transitions (Murphy, 1990).

From the health-illness transition, estrogen fluctuations may have resulted in some menopausal symptoms such as vasomotor complaints and psychological complaints. However, menopausal symptoms differed depending on the ethnic group, socio-economic status (SES) and stages the menopausal women were in (Boulet, Oddens, Lehert, Vemer & Visser, 1994; Tang, 1994).

Lastly, from the perspective of the organizational transition, perimenopause refers to both the process and the outcome of complex person-environment interaction. When family members are closely tied to perimenopausal women, the change in the family structure may have significant impact on women. The empty nest syndrome was an example of a change which significantly influenced the experiences of women during perimenopause (Spence & Lonner, 1971).

In summary, when studying perimenopause, it is important to examine the multidimensional impacts surrounding women. The changes a woman faces are as individual as the environment, cultural context and family. Whether the woman is in mid-life, experiences a role change, hormone or family structure changes, women's life and self perception can be significantly impacted.

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Menopausal Experiences among Taiwanese Women

To understand all aspects of menopause for Taiwanese women, it is important to know the history of Taiwan, and how it relates to China.

In 1949, Taiwan separated from Mainland China because of political differences. Most of the people in Taiwan are Han people of Chinese. Therefore, the Taiwanese embrace Chinese values and philosophy.

Taiwan is an island that is located in East Asia. The area of Taiwan is approximately 36,000 Sq. Km (14,000 Sq.miles). From a historical perspective, Taiwan has been a part of China for three hundred years; however, during these three hundred years Taiwan was also occupied by the Dutch (AD 1624-1661) and Japanese (AD 1895-1945). In 1949, the National government of the Republic of China (R.O.C.) was defeated in the civil war by the Chinese Communists. After this defeat, the government moved to Taiwan and set up a provisional capital in the city of Taipei (Tsao, 1981; Yin, 1989). Originally, Taiwan was an agricultural society; however, the R.O.C. government established Taiwan as an industrialized and modernized country after the restoration of Taiwan from Japan.

From the view of Chinese medicine, menopause was not considered a disease, but rather a natural phenomena (Hsu & Easer, 1982). According to one famous Chinese medical reference book, *Chung-I Fu-k'o hsueh*, if a woman experienced spontaneous bleeding after menopause without any other accompanying signs or symptoms, the woman would be considered fine without any treatment (Liu, 1994). Therefore, menopause was not treated by HRT until Western medicine recently brought this treatment to Taiwan.

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From another perspective, in Chinese culture, when a woman was menstruating, she was regarded as unclean and could not burn incense to pray to the Gods or ancestors. People viewed menstruation not only as unclean but shameful, poisonous and harmful to others (Furth & Chen, 1992). Middle age would bring fewer restrictions and more privileges such as the right to exert authority over certain kinsmen and the opportunity for achievement and recognition beyond the household. However, "menopause" was also viewed as a negative term and sometimes resulted in teasing. Occasionally, a middle-aged woman who was emotionally disturbed, nervous, or temperamental would be called "*gen nian qi*"(perimenopausal) (Chang et al., 1993).

In Taiwan, most hospitals and gynecological clinics use Western medicine and are influenced by it, as most people are convinced of its scientific authority. Most research studies of menopause recruited clients from gynecological clinics and administered HRT to study the effects of the drugs (Chou, 1995; Young, 1992). The physicians advocated the benefits of HRT through the reporting of their research findings in the newspaper or public media. This resulted in some bias for the public, because their sampling did not recruit women from the community.

There were few papers or reports related to the socio-cultural perspective of menopause until recently. Chang et al.(1993) conducted a quantitative research study on women's attitudes toward menopause and recruited women from gynecological clinics, community and work groups. The findings were that over half of the women thought menopause was a kind of natural phenomena and did not feel regret or sorrow about losing their fertility or female attractiveness. In addition, they felt more "free" without the

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trouble of menstruation; however, the women did worry about their own health status. The more a woman was modernized, involved in society, and had a higher social status, the more positive her attitude to menopause.

Chang (1995) advocated recently in the health section of the most popular newspaper, *Min-Sheng Pao*, that some physicians' reports of overmedication for menopause in the public media would make the women *tan ching pien se* (scare the menopausal women and increase their stress about menopause). Menopause is a natural process, not a symptom or a disease. This was the public voice coming from a non-physician.

In 1995, Taiwan began providing National Health Insurance for all citizens of the Republic of China who have resided in the Taiwan area for more than four months. The National Health Insurance Law stressed that the administrative cost and health services must be just and equal for all to improve the health of the population. Therefore, the control of unnecessary medical care is important for the National Health Insurance policy (Department of Health, The Executive Yuan, R.O.C., 1995). However, some of the Taiwanese perimenopausal women may have made unnecessary visits to physicians due to their uncertainty about their changes of health.

In Tsao's (1996) pilot study of Taiwanese perimenopausal experiences, one Taiwanese gynecologist was interviewed. He stated that his perimenopausal clients threw away the prescribed HRT because his perimenopausal clients merely visited him to find out if they were healthy. They believed the risks in HRT would make them fat or give them cancer. One woman said that she visited the physician for her vaginal soreness and

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irregular menstruation, and the physician prescribed HRT for her. But she threw it away because she was afraid of the side effect of HRT--getting cancer.

From another perspective, Western medicine brings a different viewpoint of menopausal issues through the public media. Western medicine may have an impact on Taiwanese women. One participant in Tsao's (1996) study said that she thought menopause was a natural process; however, after she watched some American TV programs that showed menopause accelerates aging, she felt sad and worried about getting older.

Many dimensions have an impact on Taiwanese women facing and managing their perimenopause. They may be influenced by traditional Chinese medicine and natural menopause; however, the perimenopausal symptoms still make them feel uncomfortable and uncertain about the changes. They may try to visit their gynecologists to ask for help, Yet, they would rather use the natural menopause treatment without any medication. Modern Taiwanese women may lack appropriate health education programs for the perimenopause and feel conflict between Western medicine values--menopause brings aging and HRT can prevent it and the Chinese medical value--natural menopause.

In summary, Chinese medicine has viewed menopause as a natural phenomenon not needing treatment. Chinese culture also viewed associated menopause with aging, which would bring a higher social status because the elderly are respected. Menopause also frees women of troubles with menstruation. However, modern Taiwanese society views menopausal women negatively, as nervous and emotionally disturbed. Therefore, modern Taiwanese culture may have a paradoxical view of the perimenopausal women.

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The other perspective involves the bringing of HRT to Taiwan by Western medicine. Most of the menopausal studies in Taiwan were done by the physicians and emphasized HRT to cure the menopausal syndromes. A few quantitative research studies related to women's attitudes toward menopausal issues demonstrated that over half of Taiwanese women agreed to accept natural menopausal treatment; however, they worried about their health and changes in their body. Taiwanese women also had some conflicts between using HRT and natural menopause for their perimenopause. They needed more information about the menopausal experiences of the Taiwanese women. However, few studies provided full experiences of menopause in Taiwan.

Purpose of the Study

The purpose of this study was to examine and analyze perimenopause as experienced by Taiwanese women. Specifically, the study looked at women who were born and lived in Taiwan and who identified themselves as perimenopausal and did not use hormone therapy. The goal was to generate data and to develop a descriptive theory based on the perceptions, beliefs, values, and feelings regarding the natural perimenopausal experiences--without using HRT--among Taiwanese women.

Research Questions

This study would attempt to answer the following questions: (a) what is the meaning or perception of perimenopause for Taiwanese perimenopausal women? (b) what are the experiences of perimenopause for women who do not use HRT? (c) how do perimenopausal women manage their perimenopausal symptoms without using HRT?

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Significance of the Study

Menopause is a definitive developmental landmark and a universal event for all women. However, the biological and sociological explanations of menopause stand in opposition to menopausal issues, creating confusion and slowing down progress toward a complete understanding of this life phase (Mansfield, Jorgensen & Yu, 1989; Voda & George, 1986). Recently, some cross-cultural studies (Barnett, 1988; Brown, 1982; Buck & Gottlieb, 1991; Chaiphibalsarisdi, 1990; Dobbie, 1991; Hautman, 1996) demonstrated that menopausal experiences differ among various cultures.

Perimenopause is the time around menopause. For most mid-life women, perimenopausal experiences coincide with the mid-life transition. Therefore, there are multidimensional impacts on perimenopausal experiences. Meleis (1991) pointed out that nurse researchers considered the subjective meaning of the entire experience, what bio-psycho-socio-cultural variables influenced the perimenopausal experience. This was different from the research concerns of other disciplines such as psychology, sociology, biology; however, there were a few studies focusing on perimenopausal experiences. Thus, establishing a descriptive theory to explain perimenopausal life experiences would be significant.

Over half of Taiwanese women passed the menopausal transition naturally within the purview of Chinese medicine. However, information on the experiences of natural menopause for Taiwanese women is missing. What the meaning of menopause is for Taiwanese women, and how they get through this transition naturally necessitates significant research into this area.

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There was little research which reveals Taiwanese women's perimenopausal experiences. But there are a number of mid-life women among the Taiwanese population. The National Health Insurance should provide care which extends beyond the use of just hormone therapy to include more health education of perimenopausal issues. Therefore, establishing a theoretical description of Taiwanese perimenopausal experiences was significant. The nursing significance of this study was that with increased understanding, care could be delivered appropriately and sensitively to perimenopausal women. In addition, the information derived from this study made a significant contribution to the cross-cultural menopausal literature.

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Chapter II

Review of the Literature

Menopause is the life-cycle event most commonly associated with aging in women. Normally, there is a gradual transition from the reproductive to the non-reproductive physiologic process. This transition, called perimenopause, is a life event for mid-life women that may be accompanied by various somatic and/or psychogenic symptoms lasting for some years around the menopausal stage. In this transitional period, other life changes will happen to women. They may include: career/job changes, becoming a mother-in-law, grandmother or widow, acquiring an illness and so forth. In addition, socio-cultural contexts for menopausal issues may have a great impact on the woman's perceptions of perimenopausal experiences.

The menopausal experience is a developmental transition and multi-domain concept. The sociologist looks at it in terms of social expectations, with the roles and status normatively accorded the menopausal person. The psychologist views menopause from an intrapsychic perspective. The physician views it in terms of changes in cells in the endocrine system. The nurse researcher considers the subjective meaning of the entire experience: what bio-psycho-socio-cultural variables influence the meaning; what the consequences are for the person as well as for that person's significant others; how the person adapts to changes; and finally, how the nurse can help the menopausal woman cope with the experiences, if indeed, there is a need to do so (Meleis, 1991).

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The literature review is divided into two sections. Section one, the analysis of literature on perimenopause from a transitional perspective, includes the definition of the transition concept and a discussion of its five attributes as they are applied to the understanding of perimenopause. Additionally, section one analyzes the four types of transitions which impact perimenopausal women. Section two examines the literature on Taiwanese culture as it relates to menopause and menstruation. This includes a general view of Taiwanese mid-life women and covers their living environments, daily lives, food preferences, entertainment, appearances, values and religious beliefs. In addition, the Taiwanese culture's taboos of menstruation, and Chinese culture related to menopause, and how Chinese medicine views menstruation and menopause are discussed.

Perimenopause: From the Transitional Perspective

The Definition of Transition

The noun transition was derived from the Latin verb *transire*, meaning to go across (Chick & Meleis, 1986). However, the term was defined differently by various sources. It was defined as a passage or movement from one state, condition or place to another (Webster, 1981), while Bridges (1980) described transition as a process that involves three phases: an ending phase, a neutral phase and a new beginning phase. Other authorities referred to transition as a period which concerns both the process and the outcome of complex person-environment interaction, possibly involving more than one person and embedded in the context and the situation (Chick & Meleis, 1986).

For some, transition was considered as a period of moving from one state of certainty to another, with an interval of uncertainty and change in between (Golan, 1981).

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For others, it denoted a change in health status, in role relations, in expectations or in abilities, as well as changes in needs of all human systems. The result was that the person had to incorporate new knowledge, to alter behavior and therefore to change the definition of self in social context, of a healthy or ill self, or of internal and external needs, which affected the health status (Meleis, 1991).

Based on the above descriptions, an integrated definition of transition is as follows: Transition is a passage or movement from one state, condition or phase to another. It consists of three phases: an ending phase, a neutral phase and a new beginning phase. In these phases, transition refers to both the process and the outcome of complex person-environment interactions. Transition also results in changes for the person and the environment. These changes involve routine activities of disruption, emotional upheaval. readjustment, uncertainty, changes in relationships and roles in many contexts. Therefore, it requires the person to incorporate new knowledge, to alter behavior, and to change the definition of self in a social context during the passage of change.

Attributes of Transition Related to Perimenopause

The attributes of the concept of transition include: process, disconnectedness, perception, awareness and patterns of response. According to the attributes of transition concept, the research studies related to perimenopause can be expressed as (a) process: the duration of perimenopause; (b) disconnectedness: the age of menopause; (c) perception: the meanings of menopause; (d) awareness: perimenopausal symptoms; and (e) patterns of response: women's attitudes and related responses toward menopause.

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Process: The duration of perimenopause. Transition is a process whose beginning and end do not occur simultaneously. There is a sense of movement, development, and flow associated with it. Some research evidence suggested that women observe changes in their menstrual cycle up to a decade before actual cessation of menses (Chiazze, Brayer, Macisco, Parker, & Duffy, 1968; Treloar, Boynton, Behn & Brown, 1967). However, the exact number of years women spent in this transition period was not known (Voda & George, 1986). Perimenopause might span a 25-year continuum from age 35 to age 60 (Harper, 1990).

The age criteria of sampling for perimenopausal studies were different: age 35-54 (Huddleston, 1990); above age 35 (George, 1988); age 40-55 (Berkun, 1986); age 40- 60 (Boulet et al., 1994; Frey, 1982; Gifford, 1994) age 40 and above (Chang et al., 1993); age 45-55 (Lock, 1986; Tlou, 1990); age 45-59 (Hautman, 1996); and age 50-60 (Chaiphibalsarisdi, 1990).

The criteria of the age span for the menopausal or perimenopausal women ranged from age 35-60 for studying menopausal issues. However, when studying perimenopausal issues, researchers should consider the age span of recruiting the participants according to the purposes of the studies. For example, in the present study, it was believed that a better criteria for recruiting participants was to choose perimenopausal women, aged 40-55, who were closest to menopause.

Disconnectedness: The age of menopause. Disconnectedness is associated with the disruption of routines or linkages on which a person's feelings of security depend. It also includes loss of familiar reference points, incongruity between expectations based on the

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past and perceptions dictated by the present, and discrepancies between the needs and availability of, as well as access to, a means for their satisfaction (Chick & Meleis, 1986; Murphy, 1990; Selder, 1989). For many women, the age of menopause is perceived as a time of disconnectedness with menstruation.

There were different definitions of the age of menopause according to the participants' subjective reports or the changes of menstruation cycles. Several studies conducted in the United States and abroad generally have concurred that the average age of menopause (defined as cessation of menstrual periods for one year) was 50-51 years. The age of menopause among Dutch women is 51.4 years (Jaszmann, Van Lith & Zaat, 1969). Treloar (1982) reported that menopausal age for 294 menopausal women who had used estrogen therapy was 52 years, versus 50 years for naturally menopausal women. Boulet's et al (1994) conducted their study in southeast Asian countries and demonstrated the median age of natural menopause (the last spontaneous menstrual bleeding) was 51.09 years and the relevant predictor identified proved to be age at menarche; a later age at menarche favored an earlier menopause.

In Taiwan, Chang et al.(1993) and Ou Yan, Chou & Hwang (1982) reported that the average age of menopause was 49.44 ± 3.8 years and 49.5 years with the median age at 50 years. Taiwanese women reached menopause 0.5 to 1.5 years earlier than women from other countries.

<u>Perception: The meanings of menopause</u>. Perception is the meaning attached to transitional events. Differences in the perceptions of transitional events can influence

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reactions and responses to such events, making the reactions and responses less predictable.

Some studies related to American women's menopausal issues showed that changes of meanings for menopause have occurred over the past three decades. Neugarten, Wood, Krainers, and Loomis (1968) showed that American women experienced more stressful menopause issues because their major roles were childbearing and childrearing. The loss of fertility deprived many women of the sole source of prestige available to them in their culture. Frey (1982) surveyed 78 American women aged 40-60 and the findings showed that the women, in general, did not view menopause through an illness-orientation. Thus, the problems occurring during menopause could be interpreted as changes in wellness, rather than an illness state.

In recent research, the focus of menopausal perception has shifted from women's perceptions of their roles as mothers to self-perceptions as changing women. Quinn (1991) interviewed 12 perimenopausal women to discover their views of the menopausal process. The findings showed that this time of transition was illustrated by a spinning pinwheel with the focus being the woman "changing me" in the center of the pinwheel and the four spokes of the wheel being "turning into me, my body and moods," "facing a paradox of feeling," "contrasting impressions," "making adjustments" (p. 25).

Lock (1986) investigated 1283 Japanese women between the ages of 45 and 55 by questionnaire and did in-depth interviews with 105 of the respondents. The findings revealed that the majority of respondents reported menopause as an event of little or no importance to the women. Most Japanese women were pleased to be past the

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inconvenience associated with menstruation, but the feelings of relief were linked to mixed feelings and ambiguous or paradoxical responses reflecting a concern about aging. However, most women regarded menopause as a natural life-cycle transition.

Davis (1986) applied the emic option (cultural perspective) to study 38 women from the southwest coast of Newfoundland, an outport fishing village of Grey Rock Harbour. He found the concepts of nerves and blood served as a link between symbol, affect, and biology and provided the basic structure for menopause discourse. The Grey Rock Harbour women viewed menopause as a non-event, a normal, prolonged part of the aging process.

In a cross-cultural study, 1148 women from five ethnic groups were interviewed; Israel-born Moslem Arabs, and immigrant Jews born in North Africa, Persia, Turkey, and Central Europe. The finding was that women across the five cultures unanimously welcomed menopause and the cessation of fertility, despite great differences in childbearing history, and despite differences in attitudes toward the size of their families. European women did not like unplanned pregnancies, and they might have only one or two children. A high value was placed on fertility in the other four cultures, including Moslem Arabs, North Africa, Persia and Turkey; therefore, women welcomed the end of a succession of unplanned/involuntary pregnancies (Datan, 1990).

Gifford (1994) interviewed 20 Italo-Australian working class women living in Melbourne between the ages of 40-60. This study explored the fact that Italo-Australian women used the term *cambiamento divita* (change of life) and they described it as a time of loss, a time of sorrow, a time when life became heavier and when life dried up. The

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women spoke of blood and nerve as being central to their physical and emotional health. Regular menstruation and childbirth were essential to keeping blood clean and flowing freely. The disorders of nerves were linked to major losses or social disorder within the family. Therefore, the discourses of blood and nerves provided the women ways of expressing a physical loss of the monthly menses, the personal loss of fertility and social loss of status as a productive mother, reproductive wife and an economically productive worker.

Botswana women perceived menopause as a natural occurrence for which only God had control, a relief from menstrual bother and expenses, and freedom from unplanned pregnancy (Tlou, 1990). Thai women perceived menopause as a natural occurrence which could not be controlled; an event related to menstruation, sexuality, pregnancy, and childbearing (Chaiphibalsarisdi, 1990).

Perimenopause was a natural transitional process for Filipina-American women. However, Filipina women expressed conflicts arising from complex family and social obligations. They also perceived that they were living with their changing body and changing community networks. Filipina women continued to develop personal, professional, and civic networks, and assume significant, often leadership positions in the community (Hautman, 1996).

In a study of modern Taiwanese mid-life urban women aged 40-60, it was reported that older women tended to expect no menstruation. This was for 63.6% of the women aged 55-60. However, only 36.5% of women aged 40-44 did not expect to have menstruation (Chang, Mao, Chen & Chang, 1995).

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In Chen Duh, Voda and Mansfield's (1996a) study showed that some Chinese women described menopause as "no longer young, getting old". However, many women stated that menopause represented wisdom and maturation, a symbol of achievement; a time that told one that one might start enjoying life. Quinn's (1991, p.28) study showed a similar finding--that perimenopausal women believed they were getting older but they felt they had a wealth of human experience.

African-American women viewed menopause as a natural transition related to aging and psychology. They viewed some psychological symptoms, such as mood shifts more negatively than vasomotor symptoms such as hot flashes, sweating, heavy bleeding and bad cramps (Padonu et al., 1996). However, older Chinese women aged 60 to 78 believed the discomforts from menopause applied to women who had too much time and were too nervous or emotional. They viewed menopause as a natural phenomenon (Chen Duh, 1994).

Cultural-social values deeply influenced the meaning of menopause for women. In some cultures, women viewed menopause as the change of life, loss of fertility and social status and a stressful experience. However, in other cultures, menopause was welcomed as a natural phenomenon. In some studies, women viewed menopause as a paradoxical feeling of transition to aging, although they may have perceived menopause as a natural life-cycle. For some women, perimenopause brought the feelings of being old but sometimes it represented wisdom, maturity or a wealth of human experience.

Awareness: Perimenopausal symptoms. Awareness of the changes that are occurring is important for a person during transition; otherwise, the person is still in a pre-

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transition phase. Therefore, to facilitate the transition process it would be necessary to break down the barriers to transitional awareness (Chick & Meleis, 1986). When women are in perimenopause, they become aware of the special nature of changes happening to their bodies, such as perimenopausal symptoms.

Women experienced the decline in estrogen levels that resulted in a multitude of clinical manifestations during perimenopause. These clinical manifestations were recognized as discomfort associated with the decreasing estradiol levels that were called perimenopausal symptoms. The degree of discomfort to a woman depended upon many factors including the age of the woman, the rapidity with which her estradiol levels decreased, her body adiposity, and her interpretation of the symptoms (Scharb-DeHaan & Brucker, 1991)

The most commonly reported symptoms were vasomotor complaints such as hot flashes, flush, sweating, palpitation, dizziness; psychological complaints such as anxiety, irritability, headache, depression and insomnia; genitourinary alterations; alterations of the skin and hair; osteoporosis; increased weight; constipation; atherosclerosis; and psychogenic complaints. All of the preceding were identified by the popular term menopausal syndrome (Scharb-DeHaan & Brucker, 1991). However, only three symptoms that purported to be associated with declining estrogen levels were overtly supported by research; these were hot flashes, vaginal atrophy and cessation of menses (Farabaugh, 1985).

A survey of 5213 Dutch women 39 to 60 years old demonstrated that the severity of vasomotor complaints was related to the severity of all 21 general complaints, and the

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most pronounced symptoms were tenseness and tiredness (Oldenhave, Jaszmann, Haspels & Everaerd, 1993). A study conducted in seven Southeast Asian countries--namely, Hong Kong, Indonesia, Korea, Malaysia, Philippines, Singapore and Taiwan--reported that the prevalence of hot flashes and of sweating was lower than Western countries. However, the findings also suggested that vasomotor-complaint-related distress might be translated into psychological complaints, which were more frequently considered to warrant the consultation of a physician. The occurrence of climacteric complaints affected the perceived health status (Boulet et al., 1994).

Chang, Chou, Chen and Chang (1995) investigated 668 Taiwanese women aged 40 to 60 who were recruited from three different groups: community residents, gynecological clients and career groups. They compared the differences of self-reported perimenopausal symptoms among the three groups of women. The perimenopausal women (the duration of natural cessation of menstruation is between three and twelve months) among the community residents and career groups reporting their recent perimenopausal symptoms (within one month of being interviewed)--according to the order of frequency--were as follows: physical symptoms including backache/lumbago, bone soreness, soreness of the back, neck and head, facial hot flashes and flushness, increases in body weight, numbness of the extremities. Psychological complaints included: forgetfulness, easy to anger, insomnia, irritability, worries about health, and emotional disturbances. Psychosocial symptoms were evidenced by tiredness and headaches.

Six-hundred and seventy-three Taiwanese women living in Taipei reported the three most frequent menopausal discomforts were backache/lumbago, amentia and

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tiredness. The frequency of reported discomforts such as hot flashes and cold sweating was low compared with frequencies reported in Western countries (Chang & Chang, 1996).

For some findings of menopausal studies, the menopausal symptoms might be influenced by factors or variables such as marital adjustment (Uphold & Susman, 1985), menopausal status, age, ethnic groups, employment situations and education levels (Boulet et al., 1994; Chang, Chou et al., 1995). Cooke's (1985) study showed that the physical changes and many of the psychological symptoms experienced at mid-life period could be directly attributed to psychosocial factors.

The National Health Examination Follow-up Study examined four groups of women who were at premenopause, perimenopause, natural menopause and surgical menopause. Over a 10-year follow-up interval, no increase was found in depression, poor psychological well-being, or sleep disturbance associated with the menopause transition. Thus, the results of the study showed that the psychological stress of middle-aged women was unlikely to be related to menopause. This study suggested that women who reported psychological distress as a consequence of the menopausal transition might have histories of previous episodes of distress, usually in the form of anxiety, depression, or somatic complaints, because the psychological distress or neurotics was a stable characteristic of men and women over their lifetimes (Busch, Zonderman & Costa, 1994).

One study conducted with Chinese women factory workers showed that economic hardship would divert women's attention from perimenopausal symptoms. These women did not experience complaints which would lead to treatment, because having time off to

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see a doctor would mean a reduction in salary. On the other hand, this study also showed that the intact family unit might also be a beneficial factor in women paying less attention to their perimenopausal symptoms (Tang, 1994).

