

**Perceptions and Experiences of Lactian women living
in Australia with Managing Menopause**

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Perceptions and experiences of Laotian women living in Australia with managing menopause

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Abstract

A more universal approach to an understanding of menopause can offer health professionals a broader view of the phenomenon. Menopause is an important time in a woman's life. As her body is going through changes that can affect her social life, her feelings about herself and her ability to work. In the past, menopause was often surrounded by misconceptions and myths. Now, it is recognized that menopause is a natural step in the process of aging. However, different ethnic cultures perceive and experience menopause differently. Women in some Asian cultures, such as Chinese, Indian and Laotian cultures hold more esteemed positions in their culture when they are older and menopausal, while western societies may devalue the role of women as they age.

The purpose of this thesis was to examine the perceptions and the experiences of women with Laotian cultural backgrounds living in Victoria, Australia, in regards to how they manage menopause, and to examine the Laotian cultural influence on the perceptions of menopause. The research methodology was decided to use surveys or structured interviews as the means of collecting data. The survey was used to collect demographic data, and record social demographic and cultural factors, menopausal symptoms and menopausal management. Data was collected from 55 Laotian women residing in Victoria. Participating women were recruited by word of mouth, and through a Laotian community representative of Victoria. One of the three methods, such as interviewer-administered questionnaire, self-administered questionnaire and telephone interviewing was used to survey Laotian women who were aged between 45 and 65 years old.

The results of this thesis indicated that about one-third (32.7%) of the subjects in their middle-aged years reported a feeling of relief about the cessation of menses. Twenty percent (20%) felt respected by other people, (15.1%) felt they could command and (6.3%) sensed a greater freedom to go out alone.

Menopausal symptoms experienced by subjects included mood changes (72.7%), insomnia (60%), irritability (58.2%), anxiety (58.2%), depression (56.4%), aching joint and muscles (60%), unusual tiredness (58.2%) and headache (52.7%), while, hot flushes and night sweats were reported to be lower at 38.2% and 41.8% respectively.

The majority (60%) of the subjects had not sought support or assistance when they were going through menopausal problems and menopausal symptoms. Self-management techniques were commonly reported (exercise 19.8%, diet 15.4%) and 27.5% did not have treatment at all when they were going through menopausal symptoms. However, among those who sought support or assistance (40%): (36.6%) did so through general practitioners, (29.3%) through gynaecologists, (14.6%) through families and/or friends and/or relatives, (9.8%) through naturopath and (9.8%) from others. The two most common forms of assistance seem to be biomedical intervention and help from people close to them.

Interestingly, the study found that almost two-thirds (65.5%) of the subjects viewed Hormone Replacement Therapy (H.R.T) as negative, while 16.4% of the subjects viewed H.R.T as positive. According to the subjects, more than half (52.7%) of the subjects felt that Laotian cultural influences did not encourage the use of H.R.T. Only 34.5% of the subjects felt that Laotian culture accepted the use of H.R.T and 12.7% was not aware of the Laotian cultural beliefs in using H.R.T.

This thesis suggests that cultural factors can influence the perceptions and experiences of menopause for women from a Laotian cultural background, and can also influence to the management of menopause.

CHAPTER 1

INTRODUCTION

1.1 General introduction to the study

Most women around the world go through a difficult life passage commonly known as menopause. In Western cultures, menopause is viewed as an important time in a woman's life. Her body is going through a significant biological change, loss of reproductive ability, and this can affect her social life, her feelings about herself and her functioning at work. In contrast, in some other ethnic cultures such as Laotian, Chinese and Indian, age is respected and holds high status and prestige that increases as a person ages. In these Asian cultures, menopause is seen as a transition to a higher social status, and many women find that the years after menopause provide new discoveries and fresh challenges (Li, Carlson & Snyder, 1995; Lianputong-Rice, 1995).

