The Menopause Transition Experiences of Chinese Singaporean Women: An Exploratory Qualitative Study

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ABSTRACT

Background: Menopause, a developmental occurrence that takes place in midlife, marks the end of a woman’s fertile phase. Cultural norms, social influences, and personal perceptions related to menopause may influence its meaning and how each woman experiences this transition. Little is known about the menopausal experiences of Asian women.

Purpose: This study explores the menopause transition experiences of ethnic Chinese women in Singapore.

Methods: Using a qualitative design, the researchers conducted audio-taped interviews in 2010 with 14 menopausal and postmenopausal Chinese Singaporean women aged 40–60 years. Thematic analysis was used to analyze interviews.

Results: Two main themes were identified: (a) experiencing symptoms and (b) managing symptoms during menopause transition. The most commonly reported symptoms were abnormal bleeding, hot flushes, and emotional changes. Most participants described their transition to be uneventful and ordinary and reported two significant symptoms at most. The strategies women used to manage their transition included using Western and traditional Chinese medical interventions and seeking support from family and friends.

Conclusions: This study provides new insights into how ethnic Chinese women in Singapore experience menopause transition. Findings can assist nurses and healthcare workers in the local context to better understand menopausal women’s needs and guide nurses to implement suitable health promotional strategies for women under their care in both hospital and community settings.

Implications for Practice: Although ethnicity is not necessarily a determinant of symptom experience during menopause transition, health education for menopausal women should be based on knowledge of culture-specific practices. Nurses caring for menopausal women in hospital and community settings in Singapore should evaluate the use of medications prescribed by Western and Chinese herbal medical professionals as well as those that are self-prescribed.

KEY WORDS:
menopause, Singapore, Asian, qualitative research, experience.

Introduction

Menopause is a developmental transition that takes place in midlife, marking the end of a woman’s fertile phase. Although menopausal women may experience symptomatic problems, not all women experience symptoms that are severe enough to seek treatment. Although menopause transition may be challenging for some, research indicates menopausal change is not problematic for most women (Mackey, 2007). Cultural norms, social influences, and personal perception of menopause influence its meaning, how women experience this transition, and its associated symptoms (George, 2002).

Menopause transition has been widely studied, with the greatest effort focused on its physiological aspects, treatment, and management. Little research has been conducted on the meaning of this experience for women, and there has been none that examines the menopausal experience in a Singaporean context. To date, there have been three studies investigating menopause transition in Singaporean women, all of which were quantitative in approach and focused on symptom identification and prevalence (Chim et al., 2002; Loh, Khin, Saw, Lee, & Gu, 2005; McCarthy, 1994). Although these studies have provided important information, gaps remain in order to reach a comprehensive understanding of Singaporean women’s menopausal symptom experience and the meanings they attribute to such. In this study, experience is used specifically to mean the subjective and unique state of everyday human existence (Smith, Flowers, & Larkin, 2009).

Singapore has a culturally diverse population with three main ethnic groups, including Chinese, Malay, and Indian. As Chinese are the largest group in terms of population, this study aimed to explore the menopause transition experiences of Chinese Singaporean women as a first step to
achieving a more comprehensive understanding of Singaporean women’s experiences of the menopause transition.

**Background**

Menopause is a naturally occurring phenomenon that marks the end of a woman’s capacity to reproduce. It usually begins with changes in the pattern of menstruation and eventually leads to cessation of menstruation as women’s ovaries undergo senescence. Numerous menopausal symptoms have been reported, including hot flushes, insomnia, mood changes, and decreased libido (Soules et al., 2001). Greene (1998) constructed a scale to act as a succinct and standard measure of primary menopausal symptoms that could be used for comparative and replication purposes across different studies. However, even with such scales to “measure” menopausal symptoms, it is difficult to quantify symptoms because they are subjective in nature (Soules et al., 2001). Moreover, these symptoms do not closely follow hormonal changes and are thus harder to determine their causes (Arpanantikul, 2004).