Japanese women reported the classic symptoms of menopause of hot flashes, night sweats, and sudden perspiration as low compared to that reported in studies from other cultures. In this study, 79.2% of women agreed that many interests in their lives make them less likely to notice menopausal issues (Lock, 1986). Botswana women reported the most frequent indicators of menopause to be increased libido and irregular menstruation; the least frequent, dyspareunia (Tlou, 1990).

In summary, perimenopausal symptoms included: vasomotor complaints, psychological complaints and psychosocial distress. However, only hot flashes, vaginal atrophy and the cessation of menses which were associated with declining estrogen levels are overtly supported by research. Studies showed that perimenopausal symptoms were related to ethnic groups, menopausal state, marital adjustment, level of education and culture. However, women's interpretations or awareness of perimenopausal symptoms were different from the prevalence of the symptoms. Some women diverted these symptoms because of their personal interests or economic hardships. Therefore, how perimenopausal women perceived the symptoms would be more important than the prevalence of the perimenopausal symptoms.

<u>Patterns of response: Women's attitudes and related responses toward menopause.</u>

The patterns of response to transitional events were uncertainty and emotional distress (Christman et al., 1988; Selder, 1989), conflict (Johnson, Morton & Knox, 1992),

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irritability, emotional upheaval, anxiety, depression, changes in self-concept and self-esteem (Chick & Meleis, 1986; Murphy, 1990), and changes in role performance (Gardner & Gander, 1992).

The perimenopausal women facing changing lives and bodies may have different patterns of response. Bowles' (1990) model of the menopausal experience proposes two causal pathways: the socio-cultural paradigm influences attitudes, and attitudes influence menopausal experiences. Bowles (1986) and Lin (1978), in studies of attitudes toward menopause of different age groups, found that younger women viewed menopause as both more important and more negative than did middle-aged and older women. Low-income women tended to have a positive attitude toward menopause because it relieved the stress of unwanted pregnancies (Standing & Glazer, 1992).

Lin (1978) surveyed 637 Taiwanese women aged 13 to 64 about their attitudes toward menopause, and asked 50 women brief questions related to their responses and attitudes toward perimenopause. The findings showed that some of the issues were described by mid-life women for the worst, best or the most unpleasant thing related to their mid-life experiences including: (a) the worst things were having cancer or the loss of a husband; (b) the most unpleasant thing was being sick; (c) the best things were not worrying about being pregnant and the problems of menstruation. The worst things related to perimenopause were (d) discomfort and suffering; and (e) the view that menopause did not influence a woman's outlook and psychosocial health.

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Chang et al. (1993) investigated 825 women aged over 40 years old about their attitudes toward menopause. There were 67.8 % of the women did not use hormone therapy or any drugs for their menopausal symptoms. Most of them reported that menopause brought them a sense of freedom from the trouble of menstruation. They also viewed menopause as natural, not a disease, even though they worried about their health.

The reasons for Taiwanese women initial visits to physicians tended to be to check their physical condition such as irregular menstruation or missing menstruation instead of the symptoms of menopause. Taiwanese women had not medicalized the menopausal symptoms, but suffered from an inadequate knowledge about menopause, which could cause undue concern over irregular bleeding (Chang & Chang, 1996).

Japanese women had mixed feelings about menopause. They were glad to be beyond possible pregnancies and inconveniences of menstruation; however, they were also concerned with the loss of sex and becoming aged or old (Lock, 1986).

Tlou (1990) interviewed 25 Botswana women to describe their perimenopausal experiences. These women's self-care responses to perimenopause depended on their prior knowledge about menopause, their level of education, socioeconomic status, their symptoms and experiences, and the women's understanding of symptom causation. The women sought help and information from older relatives and nurses to validate their experiences. They also used traditional medicines to treat symptoms they associated with menstrual irregularity.

A survey by Self-Care Response Questionnaire (SCRQ) revealed the self-care responses of 146 American perimenopausal women regarding menopause or

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perimenopause. The findings showed two patterns of response. The first pattern or group of women (N=41) sometimes would seek advice and information from someone else about their menopause/ perimenopause. Overall, the women in this group hoped things would turn out positively by "having faith". The second pattern or group of women (N=102) were busy and productive. They educated themselves about menopause/perimenopause, and they thought through different ways to handle the situation of menopause. They were unlikely to take any medicine or seek help from others except for information (Huddleston, 1990).

Perimenopausal women have more positive attitudes than younger women. Some of their attitudes toward menopause are related to their wanting to be pregnant or not. Some women worried about their health state. Some women hoped things would be all right by having faith, and some women tried to find out the information in order to take care of themselves without asking for medication.

Types of Transition Related to Perimenopause

Perimenopause focuses on four types of transitions and corresponding changes which can be expressed as multidimensional impacts on women. These can be expressed as (a) mid-life changes related to developmental transition, (b) trigger events related to situational transition, (c) hormone changes related to health-illness transition, and (d) the changes of family structure related to organizational transition.

Mid-life changes related to developmental transition. Developmental transitions occur in life cycles. These transitions are based on the human biological clock, socio-

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cultural clock and age stage. Menopause was one of the developmental transitions for mid-life women (Fishbein, 1992).

Mid-life developmental changes were often attributed to menopause, although the two are distinct events, sometimes occurring simultaneously (Carroll, 1983). These events might affect a woman's self-esteem and any existing physical and/or psychological problems. New issues might occur during this time period such as: the forty-year-old jitters and the empty-nest syndrome. In addition, rolelessness has been ascribed to middle-aged women in Western society (Brown, 1982). In the United States, where youth and sex appeal are highly valued, menopause, aging, and associated processes were often viewed with fear and might be perceived as representing the start of the decline in being respected (Frey, 1982; Voda & George, 1986).

However, some cross-cultural studies have shown that middle-age could bring fewer restrictions and more privileges such as the right to exert authority over certain kinsmen and the opportunity for achievement and recognition beyond the household. The mother-in-law and/or the grandmother role tended to be associated with a higher status for middle-aged women (Barnett, 1988; Brown, 1982).

Indian/Sikh women perceived menopause as a liberating event, a natural phase in the developmental cycle of life and the perceived cultural proscription that anything natural demanded no special attention, even though it could bring accompanying discomforts, aches or pain. Sikh women also viewed menstruation as pollution or dirty. Therefore, the cessation of menstruation liberated women to act more like men and brought women one step closer to the patriarchal ideal (George, 1988).

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Mohawk women viewed the menopausal period as a time to focus on themselves and to seek activities of a personal, familial, and community nature instead of the previous child-rearing activities (Buck & Gottlieb, 1991).

In such cultures as Sikh and Mohawk, menopause might be viewed as a transition toward a higher status age group. Cultural attitudes toward sex and childbearing might thus affect women's feelings about menopause.

Therefore, from a developmental transition standpoint, mid-life changes that might occur during this time include changes in body image, as well as marital and social relationships. All of these changes might affect self-esteem and menopause might exacerbate any existing problems.

Trigger events related to situational transition. Situational transition involves dealing with unexpected or untimely events and usually requires extensive coping and adaptation (Murphy, 1990).

A perimenopausal woman would encounter role changes. She was often faced with the challenge of redefining roles. The triggering of events such as changes in employment, the end of a marital relationship, personal growth and/or physical changes were associated with a change in the way a woman might view herself (Dobbie, 1991). Each triggered event for a woman was a kind of situational transition. The woman might experience emotional distress during situational transitions (McCraw, 1991).

Cooke (1985) interviewed 78 mid-life women aged 35-54 about their somatic and psychological symptoms and related life events and social relationships. The results confirmed the importance of psychosocial factors in producing psychological distress

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during the mid-life transition. Life events included bereavements or the departure of significant others.

Hormone changes related to health-illness transition. Health-illness transition is involved in either acute or chronic illness experiences (Chick & Meleis, 1986). People will experience uncertainty, denial and affirmation, and the need for social support during the entry into an at-risk role (Loveys, 1990). The literature review on perimenopause from the health-illness transition is focused on how the biomedical model views perimenopause.

From the biomedical model view, three major estrogens affect a woman's life: estrone, estradiol and estriol. The principal estrogen for the perimenopausal reproductive woman is estradiol. It is predominantly produced in ovulatory follicles during each menstrual cycle. After the age of 35, women will lose oocytes and follicles which results in gradual diminution of estrogen and inhibits an ovarian hormone. The end result is increased follicle-stimulating hormone (FSH), which induces rapid follicular development resulting in the shortening of the menstrual cycle, one of the first clinical indicators of perimenopause. Cellular estrogen receptors are located in organs throughout the body, so that the decline in estrogen levels results in a multitude of clinical manifestations. They are recognized as discomfort associated with the decreasing estradiol levels of the perimenopausal period (Scharbo-DeHaan & Brucker, 1991).

The degree of discomfort to a woman depended upon many factors including, among others, the age of the woman, the rapidity with which her estradiol levels decrease, her body adiposity, and her interpretation of the symptoms. The most commonly reported

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symptoms were vasomotor complaints or psychological complaints as mentioned in the previous section of the literature review (Scharb-DeHaan & Brucker, 1991).

Menopause as a loss and obsolescence was first sensationalized by Wilson and Wilson (1963). They made explicit the concept of menopause as a disease and linked a woman's future--indeed her destiny without estrogen replacement--as one of spending her life in a sort of living decay. However, the increasing risk of cancer following hormone treatment for menopause was the topic of concern in the 1970s. By adding progesterone to estrogen, i.e. HRT, the combination has been found to reduce the incidence of endometrical cancer (Bush, 1992). Nevertheless, recent evidence suggested that estrogen, with or without progesterone, might lead to an increase in breast cancer (Bergkvist, Adami, Persson, Hoover & Schairer, 1989).

In the 1980s, osteoporosis was linked with low estrogen levels and this continued to prolong the Wilson and Wilson caricature of "living decay" (Voda & George, 1986). Therefore, how to find a safe and economic hormone replacement therapy to "treat" the "diseases" of menopause is still a popular area in the biomedical field.

Chen Duh, Voda and Mansfield (1996b) showed that 88.7% of 149 Taiwanese women aged 35 to 55 have never used HRT. The most common reason these women reported for not using HRT was "no need" because menopause was a natural phenomenon. In addition, some women were concerned about the risks associated with HRT. The African American women had negative perceptions about HRT due to a fear of cancer (Padonu et al., 1996). Therefore, for some women, HRT was not necessary for their perimenopause.

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After reviewing the research studies of hormone replacement therapy, Lichtman (1991) concluded that ERT or HRT should be individualized according to the patient's needs, desires, and individual symptoms and/or risk profiles. Risk should be assessed for the possibility of endometrial cancer, osteoporosis, cardiovascular disease (CVD), and breast cancer. It is suggested that alternative modalities be used to reduce developing diseases related to aging by such means as prevention of osteoporosis, CVD risk-reduction behavior and breast cancer self-examination. Mckeon (1994) suggested that each woman should decide whether to receive HRT after weighing the risks and benefits.

Living with long term illness brought with it a significant impacted on the mid-life client's role as a marital partner, a parent and a working woman during the health illness transition (Catanzaro, 1990). The biomedical model viewed menopausal transition as a hormone deficiency disease and treated it by HRT or ERT. Therefore, it would treat menopause as a long term illness and this would have a great impact on mid-life women. Weiderger (1977) has claimed that physicians create an atmosphere of anxiety by putting emphasis on changes in the menstrual experience.

Thus, it is important for the nursing field to study whether the illness view of menopause brings about mid-life women menopausal syndromes such as anxiety, depression, and negative attitudes toward menopause or if hormone deficiency results in menopausal syndromes.

<u>The changes of family structure related to organizational transition</u>. Organizational transition reflects variations in the environment. A family is viewed as an organization.

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Organizational transition related to perimenopause is the impact of changes on the family structure.

Children leaving home was commonly known as the "empty nest syndrome" (Spence & Lonner, 1971) and it might have coincided with the perimenopause. This type of organizational transition affected mid-life women in their roles as mothers and wives.

Women had different reactions when their children left home. Some women required a total reorganization of their previous life-style to meet the pressure of current cultural expectations, encompassing changes in behavior, attitudes, and relationships. However, some women having anticipated these changes, appeared to feel little stress or have few maladjustment problems (Spence & Lonner, 1971). In some cultures, women had a more positive attitude about their children leaving home. Mohawk women viewed mid-life as a time to focus on themselves and to seek activities of a personal, familial, and community nature instead of the previous child-rearing activities (Buck & Gottlieb, 1991).

Husbands and wives often returned to couplehood after children left home. The couple felt this phase is a period of freedom from financial responsibilities, geographic immobility, and role modeling for children (Golan, 1981). Freedom from pregnancy could permit women to relax and enjoy intercourse more. However, vaginal soreness, bleeding, dyspareunia or urinary incontinence might cause women to be less interested in sex. There were other factors which might cause conflict. For example, a parent or in-law who was widowed or in poor health might move in which might add some family structural changes and result in less privacy between the couple (McCraw, 1991).

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On the other hand, some American families of the 1990s reflected a relatively new trend in household living: the full nest, grown children stayed at home or returned home. The reasons the children gave for remaining at/returning home were: combating loneliness, financial economic concerns, postponement of marriage or career changes. The mid-life women in these families were known as the "sandwich generation" and they might have some strained role during this period. They believed they should take care of their older parents and help their adult children at the same time (Turner & Helms, 1995).

From another perspective, the attitudes of families toward menopause might influence women's perceptions of menopause. Dege and Gertzinger (1982) interviewed and surveyed 33 family members, including menopausal women. The findings demonstrated that group A families (the four families in the more educated group) expressed more positive attitudes toward menopause than group B (five families in the less educated group). Menopausal women in this study viewed role changes differently. Group B expressed feelings of loss and group A expressed feelings of freedom because of menopause.

In some cultures, extended families were common in that three generations including grandparents, parents and grandchildren lived in the same household. Therefore, the empty nest syndrome might not appear. In other types of families structural changes might occur during the perimenopausal transition. For example, in Taiwan, the mother-in-law had very strong powers in the traditional extended family. In this situation, getting along well with the daughter-in-law in the same household was a crucial issue for these mid-life women. On the other hand, many nuclear families existed in the modernized

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Taiwanese society. Therefore, the role and power of the mother-in-law has changed significantly in the current Taiwanese society (Zai, 1989). Chang et al (1993) demonstrated that women of higher social status had more positive attitudes toward menopause. More studies would be needed to identify and explore any additional variables which might impact menopause.

The changes of family structure such as empty nest, full nest, extended family, as well as family attitudes toward menopause would have different impacts on perimenopausal women.

Summary

This analysis of literature focuses on understanding perimenopause from transitional perspectives. The attributes of transition--process, disconnectedness, awareness, perception, and patterns of response--showed the following about perimenopausal phenomenon: the duration of perimenopause can last from 35-60 years of age. However, the age criteria for recruiting perimenopausal women for studies should be based on study purposes and research design. The average or median age of menopause was 50-51 years but there was a slight difference among different ethnic groups. Perimenopausal symptoms were diverse. Women's awareness of perimenopausal symptoms were more important than the prevalence of the symptoms. The meanings of menopause for women were related to their cultural and social values. Some women responded to perimenopause by seeking the help of elderly women, traditional medicine, seeking out the information by themselves or by having faith and hoping that things would turn out all right.

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Perimenopausal women may face multidimensional impacts on their life changes from the four types of transitional perspectives: mid-life developmental transition, unexpected and untimely situational transitions, menopausal symptoms, health-illness transition and the organizational transition of family structure changes.

When studying the paradigm of perimenopause, it is important to examine the multidimensional impacts on this transitional period. The changes a woman faces are as individual as her environment, cultural context and family. Whether mid-life, role, hormone or family structural changes, they can significantly impact a woman's life and self perception.

Perimenopausal issues are closely related to culture. There have been only a few perimenopausal studies conducted in Taiwan. Thus, some quantitative studies using questionnaires to study the attitudes toward menopause or the perimenopausal symptoms checklists may not be appropriate for the initial stage of studying perimenopause issues in Taiwan. Questionnaire studies may miss some cultural meanings about perimenopausal issues and narrow the exploration of the perimenopausal experiences. Therefore, a qualitative study focusing on the subjective perimenopausal experiences of Taiwanese women will be a better research methodology in Taiwan.

Additionally, prior studies recruited the participants by the age closest to mid-life or menopause. When studying the subjective experiences of perimenopausal women, it is important to recruit the women who perceived themselves as perimenopausal. This criteria can help recruit women who are more willing to share their detailed perimenopausal experiences.

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The present study focuses on the perimenopausal experiences of Taiwanese women. The general view of Taiwanese mid-life women and the Chinese cultural and medical issues related to menopause and menstruation will be discussed in the following section.

Taiwanese Culture Related to Menopause and Menstruation

This section provides as understanding of perimenopausal experiences from the perspective of the Taiwanese culture, the focus of the study. The researcher, a Taiwanese woman living in Taipei county since her childhood, will describe the general view of Taiwanese mid-life women focusing on the women in Taipei county. Then, Chinese culture and medicine related to menopause and menstruation will be discussed.

General View of Taiwanese Mid-life Women

The present study recruited women participants aged 40-59 and conducted it in Taipei county. The descriptions about Taiwanese mid-life women will include the following perspectives: an introduction to Taiwan, including geography, topography and climate, the living environment of Taipei, the cohort group of Taiwanese women who were born between 1937 and 1956 including their historical backgrounds, values, daily lives, appearances, and religious beliefs.

The Republic of China (R. O. C.) of Taiwan is located in East Asia. Taiwan is an island bordered by Japan to the north, the Philippines to the south, the Chinese mainland to the west, and the Pacific Ocean to the east. Taiwan has an area of approximately 36,000 sq. km (14,000 sq. miles), including offshore islands. Taiwan is a maritime subtropical country--summers are long and accompanied by high humidity, while winters

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are short and usually mild. Mean monthly temperatures: winter--above 15° C (59° F); summer--25°-28° C (77°-82° F). Population is 21 million. Taipei is Taiwan's most populated city (2.7 million). The majority of the people in Taiwan are Han Chinese. The official language is Mandarin and main dialects are Southern Fukience and Hakka (Hu, 1994).

Taipei is a crowded city. Most of the people live in apartments that provide two to four bedrooms. The traffic in Taipei is very heavy. Therefore, most of the people use public buses or taxis as their primary transportation.

Taiwanese mid-life women who were born between 1937 to 1956 were the participants of this study. This was the period of Taiwan's restoration era (Taiwan was occupied by the Japanese between 1895 to 1945). The government provided a six-year compulsory education system at that time. Therefore, the educational level of the women was at least primary school (Yao, 1983). Some of the cohort groups of those women experienced the war or after war in their childhood, so, they were quite frugal (considered a good virtue of Chinese women).

Under the family plan advocated by the government, most of this cohort group of women had two children (Huang et al., 1992). In Taipei, most women lived with their family, such as their husband, married or unmarried adult children or parents-in-law.

Directorate-General of Budgets, Account & Statistics in Executive Yuan (1996) reported that 45.75% of married women were career women or willing to work but unemployed. Therefore, some of the women were career women, others were housewives

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and some worked in their own family businesses, such as working with their husbands in their own business.

Most of them have embraced the traditional Chinese ideas of the virtues of a good woman--frugality, filial piety, gentleness, humility and loyalty to their husband and family (Yi, 1995). Freedom of religion is a constitutional right of every R. O. C. citizen (Hu, 1994). Most of these Taiwanese women were Buddhists or Taoists. Sometimes they liked to go to the temples in the neighborhood to worship God. The Goddess of Mercy, Matsu, and the Goddess of birth children were the popular goddesses for women to worship.

Many women liked to buy fresh food daily in the traditional markets, because the traditional market was a kind of social network for them. They could buy food and talk with other people in the market. The beauty shop was another social network for them. Some of them liked to pay about $5-6 to have their hair set and also enjoyed talking with other women and reading leisure magazines in the beauty shop during the afternoon. The afternoon period was considered leisure time for most Taiwanese housewives because their children or husbands might not come back home until after four o'clock in the afternoon.

Many Taiwanese women followed regular exercise programs by joining the community folk dancing club, or hiking the hills in the neighborhood. Others walked back and forth from their home to the market on a daily basis which was also another kind of exercise for them. Most people liked to watch television as their daily leisure activity.

Taiwan is an industrialized and modernized nation. It is popular for each family to have two or three television sets and pay about $10 to 11 monthly to get the international

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channel and then watch international programs with Chinese translated captions. Taiwanese women can get international information related to menopause from these television programs (Tsao, 1996). However, Taiwanese women were shy to talk about their perimenopausal issues in public. Sometimes, they liked to share these issues only with their close friends or relatives.

Some Taboos of Menstruation

Menstruation was viewed as "pollution" in the Buddhist religion. Therefore, menstruating women were forbidden to enter temples, to have contact with priests or shamans, or to participate in auspicious ceremonies such as weddings. The nature of menstruation was viewed by people as "unclean, superfluous, shameful, poisonous, and harmful to others" (Ahern, 1978; Furth & Chen, 1992). In addition, menstruating women were advised to avoid strenuous exercise, cold, damp conditions, tub baths, and cold and/or raw food, and were advised to keep warm to control their anger.

Fruth and Chen (1992) also reported that Taiwanese women viewed menstruation as a time of being "bothered," "fed up," "ill-tempered," "irritated," and "of having depressed" feelings. Chang, Mao et al., (1995) surveyed 454 Taiwanese women aged 40-60 about their perceptions of menstruation. This study showed that 75% of the women viewed menstruation as a time of some restriction for women. These restrictions included limitations in diet, sex, celebrations, activities and drinking cold drinks.

Chinese Culture Related to Menopause

In Chinese culture, when a woman reached the age of menopause, she would be promoted to the status of the mother-in-law or grandmother in an extended family. She

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was respected and had the primary power in the family. Therefore, traditional Chinese culture viewed menopause as a positive and welcome experience.

From another perspective, menopause was viewed as a negative term and sometimes denoted teasing in Chinese society. Occasionally, when a middle-aged woman was emotionally disturbed, nervous, or had lost her temper, she would be called "*gen nian qi*", a woman in perimenopause (Chang et al., 1993).

The Chinese called menopause "*ting ging*" (the menstruation stop, the ending of menstruation). Menopause was viewed as a natural phenomenon. Perimenopause, the change of life, was not heard of until recently. Chang et al. (1993) showed that most of Taiwanese women, like American feminists, viewed menopause as a natural phenomenon. However, unlike Americans, Taiwanese women approach menopause with a "*zen ming*" (accept the fate) attitude. As a result, they did not resort to HRT or any other drugs to treat menopause. Chang et al. recommended that more research studies were needed to explore the details of these issues.

In traditional Taiwanese culture, when women started menopause, they would "*fen chwang*"(take separate beds signifying an end to their sexual life with their husbands). However, in Chen's (1992) study, it was shown that modern Taiwanese women disagree with this traditional cultural view.

In Chinese culture, menopause had paradoxical meanings. Elderly women were respected and did not face the taboos of menstruation. For these women, menopause brought more power and a great sensation of freedom. Other values, however, continued to lead teasing to the perimenopausal women and depicted them as nervous, having

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emotional disturbances and generally implied a negative attitude toward perimenopausal women. Women who have taken separate beds after menopause indicated that menstruation was closely linked with the decline in fertility and sexual attractiveness.

Chinese Medicine Focusing on Menstruation and Menopause

Chinese medicine is vastly different from biomedical medicine. Chinese medicine emphasizes a holistic approach and treated all symptoms as a unit. This is based on a philosophic theory derived from empirical evidence which centers on whole body treatment. Diagnosis is based on subjective as well as objective factors; natural nutritive drugs are prescribed and are considered very effective therapy for chronic ailments. Biomedicine is based on a mechanistic theory of disease derived from scientific study. The focus is on partial body treatment. Diagnosis is based on objective factors; synthetic or chemical drugs are prescribed and are sometimes considered ineffective therapy for many chronic diseases (Hsu & Easer, 1982).

About 70 percent of a Chinese doctor's patients are women and women with gynecological problems visit doctors more frequently than all others. It is customary for most Oriental women to see an herb doctor for gynecological disorders because Western medicine is unable to make a conclusive diagnosis of and provide effective treatment for such frequently irritating complaints as headache, insomnia, neurotic behavior, psychosomatic disorders, vertigo, tinnitus, lumbago, palpitation and chills. Chinese medicine is uniquely suited to treating these disorders (Hsu & Easre, 1982).

Chinese medical texts teach that males and females are endowed at conception with a store of vital "primal *ch'i* (*yuan ch'i*)" from heaven, which accumulates in the body

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up through the time of puberty. It is then gradually lost through reproductive acts--particularly through ejaculation in males and menstruation, childbirth, and lactation in females. If a woman's menses are regular and normal, she is healthy, while any deviation from the menstrual norm threatens the whole body. Therefore, women are encouraged to pay careful attention to their periods and to take complex herbal infusions at the first sign of anomaly. Particularly important are ingredients with a *pu* (warming and support) function, which were assumed to build vital new blood and counteract the natural yin tendencies of females toward bodily cold. Supporting formulas for women are particularly recommended for promoting fertility (Wu Ch'ien, 1981).

In Fruth and Chen's (1992) study, 54 Chinese women were interviewed who believed in the benefits of Chinese medicine for menstruation. Benefits were perceived as providing support, curing female disorders, dampening fire, easing menstrual pain, keeping periods regular, helping the next period come on time, preventing female disorders, improving clotting and discoloration, helping a woman get pregnant, releasing out impurities, and preventing pregnancy.