This thesis focused on the ways in which women with Laotian cultural backgrounds living in Australia dealt with menopause. The thesis aimed to provide an understanding of perceptions and experiences of menopausal Laotian women living in Australia. In addition, this thesis attempted to gain a better understanding of methods used in managing menopause, and to examine cultural influences on the perceptions of menopause. The approach to discovering Laotian women's attitudes and perceptions of the menopausal experience was through the use of a survey. A collection of structured questions was designed to cover a number of areas of concern. Sixty Laotian women were contacted and 55 women agreed to participate in the study. The data was collected from Laotian women residing in Victoria by using either a self-administered questionnaire, an interviewer-

administered questionnaire or an interview over the telephone. Data processing was facilitated by using the SPSS (Statistical Package for Social Science) computer program, version 11.0. After editing and coding the findings, the final results were then computed into frequencies and proportions.

1.2 Background to the study

Menopause is a universal event in the lives of all women. According to Youngkin and Davis (1994), in the past, menopause was often surrounded by misconceptions and myths. Women were ashamed to talk about the cessation of their menstruation. Now, menopause is commonly discussed among women in their mid-life period, as it is an important time in a woman's life and it is now recognized that menopause is a natural step in the process of aging. However, different cultures perceive and experience menopause differently (Anderson, Yoshizawa, Gollschewski, Atogami & Courtney, 2004; Frey, 1981; Winterich & Umberson, 1999).

In a biomedical sense, menopause is seen as a biological event, marked by estrogen depletion. Thus, Hormone Replacement Therapy (H.R.T) is used to manage these biological changes in menopausal women (Kase, 1974; Kaufert & Gilbert, 1986; Weideger, 1977; Wilson, 1966). On the other hand, social scientists have argued that menopause is a socio-cultural event. The physical changes of menopause are only one part of the experience of menopause. The women's life experiences are interwoven with the woman's social status, sex role, personal circumstances, life history and stage of health (Barnett, 1988; Bart, 1969; Berger, 1999; Beyene, 1986; Brown, 1982; Chirawatkul, 1992, 1993; Davis, 1986; Flint, 1975; Kaufert, 1982; Lock, 1982; Townsend & Carbone, 1980;

Van Keep & Kellerhals, 1975). For example, a study by Olesen and Woods noted that:

“...while menopause has a biological base, it is an experience that differs according to cultural values. Menopause draws its meanings from more basic concepts within the culture such as the meaning of women's reproductive power, the role of women in the social structure and the relationship of the physical and the psychological” (1986:15).

Similarly Kaufert put the view that:

“...like childbirth and menstruation, there are two levels of reality to menopause. One is the actual physical changes that occur in a woman... all women who survive and have intact ovaries pass through the menopause. ‘Passage through the menopause’ is also an event occurring within a socio- cultural context. It is this - the cultural dimension of the menopause - which forms the second level of its reality” (1982: 144).

Kaufert (1982) stated that a woman who belongs to a culture that perceives menopause as a positive event and has no experience of menopausal symptoms related to physical changes, these women will pass through the menopause without difficulty. In contrast, a woman who belongs to a culture that perceives menopause, as a negative event of her life and experiences menopausal symptoms related to physical changes in her mid life, these women will experience difficulties.

In Lao culture, generally, it appears that most Laotian women living in Laos perceive menopause as a positive event and tend to have no experience of menopausal symptoms, and with only some women experiencing a few so-called menopausal symptoms (Pholsena, 1999). By contrast, in Western cultures, including Australia, social views of menopause as the entry point to old age represents a challenging and often difficult time, because, while

women may feel rather young and full of energy, society tends to perceive them as becoming increasingly less attractive and less fully functional (Bachmann, 1994; Brown, 1976; Buck & Gottlieb, 1991; Howard & Kelly, 1994; Kaiser, 1990). Generally, women in Western cultures find menopause a difficult time in their lives and experience a variety of menopausal symptoms (Glasier & Gebbie, 1995).

Nowadays, societies have become more globalized and interdependent, many women have become increasingly aware of different cultural ideas and have subsequently developed a wider perspective of the menopausal experience. A question due to globalization may be ‘Will women with a Laotian cultural background who are now living in Australia adapt themselves and thus perceive and experience menopause in the way Australian women generally do?’ This remains to be seen.