The Western scientific discourse related to midlife women and menopause has played a major role in the development of a stereotypical image of the menopausal woman being bad-tempered, frequently miserable, and plagued with symptoms (Adler et al., 2000). It is important to note that not all women experience symptoms, and the prevalence of symptoms varies by country. The prevalence of symptoms reported in Western countries is approximately 20%, and the prevalence of symptoms in Singapore’s population was found to be considerably lower than that of Caucasian women (Chim et al., 2002). Studies of Asian women have reported low prevalence of classic menopausal symptoms (Boulet, Oddens, LeHert, Vemer, & Visser, 2008; Haines, Xing, Park, Holinka, & Ausmanas, 2005).

It has been argued that the menopausal experience is culturally defined and that women, therefore, have predetermined impressions of menopause (Grubb, 2002). Adler et al. (2000) indicated that the influence of social and cultural factors on women’s knowledge and experience of menopause became more widely accepted during the 1990s. Cross-cultural studies have shown that menopausal experiences and perceptions of menopause vary among Asian women. Menopause has been linked primarily with negative experiences by women in Indonesia, Malaysia, and the Philippines and with positive experiences among women in Japan, Taiwan, India, and Pakistan (Ismael, 1994; Komesaroff et al., 2002). Korean women also regarded their menopause transition to be a fundamentally positive experience (Lee, 1997). In research exploring Chinese women’s perceptions and attitudes of menopause, it was found that participants viewed menopause as a natural occurrence and an ordinary life process (Chen, Voda, & Mansfield, 1998; Tang, 1994). The influence of cultural and social factors on Singaporean women’s experiences of menopause transition has yet to be established.

Taechakraichana, Jaisamrarn, Panyakhamlerd, Chaikittisilpa, and Limpaphayom (2002) found that the prevalence and incidence of menopausal symptoms varied by ethnicity. For example, Chinese women had higher symptom reporting frequencies compared to Japanese women (Shea, 2006). In Singapore, Chinese women have been found to have a lower prevalence of menopausal symptoms as compared with Malay or Indian Singaporean women (Loh et al., 2005). The prevalence of symptoms among Singaporean Chinese women was reported to be consistent with results of a study of Hong Kong Chinese women and lower than that of Caucasian women (Chim et al., 2002), with somatic symptoms such as joint/muscle aches, poor memory, and lethargy being more prevalent than vasomotor and urogenital symptoms. Although previous research has identified the types of symptoms reported by Singaporean women during menopause transition, it is not known how Singaporean women experience such symptoms, the meanings they attribute to their experience, or how they manage symptoms.

It is known that hormonal changes during menopause contribute to a significant increase in risks of heart disease and osteoporosis in postmenopausal women. Cardiovascular disorders are currently the leading causes of mortality and morbidity in Singapore (Ministry of Health, Singapore, 2009), and osteoporosis is widely recognized as contributing to increased morbidity and dependency on the healthcare system in old age. Given that Singapore has one of the fastest aging populations in Asia (Yong, Saito, & Chan, 2011), the identification of factors influencing health behaviors is an important strategy for containing the growth of such noncommunicable diseases. As subjective experiences influence health beliefs and behaviors, the identification of Chinese Singaporean women’s experiences during menopause transition may enhance nurses’ knowledge of the social and cultural factors that influence their health beliefs and practices during this transition and thus promote the implementation of culturally appropriate nursing education and health promotional strategies.

**Aim**

The aim of this study was to explore and gain insight into the menopause transition experiences of ethnic Chinese women in Singapore.

**Methods**

**Design**

As the research question sought to examine human experience, the researchers necessarily situated this research study within the interpretive paradigm (Taylor, Kermode, & Roberts, 2006). This research perspective focuses on examining human experiences through descriptions provided by those involved based on their individual interpretations of events (Vivar, Mcqueen, Whyte, & Armayor, 2007). Consistent with the paradigm, the researchers adopted a descriptive qualitative research approach.
Sample
Researchers used a purposive sampling technique to recruit participants from an outpatient obstetrics and gynecology (O&G) clinic at a tertiary hospital in Singapore. We adopted this approach to sampling to target participants who would be able to offer substantial descriptions of the phenomena being studied and, therefore, enrich understanding of the research topic (Taylor et al., 2006). Inclusion criteria included (a) English-speaking Chinese Singaporean women, (b) aged between 40 and 60 years, and (c) currently undergoing menopause transition or postmenopausal. This study defined menopause transition according to the two-stage Stages of Reproductive Aging Workshop criteria as follows: Stage 1 (i.e., early menopause transition), characterized by a woman having regular menstrual cycles with interval changes of 7 days or more, and Stage 2 (i.e., late menopausal transition), characterized by “two or more skipped menstrual cycles and at least one intermenstrual interval of 60 days or more” (Soules et al., 2001). Menopause itself is the final menstrual period, recognized only after 12 months of amenorrhea. Postmenopause is the stage reached after 12 months have passed since the final menstrual period (Soules et al., 2001). Women who had undergone a hysterectomy before menopause were excluded from the study. Women who used hormone therapy (HT) for menopausal symptom relief were not excluded from this study, as the research sought to capture the experience of women during menopause transition.