From the view of Chinese medicine, menopause is not considered a disease, but rather a natural phenomena. According to one famous Chinese medical reference book, *Yi Tsung Jin Jian*, if a woman experiences spontaneous bleeding after menopause without any other accompanying syndromes or signs, she would be fine without any treatment because some residual menstruation (impure blood) should be cleaned out (Wu, 1975; Hsu & Easer, 1982; Liu, 1994).

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However, if perimenopausal women suffered serious menopausal symptoms, Chinese medicine called this " *hsieh tao zhang*" (blood disorder). The blood disorder might have varying characteristics but was not considered a disease which seriously harmed the body. However, it would make women suffer severely; it may have two or more kinds of symptoms and no fixed location of lesions. The severity of the symptoms would be influenced by a woman's psychosocial status and her environment. Menopausal disorders were considered a type of blood disorder. This disorder was created because of water, blood and *ch'i* imbalance. Chinese medicine prescribed a specific herb for this disorder by considering a woman's subjective complaints and her *mai* (pulsation) (Kuan, 1995).

Summary

Taiwanese perimenopausal women aged 40-59 live on a marine subtropical island. They are Han Chinese people who speak Mandarin and some district dialects. Most of them embraced traditional Chinese virtues of frugality, filial piety, gentleness, humbleness and loyalty to their husbands and family.

Regarding menopausal issues, many Taiwanese women have been influenced by the Chinese culture. This culture viewed menopause as a natural phenomena with positive experiences. The traditional Chinese culture viewed menopause as a time for menstruation to stop naturally. It did not have a meaning related to perimenopause. Women might perceive this to be a time free from menstrual taboos.

Chinese medicine was prescribed for menopause for the purpose of supporting or preventing female disorders. Prescriptions were individual herbs which were determined

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by considering a woman's subjective complaints and her *mai* (pulsation) as the criteria of diagnosis.

Modern Taiwanese women may face different perimenopausal issues due to conflicts between the traditional Chinese culture and medicine, and modern values and biomedical treatments. However, there was little research revealing Taiwanese women's perimenopausal experiences.

As mentioned in the previous chapter, most of the perimenopausal studies conducted in Taiwan were related to the effects of HRT and conducted by Taiwanese gynecologists who were most often males. When studying the subjective experiences of perimenopausal women, female researchers and interviewers must consider the bio-psycho-socio-cultural perspectives of this phenomenon to better facilitate the comprehensive information gathering process.

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Chapter III

Methodology

This study used grounded theory methodology in the symbolic interactionist framework (Glaser & Strauss, 1967; Strauss & Corbin, 1990). Grounded theory was used to study women's subjective perimenopausal experiences. Grounded theory is a qualitative method useful in developing substantive theory when little is known about the topic and when seeking the perspective of the individuals experiencing the phenomenon. Symbolic interactionist framework (Blumer, 1969) offered the researcher an excellent strategy for understanding the perimenopausal meanings for Taiwanese women.

Method

Grounded Theory

A grounded theory is one that is inductively derived from the study of the phenomenon it represents. That is, it is discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon (Strauss & Corbin, 1990). Data are not a set of numbers, but based on tightly-related themes of participants' responses, the emerging concepts, and the relationships among these concepts. In addition, grounded theory emphasizes the necessity for grasping the participants' viewpoints for understanding interaction, process, and social change (Strauss, 1993).

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In Taiwan, there was limited research about perimenopausal women's experiences. Therefore, this research applied the grounded theory methodology to report the process and experiences of Taiwanese women who were experiencing perimenopause.

Symbolic Interactionism

Symbolic interactionism is concerned with the meaning of events or perceived reality, and the ways in which people act in relation to the significance or meaning of those events (Chenitz & Swanson, 1986).

According to Blummer (1969), symbolic interactionism was based on three premises: (a) human beings acted toward things on the basis of the meaning that the things had for them; (b) the meaning of such things was derived from the social interaction one had with others; and (c) these meanings were handled in and modified through an interpretative process used by the person in dealing with the things she encountered.

Applying the symbolic interactionism framework to grounded theory could help the research study and enhance understanding of the patterns and explanations for participants' behaviors as they occurred in the natural environment (Strauss & Corbin, 1990). For example, in Tsao's (1996) pilot study of Taiwanese perimenopausal women, one participant said that she "liked to go fast" through the perimenopausal period, because she perceived that "go fast" would make her look younger to other people; and for her, "go fast" would also be a kind of exercise which would prevent bone loss. The researcher captured "woman liked to go fast" as the symbol which is meaningful for this perimenopausal woman. This woman believed that menopause would make her older and speed bone loss. This belief was derived from her interaction with others in her society.

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Therefore, the meaning of this symbol--"woman liked to go fast"--meant that the woman pursued health and youth during the perimenopause.

Participant Inclusion Criteria

Taiwanese women participants met the following criteria: (a) they were born in Taiwan and lived in Taipei county; (b) they were between 40-59 years of age; (c) they have identified themselves as perimenopausal, or who have passed menopause but who still have a vivid memory of the experience (d) they were willing to participate in this study.

The following women were excluded from this study: (a) women who have had a hysterectomy; (b) women who were health professionals, in order to exclude based points of view inherent in their work vis-a-vis personal experiences and (c) women who used hormone therapy during perimenopause.

Protection of Participants

An application for permission to conduct this study was submitted to the committee on Protection of Human Subjects at the University of San Diego. When the application was approved (see Appendix A), the researcher went back to Taiwan to conduct the study. A written consent form was obtained from each informed potential respondent who met the inclusion criteria established by the researcher (see Appendix B).

Respondents were informed about the researcher's name, the study's purpose, what was involved (e.g., the interview questions, the duration of interviews), and the confidentiality and anonymity of their participation. The consent form was translated into Chinese to be accessible for the respondents' understanding (see Appendix C).

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The interviews were conducted in Mandarin and audio-taped after getting the permission of the respondents. Audio-tapes were listened to after each interview in order to increase understanding of substance and nuance. Concerning the use of the tape recorder, participants were told its purpose and that they would be free to refuse being recorded and/or to stop the tape recording anytime they felt uncomfortable about having particular responses taped. Each audio-tape was transcribed and translated into English. All the tapes and coding data were coded for anonymity and kept in a secure place.

Entree

Before gaining access to a community, site, and participants, the researcher completed an ethnohistory and obtained demographic information (Hautman & Bomar, 1995). In this study, the researcher gained demographic information through a pilot study. This pilot study provided the information about selecting the sites to recruit women participants, setting the criteria for the participants and changing a few interview guides for the present study.

Pilot study. A pilot study titled "Taiwanese women's perimenopausal experiences" was approved by the committee on protection of Human Subjects at the University of San Diego (see Appendix D) and was conducted from December, 1995 to January, 1996. In this pilot study, 11 Taiwanese women aged 45 to 52 who perceived themselves to be in perimenopause and who were not using hormone therapy were interviewed to discover their perimenopausal process.

When conducting the pilot study, the researcher found that Taiwanese women were shy and hesitant to talk with an unfamiliar person about their menstruation and

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menopausal issues. However, they talked freely and were willing to share their experiences when they had the recommendation of a familiar person such as the insider of the organization or community. Therefore, the researcher received entree through the recommendations of insiders in the organization or community. A retired head nurse, who had a very good relationship with the female workers in a central supply room of one hospital recruited 7 participants and a gynecologist recruited 3 women clients who did not use HRT to attend interviews. In addition, one of the 11 participants was the researcher's relative.

While conducting this pilot study, the researcher also consulted with various health providers including: a gynecologist, an endocrinologist specializing in osteoporosis, a primary nurse and a head nurse in the neighborhood district, *Ta Tung* district and the head nurse of the health examination ward in *Chang Gung* Memorial Hospital. The suggested sites were evaluated for accessibility, for distance from the researcher's home, and for being representative of Taipei women. Thus, two sites were selected in the present study. The first was in the *Ta Tung* district in the neighborhood of the researcher's home and the second site was the *Chang Gung* Memorial Hospital. These two sites provided a good network of women, and the researcher was familiar with both sites--one was the researcher's living community, and the other was the researcher's work place.

For the criteria of the participants, the researcher recruited women aged 45 to 52 who did not use HRT. However, since the age of menopause may vary, the researcher set the age span from 40 to 55 in the proposal of the present study. The researcher added an additional participant over 55 years of age. This was a 59 year old woman who still had

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regular menstruation but perceived herself as perimenopausal because of her age. She met all other criteria. This woman was enthusiastic to share her perimenopausal experiences.

Additionally, the researcher made a few changes in the interview guide for the present study which included detailed concepts about perimenopausal experiences. These included a definition of perimenopause by the participants, detailed descriptions about perimenopausal signs and symptoms, information about the support systems (especially the family) for perimenopausal women. In addition, the guide asked about the emotional changes which occurred at the beginning of their perimenopause and suggestions for other women about their perimenopausal experiences. At the end of each interview, the researcher had the participants talk about their concerns for the study or any other health issues, because at this time, most of the participants wanted to share their concerns after becoming familiar with the researcher.

The present study. In the present study, data were collected between June, 1996 and October, 1996. The researcher recruited the participants through the following two strategies:

(a) In the *Ta Tung* district, the researcher recruited participants in the neighborhood elementary school.

In the beginning, the researcher visited the owner of the neighborhood beauty salon in the researcher's resident community, because the beauty salon was a place that women liked to stay. However, no women were interested in attending the interview, although the owner of the beauty salon promised the researcher that she would recruit participants. The reason for failing to recruit the participants was that the hair salon was a

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commercial area, and the women did not trust it. They may have misunderstood the purpose of the research. For example, one woman recruited from the school said that she was willing to attend this interview because the researcher has been one of the parents in the elementary school, therefore trustworthy.

There were a lot of women working in the neighborhood elementary school such as women volunteers, faculty, and the women students of the adult school. Therefore, the researcher, one of the students' parents of the school, visited the principal of the neighborhood elementary school. The researcher told the principal of the elementary school the purposes of the research. The principal permitted the researcher to conduct research in the school. The principal also promised to provide a private interview room for interviewing the participants, because perimenopause is such a private issue for the women. However, the principal is a man, so he could not openly recruit the women for this perimenopausal issue. Therefore, the principal recommended a mid-life woman teacher who was working in the student counseling center. This woman had a good relationship with the women volunteers and the faculty. Thus, 21 participants were recommended by this woman teacher. Eighteen of them were members of the faculty of *Ta-Long* Elementary School. Three of them were the women volunteers working part-time in the school.

(b) In *Chang Gung* Memorial Hospital, the researcher received permission to conduct research in the hospital (see Appendix E). Then, the researcher recruited participants through the head nurse of the health examination ward. Three of the participants were recruited from the health examination ward.

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In summary, using the women insiders, who had a good relationship with the participants to recommend the participants for interviewing, was the most successful strategy for gaining entree.

From a cultural perspective, Taiwanese women would prefer to share personal issues of menstruation with their trustworthy women peers. Therefore, the woman researcher as well as interviewer in the present study facilitated sharing the perimenopausal experiences with the participants. In addition, the researcher kept a close relationship with some participants who were working in the neighborhood elementary school. For example, the researcher attended some activities of the participants, such as the Yoga class or Buddhism speech. Sometimes, the participants would come across the researcher in the community and would share their current life experiences related to perimenopause, as they knew the researcher was interested in listening to their perimenopausal issues. Therefore, in addition to the formal interview, the researcher also obtained some information from informal interviews with some participants.

Some of the participants strongly supported this research because of its significance for Taiwanese women. One woman said that the researcher was "*Kung de wo lian*"(that is the Buddhism philosophy which means kindness knows no boundless beneficence) for conducting this research, because the research would provide quality information for Taiwanese women. Some of the participants said that they were looking forward to the results of this research because there was little perimenopausal knowledge shown in the newspapers. Most of the perimenopausal medical reports in the newspaper

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were related to HRT. However, the women were eager to know about health education as it related to perimenopause instead of only focusing solely on HRT.

In addition, as indicated in Chapter II, some Taiwanese women who were born between 1937-1956 were gentle and humble, and some of them had only a primary school education level. The researcher shared women's perimenopausal experiences and encouraged them to explore their experiences or feelings by emphasizing that their real and subjective experiences were the most valuable information for the study.

Each participant interview was conducted when conveniently possible. The duration of each interview was about one to one and one half hours. Interview sites were arranged for participants' convenience while insuring privacy and confidentiality in order to facilitate the exploration of participants about their experiences and/or feelings. For example, interview sites were in private rooms or classrooms in the elementary school or the private examination room of the hospital.

Data Collection

Data were gathered by using a structured demographic guide (see Appendix F) and conducting interviews using open-ended questions. Items on the interview guide were used to elicit information regarding perimenopausal meaning and experiences of Taiwanese women. Interviews continued until the data were saturated and dense. The study recruited 35 Taiwanese women, which included the pilot study of 11 participants.

In addition, the researcher collected informal data related to Taiwanese women menopausal issues such as menopausal reports in the newspaper during the study period in Taiwan, and recorded field notes as the reference for this study.

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Interviews

All participants were interviewed using the interview guide (see Appendix G). The initial questions were broadly based and began with "Would you tell me how you perceived that you were in perimenopause?" or "Would you tell me about your menstruation state?" Additional questions included "Can you describe your perimenopausal experiences?" Probes, such as "Are there any signs or symptoms related to perimenopause?" "Did your health change during the perimenopausal period?" were used to encourage participants to elaborate on their responses.

In keeping with grounded-theory, methods were incorporated into the interviews as theory emerged from the data. For example, questions were added about the concepts of endurance, and future life outlook.

At the end of the interview, some women expressed their thanks to the researcher for spending the time to listen to their talking about the related perimenopausal issues. For example, one woman said: "Thanks for your patience in listening to my ventilation. Does it take a long time for you?" The researcher expressed interest in and appreciation of their valuable life experiences. Most women expressed more of their concerns and private issues at the end of the interview so the researcher asked them if they had any words or experiences they wanted to talk with the researcher about, but were not asked during the interview. Therefore, the atmosphere of the interview was full of warmth and enthusiastic caring.

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In the Taiwanese culture, people liked to share health education information with their health providers. To establish a good rapport with the participants, the researcher shared appropriate health education information after the interview.

Sometimes the researcher had to be sensitive to the words that the participant was too embarrassed to express such as "I feel that area become less smooth . . ." The researcher probed, "What is that area?" or "You mean vaginal soreness?" because Taiwanese women were shy to speak out on sexual issues.

All interviews were conducted by the researcher who is a Taiwanese woman fluent in the languages of Mandarin and the Taiwanese dialect. The researcher encouraged and appreciated participants' descriptions of their own experiences. In addition, participants in this study were given a gift valued about $3-5 in return for their participation in the study. However, some of the participants refused to accept the gift, because they viewed the study as a kind of contribution of their life experiences for the research. Therefore, they could not accept the gift. For example, one woman said:

> I think I cannot get the benefit of the results of this research, because I have been through menopause. However, I think I can do good for my daughters or the next generation by providing my life experiences for the research. I cannot accept the gift. It is a "*Kong da*"(Buddhism words meaning the contribution for others) and I cannot get any gift.

Data Recording

Verbal and nonverbal behaviors were noted during the interview process. Observations of participants' appearance were written as field notes. The recording of these observations were useful when writing both operational notes and theoretical notes. The theoretical notes were the conceptual analysis of the written records, derived from

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several observation notes, thereby providing information to the researcher for comparisons or potential follow-up interviews. Data collection continued until no new information had emerged (Stauss & Corbin, 1990).

Audio-tapes which were in Mandarin or Taiwanese dialect were transcribed by the researcher word by word or phrase by phrase into English transcripts. For the purposes of accuracy, the first two audio-tapes were transcribed in Chinese then translated into English and compared to the same tapes which have been transcribed into English directly. They were verified by a bilingualist who was good at both Chinese and English. This person also had a lot of experiences translating American movies into Chinese captions for Taiwanese audience. After checking two kinds of transcripts, the bilingual said that both could catch the essence of the interview; however, she requested the direct English transcripts (not through Chinese transcripts).

The comment of this bilingualist was as follows:

> After comparing these two kinds of papers, I feel the one translated directly from the interview tape is much more fluent than the one transcribed in Chinese first. The former expresses the dialogue smoother and fits the English grammar better. And although there are still inevitable grammar or usage errors, it's easy to understand the meanings and correct the grammar. The latter is much "harder" to read and hard to discern hidden meanings. The dialogue has fewer grammar errors, but it's even harder to correct. I think the one translated from Chinese transcripts will result in so called "Chinese English". I suggest that direct translation from the Chinese interview record to English transcripts will be more expressive."

It might be that the English transcripts (from written Chinese transcripts) adhered to a sentence by sentence translation; therefore, it missed the correct expression in English. For example:

A: Chinese interview ----English transcripts

<u>I was scared for pregnancy</u>, I am too old to be a pregnancy woman. It would be

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laughed by others if I was pregnancy at so old age. Therefore, I went to the public clinics to check out my urine for pregnancy test. My husband and me did not make love frequency. However, I remembered we have one or two time make love at that month, so I was scared to be pregnancy."

B: Chinese interview---Chinese transcripts---English transcripts

"I was afraid of being pregnancy, I am too old to be a pregnancy woman. It would be laughed by others if I was pregnancy at so old age. Therefore, I went to the public clinics to check out my urine for pregnancy test. Although my husband and me were not "together" (make love) very often, just only a few. However, I remembered we have one or two times of make love at that month, so I was afraid of being pregnancy

After verifying the translated transcripts, the other Mandarin or Taiwanese dialect interview audio-tapes were translated into English word by word or phrase by phrase through a transcriber. As cultural beliefs affect meanings of health and illness, culture also conditions the use and meanings of language. Language describes the boundaries and perspectives of a cultural system and reflects how social life is represented within that culture. Some concepts have no transition equivalent (Barnes, 1996). Therefore, special terms related to menopause or menstruation such as *luan ging* (irregular menses), *yao suan pei t'ung* (backache/lumbago) were written in phonetics in Mandarin or Taiwanese dialect. In addition, the researcher wrote down the memo after immediately interviewing each participant to keep the original meaning of the participant.

Data Analysis

The purpose of data analysis was to examine the structure of experiences. In grounded theory, data collection, coding, and analysis were a simultaneous process from the beginning of a study to its conclusion. The constant comparative method (Strauss & Corbin, 1990) was used in analyzing contents from both the typed transcripts and the field

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notes. Each line, phrase, sentence, and paragraph from the transcribed interviews and field notes were read many times and reviewed for similarities, differences, general patterns, and codes.

Data analysis was carried out as follows:

1. Open coding: Each transcript had an initial review in order to get a sense of the whole. Then the researcher reviewed it again and generated initial categories related to perimenopausal experiences by the following strategies: listening back and forth by the transcriber to get the whole meaning of the interview before translation from Mandarin into English transcripts. Line by line analysis--coding by sentence or paragraph to reveal underlined ideas related to perimenopausal experiences. Then, another comparison was made with this transcript that the researcher had previously coded.

During the process of opening coding, the researcher established coding from the vivo or substantive coding such as the participant's own words, sorting and comparing the coding, then moving similar coding to a more abstract level--categories. During the process of coding and comparing categories, ideas generated during the process were put in memos. Three hundred and twenty-two codes were established in the initial coding.

2. Axial coding: Axial coding is the process of relating sub-categories to primary categories. The researcher developed each category in terms of the contexts/conditions that give rise to it; the specific dimensional location of this category in terms of its properties; the action/interaction strategies used to handle, manage, and respond to this phenomenon in light of that context; and the consequences of any action/interaction that are taken.

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3. Determining the initial diagram: Diagrams are visual representations of the relationships between concepts. After sorting memos and diagrams, the researcher generated an initial substantive theory to account for the relationships among categories. Memos, sorting, and sampling were conducted until saturation occurred; categories were established and theoretical relationships were tightly fit and interrelated.

In addition, each audio tape was transcribed into English and information for qualitative research was entered into a computer software program *NUD*1st* program for coding, sorting, and data retrieval in order to facilitate data analysis.

The Rigors of Methodology

Sandelowski (1986) applied four criteria for evaluating qualitative studies. These criteria included: (a) true value; (b) applicability; (c) consistency; (d) neutrality. The issues surrounding these criteria are discussed in the following section.

True Value

True value refers to the credibility of a qualitative study. True value is the most important outcome expected by any scientific inquiry (Sandelowski, 1986). The truth values of quantitative research are typically evaluated by assessing threats to internal validity. However, a qualitative study is credible if it represents the actual life experiences of the people being studied (Lincoln & Guba, 1985). For qualitative researchers, credibility results from asking: "Do scientific researchers actually observe or measure what they think they are observing or measuring?" Then, the researcher can attest to the true value of the study.

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Sandlowski (1986) stressed that a qualitative research study was credible when: (a) it represented such faithful descriptions or interpretations of human experiences that the people having those experiences would immediately recognize them from those descriptions or interpretations as their own; (b) other people could recognize the experiences when confronted with them after having read about them in a study; and (c) the research could avoid the threat of going native, or becoming enmeshed with subjects. In other words, researchers could separate their own experiences from those of their participants. Researchers were then able to describe the subjective reality of the participants.

For ensuring the truth value or credibility of this study, credibility was established by utilizing open-ended questions interviews, and verifying whether the researcher heard the participants' responses correctly. In addition, at the end of the interviews, each participant was asked if there was anything about her experiences that the researcher should know and failed to ask.

Qualitative research was concerned with the question: how close was the content to the reality of the participants? In this study, the question of concern was: how closely did the researcher really come to getting at the perimenopausal women's experiences? Validation was obtained from the participants who were enthusiastic about being involved in this study. This process was carried out by asking two mid-life Taiwanese women to evaluate the overall results in order to check the credibility of the findings.

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Applicability

Applicability refers to the fittingness or generalizability of a qualitative study. In other words, it refers to the external validity--the generalizability of findings and the representativeness of subjects, tests, and testing situations (Polit & Hunger, 1983; Sandelowski, 1986). In a qualitative sense, there are fewer threats to external validity because the emphasis is on the study of phenomena in natural settings and with few controlling conditions (Sandelowski, 1986). A study meets the criterion of fittingness when its findings can fit into contexts outside the study situation and when its audience views its findings as meaningful and applicable in terms of their own experiences.

Glaser and Strauss (1967) believed that the greater the range and the variation that was obtained through theoretical sampling, the more probable the data are generalizable.

In this study, the perimenopausal experiences were well-grounded in life experiences. These experiences happened to healthy women during their transitional periods. The characteristics of participants were of great range and variation. In qualitative research, the sample size is small, but large volumes of verbal data were analyzed.

In addition, a pilot study (Tsao, 1996) was conducted using a design similar to the present study and this increased the generalizability of the findings. The findings of the study would be transferable, and would fit well into similar context and situations --Taiwanese women during perimenopausal period without using HRT.

Consistency

Consistency is a criterion used to evaluate the auditability, stability, and dependability of a qualitative study. Auditability is achieved when the researcher leaves a

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clear decision trail concerning the study from its beginning to its end. The decision trail refers to how likely it would be that someone else, using similar categories, would evaluate a coding process as this researcher had. In other words, auditability means that any reader or another researcher can follow the progression of events in the study and understand their logic (Sandelowski, 1986).

Auditability is achieved by a description, explanation, or justification of a researcher's interest, purpose, data collection, the nature of setting in which data are collected, and how the data are reduced or transformed for analysis, interpretation, etc. (Sandelowski, 1986).

Using an inquiry auditor can attest to the auditability/dependability of the inquiry. The two tasks of the inquiry auditor may be taken metaphorically as very similar to the tasks of a fiscal auditor. The auditor will be expected to examine the process and product of inquiry to attest to the dependability of the inquiry (Lincoln & Guba, 1985).

In this study, members of the dissertation committee acted as the external auditors and guided the researcher with feedback on the first two transcripts of the taped interviews. Two samples of interviews, demographic questionnaires, initial diagrams and story line were submitted to the dissertation committee.

In addition, the researcher invited one Taiwanese qualitative researcher who was an expert in the field of women's health as peer reviewer of data analysis. One of the participants attended to review and verify the developing theory. This participant commented that the developing theory was as well-constructed as a pyramid and like a

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movie which replayed her perimenopausal life experiences. The researcher also re-coded the transcripts constantly after the first coding to enhance consistency of the study.

As for the researcher, English is the second language. One American tutor worked with the researcher to edit the dissertation. This tutor also worked like the member checking for auditability, because she was culturally sensitive and discussed with the researcher the proper wordings for the categories as well as clarifying some cultural issues during the editing of the dissertation.

Neutrality

Neutrality is a criterion used in a qualitative study to substitute objectivity in assessing confirmability. Neutrality refers to freedom from bias in the research process and product. Lincoln and Guba (1985) suggested that confirmability be the criterion of neutrality in qualitative research. Confirmability is achieved when auditability, truth value, and applicability are established.

The idea of objectivity in quantitative research rests on the assumption that there is a researcher and a thing to be investigated, and that the relationship between them ought to be characterized by separation and distance. In contrast, qualitative research places the emphasis on obtaining meaningfulness from the subjective experiences of the participants by reducing the distance between researcher and participant and by observing in natural settings. From the perspective of qualitative inquiry, scientific objectivity is itself a socially constructed phenomenon that produces the illusion of neutrality.

In this study, neutrality was established through the setting of criteria to recruit participants, writing memos immediately after interviewing, and a detailed review and

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critique of the collected data by the dissertation committee, and by one major Taiwanese qualitative researcher in the women health field.

Participants were recruited who were enthusiastic about sharing their vivid menopausal experiences, and who were able to establish rapport with the researcher. Therefore, the criteria of recruiting participants included women who identified themselves as perimenopausal; who were willing to share their experiences, and who were 40-59 years of age. These criteria of the participants enabled the researcher to confirm the data.

The researcher wrote down each memo immediately after interviewing each participant. This included interview notes, transcribed audio-taped interview notes, and theoretical and methodological notes used to document neutrality of the findings.

The researcher conducted the study in Taiwan. However, the researcher kept in touch with the dissertation committee by E-mail or letters for detailed review and critique of the collected data during the research process. In Taiwan, the researcher invited a major Taiwanese qualitative researcher in the women health field to periodic meetings to develop categories. In addition, the researcher utilized a computer software program, NUD* 1St, to help with data sorting and retrieval. These processes enabled confirmability of data analysis

To summarize, several strategies were used to establish trustworthiness of this study. These strategies included the following: (a) true value through interviewing by open-ended interviews, verifying participants' responses, asking participants to explore more related issues at the end of the interviews, asking the participants to validate findings, documenting informal conversations with perimenopausal women as field notes; (b) establishing applicability through a few controlling conditions, variation range of

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sampling, utilizing the similar design of the pilot study, and analyzing a large volume of qualitative data; (c) ensuring consistency through the use of the dissertation committee as the external auditors and the peer review coding process, and re-coding the transcripts constantly after first coding; and (d) neutrality through an evaluation of data collection and documents related to analytical strategies, detailed review, critique of the data, the use of computer software for qualitative research for sorting data, as well as recruiting the women who were willing to share their real experiences.

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Chapter IV

Findings

The study findings were based on interviews with 35 Taiwanese women. This chapter has two sections: the demographic information and the analysis of interview responses. The demographic section consists of descriptions of the participants, the age and the family structure such as marital status and the number of children, the educational level and employment, and the menstruation state. Section two includes the analysis of interview data and a description of the grounded theory generated by this study.

Demographic Information

The Participants

Initially, the number of participants interviewed was proposed to be at least 30 to 35 Taiwanese women who perceived they were in perimenopause and who were not using HRT. However, the interviews would continue until the data became dense and saturated regardless of the number of participants. The researcher interviewed 39 Taiwanese women who shared their perimenopausal experiences. For the final analysis, a total of 35 interviews were analyzed. The data of four interviews was not analyzed. Two of them who were recruited in the interview did not meet the criterion for this study, because one of them was in the post-operative period of the ectopic pregnancy, and the other one was using hormone therapy. The other two women who met the criteria were eliminated

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because of a tape recorder dysfunction. The researcher wrote down the interview process, however, the written interview was not as the detailed as the taped recording. Therefore, these two women were not included in the data analysis.

Age and Family Structure

There were 34 participants who belonged to the 40 to 55 age group and one woman was 59 years old. The youngest participant was 40 years old; the oldest one was 59 years old; the mean age was 49.3 years old (see Appendix H).

Thirty-four women were married, two of them were widowed. Their husbands had been dead since they were in their thirties. One woman was single and has never been married.

Thirty-five of the women all lived with their families such as husband, unmarried or married children, parents-in-law (only one woman), and siblings (only one woman). Therefore, most of them were a nuclear family including two generations in a family. They had one to four children except for the woman who was single. Eight of them were mothers-in-law, however, only three of them lived together with their married children. Four of them have been grandmothers (see Appendix H).

Educational Level and Employment

The level of education of the participants was as follows: 16 had a college degree or an advanced degree, 9 completed high school or junior high school, and 10 were elementary school graduates (see Appendix H).

Twenty-seven of them were career women such as teachers or faculty in the elementary school, hospital workers and a shopping store salesclerk. Eight of them were

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housewives, and three of the 8 housewives worked as volunteers in the elementary school (see Appendix H). These women still kept on working and they did not have any serious or debilitating chronic diseases. Only a few women had mild hypertension, which was well controlled by medication.

The Menstruation State

Sixteen were in the pre-menopause state; that is, their menopause was within three months, or they still had a menstrual period within the last 3 months (Woods, 1982). Eleven of them were in the perimenopause state in that their menopause was over 3 months but not beyond 12 months (Woods, 1982; WHO, 1981). Eight of them were in post-menopause--their menopause was over one year (Woods, 1982) (see Appendix H).

The Major Categories and Their Properties

Various patterns of responses presented by the Taiwanese mid-life women aged 40 to 59 regarding their perimenopausal experiences were studied. These themes were analyzed and moved into a higher level of abstraction leading to the emergence of eight distinct but interrelated categories including: Living with Changing Health, Awareness, Emotional Fluctuation, Searching for Answers, Compromising, Pursuing the Better Life, Keeping on and A Natural Life Process.

In the grounded theory, when process is built into analysis, it becomes dynamic. To make the data come alive, pictures of action and interaction are linked in a process which forms a sequence or series. It demonstrates a progression of events which finally leads to the desired goal (Stauss and Corbin, 1990).

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In this study, Living with Changing Health was the core category for describing and guiding the process of perimenopause. During this process, Awareness was identified as the antecedent condition. Once the woman became aware, she would begin the process of living with her changing health. This process would be marked by action and interaction among the categories of Emotional Fluctuation, Searching for Answers, Compromising, Pursuing the Better Life, and Keeping on. This was also a fluid time as the woman moved back and forth among the categories. During this movement, she might enter the final phase, A Natural Life Process. However, she might still Live with her Changing Health. The integrative diagram (see Figure 1) illustrated the grounded data categories.

The following section begins with a description of the eight identified categories. Each category was described in terms of its properties and sub-categories. "Living with Changing Health" was the process and explained the ongoing movement in the lives of the perimenopausal experiences among Taiwanese women.

Living with Changing Health

When the women were asked how they perceived that they were in perimenopause, most of them responded that they found their menses was in the "*Luan Ging*" (irregular period). However, they did not care if the menses came or not. The issue of most concern was their health. Some of them said that they believed Taiwanese slang expression *"shy shy bei lao"* when they were over forty years old. That meant when women arrived at an age over forty-four it would not be easy to get pregnant. In other words, women could not "make" a baby easily when they were over forty-four years old. However, this slang expression also meant that women who were over forty or forty-four might lose their energy and physical strength, which would become "*bei lao*". The broad

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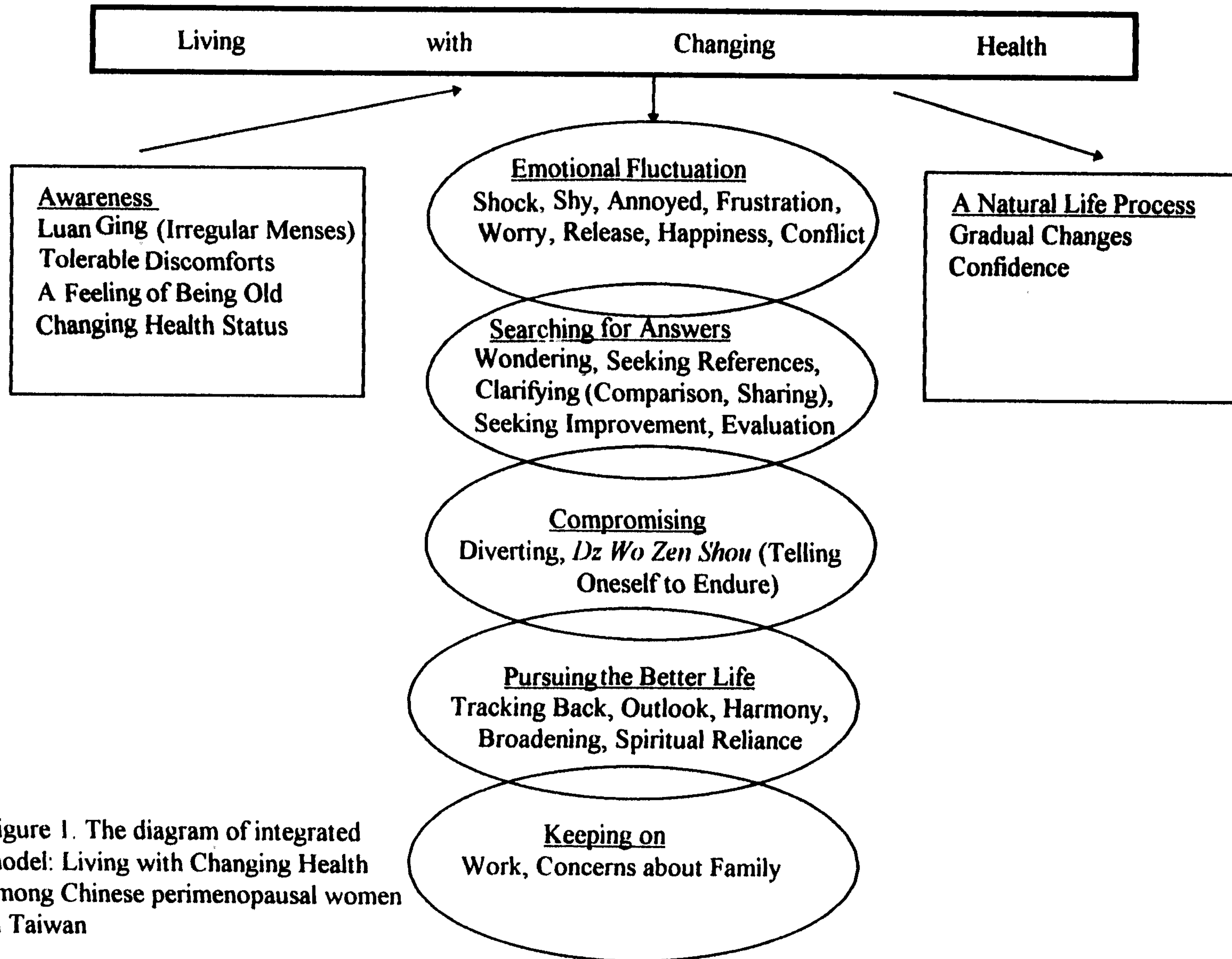

Figure 1. The diagram of integrated model: Living with Changing Health among Chinese perimenopausal women in Taiwan

meaning was that they could not do something beyond their workload because they lost some energy and physical strength after forty years; in the narrow meaning they had little chance of having a baby. In this perimenopausal period, women worried that their health would become worse. For example, they were afraid of getting reproductive cancer; they were upset about having bone problems. One of them was shocked by being told that she had the bones of a ninety year old woman. As a result, they were searching for strategies to improve their health. They were also busy trying to divert worrying about their health.

The Chinese word for perimenopause is "*geng nian chi*" which meant changing period. Women in this study were living with their changing health instead of their changing bodies. They were concerned their health would become worse during this period.

Awareness

The category of Awareness is conceptualized as the causal condition for women who perceived themselves as living with their changing health. A woman must have some awareness of the changes that were occurring, then she would be in the transitional process. Women said that they found some body changes; then, they perceived that they were in the perimenopause.

From the perception of the different body changes, several clusters of themes emerged to form the following sub-categories: *Luan Ging* (Irregular Menses), Tolerable Discomforts, A Feeling of Being Old, and Changing Health Status.

Luan Ging (Irregular Menses). *Luan Ging* is a popular indication of perimenopause as reported by the women. *Luan* means disorder. All of the women

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reported that they had *Luan Ging* in the beginning of the perimenopause. The women perceived that they were in the perimenopause since they felt that they had a disorder of the menses. Some women reported that their menses changed in amount, cycle, days and/or color. They said that they were "fine" or "normal" for the menses state if it was the same as the former state. They said that they were in "abnormal" menses state when they found their menses cycle, color or amount was different from its former state.

For example, the women said:

> I found my menstruation period is "abnormal" this year. . . . it did not come for a long time recently. . . . I think my menstruation has been irregular since last year. In the past two years, I wrote down in my notebook that my menstruation has come every two or three months. It is not on time.
>
> My menses amount is less than before. I had 7 days of period before, but now I am "clean" (end) my menses within 4 to 5 days. I had less amount of menses in the first two days and more in the following two days, then ended it within five days before. I used two packages of the menses pads for one period. But now I do not use up one package of the pads. My menses amount has become less.
>
> My menstruation period was one week before. However it's turning longer like *ticktack*, *ticktack*.(drip drop, drip drop, like continuously light rain all day) lasting for a long time for each menses cycle.

Tolerable Discomforts. Some women said that they had mild perimenopausal symptoms such as hot sensation, sweating, vaginal soreness, insomnia, *yao suan pei t'ung* (backache/lumbago) and so on. However, they said they were not as troublesome as they had heard. They could tolerate these symptoms. Only one woman who suffered the hot sensation said it was too much. However, she used some of her own methods to cool down her hot body. The following are the women's responses about the discomforts of the perimenopausal symptoms:

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The women reported their "hot sensation" (hot flashes) was like bubbling water inside the body which could not *shan kai* (spread out). A reddish face and sweating followed the hot flashes or accompanied it. The descriptions are the following:

> It was like something burning inside my body. I always felt air-conditioning is not enough cold in the summer.
>
> I feel hot, and the hot sensation cannot spread out of the body. It makes me uncomfortable. I feel so hot that I almost burst out. My body is hot like hot water bubbling, and my face is full of sweat. These signs have happened since I was menopause. . . .But the most uncomfortable thing for me is hot sensation now. I have reddish face. My colleagues ask me if I drink or if I have hypertension. . . . My face always stays reddish like my blood is going to burst out of my body. People who stand close to me will tell me that I am like a heating stove because my body is so hot.
>
> It was very hot. I sweat a lot immediately after a hot sensation. This sweating just happened to my face. Therefore, one day when I was talking with my colleague and I was sweating, my colleague told me that my face was raining.

Soreness of the bones, such as *yao suan pei t'ung* (lumbago and backache), are also popular complaints for the women. These bones problems might influence their daily life. Some women said:

> Oh! I also have soreness in my ankles after the afternoon. I drag my feet as I walk and feel that my feet are not my own.
>
> I know I may have osteoporosis because my shoulder is sore. So I always exercise by moving my arms up and down. It would subside for awhile after I do this hand exercise; however, I feel the sore shoulder and exercise cannot cure it. I must mop the floor and do the housework when I am at home so my shoulder is always sore.

Some women said that they have vaginal soreness problems that made them feel less sexual desire or gave them pain when walking. For example:

> I was not interested in a sexual life because of the "pain" during intercourse. Sometimes my pants soaked up some vaginal secretion when the menstruation was still with me, however when it (menstruation) was over, I did feel some vaginal soreness due to dryness . . .

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My vaginal dryness gives me pain even when I am walking.

A few women reported that they have insomnia:

> I found I had another change, that was insomnia. I did not have sleeping problems since I was young; but I found that I had some insomnia problems, perhaps caused by some noise during the night. Sometimes I sit up all night, so I must have a nap at noon or I would feel uncomfortable.

Most women felt that the perimenopausal discomforts were tolerable and it did not bother them too much. However, some discomforts influenced women's daily life.

A feeling of being old. The women said that they perceived they were old from their appearance such as skin loosening, gray hair, and a fat figure. They also were aware of getting older because they were forgetful, had less sexual desire, less energy and more tiredness, had presbyopia, were in the high risk category for pregnancy and had few chances for pregnancy. However, they also felt they had become more mature and wiser than when they were young. Some of them felt the time passed so quickly, beyond their expectation. They still thought of themselves as being in their twenties.

Some women were concerned with their appearance, such as skin and eyelids becoming loose.

> You can see from the appearance of my eyes that they have become a triangular type. I had round and double eyelids, but now the muscle has become relaxed and this makes my eyes looks triangular. I also had no wrinkles, but now I have wrinkles. These changes are due to my older age. My external appearance has changed, so how could my internal organs still be the same? I did not use eye cream to take care of my eyelids. Now I begin to use it. However, it is no use any more to resume my young eyelids. My skin changes and it is not as in my youth.

Some women found they became fat as they were getting older during this period. For example:

> I am not fat on my face, but I am fat on my trunk and legs. I am like "*suei tung*

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yio" (to lose one's waist). My body weight is 58 to 60 Kg. Even though I eat less food I cannot lose weight. You see I have no waist. I was very slender when I was young.

Forgetfulness is also a popular reported indicator of getting old for the women.

One woman said that:

I am forgetful. For example, I wanted to talk with my husband about something. However, when I went to the living room I forgot what I wanted to say. I have become forgetful recently.

The other woman said that:

I think the perimenopause means the beginning of the real aging process. I am so surprised by my forgetfulness during this period. I was not a "mixed-up" person before, but now I have become forgetful. For example, I often forget what I was talking about with my children, or when I have asked my children to do something for me. This forgetfulness is the biggest change for me. Sometimes my children joked with me, called me "old Ms. Mixed-up".

Some women perceived that they have less sexual interest, and they have less romantic feeling for sex than they had when they were young. Some of their husbands also were experiencing a diminished sexual drive, while others were not. One woman said:

We have little sexual contact. So we sleep on the same bed but he sleeps on his side, and I sleep on my side with our backs to one another. I think that is due to we are in the same old age.

Another woman said:

He is only one year older than me. I wonder I have a lower sexual desire but why he does not have. I think these changes are quite normal. But I wonder why my husband cannot understand my feelings. My husband said that the sex for them (male) represented the source of energy and the characteristics of the youth. Therefore, my lower interest in sexual life disturbs him. Sometimes, he feels depressed. I think I am old and have less sexual interest, but a man is different from woman on this issue even they feel old.

Some women were told by the physician that their changing health was due to old age, then they perceived that they were old. One woman said:

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> The perception that I am getting old is due to the physician's saying that my vaginal infection was due to old age. He said it was like a machine that had been used for many years, and that the machine had become older and was easily out of order.

Some women perceived that the perimenopause means being old for them. One woman said:

> Perimenopause means that I am becoming older. I think I am old enough to be menopausal.

The women felt tired and less energetic, which they perceived as signs they were getting older. One woman said:

> I felt tired and less energetic, therefore, I felt I was getting older. So, most time I did not have enough energy for my workload when I was in my forties. So I decided to retire from labor work.

Lao hwa yan (Presbyopia, needing to wear bifocal eyeglasses) was also found by some women during this period. One of the women who perceived that she was in perimenopause said it had caused her vision to change. One woman said:

> I found I had presbyopia and I knew intuitively that I was in the perimenopause. I was also close to the perimenopausal age. . . . I had myopia. I found I could not read the newspaper. I must put the newspaper at a longer distance so I could read it. I did not wear glasses during meals, however I could not see the meal very well. Then I found I had presbyopia. I could not read without wearing the bifocals. I felt I was old at that time.

Some women also perceived that time passed quickly. They found they were old all of sudden. The woman said :

> Time passes so quickly. I know I am getting older. I feel I was like a sunflower that was in full bloom, then the petals of this flower withered and fell. It became smaller. It was a very big sunflower and in full bloom but now the petals from the outer layer have withered and fallen, and it has become smaller. I am getting older, my conditions have become worse than when I was young. So I often think of getting old unconsciously. I think I sense the pressure of passing time and seasons.

Some women felt they had become older, but they also felt the older age brought

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them wisdom and a maturity that they did not have during their youth. The woman said:

> I have become more mature and flexible to manage the things. On the other hand, I find that I am not like I was. When I was young, I was "*ping-pung*" (full of energy and aggression) I found I became more mature and tactful than before. I view things by a smooth and suave manner. However, I am less aggressive than before. I manage things by thinking more than by intuition. So I think the perimenopause for women is the gathering of wisdom. I do not mean that I had no wisdom in the past, I mean that the kind of wisdom. I have now is different from the youth's.

The women were aware they were getting older by finding they had a worse memory, less energy, loosened or course skin, gray hair, fat figure, poor vision, and less sexual desire. However, they also found that getting older brings some positive changes such as increased maturity, wisdom and flexibility. Some of them even liked their current age instead of their younger age.

Changing health status. Most women perceived that their health status had changed a lot after they turned 40. Some of them explained that their discomforts with perimenopausal symptoms made them feel they were in a weakened health status. One woman said that her health was like a used car that needs repair and maintenance. Another woman said that perimenopause was like a sickness for her but it did not hurt her health. She felt lucky to get her health back during this process. One woman's statement about changes in her health status is as follows:

> I have a lot of perimenopausal symptoms. This is why I often visit the hospital with symptoms such as dry eyes, uterus. . . . I am afraid I have some bad things like cancer in my uterus. . . . I felt queer about my body changes when menopause first began.

Some women were confused about whether perimenopause made them feel weak or if their weakness caused them to begin perimenopause earlier. One forty-four year old

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woman perceived that she was in the perimenopause at such a young age because of her weak health. She said:

> I found my bones have something wrong in recent years. I found a lot of changes in my health in the past two years. . . . I have a shorter menses cycle, and I often think that my weakening health has made me start perimenopause earlier . . .

The women who reported their health becoming worse listed complaints such as soreness of the bone and tendons, less energy, anemia, palpitation, breast mass, dizziness, myoma, renal stones, abdominal distention, numbness of the limbs; and they also worried about being at a high risk for reproductive cancer. One forty-one year old woman said:

> I found my health has become “elastic fatigue” (loss of flexibility). I found hidden diseases appeared last year. For example, I had a sports injury before but I had not experienced pain for a long time. But I felt the pain come again around the “worship ancestor” festival. I wondered why I felt soreness in my whole body. Maybe it was due to poor postpartum care . . .

One 52 year old woman said:

> I was healthy expect for a few colds before I was forty-five. However I feel my energy is low and my bone problem is not so good. I suppose that may be due to my weak health. I told you before that I perceived I became "*syu*"(weak) in my health after I turned forty-five year old. I felt as a "dragon"(active) when I was young.

Most of the women perceived that their energy was diminished. They tired easily. They had so many mild diseases. However, one 59 year old woman was happy for her good health. This woman explained that her good health was due to her regular menstruation. She said:

> I feel I am more healthy for having the menses. I just feel some abdominal distention before menstruation, then I feel more relaxed and healthy after each cycle. I saw a lot of perimenopausal reference books showing the tough perimenopausal symptoms. So I would rather have the menses than menopause. Otherwise, I am thinking I may have some discomforts and diseases the books describe. . . . I like to have the menses. It makes me feel like a woman. I think I am more healthy and less sick for having the menses. I have a few *yao suan pei*

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> *t'ung* (lumbago and backache). . . . God treats me well and lets me have the period longer than other women.

Menstruation was viewed as "dirty, unclean" by Chinese women. It was popular to hear some women say that during their period "my body is dirty" and afterwards to say they were "washed". Therefore, menstruation was viewed as helping in cleaning out the dirty body. Some women perceived that they felt dried up after menopause. A lot of women perceived their health became worse during the perimenopause. Therefore, determining the relationship between health and menstruation would be an important issue for the health education of perimenopausal women.

In summary, when the women were aware of having some body changes like perimenopause, then they began to live with their changing health. Once awareness was achieved, there were five major categories to describe the action/process of the women who were learning to live with their changing health. These categories were interrelated with one another. They were like five circles linked together (see Figure 1, p.71). Sometimes a woman might take more than one of these actions during this process. For example, the woman who felt shy to talk with others about her perimenopausal changes might be also wondering about her health change and searching for the answers for the changes; she might divert her focus on the perimenopause to other issues which would keep her busy while she lived with this change.

Emotional Fluctuation

This category refers to the participants who had some "rise and fall" in emotions. In Taiwan, perimenopausal women were easily teased and were called "*shen ging chih*" (nervous). The participants also reported that they have some emotional fluctuation during

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this process. For example, when the researcher asked the participants the question "What do you suggest for perimenopausal women?" One of the participants said:

> I found perimenopausal women must have their emotions under control. The emotion of perimenopausal women fluctuates. This is not the perimenopausal women's intentions. This "rise and fall" in emotion will hurt the people surrounding the perimenopausal women. It will have an influence on the interpersonal relationships between mother-in-law, daughter-in-law, husband-wife, mother-children and colleagues. The people who surround the perimenopausal women will be *shao do fon tai wei* (disturbed by her emotional changes like experiencing of being attacked by typhoon). Therefore, I think the women must control their emotion.

These rising and falling emotions includes Shock, Shyness, Annoyance, Frustration, Worry, Release, Happiness and Conflict. The descriptions of these emotions are as follows:

Shock. Shock is described as the emotion of being beyond the expectation of the participants. The women expressed disbelief when they came upon a situation that was beyond their expectation. The following statements are from two participants about their shock experiences.

One woman said:

> I was shocked by the words "perimenopause". It was a sharp word for me. I could not believe it because I still had menses at that time and I had a few perimenopausal symptoms. I felt this word was too sharp for me when I heard that I might be menopause earlier. I asked the physician if I was at the perimenopausal age. I am 50. I still have menses, so why I am in the perimenopause. He told me that is individual, each woman reaches perimenopause at a different age. Then I said that I understood. . . . However, there was like a fluctuation in my calm mind.

Another woman was shocked at the result of her bone density examination:

> The result showed that my bone age was 90 years old, the first and most serious degree of osteoporosis. I felt quite confident of my bone density before I was examined, because I have good teeth. You see my teeth are all good. I have no false teeth (she showed me her pretty teeth) I supposed the worst result might be 70 years old. However, the result of the bone examination was 90 years. I asked

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> myself many times why my bones are so old. I was in the sun shine very often. I ate the fish. I even chewed the fish bone. I also drank milk everyday and I exercise. . . . Why 90 year old bones do I have?