Fourteen participants who met the inclusion criteria were interviewed. Participant ages ranged from 43 to 60 years, with nine of the participants aged 50–54 years. Twelve participants were married, and 11 participants had at least one child. Six of the participants were going through menopause transition, and eight were postmenopausal, having completed their last menstrual period more than 12 months ago.

Data Collection
One of the researchers collected data over a 1-month period in October 2010 using semistructured in-depth interviews. The interview guide was developed after extensive literature review. The questions were broad, open-ended, and general in nature (Gillies & Jackson, 2002), with the term “menopause” rather than “menopause transition” used, given its common lay usage. Interview questions included the following:

- Can you tell me about your experience of menopause?
- What comes to mind when the word “menopause” is mentioned?
- What do you know about menopause?
- Where/how did you get your information?
- How do you feel about being menopausal?
- What did you do to manage your menopausal symptoms?
- What were/are some of the changes that you experienced during menopause?
- How has menopause affected your life?
- Is there anything that you would have found useful during this time?

Interviews were conducted in a quiet room in the O&G clinic. The data collection process was audio recorded because this helped preserve interview accuracy, sustain the interviewer’s concentration, and minimize disruptions to the data collection process (Whiting, 2008). Data recorded were later transcribed verbatim for analysis. In addition to audio recording, the interviewer jotted down her thoughts and feelings after the interview to document useful nonverbal information and her reflections (Banner, 2010). Average interview length was 30 minutes.

The data collection/interview process stopped when data saturation, defined as the inability of new data to add new codes or expand existing codes (Burns & Grove, 2007), was reached.

Ethical Considerations
The institutional review board of the target hospital approved this research study. Participants received plain language explanations of research aims, process, and participant involvement expectations. Participants had the right to refuse to participate or to withdraw at any time without explanation or penalty. Research data were de-identified at the earliest possible stage to protect participant privacy. Pseudonyms are used throughout this article in lieu of participant names.

Data Analysis
A manual approach to thematic analysis was adopted to extract themes and subthemes from transcripts. As qualitative research tends to generate significant amounts of thick, descriptive data, data management must be systematic (Taylor et al., 2006). The researcher transcribed audio-taped interviews verbatim, and then each transcript was read and re-read to enhance familiarity with data. A “color coding” method was then employed to highlight important words, concepts, and segments (Taylor et al., 2006). After completion of color coding, words were written next to each color to encapsulate the concept represented by that color. These words were then collated and listed for later review. As data became increasingly familiar, the significance of words, phrases, dialogue segments, and associations between sections of the transcript was recognized, and the list was subsequently reduced to combine similar concepts until these were unable to be merged anymore without compromising idea characteristics (Taylor et al., 2006).

Rigor
Criteria essential to assess the rigor of qualitative research include dependability, credibility, and transferability (Ryan-Nicholls & Will, 2009). In this study, dependability was maintained by careful application of the methodological process using precise record keeping and maintaining an event log sufficient to establish an “audit trail” (Ryan-Nicholls & Will, 2009). Notes were taken during interviews as well. Credibility demands that findings be compatible with participant portrayals of their own experience. Such was established using open-ended interviews and verifying
participant responses throughout the interview process. To avoid misconceptions or overinterpretation of data, parts of the interviews were presented whole as exact quotes. Credibility was also accomplished using peer debriefing, in which analysis was discussed with a second researcher. Transferability was supported by the use of purposive sampling, wherein participants who could best inform the research topic were selected and thick descriptions were achieved by analyzing a large volume of qualitative data.

**Results**

The results are classified within two main themes that provide an understanding of the menopausal experiences of ethnic Chinese women living in Singapore.

**Theme 1: Experiencing Symptoms**

The most commonly mentioned symptom was abnormal bleeding. Abnormal bleeding was categorized into two forms: (a) prolonged heavy bleeding and (b) irregular periods involving changing intervals, duration, and/or amount. Deborah described her episode of prolonged heavy bleeding as follows:

> When I was 45, I started to have heavy bleeding; the length of the periods changed, as well as the flow. So, I mean, I was bleeding nonstop, heavy enough for the doctor to be worried that I would become anemic. That’s why they quickly did a D&C [author’s note: D&C is a common abbreviation for “dilation and curettage”]. Say, every 2 hours, I would have to change the pad. On the third day of bleeding, I would have to come into the hospital.... [After my first D&C] It stopped, and it came to be like normal period. And then after that, the heavy flow started again.

Nancy talked about the shortening of intervals between her periods.

> Actually I had menses coming within very short intervals. Sometimes, just after it ends, it comes again 1 week later. It was very messy.

A main concern of participants was that the causes of abnormal bleeding might be pathological. At the onset of bleeding, Becky, a 45-year-old woman, associated the blood loss with having cancer.

> I thought that maybe I was having menopause. But then I thought, eh, for my age, it’s early, isn’t it? That’s why I was also worried that maybe I had gotten cancer or if there was anything that was happening to me. So I quickly asked to see a doctor to find out what had happened.

Nearly all of the women interviewed spoke about having hot flushes during their transition. However, participants talked about it in great detail only when the hot flushes resulted in excessive perspiration. Cecilia described the discomfort she went through each time she had a hot flush.

> ...And the perspiration. You perspire a lot. Sometimes when you perspire a lot, you feel very tired. Oh, the sweat will be dripping down. Really, you can see the sweat dripping down. Then your shirt will be all wet.

Participants who had hot flushes but were not besieged by “wet experiences” complained of incessantly feeling hot. Esther laughingly talked about the methods she used to stay cool at night. “I switched on the aircon, I switched on the fan, but I kicked off the blanket.” Nancy pointed out that her hot flushes caused sleep disturbance because she would wake up whenever she felt too warm.

> Like, you sleep halfway, then you feel like, very hot. Then you will...suddenly wake up, and then, ya.

Thus, some participants lived with a sense of lethargy during the transition. A few reported being “not so active” during and after menopause. Deborah indicated that, when she was having hot flushes and other menopausal symptoms, she felt tired at the same time and thus attributed her fatigue to menopausal changes.

> It was 2 years ago, I started to experience exactly menopausal symptoms; I had hot flushes, I had cold flushes, I was lethargic, I was very tired.... I cannot stand up for 2 hours working.

Four of the participants spoke briefly about changes in their sex lives. The remaining 10 participants either did not mention their sex lives or merely brushed the topic off by saying they had an “okay” relationship with their husbands. Those participants who noted sexual changes were concerned about diminished sexual interest. Cecilia lamented the decline in sexual desire and the possible consequence for her relationship with her husband.

> I was very tired and also didn’t have sexual urges...but he was okay. If your husband can understand you, then it is ok. That’s why you hear of many women saying that their husbands have got extramarital affairs. I think part of it also has something to do with this, I believe.
Most participants experienced emotional changes with their menopausal experiences. The most common term used to express this was “temper,” suggesting they experienced bouts of anger. Many of them talked about “losing temper.” Janis mentioned:

Sometimes you will just, you know, lose your temper and scold them. Then later you realize, eh it’s just a small matter, why did I flare up. But I did tell myself not to. All of my friends have been telling me, so I keep on telling myself, “Don’t be so hot tempered,” because I want to go out and work. Especially, since it’s a customer service job, I have to control myself.

Cecilia described the frustration she felt and the effect on her behavior towards her children.

My children will ask why I always like to nag; maybe I’m frustrated when I see them... because I, myself, am not well, then sometimes when they do things that are not to my liking, I’ll just scold them.