Shyness. The participants often described their shyness as "*pai sei*" or "*bu ha yi shi*" (which means the issues are hard for her to speak out on and difficult be so open-minded about). Most issues that were hard to speak out on for the participants were the pursuit of youth or having pregnancy at so old an age, menstruation and menopausal issues or gynecological issues. These women said:

> I would be laughed at by others if I was pregnant at so old an age. Therefore, I went to the public clinic to check out my urine test for the pregnancy. . . . I felt shy to show this bottom area to the physician, I always used a hot pad to relieve the soreness of this area. . . . I was too shy to talk with the physician about my perimenopausal issue and asked for hormone to keep young. . . . Can I visit the osteopathy instead of gynecologist?. . . . I did not like to visit the gynecologist, I am shy and afraid of a pelvic examination.

> No, I refused to have a pap smear. I am well. Why I should lie on the bed for the physician to do this pap smear. Anyway, I do not like it. I do not like to show my private area to others. I would rather die than to have this examination. When I birthed the children I could not avoid showing my private area, but I am so well I think I do not need the gynecologists to explore my private area.

> I knew I should buy the vaginal jelly; however; I am too shy to go to the drug store to buy it.

Annoyance. The participants described annoyance as the emotion of being bothered by the amount of the menses, or some chronic health issues during the perimenopause. Some women were annoyed by the amount of menses that bothered them when they wanted to take a trip or go out, because they had a great amount of the menses during the perimenopause. Therefore, some women were looking forward to menopause. However, some women felt anger for unknown reasons, but that might be related to their

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hot flashes or other perimenopausal symptoms. Sometimes they could not explain why they had this anger. The four women expressed their annoyance as follows:

> Oh! I feel the menses brings me trouble too frequently. For example, my menses came at the beginning of the month and it lasted for one week. However, after two weeks my menses came again. So I am annoyed about the shorter menses cycle. I am thinking I should have had a hysterectomy twenty years ago, because I had the endometriosis at that time. I am very troubled by the frequency of the period.

> I think the sweating influences my emotion. I teach nature science for the sixth grade students. Sometimes if I had noisy students I would get upset. I would be keep silent to calm down my emotion. . . . I felt hot and I like to be in the air conditioning to be comfortable, but if I work outside sometimes I feel hot and become irritable.

> I was annoyed about my *lao hwa yan* (presbyopia, needing to wear bifocal eyeglasses). Sometimes I was angry about my vision changes. It was troublesome. The vision issues made me angry because I could not read without reading glasses. I had a good vision before but now I rely on my senior glasses when I am reading. It is troublesome.

Frustration. The feeling of frustration is described as the participants felt sad, depressed, or angry for their perimenopausal issues or related life events. The women might express or feel angry or irritable for both the emotions of annoyance and frustration. However, those are different dimensions of two sub-categories. For example, one woman might feel annoyed to express anger for the amount of the menses or the need for wearing reading glasses, yet she was not frustrated. One the other hand, a woman might express frustration and anger at getting older and not being able to keep pace with the young. The following descriptions of the frustration are:

> Sometimes I felt grief about my aging process. I felt sorrow about the loss of menstruation. . . . I was quite upset about my bone problems because it did not improve. Even my legs would be crackling after I walked a long distance . . .

> I feel frustrated these days. I think both the moving and perimenopause issues have made me so. We move to the suburban area. I cannot drive a car. My husband or

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> my daughters pick up me from the bus station. I often feel a burden to them because I am the only one person who cannot drive in my family. They also want me to learn how to drive the car. However, I often feel angry about this issue. I am wondering if my anger is related with the perimenopause or the moving issue. I think that maybe it is related with both things. I think that may be two things have come up for me at the same time. . . . I am afraid of driving the car. My husband encourages me to learn the local way from my new house to the bus station. However, I find I have poor vision, a slow response and I am nervous. How can I drive on the way? So I often get angry and frustrated. . . . now, I am like a "hedgehog" (a bug with sting). I would get angry immediately when they talk about the driving issue.

Worry. Worry refers to the women who had concerns about something and had a troubled state of mind. Most of the things that made them worry were related to their changing health. They were afraid of getting sick during this changing period. The women said:

> My menses was so sticky and a dark-red color. I was afraid of getting sick. So I visited the physician. He told me it may be due to my perimenopause. However, I still worry if I have some health problem.

> I am afraid of the great amount of the menses. I must go to the bathroom at each break of the class. I was scared about great amount of the menses. I am looking forward to menopause because it will shrink my myoma. I am afraid my body is so "*wang*" (prosperous) (means she has a lot of blood in her reproductive system) will make the myoma grow too big. I heard that the myoma would become larger at the older age. . . . I worry about this myoma. . . . I am afraid of operation.

> I heard that hormone therapy causes breast cancer. Then I stopped hormone therapy. I was so scared to get the cancer. Therefore, I visited the physician to check. I am also afraid of a heart attack because my father died of a heart attack. . . . get a lot of diseases after menopause. I know now the menopause brings me a lot of health troubles. I am afraid of getting diseases and I like to live long. I am afraid of a heart attack, a stroke. . . . I am afraid of being a handicap from the stroke because I did not marry and I have no child to serve me during my old age. This is my worry, so I pray for the healthy body.

Release. The participants felt released when they were free from something.

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Some of the participants described that they felt happy or relaxed at being released from the inconvenience of the menses. Some participants reported that they were released from taking care of the small children because their children were grown-up. They no longer needed to worry about their children's academic work, such as United Entrance Examinations to high schools and universities for their children, which was a pressure for the family in Taiwan. Some women felt released when they were told they were in the perimenopause instead of being pregnant. One participant felt released from serving her parents-in-law, because her parents-in-law had passed away. One of the participants who was not married felt released from being pushed by her parents to get married when she got to the perimenopause because she was over the childbearing age. These participants' description of their feelings of release are as follows:

> I went to clinics. At last they told me that I was not pregnant, then I felt ease. I felt that I was released from worry about the pregnancy. I knew that a missing period may be a sign of the perimenopause. I think it is better not to have period. I can take trips as I prefer. It was troublesome during the period. I also feel happy to get rid of the suffering of the menses . . .

> When I am at home, I am the highest position of the family. I do the house work at my will. There are a few family members at my home. My children are all grown-up. Some of them are working outside and one of them is studying in the night school. Moreover, there are no parents-in-law to watch me. They are all dead. I am free. Nobody cares about me or bothers me when I am at home. I feel free in my family. If I have something wrong with me, I will take the rest and not do the cooking at home. I will not do the house work if I feel uncomfortable. It is all at my will. I am free.

> I feel released from being pushed to get married. I always had the pressure of getting married as soon as possible when I was young. Now, I have passed over that gate--menopause. My father has also died. So I am free from getting married.

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Happiness. Some participants felt happy to have the period or see their period come again, while some women felt happy to be released from the inconvenience of the period as mentioned in the description of the release sub-category. Some women felt happy to enjoy their happy family. Some women felt happy to have the maturity and wisdom that they did not have when they were young. These different issues for happiness are described as follows:

> I felt quite happy when my menstruation appeared again after a long time. I had heard from others that women get osteoporosis and will become older after menopause, therefore I was pleased to find out the "red stuff" (menstruation) came up.

> We have had good couple relationship for over thirty years ever since we got married. He always joked with me that I was security for him. I am not afraid of his affair issues. I trust him very much. I think I should keep up the sexual life for him as much as I can. He also understand that I have less sexual interest with him. Sometimes, I felt happy to hear them (my family) to tell me "Oh! you are wearing a new dress. When did you buy it?" My new dress is fit for my daughter as well as for me. They (my daughters) do not praise me directly, but they would say "Mom, someday would you loan your new dress to me?" Then I knew that this new dress fits me and looks nice. So, I felt happy to share my new dress or something. If they appreciated my new dress, I would feel happy to share with them. Because that means I have a good ideas to select the same valuable things as younger group.

> When I am walking I feel happy to have my health. I feel like a young child again when I am walking. I walk for 40 minutes on the way home. My daughter-in-law is very compliant. She cook dinner for me although she is a career woman. She told me not to hurry home and she will cook the dinner for the family. So I am enjoying walking. After having the dinner, I help to take care of my grandchildren, watch television and read the newspaper. Then, I go to bed at 10 o'clock. I feel happy everyday when I am this age. . . . I feel happy to have my well-behaved children. They are filial piety for me. My husband and I are all in a good relationship. We are a happy family to have three generations in the same household. We go hiking on Sunday. My husband loves me very much. He said that I am a good wife, mother, daughter-in-law and mother-in-law. I feel quite happy for my happy family.

Conflict. The women had conflicting feelings about some menopausal related

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issues such as getting older, menopause, taking the hormone drug or not and so on. A few women were in conflict about seeing their children grown up and separated from their parents.

These women said:

> After menopause, I sometimes felt sorrow about the loss of menstruation although I perceived the menopause as a natural process and sometimes it was a relief to be without menstruation. . . . In reality, I did not worry too much about aging because I always looked younger.
>
> I was afraid of the side effects of the hormone drug. So I was hesitated take it. I had a lot of disturbance thinking if I needed to take hormones or not. I felt conflicted. I thought using HRT would do good for my trouble diseases such as syncope, buzzing and so on. However, HRT had side effects.
>
> I thought we should accept aging when we became old. However sometimes I was not convinced that I was old. For example, I did not believe what I saw in the picture that had been taken. I asked the photographer why he took such an ugly picture of me. The photographer told me that it was me, quite pretty, but I could not believe that I was so old as the picture. I told him that I looked at myself in the mirror and I knew that I was not like this picture I was not so old as the picture. . . . Therefore, I thought I was not convinced of becoming old.
>
> I told myself that I should not care about some life issues with my daughter, however I also felt something was wrong in my mind. . . . My daughter is grown up. She can no longer stay with me. I often accompanied her on shopping trips when she was in the university. However, now she has her own life. Still, I worry about her. I feel she cannot do the housework very well, how can she get married and live with her husband's family. It is hard for me to separate from her. I feel so conflicted . . .

Searching for Answers

The category of Searching for Answers is conceptualized as the action/process after the woman became aware of her changing health. The woman would search for an answer about her body changes. From the process of searching for answers, several

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clusters of themes have emerged to form the following sub-categories: Wondering, Seeking References, Clarifying, Seeking Improvement and Evaluation.

Participants indicated that the perimenopausal issues were never heard about in their mothers' generation. This was a modern term and they have heard this term quite often, but they did not really understand it. They just saw a few medical reports in the health section of the newspaper, but they did not know what perimenopause was. On the other hand, the perimenopausal issue is so private. It is hard to speak with others so openly. One woman who was menopausal at 40 years old said:

> I do not discuss this issue with others because I am menopausal at a young age. Some of my colleagues who are older than me still have a period occasionally. They like to discuss this issue together. But I think they are older than me by ten years and they still have period. So I do not know how I can talk with them. I cannot find anyone who is the same age as me and has been through menopause. . . . I am shy to talk with others. . . . I spend time looking for this knowledge in the books or speeches.

The other woman described:

> The issue that I most want to know about is what are the symptoms of perimenopause. I heard it very often, however I do not know the details. Women who talk with me also have a lot of confusion about this term. They often talk about this issue but they may not know how to take care of themselves. For example, I know how to take care of myself during pregnancy such as not to carry heavy things, not to climb to higher places, but for the perimenopause I have little knowledge about it. A lot of women like me do not like to visit the physicians. It is time consuming. I need to know what I will meet during the perimenopause. I am wondering when I should visit a physician. I have the sore back before menstruation. Do I need to visit the physician? I do not know. Should I visit the physician for my spotting? I think a lot of women like me need a proper perimenopausal knowledge.

Wondering. The women reported they have experienced doubt or wonder about their body or health changes, perimenopausal symptoms, irregular menses, how to self-care, conflicting medical reports about hormone and related sexual issues. One woman

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talked about her wonder for her body changes and said:

> I have less vaginal secretion after menopause, but when I kept some urine to fertilize the vegetables, I found a white sediment in my urine. What is the white sediment in the urine? I am wondering if this white sediment is the loss of my bone marrow. I may have osteoporosis.

One woman was wondering about her perimenopausal symptoms. One woman said:

> In the beginning I was scared by this body change. I worried that I was sick. So I spent a lot of time to make sure. I am remembering that hot sensation did not happen in the afternoon. I also had a normal chest X ray. So I thought I did not have TB. I also did not drink wine, so why was my face reddish. I was wondering why I had a mild fever sensation. My chest X ray showed that I was fine in my chest, and I have not had a fever in the afternoon. So I ruled out that I might get TB . . .

Some women were wondering if their irregular period was normal or if they were pregnant or if something was happening to them. One woman even believed her irregular period was due to her attending a funeral ceremony. She stated:

> I was not afraid of the evil things but I wondered if maybe the timing of the funeral was not fit on my fate (Chinese folk tale: some evil thing of the funeral ceremony would attack the person who was not fit for the day of the funeral ceremony) I was confused. What was the matter with my irregular periods? I was confused about why my period is so *luan* (disorder). I made love with my husband the night of attending the ceremony. Then the period came on the next day. We did not make love too strenuously however after that time I began to have an irregular period.

Two women were wondering about their irregular menses and said:

> I did not worry about being pregnant because my husband had a vasectomy. I was just wondering why my period was delayed and my menses prolonged. I was afraid of having bad stuff in my uterus.

> I do not like the idea of an unwanted pregnancy. My concern is that I think I cannot tell if I am pregnant or not, if one day I have no menstruation. I do not know if it is due to menopause or to pregnancy.

One woman said that she was not afraid of being old due to menopause, but she

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did not know how to take care of her changing health. She said:

> I do not know about the physical changes after menopause. . . . I have known how to promote my spiritual wellness. I wonder how to take care of my body. Should I take drugs? But I also doubt the effect of the drugs.

Some conflicting medical reports related to menopause also made women feel doubt about this issue. One woman said:

> Why some reports said that HRT would result in breast cancer, while, some report said that HRT would prevent cancer. . . . I was also wondering why I did not hear HRT applied to men.

Some women wondered if their diminished interest in a sexual life or a reduced frequency of sex would influence their health during the perimenopause. One woman, who felt comfortable to speak freely to the researcher, asked at the end of the interview.

> I have a private question. Is it necessary for the man and woman to make love. As for me, I don't have much of a sexual life because my husband lives far away from me, and I also have less sexual interest. I heard the less sexual life can make a woman become older. Is that true? However, my Buddhism say that the sexual life will prevent my passage to Paradise. . . . Some folk tales say the sexual life will be harmonious with the yin (female) and yang (male) and make you younger. Is this real?

Another woman said:

> We (the couple) argue a lot about this issue. Therefore, I wonder if men coincide with the women for the sexual desire? Do they have the same pace with their wives? Sometimes, I can not be sure why I have less interest in a sexual life. In the beginning, I hated him for the affairs, so I did not let him touch me. However, he apologized to me so sincerely. We made efforts to resume our relationship. I also accepted his apology for the affair. But I have less sexual desire since that time. So sometimes I am confused if my loss of interest in sexual life is due to perimenopause or our former marriage crisis. And this sexual issue disturbs him (her husband) a lot.

These questions pushed the women to go on the searching for answers. Therefore, some of them paid attention to these issues by seeking the references.

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Seeking references. This theme points to the direction of the women seeking the answers about their wondering. They sought the answers from the speeches, books, health section of the newspaper, the health education program on TV or radio programs. They also liked to ask their questions related to perimenopause from the older women relatives such as their mothers or eldest sisters. Some women liked to ask their relatives or friends who were medical professionals. Some women also sought the references from their former life experiences. These are the women's statements about their seeking the references from their older women relatives, television programs and so on.

1. From older women relatives such as mother, mother-in-law, elder sisters, television programs:

> I also asked my mother-in-law about her menopausal experiences. She told me that the last time of menstruation would be a great amount "*hwa*" then the menstruation would stop and enter into the menopausal period. However, I have not met the great amount of menstruation yet. . . . I also asked my sister-in-law about her perimenopausal experiences. I asked her whether she had the hot feeling, red face and perspiration on her nose at same point during the perimenopausal period. . . . I watched the television program showing that women would accelerate her aging after menopause. They would also increase the bone density loss. It made me kind of worry and feel sad. . . . I saw some American program which told me that this hot flash was a perimenopausal symptom. . . . One of my relatives told me I should take Vitamin E, not take hormones, because she heard that one woman who lived in my neighborhood spent a lot of money to have hormone injection. Then, her family economic state became poor recently so she stopped the hormone injection, then I found her becoming older very quickly.

2. From the folk Master:

> I heard Master's suggestion to buy some paper money and incense to worship him and brought some incenses and charms home and put them in the tub to wash my body to get away the evil things of my body. I found I became comfortable after that bath. So I doubted if I met the evil thing . . .

3. From other women's experiences:

> I found my aunt became older and ugly after her menopause. When I got married,

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she was only thirty years old, and she looked very pretty at that time but now that she is in menopause, I find she is old and ugly. I find her skin has become dry and her face does not looked smooth. It may be due to her not making up. I am afraid of being like her. She also has a lot of wrinkles. I think she may not take the hormone therapy. I find some women who are older than she is but their skin look more smooth than hers. There is a woman who lives opposite of my house. May be she is well-educated. She receives the hormone injection and looks more pretty. Her daughter and daughter-in-law are working in the hospital. I think her daughter may provide some health education of perimenopausal care for her. My relative receives little education, she is an illiterate. She cannot find some information to take care of herself. Therefore, I am thinking I will try hormones if they have no side effects for me.

4. From familiar medical professionals:

I wondered why it is, so I called up my son, who is a physician. He told me that a woman would have an irregular menstruation period when she is close to 50 years old and this means she is ready for menopause.

I visited my family physician instead of a gynecologist. He is a pediatrician and I am familiar with him because he is my children's family physician. If I have something wrong I will ask him why my period comes earlier than before. In other words, I feel so queer about why my period cycle is shorter than before.

Clarifying. This consists of activities to clarify the women's wondering. Most of the things they wanted to clarify were related to their health status. They needed to know if they were still in good health. Some women wanted to clarify if they were pregnant the first time they missed their period.

The Clarifying category consists of two sub-categories, Comparison and Sharing. Most women liked to compare their health status with others such as their mothers, elder sisters, friends, the description in books, her former health status. A few women even compared her changing health with their husbands such as forgetfulness or sexual interest. Some women shared their perimenopausal experiences with their close friends, daughters,

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or their loving and compliant sons. However, some of them liked to use joking manners to share her feelings with her family. The following are the women's descriptions.

1. Clarifying missing period:

> I was scared when I found I had missed my period. Therefore, I went to public clinic to check. Then I told them that my menstruation was delayed. They asked me how old I was, then checked my urine. I was worried about whether or not I was pregnant. At last they told me that I was not pregnant then I felt at ease.

Another woman said:

> In the beginning I perceived that I may be pregnant. I did not perceive that I am old enough to be in perimenopause. Therefore, I asked the physician to check my urine to make sure I was not pregnant, although the physician made sure by giving me by the pelvic examination.

2. Clarifying the health state:

> The physician told me that I have no bad thing such as cancer in my reproductive system. However, I think I had better follow up after a period of time. I think if the bad stuff (tumor or cancer) is too small to be detected I will wait for half a year to follow up again to make sure that I have nothing bad in my body.

3. Clarifying by comparison with other women:

> I am not afraid of being old. I just envy some women who are older than me who still have their period. Sometimes I meet some women who are older than me, they are 55 or old, but they still buy the menstruation pads. I feel perimenopause may come to me too early. However now I can accept it because the menopausal age varies.

> I often wonder why I am getting to the perimenopause so early. One day I asked my close friend about this issue. She told me she has been in menopause for some years but she did not tell me. I felt better hearing about her experiences.

4. Clarifying through sharing with families:

One woman liked to share her wondering about the perimenopause with her two sons. She said:

> I found I have the similar experiences as the description of the perimenopause in

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> the newspaper. So I told my son that I may be in the perimenopause. We are open-minded, we communicate among our family. My sons get along with us like friends. Then I went to visit the physician to make sure. Afterward, I announced to my family that I have been in the perimenopause. I said that they do not need to be too nervous for me because I am not so old. . . . My sons often joked with me and said, "Don't worry about it, we have known you for a long time. We will accept your change." We often use the joke to express or communicate the family issues.

One woman shared her forgetfulness with her husband because this is the only sign of perimenopause that she found she had in common with her husband. She said:

> We often discussed the forgetfulness issues, and this forgetfulness also happened to him. We said the forgetfulness might be related with us all in the perimenopause

5. Clarify through sharing with the women peers:

> I found that they were happy. We often took trips together. We made flower arrangements together, and so we talked. I am the younger one in this group, however, I learned a lot of perimenopausal knowledge from this social talking.

<u>Seeking improvement.</u> The women liked to seek ways of improving their health. Therefore, improvement is an another important sub-category of searching for answers. All the participants were seeking ways to improve their health during perimenopause. Some women looked for ways to stay young. Other women did not care about their appearance, even letting their hair go gray. They were more interested in ways to improve their health. They practiced exercises, the *Chi*, drinking herb soup, ate vegetarian food or took vitamins and visited their physicians. Some women also sought improvement in their family crisis during this period.

One woman said that she is using some methods to improve her bone problems and the perimenopausal issues. She said:

> I have vitamin E everyday, Centrum, every two days and calcium tablets to prevent aging. . . . I had the hormone for one month to see if it would improve my health Sometimes I would be in front of the air-conditioning to cool down when these hot

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> feeling came up during the summer time. . . . The physician suggested I did not do any housework. No drug can cure except the ointment to relieve the pain. I asked the physician to prescribe calcium tablets for the bone problems. . . . I seldom exercise. I was not out of home often. However, I always walked fast to exercise, when I was out of home, like today. I liked to go fast, because I thought that bone was made up segment by segment therefore walking could increase the bone density.

One 54 year-old woman liked to take healthy, natural products to improve her health and keep young. She even tried to take the natural product to resume her period. But she did not like hormone. She said:

> I do not use hormone, because I am afraid of the side effects of hormone--it may result in cancer. I like to eat some health food such as queen bee milk, *luan lin thu* (lecithin) to prevent aging. I feel comfortable taking these foods. I saw a lot of books on how to stay young. I liked to be pretty since I was young. So when I knew that I was in the perimenopause, I tried a lot of ways to improve. I think these foods can cure disease or promote health. Some physicians also suggested eating fish. I heard queen bee milk can resume the menstruation for the menopausal women. Therefore I tried to take more to see if my period would come back again. It (menstruation) did not come back. I hope I still have a period. I am afraid of getting older. You see, I also take vitamin E. since I was thirties years old. I thought it would clean my fat after I took too much fat meat.

One forty-five year-old woman sought ways to improve the bad things in her life.

> I was down on my life about all the things. I tried to learn Buddhism, practice the yoga, and also change my work. Now you see I have become more slender which my husband prefers. I also paid attention to managing our marriage crisis. I spent a lot of time communicating with my husband. . . . I attended yoga class to reduce 5 kg of my body weight. My husband likes me have a slender figure. I am pleased with my slender figure and I like to have new clothes. Therefore I feel my family life is happy these days.

One fifty-five year-old women, who was seeking ways to improve her health, said she practiced a lot of Chinese *Chi*.

> My health has improved gradually by doing the "*zen tien*" (electro-physiology *Ch'i*). It improved my stomach ache. *Ya da kong* helped to the *Ch'i* circulation. I practiced it ten years ago, at that time, it also improved my health. . . . As for the electro-physiologic, it helped the soreness in my bone. Now, I practice meditation for half a hour. I feel it does a little good for my health. My perimenopause has

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almost passed now. I just hope my health examination is normal.

Evaluation. Evaluation is defined as the behavior of women examining their health state and the availability of improvement strategies during the process of searching for answers. Most women valued health as an indicator of a good evaluation. Some women also valued the "on time" of the period's coming as an indication of good health during the initial stage of perimenopause.

One woman only took hormones for one month, then stopped. She said:

> I had hormones for one month, however I found that I was gaining some weight, so I stopped taking it. I did not like to get fat in my old age. I remembered when I took the first hormone that day, I found my vagina had some secretion again. I took a bath and found my vagina had the secretion as before (when I was pre-menopausal period). I also found I had menstruation after taking hormones. However, I did not feel happy to see that. I just think that this drug did have some effects on the menstruation. However, I stopped taking this drug because I found that I was gaining some weight after I took it for three weeks. I thought that an aging women should not get fat. I am afraid of my fatty waistline. I also knew the hormone drugs might cause cancer for some women so I stopped it.

One woman believed HRT was just for some special social class such as movie stars, because she viewed HRT as making women young and pretty; that was not her priority. She said:

> I think we should not go against the natural law, because menopause is a natural life process. I do not reject the hormone therapy if it has no side effects. I also believe few Taiwanese women use the hormone, only some special social classes like movie stars and singers. I am happy and I feel I am keeping pace with the times, but I do not like to use hormone therapy, because they may bring some side effects like cancer. I am in my fifties now but I do not feel I am so old as my mother was when she was in her fifties.

One woman evaluated the Chinese herb for her irregular period. She said:

> I have taken a lot of Western medicine drugs for my sickness. I knew too many Western medicine drugs would hurt the body. They had a lot of side effects. I was afraid my body could not stand so much. Therefore, I asked the Chinese herb drug store to cook some *pu* Chinese herb for me. I knew the women could take

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> "*su-wu*" soup to regulate their menses. I took the advanced *su-wo* soup. It did good for me. I found I could "clean" (end) my menses within three or four days. This soup helped to contract the uterus. I would not have the prolonged menses for days after taking this herb.