**Theme 2: Experience of Managing Symptoms During Menopause Transition**

Nearly all participants used terms such as “part of life,” “norm,” and “part of the process” to describe the transition, suggesting that they considered the phenomenon to be natural, unavoidable, and ordinary for women. Esther described it thusly:

...For me, I feel like it’s the norm you know, it’s the norm for a lady to have menopause, so I can’t be bothered."

Another participant stated,

Menopause is just part of the process, and your life actually continues as per normal.

This did not, however, stop women from seeking treatment to manage their symptoms.

Abnormal bleeding was the primary reason participants sought (Western) medical help. Their first response to abnormal bleeding was to consult a gynecologist. Three participants underwent at least one dilation and curettage procedure to reduce their prolonged heavy bleeding. Becky elaborated on her experience, saying:

Recently my period was coming nonstop for 3 weeks, you see. It kept on coming, that’s why I went to see the doctor. So after he did multiple scans and tests, my period stopped. When the next month it came again, it was still nonstop. So I went to see the doctor again. As the doctor suggested, I went for a D&C surgery last week. Now, he’s asking me to start eating the hormone tablets for 6 months and monitor to see what happens.

Most participants were prescribed HT, to good effect. Deborah stated:

I must say I’m very happy with the hormone therapy, because it really makes a lot of difference. The energy just comes back.... With this hormone, you are able to have, uh, I mean you’re back to normal, you know, you’re not that irritable, you’re not tired, you can do things. You know, and your sex life also improves....

The use of HT was accompanied by concern regarding side effects. Participants stated that, although they were happy with the symptom relief, they worried about the side effects of HT, with “cancer” as the most common potential side effect mentioned. Abigail talked about starting on HT and subsequently stopping treatment at her own discretion:

So I took the hormone tablet for a couple of days and decided not to continue because I’m not too sure whether it would cause any side effect.

Women sought medical help not only to find solutions to their symptomatic problems but also to receive reassurance from health professionals that their symptoms were not atypical or life threatening. Becky explained the relief she felt after seeking medical advice from her doctor:

At first I was quite worried, but after seeing the doctor, he explained to me and did all the tests so I feel like it’s better now. At least I know what happened.

Some participants also opted for traditional Chinese medicine (TCM) as a means to manage bleeding problems, although none relied solely on a TCM physician to treat their symptoms. In this study, TCM served as a supplementary method for coping with symptoms.

I saw the Chinese physician. I took Chinese traditional medicine, but I didn’t stop my Western medication. Together with the TCM, I did take them at the same time but I took them with a 2-hour difference, usually. I didn’t tell the Western doctor...
about it. But I told the Chinese physician. I said I
definitely cannot stop my Western medicine. I just
told the Chinese physician to adjust the medication
accordingly. (Cecilia)

Some participants used TCM to “build up” the immune
system or “relieve the tension” rather than symptom relief,
whereas others did not subscribe to the idea of taking
TCM because they were unsure of its effects and they felt
that TCM was not scientifically proven to be effective for
menopausal symptoms.

Women also recognized support from family as a strat-
 egy to help manage their symptoms during menopause
transition. Participants mentioned that their spouses played a
significant part in helping them overcome related problems.
Becky and Cecilia stated that it was their husbands who en-
couraged them to seek medical treatment for their symp-
tomatic problems. Esther mentioned that her husband
nagged her constantly to start exercising in order to stay
healthy and keep fit.

Now I do a lot of exercises. Like, I do yoga,
taichi, everything... To keep fit. Yeah, this was
couraged by my husband. He said, “I think you
should start exercising,” so I just heeded his advice.

Deborah communicated with her family and friends to
seek their advice when she experienced mood changes.

I tell my friends and family upfront that when I
am in that mood, I don’t like to communicate be-
cause I will be snapping. So they know that when
I’m in that mood, they know that’s when I want to
be cut off so our relationships are not affected.

All participants mentioned that they spoke to their
friends and colleagues to obtain related information, share
experiences, and seek assurance that they were not alone
in their transition.

My colleague talked about hot flushes too. Yeah, hot flush, they talked about it, and temper
being very hot. They did mention these, yeah,
actually I did not specifically talk to them about it;
they just kept on asking me, “Am I having men-
opause?” Then after that they will say, “You look
out for this, look out for that.” These were what
they told me. (Magdalene)

A majority tried to read up and/or talk to people about
menopause to better understand the phenomenon. Par-ti-
cipants obtained information from various sources, includ-
ing conversations with friends in their social network, the
Internet, books, magazines, and brochures. One of the
participants explained her motivation behind obtaining
information related to menopause:

I did some research to see what other women
were going through and things like these.

Discussion

This study is an important milestone investigation as the first
qualitative study designed to explore the menopause transi-
tion experiences of ethnic Chinese women in Singapore.
While sampling technique and size preclude any general-
ization of findings, such is congruent with the assumptions
of qualitative research. Limiting recruitment to English-
speaking Chinese Singaporeans may also have generated a
sample with a higher than average level of education and
limited the likelihood of hearing the opinions of purely
Chinese- or dialect-speaking Chinese women. The voices
of menopausal women with problems may also be unduly
represented in this study, given that participants were re-
cruited from a tertiary hospital O&G clinic. Some voices
may be hidden or unheard of, as some women do not seek
medical advice from health professionals during meno-

transition.

Despite these limitations, we believe that the study is
valuable for the new and detailed information it provides.
First, study participants experienced symptoms commonly
reported to be associated with the menopause transition
experiences of non-Asian women (Haines et al., 2005;
Nisar and Sohoo, 2009), including abnormal bleeding, hot
flushes, and emotional changes. Earlier research conducted
on menopausal Singaporean women found joint and mus-
cle aches and fatigue to be the most common symptoms
experienced (Chim et al., 2002; Loh et al., 2005). Studies
of menopausal Chinese women have consistently shown
somatic symptoms to be more prevalent than either vaso-

motor or emotional symptoms (Melby, Lock, & Kaufert,
2005; Yang et al., 2008). Singapore has an equatorial cli-

mate with average daily temperatures of around 30°C. Am-
bient temperature is a recognized factor influencing vasomotor
symptoms reporting (Melby et al., 2005) and may account
for differences in symptom reporting between the women
in this study and Chinese women in other countries. It does
not, however, explain differences found in other studies that
focused on Singaporean women.

It is interesting to note that participants in this study
used the term “temper” to describe their emotional expe-
riences rather than more standardized terms such as mood
swings and depression. In another study of Chinese American
women’s menopausal experiences, participants frequently used
the word bao zao (暴躁) to describe their emotional changes
(Hsu, 2002). Bao zao closely approximates the English
term “irascible,” which carries the same connotation as
“temper.” It is possible that the use of standardized terms in
questionnaires has contributed to less frequent reporting of emotional symptoms in previous Singaporean studies and in Asian studies in general.

Also significant was our finding that few participants felt their menopause transition to be problematic despite the presence of classic symptoms. Most described their transition as uneventful, ordinary, a natural phase of life, and a transition that every woman eventually experiences. Although this perception of menopause is consistent across many other studies (Adler et al., 2000; Bertero, 2003; Chen et al., 1998; Cifcili, Akman, Demirkol, Unalan, & Vermeire, 2009; Im et al., 2009; Loh, 2007), it is more commonly voiced by Asian women (Chen et al., 1998; Tang, 1994) and associated with lower symptoms reporting (Adler et al., 2000; Cifcili et al., 2009). In the current study, ambivalence surrounded this attitude due to participant-perceived associations between menopause and aging changes—particularly with regard to negative changes in physical appearance. Women in this study may have tended to link menopause to aging more readily than other Asian women because of Singapore’s greater exposure to Western medicine and Western stereotypes of menopause (Adler et al., 2000).

The experience of menopause was known to all participants as unique and highly individualized. Each woman entered the transition at a different menstrual status and also experienced a mixture (or lack) of symptoms at varying intensities. It is precisely because women experienced the transition so differently that there was a sense of ambiguity surrounding the borders of menopause transition (Bertero, 2003). Most participants did not know exactly when their transition started or when certain experienced symptoms were or were not related to menopause. For example, when some participants experienced abnormal bleeding, initial responses were to consider possible pathological causes. These sentiments have also been echoed in other menopausal studies (Adler et al., 2000; Hsu, 2002).