One woman evaluated the community dancing club that she would attend after her retirement. She chose one of the dancing clubs, because she found that women in that club were still pretty when they were in the age range between sixties and seventies. She said:

> I found the women in that club were quite pretty, although some of them were already in their seventies. I think I could attend until I am very old. The members in that club looked young and had good figures. Some of them were older than me but still look young. There were three folk dancing clubs in our community. I found this club is the best. The members in this club danced very beautifully. They had danced for over ten years. I had few dancing experiences, but I was interested in dancing

Sometimes the women viewed their unchanging menstruation as the standard indicator of good health. If their menstruation changed they hoped to make it return to what they considered normal, that was before perimenopause. One woman stopped the *Chi* exercise, which was good for the health of her upper respiratory tract, because of her prolonged period. She said:

> I felt that my throat (upper respiratory tract) improved after practicing the *Ch'i* exercise. I did some *Chi* exercise when I woke up in the morning, However, I stopped it for one month because I found my menstruation period was prolonged when I was doing *Ch'i* exercise. Therefore, my husband told me not to do *Ch'i* exercise.

One woman chose the best way for her to maintain her bone density. She said:

> I went to visit a physician to have my bone density examined and found that my bone age was 90 years old. It happened after my menopause. I stopping taking hormones after visiting that osteopath who told me hormone was against the nature. So I took calcium and another drug sprayer. That sprayer was an import drug from Switzerland. But after taking that sprayer I often had nose bleeding when I woke up in the morning. Therefore, I dared not to take it. I stopped taking it. Then the only thing I took was a tablet. However I did not like to take it. I was scared to take calcium tablets. When I thought of the calcium tablet, I always

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> shivered. I did not like that smell of the drug. . . . Now I know the only thing that is fit for me is taking bone soup and less meat, and walking for exercise.

The Searching for answers category is one of the contexts in which action/process is taking place. It is both dimensional and multivariate. Various themes and patterns are classified as sub-categories. These sub-categories guide the perimenopausal woman to search for answers during this transitional period.

<u>Compromising</u>

The category, Compromising, describes the women in the process of living with their changing health. Some women emphasized that in this process the woman needed to cope with it because some perimenopausal symptoms could not be improved.

There are two sub-categories, Diverting and *Dz Wo Zen Shou* (Telling Oneself to Endure), emerging from this main category. Women Diverted their focuses on the perimenopausal issues by keeping busy at work and doing their hobbies. If the perimenopausal symptoms were so serious and could not be improved, they would simply *Dz Wo Zen Shou* (Telling Oneself to Endure). Most of them said that the perimenopausal symptoms were tolerable and not as serious as they had heard. Most of the time they liked to hide their discomforts because they said they were experiencing a normal woman's life process, which they should endure. The perimenopausal symptoms would be over sooner or later. One woman said:

> I think I compromise myself with my surroundings including person and things, because I know perimenopause is also a changing life period.

> One woman was living with her persisting hot flashes. The woman said:

> I must bring two ice gels with me when I am at work. My son, who works as pilot, brought back these two ice gels for me from America. The ice gel is made from gel instead of water. Therefore, it becomes soft when it melts. I bring two ice gels for

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> alternative use. I put a lot of towels on the ice gel and make them cold. Then, I put a cold towel on my platform to touch it or wipe away sweat during my lecture. If the towel becomes warm I will change another cold towel. I try to cool down my hot sensation by using the cold towel. I feel hot all day. . . . I wash my hair every night because sweat only on my head. . . . the only cosmetic that I use is lipstick. Because I always sweat, I cannot use any cosmetics on my face. If I use cosmetics to make up me, I think I will look like a devil.

Diverting. Diverting is the process of turning aside the focus on the perimenopausal issues by keeping busy at work, working on hobbies and so on. One woman said:

> I never shared my discomforts with others even my husband even though I felt very sick sometimes. However, If I had some work to do, then I felt nothing uncomfortable. Sometimes, I just forgot my worry by playing with my small grandchildren.

Another woman said:

> I pushed myself to do housework instead of putting my anger on my children. Or I would ride my bicycle until I felt better, then I went back home. I told myself to think about this issue as little as possible. I would feel nervous if I thought too much about this issue. . . . I would remind myself to relax as much as possible because I was in the perimenopause.

> I diverted this conflicted feeling by exercising and by keeping busy at work. . . . I thought that if I kept busy at work, this would divert my focus from the perimenopause. I was busy working during the day time, and I read the newspaper or a book when I stayed at home after work. I had no special hobby except traveling. My life pattern was quite simple, not like others' who had hobbies such as dancing. . . . I thought working was the most important way to divert my focus from the perimenopausal issues. If I was like the housewife staying at home, I think I would be more seriously ill.

Dz Wo Zen Shou (Telling Oneself to Endure). *Dz Wo Zen Shou* (Telling Oneself to Endure) is the process of women telling themselves to endure their discomforts. Most women viewed the perimenopausal issues as their own personal issues, so they should not bother others too much. On the other hand, endurance is a good virtue for Chinese women. Most of the time they liked to endure by hiding their discomforts, by

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having self-control or telling themselves not to think too much about the discomforts. One woman expressed the tension of endurance by hurting herself in the bathroom.

The woman said:

> I thought I must control by myself. My temper became irritable for a period during my perimenopausal symptoms. . . . Sometimes I took a bath at home during the night. I would bite myself, crash my head on the wall by myself in the bathroom. I must control my temper before others during the daytime. When I was in the bathroom, I would take off my clothes to release the outer constraint, but I could not release the inner constraint. I must control my temper during the daytime, I could not get angry with my husband, children and students, because none of them did wrong to me. I could not express my anger during the daytime. Therefore, I sat in the bath tub and enraged. . . . I could not talk or express my anger feeling with anyone. I bit and grasped my hair by myself. It was really very painful. . . . I took cool shower to reduce my hot sensation. I felt very hot and this hot feeling could not be spread out. It made me irritable and upset. I felt that my blood was going to crash out of my body. So, I stayed in the bathroom showering by cool water and prayed to God to help me overcome. . . . When I was in the bathroom, I could take off all the masks that I wore on my face during the daytime. Then, I dealt with my inner suffering, hot flash and unknown reasons of anger . . .

Another woman said:

> I had once experienced vaginal soreness but I endured it until the pain gradually subsided. I never told anyone, I just kept it in my mind. . . . I thought we should not think too much about it. . . . If I have something serious, just face it and take it. What can I do? This is a woman's issue, we cannot complain to men. Sometimes, when I felt serious, I would tell him (my husband). Most of time I just kept in my mind. I would not discuss this issue with my children. . . . I always thought about the Buddhist philosophy "endure". We do everything from the word of "endure". We must be introspective.

Pursuing the Better Life

The Pursuing the Better Life is the process of doing something to strive for the better life. There are five sub-categories emerging from the pursuing category: Tracking back, Outlook, Harmony, Broadening and Spiritual Reliance. These themes became the foundation of the Pursuing the Better Life category.

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Tracking back. Tracking back refers to the women's life review. The women liked to track back their former life experiences during this process, especially their life experiences of menarche, menstruation pattern, pregnancy, postpartum, raising the children and some significant life events like the loss of their husbands. Perimenopause is one life process for women. Therefore, this reviewing process may help the women to accept their current changes and improve their outlook for their future life. For example, one woman said:

> In this period I often review my past life and I also often look forward to my future life. I am imaging I will have peace of mind and the happy life of the "gray hair people" in the future. I like the thought of life without any competition in my old age . . .

Other women described their former life experiences, as it related to perimenopause, as follows:

> I remembered that I hated the menses when I began menstruation. I suffered wearing the menses belt, which was made from the inner layer of the bicycle wheel and the *tsao chih* (toilet paper, it was like the paper that is burned for worship the dead and the god) for the menses pads. The belt did not breathe, and the pad's paper was so rough. In addition, I wore the "*pone gou*" (the pants had the rubber belts on both pants legs) to make it less permissive. I liked to be a boy, because a boy was not troubled by menses. Finally, of course, I must accept it. . . . I ate a lot of *pu* (promotion) with my grandmother when I lived with her. I thought that was close relationship with my current health. I had less perimenopausal symptoms than my sisters.

> I had a lot of *pu* herb that was cooked by my mother when I was young. I am healthy now, I think it may be related with taking a lot of *pu* herb during my postpartum and young (before marriage) stage. My mother took care of my postpartum instead of my mother-in-law because my mother lived in my neighborhood. My mother told me to take a lot of *pu* herb for getting rid of the previous diseases that I had. So, I was very compliant with her. I also followed her suggestion. I did not wash my body and hair during the postpartum. So, I have few sickness except a few colds now. I do not have the soreness of the bone now. I also do not need the reading glasses now. I also have few perimenopausal symptoms. I think this is related with having a lot of *pu* drugs in my past time.

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> I have *yao suan pei t'ung* (lumbago and backache) due to the four miscarriages I had. My health becomes worse after I was forty years old, because I had four D & C's. . . . The physician told me that my leg pains were due to my many D & C's.

This woman told her two dramatic life experiences. One experience was the death of her youngest son; the other was being attacked by a criminal. After these events this woman perceived that she could accept her fate. Perimenopause was a life process which she accepted very easily because compared with the other two former life experiences, the perimenopausal changes were minor. The woman said:

> Why do I have this life philosophy? The most painful experience in my life was the death of my youngest son. I raised him by myself, however he was gone so early. At that time, I felt sorrow and blamed myself. I asked myself why this happened to me? Finally, I realized that it was not fated for him to have a relationship with me. I think my life philosophy is that all things have been arranged. For example, I was attacked by "*si lin chih lang*" (a criminal who attacked women and robbed them of their money in northern Taipei some years ago). I was hit and loss consciousness for awhile and I was bleeding over my body. Then I was hospitalized for a long time. . . . I was always emulous and I did not accept the fate before. . . . now, I accept the fate. It is a natural process that is arranged by God.

Outlook. A lot of women thought about their future life and plan events or activities for their retirement such as helping their daughters-in-law to take care of their grandchildren, hiking or taking a trip with their husbands, working as volunteers and so on. However, one woman said the outlook for her future life was still in vacillation, because she often changed her mind. The outlook statements are as follows:

> I think I will live in the old people's home, if I am still healthy in my old age. I told my sons I would not like to be their burden. So, if I am healthy and can walk, I will live in the old people's home. If I am sick and cannot walk any more, they can choose either staying at home or at nursing home. I also told my sons where my property was and how to bury me. I would like to be cremated. I told my husband if I pass away before him, then he is lucky. However, he told me if he cannot hear my nag, he will feel queer in his life . . .

> I told my husband that I will be more useful to him in the future, because I can

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> cook, raise our grandchild, do the housework. I will be welcomed by our children when they get married. If they have small child, I will quit my work to raise the child for them (my daughters). However, my husband asked me why we should work so hard to be the baby-sitter to live with them (our daughters). We can live in the senior home. They will be independent, if they have their children. Maybe they do not want us to live with them . . .
>
> I submitted my request for retirement next February. I think I can take care of my grandchild for my son and daughter-in-law. People all say that they do not want to take care of the grandchild any more. It is not so easy to raise children so they do not like to take care of the small children again. However, I do not think so. I like to serve my daughter-in-law, because they (my son and daughter-in-law) are both physicians. They are busy in their work. I can share in their work by taking care of their child. However, the young couple has not gotten pregnant although they desire to have children and they have been married for three years. Therefore, I change my mind now. . . . I feel I am vacillating in these days.

Harmony. Harmony is keeping a kindly relationship with others in order to have a peaceful life. In other words, the women liked to keep friendly relationships with others because they did not like to be viewed as old "monsters" or be teased as "nervous" women. Even the women who have been mothers-in-law in a family wanted to treat their daughters-in-law well and not be authoritative. In traditional Chinese culture, mothers-in-law would have the higher position and power in a family. However, this is changing in the modern era. These are their descriptions:

> I also pay more attention to having a good relationship with others and achieving harmony in my interaction with others. . . . In my work, I play the facilitator among these directors. I am happy to make a harmonious environment for them. I also like to feel concern for others no matter who is in the higher position or lower position. I become more mature and considerate now. . . . As for my family, I often picture how harmonious I will be along with my husband in our old age. I like to see pictures showing old couples walking hand in hand very peacefully. I think of the proverb that once they were a couple at their young age, while now they are good partners in their old age. I am also touched when I see an old couple take food for each other in a restaurant. I hope I will be like them when I am old.
>
> I have an older appearance. I do not dye my hair. However, I have a young life. I keep my mind young. I do not care about my appearance. I just make myself neat by appearance. I do not make up too much. I am concerned about getting along

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> with the younger group and about my health. My mind kept pace with younger peers when I went out with them. . . . I like to attend some Buddhist meetings. I keep my mind young. I also do not like to critique other's weaknesses. I always like to think the best of others.

Broadening. The women wanted to broaden their life because their children had grown up, and they did not need to take care of small children any more. So they had free time to do the things for themselves instead of for their children and work.

They attended singing clubs and dancing clubs in the community. They went hiking on Sundays. Some of them began to study for a higher degree. Some women who previously did not like to go out to attend activities decided to broaden their life to learn new things that they never tried before. Some women liked to learn about modern issues such as TV games or using new cosmetic products as a way to broaden their lives. It was stated:

> I keep this habit of hiking for some years. We (me and my husband) go hiking with the other couple who are my husband's good friends. They initiated this hiking and invited us to go hiking together. We kept this habit for five years. . . . Now I attend a lot of activities such as Wednesday's singing club, Friday's Chinese writing and hiking on Sunday. I am enjoying them a lot.

> I attend my community singing club to sing the Kokka folk song. I also attend the folk dance club in my community. I like to attend some activities. I have less worry. . . .I do the *Ta-chi* exercise in the morning and go to the community singing and folk dance club in the evening. . . . I will tell perimenopausal women to sing a song, because singing makes people feel less old. I sing even when I am taking the bath.

> I play TV games for one hour everyday. I am interested in playing games and I like to practice my brain activity. My son bought me a lot of playing games from the USA. I plays game for recreation, for my brain activities, and for my finger motion.

Spiritual reliance. Some women liked to seek spiritual support such as religious activities, because they said that religious beliefs could guide their life to be more harmonious. They reported:

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> I am also a sincere Buddhist. I have the habit of meditation for the night and the early morning. So I have a few sleep hours for one day. I keep the habit of reciting the scripture for two years. . . . I enjoy the atmosphere of the meeting. I change now. I do not argue the life issues too much. I tell myself that I am a Buddhist, that I should not argue the life issues too much. . . . It will relieve my pain. I recited the scripture 60 times to relieve my spiritual tension. It will help to relieve all my wrong doing in my previous life.

> I have spent a lot of time worshipping the Buddha and reciting scriptures. I do this routine work everyday. I believed Buddhism twenty years ago. But I have no time now and I am not a sincere Buddhist. But I am thinking I should recite the "*ou mi tou fu*" (Buddha) when I am older. We must closely follow the Buddha so we will be promoted to the Paradise after we die. . . . The Buddhism brings me happiness on the perimenopausal issues. I think only Buddhism can help me. Nobody else can know my problem very well. I am also shy to talk with others about it.

Keeping on

The women continued with their everyday life such as work and a concern for their families. Most of them were still the primary means of support in their family. Therefore, they still kept on playing their daily roles as wives, mothers, teachers, and housewives. Most of them expressed that they were still busy in their daily work. They also still had responsibilities and contributions to make to their families. There are two sub-categories, Work and Concerns about the family, emerging from the Keeping on category.

Work. A lot of women expressed that they were still busy at work; some career women kept busy their work and family. The housewives also worked for their families. Some women must visit their parents-in-law and parents who did not live with them. Therefore, they felt they were very busy and the time passed quickly. One woman who was an elementary teacher said:

> Work is my everyday activity. I wake up and go to work. I keep busy all day, the classes pass one by one. Time passes quickly to the noon. I eat my lunch with my students, then school is over. I am not tired of this work. I am not bored with this

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work. I just feel time passing so quickly.

Another woman felt that she was working between the children and her parents, that she was part of the "sandwich" generation. The woman was pleased to hear this study focused on the mid-life generation. The woman said:

> A lot of discussion about issues are related to adolescents and old people, but few issues are related to perimenopause in our society. I think affairs are also related to the perimenopause stage. But it is seldom to be discussed in our society. I think it may be due to the load we must carry in mid-life such as taking care of our children and aging parents, so we pay less attention to ourselves. Nobody takes care of our mid-life problems because we often are asked to take care of others, but we neglect our own problems. So it is blank for these issues in our society.

Concerns about the family. The family, especially the children, were always the main concern for these women. One woman said she felt that her responsibilities to her family still did not end. She still worries about her children's marriage and career issues, although her children were close to thirty years old. She said she had different concerns for her children in different developmental stages. In her eyes, her children would always be the small children. Some women said that they recited the Buddhist scriptures, ate the vegetarian diet (in Buddhist belief it is a sacrilege to eat animals), and prayed to the God for giving luck and goodness to their children and families. These women said:

> The discomfort issues of perimenopause are my own business. I do not bother my family members with this issue. My children and husband are also busy. . . . I am concerned about my children's marriage. I hope my sons and daughters will have a good marriage and career as soon as possible. Then, I can quit worrying about them. This is the only worry issue until now, but I cannot be sure if I have different worries or not after their marriage go away.

> I would do some dumpling or ravioli (Won-tons) for my children once a week. I also make some cold desserts like *syi-mi ru* and put them in the refrigerator. I change the cold dessert every two days, my children eat up one kind of dessert every two days like *syi-mi ru*. . . . On the other hand, I also schedule my time to visit my parents and my parents-in-law once a month. I go back to my parents-in-law's home more often, once every two or three weeks. My schedule is full. . . . I

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> cooked the *su-wo* soup with pork bone to eat not only for me, but for all family. The *su-wo* soup is also good for men, so I like to share it with them (my sons and husband) when my menstruation is "clean" at my "normal" time.

A Natural Life Process

"A Natural Life Process" represents the consequence for the women who were living with changing health during their perimenopause. All of the participants perceived their perimenopause as a kind of natural life process when they were interviewed. Women said that the perimenopause was a natural life process, a natural law, a natural phenomenon or "it is very natural". Then, when the researcher asked for the meaning of natural, some of them said that the perimenopause was a necessary passage of life. One woman even said that she should be in perimenopause because she was close to the age of perimenopause, or she would become an old monster. Therefore, most of them agreed that their perimenopausal experiences were part of the natural life processes. Two different sub-categories of "A Natural Life Process" emerged: Gradual Changes, and Confidence.

Some women thought menopause was followed by a natural law so they could not use HRT as it would be against this law. The woman said:

> There is no way. I just let it stop when I get to the menopause. I prefer natural menopause. I will not have hormone injections. I will have natural menopause. I seldom discuss this issue with others. If someone ask me for suggestions about the perimenopause, I will tell them that when you come to the perimenopause, you will be close to the menopause. It is the natural law. I will not receive the hormone therapy just to keep pretty.

Gradual changes. Some women perceived the changes of this perimenopausal process as gradual and quite smooth.

> I think the perimenopausal experiences are gradual, not sudden. For me, my periods changed gradually, regular and irregular changes alternatively. In the

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> beginning, I was surprised by noticing three periods within one month. I remembered the periods came on the 1st, 13th and 30th that month. I was planning to see a physician but when I decided to see the physician, it came on regularly. So the perimenopausal changes are gradual. I am used to this gradual change.

Confidence. The women felt that they had more confidence when they were in the perimenopausal age, because they became more mature and wise. Some women felt confident that they still looked young. Most of them expressed that they had the confidence to cope with their perimenopause. Some of them had a philosophy which allowed them to handle their life confidently. They also were proud of their importance in the family. Some of them felt confidence in their improving health. Some women also expressed that they did not fear their perimenopause would cause them to be older or cause discomfort or suffering during this period. They had the confidence they could get through this period. The descriptions are as follows:

> My husband praised my knowledge about the health problems although I just have a primary school education. I would rather watch a television health education program than a movie program. . . . My husband likes to tell me about his health problems and I take care of him. He calls me a family pharmacist. . . . I look 10 years younger years than my real age. For example, I am seen as 35 years old, and I am not so fat. I do not perceive I am getting older because I have always looked younger.

> I often think about how I can live better. I have become more mature. I have become kinder and people like to get along with me. I will not be a woman who cannot be touched. I will be more attractive and let people be close to me. . . . I am not afraid of older people who are looked down up on, because he or she has enriched his or her knowledge and wisdom. If I face it with a worry or fear then I will become very nervous about this issue. If I can face it and accept it with an open-mind, then I think that it is a necessary passage for everyone. Why should I fear it? I think I will tend not to fear perimenopause.

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Summary

In Taiwan, the term perimenopause has became popular, although this term was not used in ancient China. In traditional Chinese society, women viewed menopause as natural. Now, most of the perimenopausal issues reported in the newspapers or books are related to HRT and perimenopausal symptoms. However, the women in this study did not use HRT for their perimenopause.

The integrative diagram (see Figure 1, p.71) shows the social relationship and information about the women's perimenopausal experiences. The diagram depicts the process of Living with Changing Health as the core category. Awareness is the antecedent condition that contributes to how women perceive that they are in perimenopause--Living with Changing Health. The women became Aware that they were in *Luan Ging* (Irregular Menses); they had Tolerable Discomforts from menopausal symptoms such as hot flashes, sweating, vaginal soreness, insomnia, *yau suan pei t'ung* (backache / lumbago) and so on; they expressed A Feeling of Being Old such as gray hair, loose skin and eyelids, presbyopia, forgetfulness, wisdom, maturity and so on; and they noticed the Changing Health Status such as weakening health, soreness of the bone and tendons, less energy, anemia, palpitation, breast mass, dizziness, myoma, renal stones, abdominal distention, numbness of the limbs, and a high risk for reproductive cancer.

During the process of Living with Changing Health, women would experience action and interaction among categories of Emotional Fluctuation, Searching for Answers, Compromising, Pursuing the Better Life and Keeping on.

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Women may have some Emotional Fluctuation. They were: Shocked at the coming of perimenopause or healthy state; Shy to talk about the menopausal issues; Annoyed at the changing menses; Frustrated with the chronic discomforts or related life events in mid-life; Worried about health problems; Released from menopause, taking care of the small children or parents-in-law; Happy with enjoying their happy family and Conflicted at being old, and whether or not to take HRT.

In the process of Searching for Answers, the women had some Wondering about their changing health; Clarifying and Seeking References for Wondering about their health. They also Sought Improvement for their health such as exercise, herb, meditation, taking vitamins or visiting the physicians. They did the Evaluation of the possible Improving strategies that they had heard about. They did the Evaluation whether or not HRT would bring side effects of ill health such as cancer and getting fat. Thus, they did not like to choose HRT. Some of them viewed HRT as being taken only to look pretty and be young. Those are not their priority values. They value health as their first priority.

Meanwhile, the women Compromised themselves to live with their changing health by Diverting their focus on perimenopause, to *Dz Wo Zen Shou* (Telling Oneself to Endure) the discomforts. They Pursued the Better Life by Tracking Back their former life experiences, Outlook for the future life, Broadening their life, being in Harmony with others and seeking Spiritual Reliance. They also Kept on their daily life by Working as usual and had Concerns about Family, because they were still important providers in their families.

A Natural Life Process was the consequence of the process. The women felt Confident for their coming menopause or their aging life because they had the maturity

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and wisdom. Most of them felt the perimenopausal changes are Gradual and smooth. They knew the perimenopausal changes are a normal life process, so, they felt at ease. However, they were still concerned about their health.

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Chapter V

Discussion of Findings

This chapter has two sections: the discussion of the seven major categories and the grounded theory of Living with Changing Health.

This study examined 35 Taiwanese women aged 40 to 59 about their perimenopausal experiences. These women perceived themselves as perimenopausal or menopausal and did not use hormone therapy. The study focused on perimenopause and its impact on Taiwanese women's health. Data from the study revealed the core category, Living with Changing Health and the seven interrelated categories: Awareness, Emotional Fluctuation, Searching for Answers, Compromising, Pursuing the Better Life, Keeping on and A Natural Life Process.

Seven Major Categories

The concept Awareness is the antecedent condition when women perceive themselves as being at the beginning of perimenopause, their transitional period. Awareness of the changes that are occurring is important for a person during the transition, otherwise the person is still in a pre-transition phase (Chick & Meileis, 1986). When the researcher asked the women how they perceived that they were in the perimenopause, they said that they found they have some changes. The notion of

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Awareness encompassed four sub-categories: *Luan Ging* (Irregular Menses), Tolerable Discomforts, A Feeling of Being Old and Changing Health Status

All of the women became aware that the *Luan Ging* (Irregular Menses) was the indicator of getting into the perimenopause. This theme is similar to Quinn's (1991) study which described the initial awareness of bodily changes centered around the menstrual cycle. Missing cycles or changes in the quantity and quality of cycles heralded the realization that the women might be close to menopause.

The Tolerable Discomforts sub-category refers to the perceived discomforts of perimenopausal symptoms and these symptoms are tolerable to most women. Most women reported that they had a few tolerable perimenopausal symptoms and a few women reported that they did not have any perimenopausal symptoms. The results have been found to be similar to studies of other Asian women in countries such as Japan and Hong Kong (Lock, 1986; Tang, 1994). The two factors which have contributed to Taiwanese women having less frequent perimenopausal discomforts are: having similar diet habits as Japanese women (Lock, 1086) and living in a happy or intact family as Chinese women in Hong Kong (Tang, 1994).

The reported perimenopausal symptoms such as hot flashes, sweating, vaginal soreness, *yao suan pei t'ung* (lumbago and backache), insomnia and so on are similar to Chang, Chou's et al. (1995) study and Chang & Chang's (1996) Taiwanese women menopausal studies. Most women reported that they had fewer perimenopausal symptoms

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than they had anticipated based on what they had heard. This is the same finding reported for Filipina-American women (Hautman, 1996).

Most of the study participants perceived that hot flashes and sweating were transitional symptoms for perimenopause. They did not care about them too much after they knew these symptoms were normal perimenopausal symptoms. However, some women were very distressed by the hot flashes. They were even afraid of hot weather, which can be very uncomfortable in Taiwan, since it is a subtropical country. Hot weather can induce the more serious hot flashes and sweating, which was reported in Coope, Williams & Patterson's (1978) study. Some women described the feelings of hot flashes were like bubbling water or a hot sensation inside the body which could not spread out and this hot sensation could cause them emotional disturbance. Sweating either followed or accompanied hot flashes. Some women said that they must bathe frequently during the summer to reduce foul smells or the discomfort of sweating.

Most women who had experienced hot flashes and sweating did so for only a short time such as one or two months (only one woman suffered hot flashes for over two years). These women felt that the hot flashes and sweating were tolerable.

Women who experienced vaginal soreness stated that sexual intercourse was painful and thus they had less sexual interest during perimenopause. Chen's (1992) study showed that modern Taiwanese women disagreed with the ancient traditional culture of-- *fen chwang* (separate beds from their husbands at menopause, because menopause represented the end of the reproductive period). However, the present study showed some women expressed less sexual interest because of vaginal soreness and they were too shy to speak about this issue with others. A few women implied there were some negotiations or

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arguments with their husbands about the frequency of sexual relations because of their lack of sexual interest. This information showed that it may be important to provide proper health education and assistance to perimenopausal women on how to manage the issues of vaginal soreness and related sexual problems.

Women in the present study believed that perimenopause might have brought some discomforts and that they should pay attention to these discomforts. These perceptions are not like Chen Duh's (1994) study of older Chinese women. Chen Duh interviewed women aged 60 to 76 about their perceptions of the meanings of menopause. The women believed that menopause was not a disease, therefore, it was not necessary to use hormones or other drugs unless the discomfort seriously affected their daily lives. Some women, in Chen Duh's study, viewed that women who experienced discomfort from menopause had too much free time, were too nervous, or too "soft" (fragile, emotional).

In the present study, most women also believed that perimenopausal discomforts were not diseases and that these discomforts were tolerable. Most of them said that they were lucky to have a few perimenopausal discomforts instead of viewing the discomforts as nervous or emotional. They believed these discomforts were temporary and were normal transitional symptoms during perimenopause. They liked to use alternative methods such as exercise, keeping busy at work, herb soups or just endurance of the discomforts instead of using HRT to manage their discomforts. The changing perceptions for perimenopausal discomforts in modern Taiwanese women are due to the pursuit of a better quality of life for themselves instead of the past perceptions of older women who

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might have believed that silence and endurance of discomfort was the way of menopausal life.

A few study participants did have troublesome perimenopausal symptoms; however, they reported these discomforts were tolerable. One of the women recruited from the gynecological clinic reported that she had a lot of perimenopausal symptoms which made her visit the physicians very often during her perimenopausal period. One of the women who suffered severe hot flashes released her tension by biting her arms in the bathroom in order to overcome the suffering. This woman said that Chinese women were always taught to tolerate suffering, although the process of tolerance was painful. These women indicated that they needed to learn how to cope with their discomforts in a healthy way. Nurses should be sensitive to women who are suffering from perimenopausal symptoms. These are important issues for the care of perimenopausal women.

The sub-category, the feeling of being old, was defined as the perception that they were getting older. The women in the present study reported that they felt more mature and wiser as they were getting older. These are the similar findings as Chen Duh's et al (1996a) and Quinn's (1991) studies.

In the present study, the women noticed the related aging changes such as loose skin and eyelids, getting fat, forgetfulness, less energy, tiredness, presbyopia, the threat of high risk pregnancy and low frequency of pregnancy. Some of the changes are also shown in other perimenopausal studies such as forgetfulness (Hautman, 1996) and tiredness (Quinn, 1991).

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The women had a feeling of being old and viewed aging as a natural process. However, they had paradoxical feelings about aging which were similar to findings reported in Quinn's (1991) study. A paradoxical feeling includes both negative and positive feelings about being old. On the positive side, the women felt that aging changes brought them more maturity, wisdom and achievement. Some women did not even care about the changes in their appearance, such as gray hair, because they were proud of their growing wisdom as it related to aging.

Some women also had negative feelings about being old. Some women were not convinced they were old. One woman said that she would like to accomplish an important mission in her life during this period in order to "capture" the tail of youth. They said that they liked to wear fashionable and bright colored dresses instead of having the "*ar po tao and ar po shan*" (old women's hair and dress style) like their mothers' generation. These women believed that their generation was different from their mothers'. Some women were concerned that physical changes of aging would make their health worse. They perceived that they were like used cars which needed to be repaired and maintained in order to prevent aging from coming too soon.

Modern Taiwanese women were influenced by both the traditional Chinese culture and the modern Western thinking about aging issues. They inherited the traditional Chinese culture which viewed aging as a natural process and they believed that they became more mature and wiser as they were getting older. Women were also influenced by Western values and the pursuit of youth. The meaning of youth for them represented being more healthy and energetic instead of being more beautiful and sexually attractive.

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The Changing health status sub-category refers to how women perceived their health. Many of them stated that their health became worse after the start of perimenopause. This finding is similar to Chang's et al (1993) study which found that Taiwanese women worried about their health during perimenopause. The women in this study perceived that their health had weakened because of the occurrence of mild diseases and tiredness. Some women liked to have menstruation because they viewed menstruation as closely related to good health. They thought that monthly menstruation could "wash" the "dirt" out their bodies and this would maintain their healthy status.

Chinese people viewed the ill health state as a sensation of fatigue, pain, *syu rwo pu neng kung tso, chang yao tang tsai chuang shang* (body weakness causes people to lie on beds and prevented them from working), bleeding, insomnia, no appetite, sweating, loss of body weight, hot sensations, unusual behaviors or speech (Lee, 1995). The perimenopausal discomforts reported by the women meet some perceptions of ill health for Chinese people. This may result in the women viewing their health status as changing a lot during perimenopause. Thus, loss of menstruation and the cultural view of health may explain why women viewed their health status as changing during the perimenopause. However, additional study is needed to explore the meaning of health and well-being for Taiwanese mid-life women.

The five interrelated categories, Emotional Fluctuation, Searching for Answers, Compromising, Pursuing the Better Life and Keeping on represent the action/interaction strategies in response to Living with Changing Health. These categories are like the five circles that are interrelated with each other (see Figure 1, P. 71) and which may occur

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separately or at the same time. For example, women might need to handle emotional changes while they were seeking answers about body changes, or ways to improve their health. Additionally, they might be compromising themselves, pursuing a better life, as well as keeping on part of their daily life as before.

The Emotional Fluctuation refers to the rise and fall of emotions during this process. These emotions are shock, shyness, annoyance, frustration, worry, release, happiness and conflict. Chen (1992) showed that the women felt released from the trouble of the menstruation, but worried about their health. These findings are similar to some sub-categories of Emotional Fluctuations. However, in this study the women felt released not only from menses but also from unwanted pregnancy, pressure to get married, and the necessity of servicing their parents-in-law. These issues may have helped the women to balance their negative feelings about perimenopause.

Perimenopause may act as a nonspecific stress related to mid-life and the vicissitudes of aging. It also may cause specific somatic symptoms such as hot flashes which may produce a secondary sleep disturbance sufficient to produce daytime somnolence, decreased energy, and other mood and behavioral symptoms (Schmidt & Rubinow, 1994). Some women felt annoyance with their heavy menstruation and hot flashes; some women felt frustration for their persistent hot flashes; and some women felt shock the first time they were told they were in perimenopause, because they did not perceive they were old enough. Thus, perimenopause for Taiwanese women sometimes may be viewed as a nonspecific stress.

The Filipina-American women felt frustrated about their family conflicts

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(Hautman, 1996). However, the present study showed that the Taiwanese women felt frustrated about issues related to their aging and perimenopausal symptoms. Some woman liked to share how supportive their husbands or families were during their perimenopause and hid their family conflicts during the interview. The reason may be that Chinese people like to "save face". In Chinese culture, "don't wash your dirty linen in public" means the family conflict issue cannot be heard by an outsider. Thus, the women just shared the frustration related to their personal perimenopausal issues.

Happiness related to the women's happy family and their perception of themselves as more mature and wiser. The finding in Dege & Gertzinger (1982) also showed that support of one's family may help the women have feelings of freedom from menopause. The happiness about being mature and wise is similar to the findings of the Chen Duh's et al. (1996a) study which showed that for many Chinese women menopause represented wisdom and maturation, a symbol of achievement.

In the present study, many women expressed conflict about this process, although they felt perimenopause is a natural life process. The women felt in conflict about the issues of getting older, which is similar to the findings of Lock's (1986) study for Japanese women about menopausal issues.

Some women had conflicting feelings about taking HRT or not, because they were afraid of the cancerous side effects of HRT. This is the same perception for African-American women (Pauonu, et al., 1996). On the other hand, Taiwanese physicians often failed to provide patients with enough information regarding treatment. This lack of understanding of the side effects may contribute to the women's dilemma about whether

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or not to use HRT (Chang & Chang, 1996). In addition, the women face a dilemma about whether or not to retire, or take care of their grandchildren for their daughter-in-laws and so on.

These conflicts may be due to the fact that modern Taiwanese women are at the crossroads of traditional Chinese culture and modern Western culture. The reasons for these conflicts may be explained by using the Tripp-Reimer (1984) emic-etic health grid model. According to the emic-etic health model, the etic category is the horizontal axis from the negative (left pole) to positive (right pole) to view a health issue from disease to non-disease by the perspective of medical practitioners. Emic category is the vertical axis, from wellness (upper pole) to illness (lower pole), for viewing the health issue. This emic category views a health issue from the subjective perspective of a specific culture.

Western culture views the perimenopause experience as an "illness" that will bring with it the stereotyped impressions, such as emotional disturbance. The biomedical perspective is in an etic category and views menopause as a "disease" or at least as causing diseases which should be prevented with HRT. According to the above assumptions, perimenopause issues will fall in Quadrant III - disease/illness (see Figure 2).

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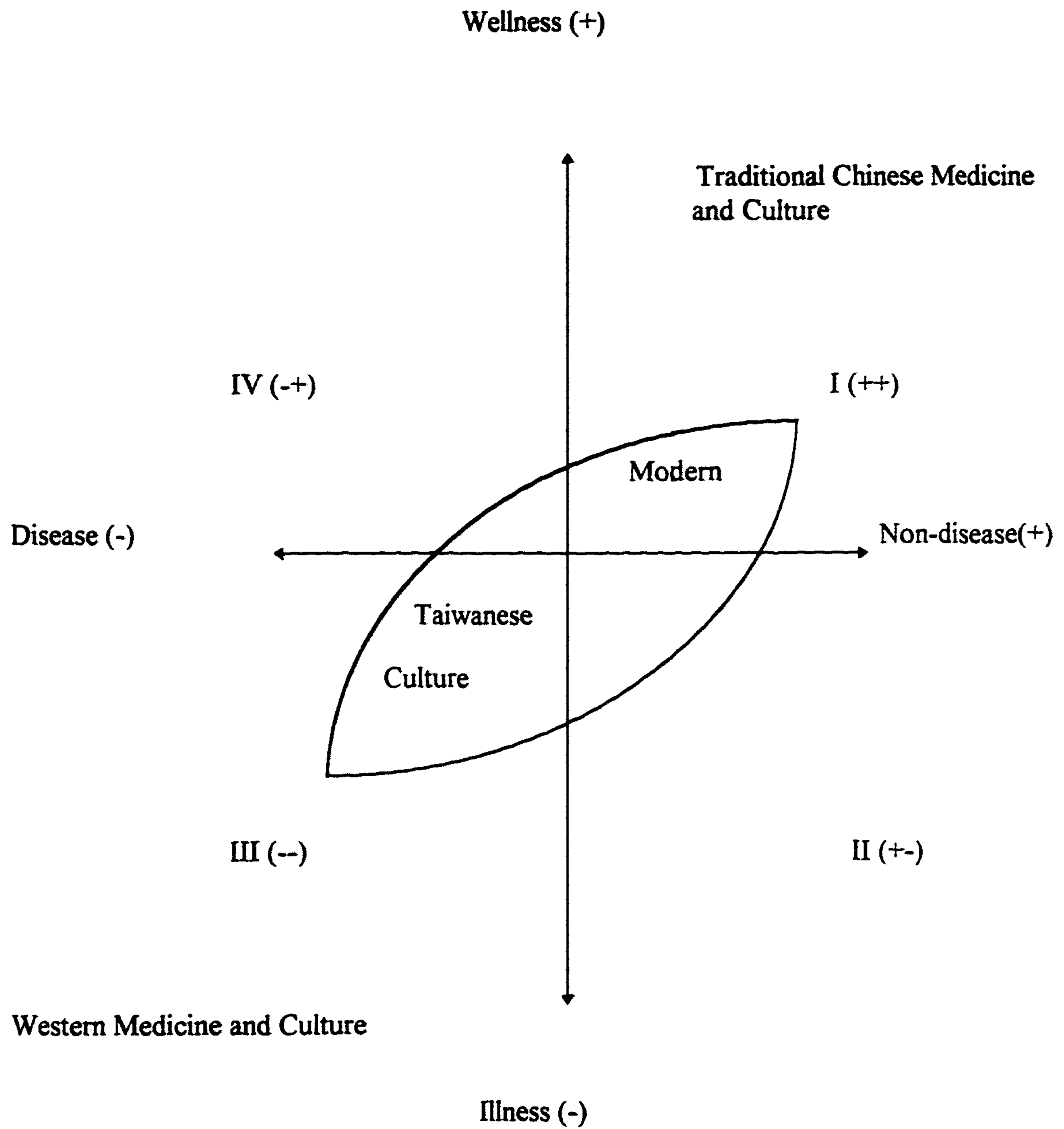

Figure 2. Modern perimenopausal issues in Taiwan located on

Tripp-Reimer emic-etic health grid model

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The traditional Chinese medicine perspective viewed perimenopause as a natural process needing no treatment. Therefore, menopause was a non-disease in an etic category. From the traditional Chinese cultural perspective, menopausal women were free of menstruation taboos and at the same time, the women might become mothers-in-law or grandmothers, which was a higher status in an extended family. Therefore, menopause is located in the wellness part of an emic category because problems they experienced were believed to be a natural consequence of aging. Thus, Chinese traditional medicine and culture locate the perimenopausal issues in Quadrant I--wellness/non-disease.

Modern Taiwanese women, who inherit the traditional Chinese culture are unlike Western women who have the menopause-as-disease ideology which dominates Westernized health care (Chen Duh, 1994). Most Taiwanese women (88.7%) have never used HRT for their perimenopause (Chen Duh, et al, 1996b). The women in the present study also believed that they did not need HRT for their perimenopausal discomforts. They placed perimenopause in the upper part of the health grid which indicated wellness. However, Western medicine is in the mainstream in Taiwan and it advocates HRT for perimenopausal symptoms. Additionally, the pursuit of youth by mid-life women is also becoming popular in Taiwanese modern society. Because of this, some women may be facing conflicting feelings about whether or not to choose HRT as a way to keep their youth or maintain their health.

On the other hand, modern Taiwanese women also expressed that they were lacking proper self-care knowledge for their perimenopause and they did not want to

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keep silent, like their mother's generation, about their discomforts or sickness during this period. They also perceived their diminishing energy level to be a threat to their health and youth. Therefore, most of them expressed that they needed to spend time taking care of their health or maintaining their youth. This need runs counter to the idea that traditional culture views menopause as a natural phenomenon and there is nothing to do about it.

Nuclear families are popular and increasing along with the industrialization of Taiwanese society. The position of the mother-in-law is not as authoritative as before (Zai, 1989). The women reported that they needed to pursue the better life by being in harmony with others and their family. They also compromised themselves to live with the surrounding changes. Therefore, perimenopausal issues for the modern Taiwanese culture are located along Quadrants I and III. Some women may have faced conflicts related to perimenopausal issues, although they perceived perimenopause as natural phenomenon (see Figure 2).

Searching for answers has five sub-categories: Wondering, Seeking references, Clarifying, Seeking improvement and Evaluation. The women would wonder about their changing health; and they sought the references from their friends or printed materials or speeches. This finding is similar to studies (Chang & Chang, 1996; Hautman, 1996; Padonu et al., 1996) which showed that women needed to know about health promotion knowledge as it related to menopause. Most of the Taiwanese women got the information from their friends or printed materials and a few women from their older relatives or mothers because the perimenopause was never heard about in their mothers' generation (Chen, 1992 & Chen Duh et al., 1996a) and infrequently discussed in this generation.

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Some women in the present study suggested that the perimenopausal related knowledge should be printed and be popular as the "manual of the infant and newborn care". They hoped the manual of perimenopause would tell them what were the typical and normal signs of perimenopause and what were the abnormal signs which would cause someone to seek medical treatment. They preferred the printed material because the menopausal issues were very personal issues and some of them did not like to discuss it openly.

At the same time the women also liked to compare and share their experiences to clarify their wondering. They sought improvement by themselves and did their own health evaluation. These themes showed that some women thought highly of their health promotion in the perimenopause and they shared their menopausal issues with others. A few women liked to share it with their family such as their husbands and children. This is similar to the findings of Chen (1992) who found that the menopausal issues might become more openly discussed in the modern Taiwanese family. However, most of the women still felt embarrassed to discuss this issue openly. They were used to sharing their experiences with close friends who were experiencing a similar situation. Some women did not even share their experiences, but they still expressed their curiosity. Some books about the Taiwanese women's perimenopausal life stories need to be published to be useful for the Taiwanese women.

The women valued health as the first priority when evaluating their strategies for improving their health. For example, some women refused to use HRT because they feared that HRT would cause cancer. They were not willing to risk their health for a

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youthful or attractive appearance. Thus, the women did not use HRT for their perimenopause.

Compromising is defined within the context of women in the process of living with their changing health especially for some chronic discomforts such as soreness of the bone and tendons, less energy, dizziness, myoma, abdominal distention, numbness of the limbs. Compromising has two properties: Diverting and *Dz Wo Zen Shou* (Telling Oneself to Endure).

Quinn's (1991) study used the category of making adjustments for perimenopause. However, Quinn included the self-care practices that the women used to maintain health, caring activities in their family lives and making changes in their lifestyles to maintain control over their bodies. The present study expressed the women's self-care activities in the sub-category "Improving" under the category Searching for Answers or just living with their changing health by Compromising. Therefore, the women searched for answers to improve their health or compromised to live with their changing health instead of adjusting or controlling the changes. The reason may be due to the nature of Chinese women--*Zen Ming* (accept the fate) (Chen, 1992). Traditional Chinese women are guided by the life philosophy that one accepts fate rather than trying to change or control life's changes.

One woman used the word "compromise" to express how she lived with rather than adjusted to the changing issues surrounding her. The present study emphasized how the women lived with the changing health instead of how they controlled their changing bodies. The women in the present study liked to use busy work to divert their worry about

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the perimenopausal issues. They also liked to *Dz Wo Zen Shou* (Telling Oneself to Endure) the discomforts of perimenopausal symptoms. This may be attributed to the Chinese proverb, which says that to make the best of a bad bargain is a good virtue for the Chinese women. One woman said that perimenopause was one part of life, so she persuaded herself to accept it and live with it.

Pursuing the Better Life is the direction or goal for the women to strive for their better life. This category includes five themes: Tracking Back, Outlook, Harmony, Broadening and Spiritual Reliance. The women would pay more attention to themselves by seeking the spiritual reliance and being harmonious with others to pursue the better life. Some studies showed a similar theme--the mid-life or menopausal period is a time for women to focus on themselves instead of their family and to begin to view and value themselves as persons (Buck & Gottlieb, 1991; Dobbie, 1991).

The women in the present study were focusing more on their own harmonious spirit than the youthful aspects of their physical self. Some women said they would like to spend time meditating and reciting the scriptures instead of dyeing their gray hair or maintaining their skin care. The women also liked to review their former life experiences and outlook for their future life. Reviewing may have helped the women to make their future life clear.

During the perimenopause, Filipina-American women began to get involved in the community network to broaden their lives (Hautman, 1996). In the present study, Taiwanese women liked to broaden their life by attending community clubs, temple activities or studying for the advanced degree. However, some women broadened their life

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by learning modern issues to keep pace with modern society, because they would rather stay at home than attend outside activities. Thus, these women had different ways to broaden their life. For example, some women reported they liked to learn new things for fun such as playing a TV game, or sharing new cosmetic products with their daughters.

In the Pursuing the Better Life category, the Taiwanese women have their own specific ways of focusing on themselves during their perimenopause. This Pursuing the Better Life guides them to a mature and confident natural menopause.

The Keeping on category refers to women continuing their daily life as usual during perimenopause. Work and family were still the two important main life issues for Taiwanese mid-life women. The reasons women continued working and being concerned about their families are as follows: First, the women embraced the traditional Chinese virtues of being good women--frugality, filial piety, gentleness, humility and loyalty to their husbands and families (Yi, 1995). Second, the women in this study all lived with their families. Therefore, family issues surrounded their daily life. Third, these mid-life women were always the caregivers for their families such as parents-in-law, husbands and children in Taiwanese society ("Chung Nein Fu Nyu", 1997).

The present study showed that some women were not convinced of being old. They also reported that busy work had diverted their perimenopausal discomforts. This is similar to findings in Tang's (1994) study--Chinese women factory workers living in traditional, intact families and experiencing economic hardship may divert their attention from perimenopausal symptoms. On the other hand, women living with families who had positive attitudes toward menopause would express feelings of freedom during menopause

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(Dege & Gertzinger, 1982). The present study also showed that some women felt happy because of the support they received from their families about their perimenopausal issues.

However, there are increasing reports about the role strains for the mid-life women in modern Taiwanese society. The stresses of mid-life women living in the sandwich generation are being compared to the idea of burning a candle at both ends ("Chung Nien Fu Nyu", 1997). The women in the present study agreed that their busy lives might divert their attention from perimenopause and instead focus their attention on the stresses of living in the sandwich generation. Additional study is needed to explore how the changes of family structure influence perimenopausal women.

Most women perceived their perimenopausal experiences as A Natural Life Process, when they were interviewed to talk about their life meanings for the perimenopause or the suggestion for other women who were in perimenopause. The two different properties of this category are Gradual changes and Confidence. All women perceived that the perimenopause was a normal life processes and a natural life event even though problematic. This is the same finding as reported in many cross-cultural studies (Lock, 1986; Chang et al, 1993; Chen Duh, 1996; George, 1988; Tlou, 1990; Chaiphibalsarisdi, 1990).

Women felt gradual changes and confidence for their perimenopausal experiences. They did not fear perimenopausal related issues such as becoming older. Most of them had confidence to live with their perimenopause without needing HRT. Women have learned their own life pattern during this process such as doing regular exercises, having religious beliefs, taking healthy food, vitamins or herb, practicing *Ch'i* exercises. Some of them

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decreased their worry and anxiety about their changing health after they gained perimenopausal knowledge. As previously mentioned, Bridges (1980) stated there were three phases for transition--ending phase, neutral phase and new beginning phase. At this point, women is like the new beginning phase of the transition which involves finding meaning for the future, experiencing control and meeting challenges.

On the other hand, this is due to the fact that age is a symbol of wisdom in China. For example, some mid-life Taiwanese women would be invited as matchmakers to negotiate marriage issues between the bride's and bridegroom's families, because they were mature and full of life experiences. Thus, Taiwanese women were not so much afraid of being old in some situations, because it represented wisdom and maturity.

Some women expressed that their perimenopausal changes were smooth and gradual. Thus, the women were used to living with their changing bodies. The themes, Tolerable Discomforts and Keeping on the Work and Concerns about the Family, may be the beneficial factors for women to view their perimenopause as smooth and gradual changes.

The Grounded Theory of Living with Changing Health

Living with Changing Health, the core category, emerged as the process. The core category must relate to many other categories and must reoccur frequently in the data (Strauss, 1993). In this study, the category of Living with Changing Health, was found to be tightly interrelated with seven other categories: Awareness, Emotional Fluctuation, Searching for Answers, Compromising, Pursuing the Better Life, Keeping on and A Natural Life Process.

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As a process, Living with Changing Health is both multifaceted and complex. As mentioned before, one Taiwanese slang "*shy shy bei lao*" was believed by Taiwanese women. Most Taiwanese women believed that their health may worsen after they turned 40 years old. Some hidden diseases would appear after forty years old because perimenopause was a period of changing health.