Participants showed a strong desire to use Western medicine to alleviate symptoms. Relieving symptomatic problems, most particularly abnormal bleeding, was a more common motivation to commence HT than the prevention of health outcomes such as heart disease and osteoporosis. This finding is similar to findings of studies conducted in North America, Taiwan, and Singapore (Kaufert, Boggs, Etinger, Woods, & Utian, 1998; Loh et al., 2005; Tsao, 2002). Although Loh (2007) stated that HT was not a well-liked primary option among Asian women, many participants in this study opted for HT for symptom relief. One probable reason is that participants in this study were recruited from a woman’s clinic in a hospital and thus may have had significant symptomatic problems or were encouraged by their doctors to begin HT. These data were congruent with findings in a Southeast Asian study that revealed women undergoing unusual symptomatic problems were more likely to seek advice from their doctors (Boulet et al., 2008).

Support from family and friends was considered important in the management of menopausal symptoms. Participants often cited a strong need for family members to understand and accommodate them during the transition. Participants who shared information about menopausal changes with their family members reported being content with the level of family support received. In studies from the United States and Taiwan, desire for family understanding, thoughtfulness, and concern was also reported among ethnic Asian women experiencing menopause transition (Hsu, 2002; Tsao, 2002). This study identified support and empathy from husbands as especially important during the transition. In addition to having family support, the importance of having female friends was also evident. Participants mentioned interacting with friends for two main purposes, namely to obtain menopausal information and share experiences. This finding contrasts with the conservatism typical of previous generations (Adler et al., 2000).

Conclusions

This study provides a context for nurses and healthcare workers to understand more about the menopausal needs of ethnic Chinese women in Singapore. The unique perspectives on women’s experience of menopause transition can expand nurse understanding of this human health experience and contribute to their implementing culturally appropriate care. Knowing more about menopause transition from a menopausal woman’s viewpoint can guide nurses in the development of suitable health promotional strategies for women under their care in both hospital and community settings.

Nurses can use the information on symptoms commonly reported by the participants to educate women more effectively about the effects of menopause transition and the symptoms women may anticipate when they enter the transition. When women are equipped with prior knowledge related to menopause transition, they can better prepare themselves to go into the next phase of life.

Findings indicate that terminology specific to Singaporean women may need to be introduced into symptom checklists and research instruments to better establish the prevalence of menopausal symptoms in this population. A study with the same methodological approach may be conducted with ethnic Indian and Malay Singaporean women to provide more insight into Singaporean women’s menopause transition experiences and determine the influence of social–cultural context. Further research with more stringent inclusion criteria, i.e., narrower age ranges, may clarify menopausal experiences during specific phases.

References


以質性研究探討新加坡華人婦女於更年期轉換過程經驗

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背景
婦女更年期是指中年時發生排卵期結束的階段性過程。更年期的含義及婦女如何體驗這種過渡期，可能受到文化規範與社會影響，或者受到個人對更年期理解的影響，然而亞洲婦女的更年期經驗鮮為人知。

目的
深入了解新加坡華人婦女更年期過渡經驗。

方法
於2010年，對14名年齡在40至60歲之間的更年期和更年期後的新加坡華人婦女，進行質性設計的錄音面談，並對訪談內容進行分析。

結果
呈現兩大主題：(1)更年期症狀的經驗；(2)處理更年期症狀的經驗。訪談結果最常見的症狀是不正常出血、潮熱和情緒變化。大多數參與者描述她們的過渡期為平淡和普通，並伴隨多項顯著症狀。婦女處理更年期症狀的策略包括：醫療和傳統的方法，以及尋求家人和朋友的支持。

結論
本研究提供了有關新加坡華人婦女更年期過渡生活的新見解。結果將有助於醫護人員更了解更年期婦女的需要，和提供護理人員在促進照顧婦女健康的參考。

結論／實務應用
種族因素一定會影響更年期婦女的症狀經驗，更年期婦女的健康教育，應具體建立在文化的實踐上。在新加坡醫院和社區的護理人員在照顧更年期婦女時，評估設置應包括西醫中醫和自我使用的藥物。

關鍵詞：更年期、新加坡、亞洲、質性研究、經驗。

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