Chinese medical texts taught that males and females were endowed at conception with a store of vital "primal *ch'i* (*yuan ch'i*)" from heaven, which accumulates in the body through puberty, but was gradually lost through reproductive acts--particularly ejaculation in males and menstruation, childbirth, and lactation in females. If a woman's menstruation was regular and normal, she would be healthy, while any deviation from the menstrual norm threatens the whole body. Therefore, women were encouraged to pay careful attention to their periods and to take complex herbal infusions at the first sign of an anomaly. Particularly important were ingredients with a "warming and support" (*pu*) function, assumed to build vital new blood and counteract the natural *yin* tendencies of females toward bodily cold. Supporting formulas for women were particularly recommended for promoting fertility (Wu Ch'ien, 1981).

The Taiwanese slang hinted that the women's health becomes worse after forty years old. Chinese medicine also showed that regular menstruation represented the healthy women. Thus, health in the context was seen as an object and a part of a larger social process. The women began to be concerned about their health when they became aware their menses was irregular and their age was around or after forty years old.

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Another dimensional property of Living with Changing Health is how the women live with changing health. The women experienced some emotional fluctuation about their changing health such as concern about reproductive cancer, frustration with their discomforts, shock at being told about their deteriorating bone density, and conflict about whether or not take hormones. Sometimes, some women were happy to be free of the inconvenience of the menses because some of them had a heavy menses amount which influenced their health a lot. The women sought answers for living well with the changing health. Meanwhile, some women compromised themselves to live with their chronic discomforts by diverting their attentions and *Dz Wo Zen Shou* (Telling Oneself to Endure). In addition, the women pursued their harmonious spiritual health and continued to work and be concerned about their family. Reciprocally, the family and work also helped the women live more comfortably with their changing health.

The term perimenopause came from Western medicine. In ancient China, the word, perimenopause, was never heard. Now, it has become a popular term in modern Taiwanese society. All the participants in the present study viewed the perimenopause as a natural life process. However, the women did not completely understand it because there are few articles or books about perimenopause. HRT as it was related to perimenopausal symptoms, was the exception. In addition, most women viewed the menopausal related issues as a social taboo, not to be openly discussed. They felt shy and embarrassed to talk about this issue with an unfamiliar person. A lot of women were reluctant to visit the gynecologist about this issue.

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On the other hand, some medical reports related to menopause overemphasized the menopause syndrome and HRT. These reports through the public media scared the menopausal women and increased their stress about menopause (Chang, 1995). This viewpoint of menopause as a deficiency disease conflicted with the Chinese medical view of menopause as a natural phenomenon.

Therefore, women wondered about their body changes, sough references it, worried and had conflicted feelings about living with their changing health during the process. Women emphasized the health promotion during this period, because some people said that maintaining health was the most valuable treasure in their old age. Thus, women were concerned about their health very much during the perimenopause, a concern that was also reflected in a few menopausal attitude studies done in Taiwan (Chang et al., 1993; Chen, 1992; Chen Duh, 1996).

In addition, in the modernized and industrialized Taiwanese society, many nuclear families now exist in urban areas. Therefore, the role and power of the mother-in-law has changed a lot in the current Taiwanese society. The woman living with or without her married children, and the way that her children support her living, may have different impacts on her responses of menopause. Chang's et al. (1993) study showed that women of a higher social status had more positive attitudes toward menopause. The present study showed how a few women, who lived with their married children, lived in harmony with their families or daughters-in-law instead of being authoritarian, because the women did not want to be viewed as an old monster, terrible mother-in-law or nervous women. Most

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of them wanted to learn some Buddhism or religious belief because they felt that would help their spiritual health.

Finally, women perceived these experiences of Living with changing health as "A Natural Life Process". The experiences gained by Taiwanese women in this study allowed them to accept their perimenopause as a natural process. They felt confident about their coming menopause or their post-menopause. They felt the whole process changed gradually. Some women felt this process was like an intersection of their life events. Living with the changing health was the life experiences that involved their physical, emotional, spiritual, and cognitive changes. The women regained their confidence about their lives. They had confidence to live with their changing health. Some women felt happy to get their health back during this period. Most of the women felt they were happy to have the maturity and wisdom at this age and they did not fear the coming aging.

The women in this study agreed that this experience was a life transition for them. Some women believed that they experienced some discomfort or mild illness related to the perimenopause; they also experienced the mid-life women career or family changes such as going back to school to be part-time students, facing the decision of retirement or not, or being a mother-in-law or grandmother. The busy life made them feel they were very important to their families. Therefore, the meaning of perimenopause for Taiwanese women included integrating life experiences around them. One woman said that she perceived the perimenopause was like an integration that put all former and present life experiences and feelings together. This was a process of changing. She was satisfied with this transitional process because she had experienced a woman's life experiences, such as

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the annoyance of menstruation, the birth and raising of the children; happiness with her current work; enjoyment of her happy family. Therefore, this process can be explained by the transitional process which integrates developmental, situational, health-illness and organization (family) transition during the mid-life.

In summary, the grounded theory of Living with Changing Health explains how the middle-aged Taiwanese women manage to develop strategies to accept natural menopause with confidence while gaining perimenopausal experiences. Living with Changing Health made women gain their own individual way of healthy living.

Taiwanese women in this study viewed menopause similar to the way their mothers' viewed it, as a natural phenomenon. However, how one lived with perimenopause was different from the ancient era. Menopause was no longer a silent passage like it was in their mother's generation. Thus, most women were concerned about their health and valued their changing health during this process. How to live with changing health was the topic of most concern for Taiwanese perimenopausal women.

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Chapter VI

Implications

This chapter discusses the implications of the findings for health policy, nursing practice, nursing education and research.

Health Policy.

In Taiwan, the R.O.C. (Republic of China) government provided National Health Insurance for all the R.O.C. citizens who have resided in the Taiwan area since 1995 (Department of Health, The Executive Yuan, R. O. C. , 1995). Under this insurance policy, each client can visit the physician for as little as $4-6, including prescriptions. However, health education programs are not included in this coverage of insurance. Education is looked upon highly by Chinese culture, but the formal health education program is not so popular except for some maternity-mother classes. The present study showed that the perimenopausal women needed the health education for their perimenopausal health issues. The two implications of mid-life health issues for a health policy are as follows.

Women Health Education Program in Health Insurance

The present study showed Taiwanese mid-life women were most concerned with menopause and related health issues. Several studies showed that menopause, a normal and natural part of women's aging process, has become a topic of increased interest

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(Barnett, 1988; Brown, 1982; Buck & Gottlieb, 1991; Chaiphibalsarisdi, 1990; Dobbie, 1991). The present study, added to the information already reported, showed evidence that mid-life women lacked accurate and complete knowledge about menopause, and as a result were uncertain about why they were experiencing physical and emotional changes and worry about their health (Chang et al, 1993; Dickson, 1990; Duffy, 1988; Engel, 1987; LaRocco & Polit, 1980).

Studies showed that some of the Taiwanese mid-life women may have made unnecessary visits to physicians and worried about their health due to their uncertainty about their health status (Chang, et al, 1993; Tsao, 1996). Therefore, it is crucial to establish a health education program for mid-life women in Taiwan to reduce unnecessary visits to physicians. Hopefully, this health education program can be covered by the National Health Insurance in the same way as coverage of gynecologist clinics. Some women can attend this health education program instead of making unnecessary visits to the gynecologist.

Instead of emphasizing menopause as a syndrome, we should provide health promotion knowledge of menopause for women. This knowledge should include the importance of exercise in weight control, cardiovascular health, prevention of osteoporosis, breast cancer and cervical cancer and overall fitness; benefits of a diet low in fat, sodium, and alcohol and rich in dietary fiber, minerals and vitamins; danger of smoking; benefit and risk of HRT; the physiological change of menopause; and mental health (Cook, 1993).

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Establishing Women's Health Clinics

Women's health clinics, according to Fishbein (1992), are multidisciplinary health care centers which include all health problems related to perimenopausal women aged 35-65. Furthermore, the initial assessment is done by a professional nurse who can provide information, caring and sympathy to meet the clients' health needs (Fishbein, 1992; Young, 1992). In addition, we should include both the Western and Chinese medical approaches because the harmonious approach between Chinese medicine and the scientific view of Western medicine are both good for Taiwanese menopausal women. Some women in this study have applied folk medicine such as meditation, practicing *ch'i*, using herb drugs for their health problems. Helping these women to choose the proper way for a healthy menopause period is the goal of this health center.

Nursing Practice

Nurses often provide care to women at critical developmental points (Sampselle, 1990). Menopause is often stressful, but this does not make it a disease (Fishbein, 1992). Most nurses are female in Taiwan and therefore should have more opportunities than any other health team staff to support the menopausal women in having a normal, healthy perimenopausal process.

On the other hand, the women would be more comfortable discussing their issues with women nurses. The related perimenopausal nursing care are as follows.

Perimenopause as A Natural Development

Most of the mid-life women studies in Taiwan were done by physicians and emphasized hormone therapy to cure the menopausal syndromes. It is too narrow a

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viewpoint, based only on a medical model, that focused on the prevention and treatment of mid-life health issues. Therefore, it is crucial that the nurses in Taiwan should provide a normal healthy picture of perimenopause. The findings of the present study will provide the life experiences of natural perimenopause for the nurses to sensitize themselves about the needs of their Taiwanese mid-life women clients. Hopefully, the life experiences of these women can be written into books as in the popular Scenarios books in Taiwan, *Taiwanese grandmother story*. These books could provide the women with references of the perimenopause life stories and provide the perimenopausal knowledge from their own culture.

In addition, the general health education curriculum in schools should include knowledge of menstruation and related concerns in women's health such as menopause.

Sensitizing Women's Language about Menstruation and Menopause

Related issues about menstruation are somewhat shameful and taboo in Chinese culture. Some women use metaphors such as "good friend," "that stuff," "dirty stuff," "the red," "monthly issue," or put their index finger to their lips to express menstruation; They say "that stuff have ended" "it did not come . . ." to express menopause; or they say "my monthly issue is not so smooth" "my monthly issue is so *luan* (disorder)" to express an irregular period. The nurse should be sensitive to the language of menstruation and menopause to provide culturally sensitive care.

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Nursing Education.

Student nurses should be encouraged to become an advocate for women's health. Therefore, perimenopausal issues should be included in the basic nursing curriculum.

Perimenopausal Health Issues in Nursing Curriculum

In Taiwan, there is little nursing knowledge related to perimenopause in the nursing curriculum. Most of perimenopausal nursing knowledge comes from the medical model that focused on HRT as it related to perimenopausal symptoms for the mid-life women or the women who had had oophotectomy. Thus, nursing students should be encouraged to know the perimenopausal issues from the bio-psycho-socio-cultural perspective to provide culturally sensitive information to the Taiwanese women. Some international health information which is related to mid-life health should also be introduced in the Baccalaureate nursing program. Thus, the nurses can better understand the specific care for Taiwanese mid-life women.

Research

The present study provided the experiences of Taiwanese perimenopausal women. Some strategies of research designs such as large and systematic sampling and a longitudinal research design will be considered in the future research to fulfill the limitations of the present study. On the other hand, some findings emerged from the present study which will guide some important issues related to perimenopause for future study. The following list includes major issues for further research related to perimenopause.

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Large and Systematic Sample

In this study, the sample size was selected from Taiwanese perimenopausal women who consented to be interviewed. However, in the Taiwanese culture, women are usually shy and reluctant to talk about menstruation or menopausal issues with an unfamiliar person. Therefore, participants who were willing to share their perimenopausal experiences might be less conservative, more active and involved in their society. However, some women's voices might be hidden among some "quiet" women.

In addition, this study was conducted in Taipei county; thus, the findings might represent only the perimenopausal experiences among urban women which might be different from women living in the rural areas.

Thus, the current study was limited to 35 Taiwanese women who lived in Taipei county. To be generalized to all Taiwanese women, the replication of the study with a large, systematic sample of Taiwanese women is recommended. Conducting the culturally sensitive research of menopause is crucial for the different ethnic groups, resident areas, educational levels, and careers, and will provide more competent and sensitive care for Taiwanese women.

Longitudinal Research Design

Further research into the menstruation and menopausal experiences of Taiwanese women can do a lot to indicate ways for appropriate and effective nursing intervention. One Chinese woman physician, Dr. Chuang (1996), advocated that the three life stages--puberty (the beginning of menstruation), postpartum and perimenopause--for women

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offered chances for their health promotion. If women took good care of their health during these three stages, then they would resume and maintain their youth, health and beauty. In the present study, some women also believed taking the "*pu*" (warming and supporting) herb during their puberty and postpartum period did help their health and was a positive factor for their perimenopausal health status. Some women said that good care during their puberty and postpartum contributed to fewer perimenopausal discomforts. Thus, for Taiwanese women, the menarche and postpartum experiences are closed related to the perimenopause.

The present study focused on the perimenopausal life experiences. However, the present study could not provide information about all the changes the women experienced across the life span such as what are the health concerns for adolescent girls, postpartum women, and post-menopausal women. A longitudinal research design will facilitate knowledge about how the women perceive their changes across the life span. This study design will provide comprehensive information for Taiwanese women health care.

Chinese Medicine related to Perimenopause

About 70 percent of a Chinese doctor's patients are women because they are more prone to blood and Ch'i disease. Among the health concerns specific to women are menstrual disorders (Hsu & Easer, 1982). Chinese medicine can successfully treat some perimenopausal discomforts such as dizziness, nausea, insomnia, palpitation and so on ("Chung Yao," 1996).

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Some women in this study also reported that they tried some meditation, *Ch'i* exercise or Chinese herb for their health problems during perimenopause. The Chinese women preferred the Chinese medicine for their Gynecological health problems. Thus, it is important to know what beliefs, knowledge, or folk tales influence the experience of menopause. Women's views of the benefits of Chinese medicine for their perimenopausal health problems will facilitate the holistic care for Taiwanese women.

The Evaluation of the Health Education Program

Studies showed evidence that mid-life women lacked accurate and complete knowledge about menopause, and as a result were uncertain about why they are experiencing physical and emotional changes and worry about their health (Chang et al, 1993; Dickson, 1990; Duffy, 1988; Engel, 1987; LaRocco & Polit, 1980).

The R.O.C. (Republic of China) government provided National Health Insurance for all the R.O.C. citizens who have resided in Taiwan area for more than four months since 1995 (Department of Health, The Executive Yuan, R. O. C. , 1995). The present study also showed that women needed proper health knowledge about perimenopause. However, there were few health education programs provided for in Taiwan for perimenopausal women. The National Health Insurance did not cover the fee for health education. To facilitate a health education program for perimenopausal women, which will be covered in the National Health Insurance Policy, evaluation research must be conducted.

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The Meaning of Health and Well-being

In this study, Taiwanese women valued health as their first priority during perimenopause. They worried a lot about their changing health during perimenopause. Women also reported that they viewed menstruation as closely related to their health. Some women perceived that their health changed a great deal during this period. The biggest concern for them was health. Thus, determining the meaning of health and well-being for Taiwanese mid-life women will bring a better understanding of Taiwanese women's menopausal issues.

Reflections

"Perimenopause for me, it is very very natural . . ." "I have learned how to live with it, because it is one part of my life . . . " "I felt I was lucky, I picked back my health during this period. I do not care about my gray hair. When aging is coming, let it come, but I would like to capture this tail of youth to do a lot of things in my life . . . " said some participants. One famous Taiwanese female mid-life writer, Madam Wei Wei, (Wei, 1993) said "I am not old and I feel better than before. Even God cannot help to remain youthful looking; but you also do not need to ask God's help to pursue a young heart. Let's have another good beginning from our mid-life."

Perimenopause for Taiwanese women is a natural life process. However, it is not a silent passage any more for modern Taiwanese women. Nurses should be sensitive to mid-life clients noting if there is peaceful and silent passage or if there is hidden turbulence

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beneath their apparently peaceful lives. Helping them to live with their changing health is the most important issue for the care of Taiwanese perimenopausal women.

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Appendix B

Human Subject Consent Form (English)

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HUMAN SUBJECT CONSENT FORM

Lee-Ing Tsao is a Nursing teacher in Taiwan and a doctoral candidate student in the Philip Y. Hahn School of Nursing at the University of San Diego. She is completing this dissertation as a part of the requirement for Doctor of Nursing Science Degree. The title of this dissertation research is Taiwanese Women's Perimenopausal Experiences. The purpose of this project is to explore the experiences of Taiwanese women's perimenopausal experiences as the basis to establish the theoretical knowledge to help Taiwanese women have a healthy life during perimenopause.

To complete this research, she needs to interview Taiwanese women, aged 40-55, who perceive themselves as perimenopausal and they did not use hormone therapy during perimenopause.

If I agree to be in the study, I will be interviewed for about an hour at my convenience. The questions will concern my experiences of perimenopausal changes. If I agree, my responses will be recorded and documented in writing. I understand that Lee-Ing Tsao will keep names separate from interviews and my confidentiality will be protected.

Should there be any questions that I do not wish to answer, I may refuse. I understand that I will derive no direct benefit from being in the study but Lee-Ing Tsao hopes to learn more about the experiences of Taiwanese women engaged in perimenopause.

I have talked with Lee-Ing Tsao about this study and have had my questions answered. I may reach her at (02)5941077 in Taipei or (619)292-7135 in San Diego, if I have more questions at later time.

I understand that participation in this study is voluntary and that I have the right to refuse to participate and the right to withdraw at any time without jeopardy. There is no agreement written or verbal beyond that expressed on this consent form.

I, the undersigned, understand the above explanations and on that basis, I give consent to my voluntary participation in this class project.

______________________________	______________
Signature	Date
______________________________	______________
Signature of investigator	Date

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Appendix C

Human Subject Consent Form (Chinese)

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HUMAN SUBJECT CONSNET FORM IN CHINESE

受訪者同意書

曹麗英爲長庚護專護理教師，於民國八十五年至八十八年期間接受教育部公費及長庚護專輔助赴美攻讀護理博士。 目前爲聖地牙哥大學護理博士候選人，並且返臺收集其博士論文資料。其論文之主題爲「臺灣婦女更年期經驗之探討」，此論文之目的爲探討臺灣婦女更年期採用自然停經法（即未採用女性荷爾蒙治療）之經驗，以作爲建立臺灣婦女更年期護理之理論基礎。

此研究之訪問對象爲臺灣婦女年齡爲40-55歲，且自認爲自己已進入更年期或剛過完更年期，在此更年期期間採用自然停經法。

我同意參與此研究，我將會被採訪有關我本身更年期之經驗，採訪時間約1小時左右。我同意我的被採訪資料因作爲研究之需要，將會被錄音且記錄以作爲質性研究之資料。我瞭解這些資料僅供研究者曹麗英之研究參考，且這些採訪資料是匿名保密。

採訪期間，我可以拒絕回答我不想回答的問題。我了解我參與此研究並沒有給予我直接的利益，但我會提供我的更年期經驗以協助研究者曹麗英，建立臺灣婦女更年期護理之理論基礎。

如果我有任何有關研究的問題，我可以在研究期間以電話聯繫研究者曹麗英，其電話爲（02）5941077。

我瞭解我係自願參予此研究，我也有權利中途退出此研究。

我瞭解並同意上述之內容作爲我參予此研究之受訪者同意書。

受訪者簽名____________________ 日期________________

研究者簽名____________________ 日期______________

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Appendix E

Permission for Conducting Research in

Chnag Gung Memorial Hospital

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May, 22 , 1996

Jenny Chang Liao, R. N., PHN., M. A.
Chairman of Nursing Research Committee
Chang Gung Memorial Hospital
5 Fu-Husing Street, Kuei Shan Hsiang, Taoyuan Hsien 33333,
Taiwan, R. O. C.

Dear Ms. Liao,

I am a doctoral candidate at University of San Diego and I am conducting a Doctoral Dissertation on Taiwanese mid-life women. My research topic addresses the "Taiwanese Women Perimenopausal Experiences."

Interviews will be conducted using Taiwanese women between the ages of 40-55. These participants who meet the following criteria: (a) perceive themselves as perimenopausal such as irregular menstruation cycle or (b) have been through menopause within five years and (c) did not use hormone therapy during perimenopause.

I am seeking participants for my study through the female volunteers or health female clients in the health examination ward in your hospital. In order to explain my research study more fully, I will be glad to speak with the Nursing Research Committee Members.

Enclosed you will find a copy of my dissertation proposal. With your permission, I will start my research study in your hospital.

My home phone number is (02) 5941077. Please do not hesitate to call if you have further questions regarding this study.

Thank you for your kind consideration.

Sincerely,

Lee-Ing Tsao
2 F. 136 Tun-Huang RD.
Taipei, Taiwan 103
02-5941077

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Appendix F

Demographic Guide

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Demographic Guide

Name: __________

Age:____________Year of birth:____________

Marital Status:__________

Level of Education:___________

Occupation:_______________

Number of Children:___________

Address:____________, TEL:______________

Last date of menstruation:_________________

The state of menstruation

Premenopause_________ (menopause within three month)

perimenopause_________(menopause within 3-12 month)

postmenopause_________(menopause over one year)

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Appendix G

Interview Guide

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The Interview Guide

These questions serve only as a guide. Any extra words and the order of the questions are not considered permanent and may be altered during the process of data collection.

1. How did you know you were in the perimenopause? What was happening to you? How long did this last?
2. Can you describe your perimenopausal experiences? For example, what is your definition of perimenopause?
3. Are there any signs or symptoms related to the perimenopause? What are they like? How do you feel? (describe details of each perimenopausal symptom or sign)
4. How did you manage the perimenopausal changes without using hormone therapy?
5. What is the meaning of perimenopausal experiences for you personally? How did the perimenopause affect the way you think about yourself?
6. Did you tell me stories about perimenopausal issues? What were they? How did you feel about them?
7. How did your support system for you during this transitional period? For example, any activity, group? or religion etc.
8. What is the most helpful for you during this transitional period?

   How do your friends or family regard menopause? Do you think they influenced your own thinking about menopause? If yes, in what way? If no, why not?
9. What are special things that you do during the perimenopause, because of the menopause?

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10. If another woman thought she were going through perimenopause and came to you for advice, what would you tell her?
11. Can you use some words to briefly describe your perimenopausal experiences?
12. Are there any questions that you think I should be asking you about your perimenopausal experiences that I have not already asked?
13. Is there anything you wish to tell me that you think will help me to better understand your experiences and your needs?
14. Have you any questions for me about this study?

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Appendix H

Demographic Characteristic of the Participants

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The Demographic Characteristic of the Participants

Responden t ID number	Age	Resource of Getting Entree	Educational Level	Occupation	Martial Status & Family Roles	Numbers of Children	Menopausa l State
1	48	Community (Relative)	Elementary school	Housewife	Married Mother-in-law	2	Peri.
2	52	CSR	Middle school	Worker	Married	2	Peri.
3	50	Community	College	Teacher	Married	2	Peri.
4	55	Community	College	Teacher	Married Mother-in-law	3	Post.
5	45	Community	College	Teacher	Married	2	Pre.
6	49	Community	College	Teacher	Married	2	Peri.
7	47	CSR	Middle school	Worker	Married	2	Peri.
8	53	Community	College	Teacher	Widowed Mother-in-law	4	Peri.
9	47	CSR	Middle school	Worker	Married	2	Peri.
10	55	Community	College	Teacher	Married	3	Post.
11	54	CSR	Elementary school	Worker	Widowed Mother-in-law	3	Peri.
12	50	CSR	Middle school	Worker	Married	2	Peri.
13	52	Hospital Shopping center	Elementary school	Worker (Salesclerk)	Married	3	Post.
14	45	Community	College	Educational officer	Married	2	Pre.
15	47	Community	Middle school	Educational officer	Married	3	Pre.
16	49	Community	Middle school	Educational officer	Married	2	Peri.
17	55	Health Exam. W.	Elementary school	Housewife	Married Mother-in-law	4	Post.
18	50	Community	College	Teacher	Married	2	Pre.
19	41	Health Exam. W.	Elementary school	Housewife	Married	4	Pre.
20	44	Community	College	Housewife	Married	2	Pre.
21	45	Community	College	Teacher	Single	0	Post.
22	43	Health Exam. W.	College		Married	2	Pre.
23	51	Community	College	Teacher	Married	2	Pre.
24	51	Community	College	Teacher	Married	3	Pre.

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25	40	Community	Middle school	Educational officer	Married	1	Pre.
26	53	Community	College	Teacher	Married	2	Peri.
27	51	Community	College	Teacher	Married	3	Pre.
28	41	Community	Elementary school	Housewife	Married	2	Pre.
29	48	Community	College	Educational officer	Married	2	Pre.
30	59	Community	College	Teacher	Married Mother-in-law	3	Pre.
31	43	Community	Middle school	Housewife	Married	3	Pre.
32	54	Clinics	Elementary school	Housewife	Married Mother-in-law	4	Post.
33	52	CSR	Middle school	Worker	Married	2	Pre.
34	52	Clinics	Elementary school	Worker (Baby-sitter)	Married	3	Post.
35	55	Clinics	Elementary school	Housewife	Married Mother-in-law	4	Post.
Mean or Subtotal	49.3	Community: 22 CSR: 6 Clinic 3 Health Exam. Ward: 3 Shopping Center: 1	College: 16 Middle school: 9 Elementary school: 10	Teacher: 13 Worker: 9 Housewife: 8 Educational officer: 5	Married: 32 Widowed: 2 Single: 1 Mother-in-law: 8	2 - 4	Pre:16 Peri: 11 Post: 8

Community: neighborhood elementary school; Health Exam.
W.: Health Examination Ward in the hospital; CSR: Central Supply Room in the hospital
Peri: perimenopause; Pre: pre-menopause; Post: post-menopause

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