In this thesis the perceptions, the experiences and the management of Laotian women who have migrated from Laos and are now living in Australia were used as an example to explore the cultural interpretations of menopause. The thesis examined three issues: the cultural influences on the perceptions of menopause, the experience of menopause and the ways of dealing with a change in menopause.

1.3 Focus of the study

This study primarily focused on the ways in which Laotian women living in Australia dealt with menopause. The study also addressed how Laotian cultural influences impact on Laotian women’s perception of menopause, and how those perceptions may affect the management of menopause. This study attempted to garner the perceptions and the

experiences of Laotian women living in Australia with managing menopause.

Secondly, perceptions, experiences and the management of menopause in advanced western societies are changing. This is in part due to the availability of western health care and the relative unavailability of the use of traditional herbal medicines and traditional healers in Australia. Laotian women generally seek medical assistance from mainstream health services. This inevitably puts women in mid life into contact with the current medical interpretations of menopause.

Currently, there is only scant literature in regard to women with a Laotian cultural background-experiencing menopause. One of the few is a study by Lianputong-Rice (1995), which studied Hmong women from Laos using a qualitative method to examine the meaning and experience of menopause by Hmong women.

In this thesis, the focus was on Laotian women residing in Victoria, Australia. By choosing to focus on women in their mid years, (45-65 years old), from a Lao cultural background, it was believed that the women of this aged group would have had experience of menopause and would provide useful information on cultural influences, which may then affect on the perceptions and experiences of Laotian women in the management of menopause.

The study attempted to examine the way in which Laotian women dealt with the changes of menopause, to describe the menopausal symptoms in Laotian women, and to discover the cultural influences on the perceptions of menopause.

1.4 Aims of the study

As indicated earlier, there is only scant information on the health status of menopausal Laotian women living in Australia. Therefore, this study aimed to provide more comprehensive data on this issue.

The general aims of this study were:

- (i) to provide data on the experience, perception and management of menopause in Laotian women living in Australia.
- (ii) to contribute to the literature on menopause experienced by Laotian women by exploring their perceptions, experiences and management of menopause.

Specifically, the aims of this study were:

- (i) to describe the menopausal problems and menopausal symptoms experienced by Laotian women living in Australia.
- (ii) to investigate the ways in which Laotian women living in Australia managed the changes of menopause.
- (iii) to examine cultural influences on the perceptions of menopause in Laotian women living in Australia.

There were three specific objectives of this study. Firstly, it was to illustrate the menopausal problems and menopausal symptoms in Laotian women. The second objective was to find out what menopausal management Laotian women have used in Australia; and the third objective was to gain information on any cross - cultural issues in relation to menopause in Laotian women. This would provide information to discover if Laotian women adapted to the new Western cultural influences after their migration to Australia. The result of this study could be further used to better inform and assist some women who are searching more information to decide what menopausal self-management methods may be most suitable for themselves.

1.5 Significance of the study

A more universal approach to an understanding of the experiences of menopause in different cultures, offers more ways to health professionals to manage menopause. Australia is a multicultural country, which consists of many different cultures from different countries in the world, including Laos. Laotian immigrant women have been accepted into Australia and been a part of Australian society since 1970 (Coughlan, 1991). However, over the past decades, native Laotian women have not been well known to Australian society, especially in the areas of education and health care in Australia, there is scant information and literature on the health status of Laotian women living in Australia. In order to provide data and to contribute to the increasing literature on this issue, as well as, to understand the experience of menopause in different cultures, it was essential that this study needed to be conducted.

A key belief underpinning this study was that cultural influences could lead to positive or negative menopausal perceptions and experiences, which result in managing menopause for Laotian women. Therefore, an understanding of how Laotian women experience menopause would benefit Laotian women and their community in Australia. If women knew what to expect from middle life period, they would be in a position to more effectively prepare themselves for their experiences, and hence be more likely to make the best health decision in managing menopause.

Finally, conducting this study would also benefit and contribute to general knowledge for the academic community, students and for future research.

1.6 Research questions

In line with the literature, several research questions were explored:

- i. Are there social demographic factors associated with experiencing menopause and its management?
- ii. At what age does menopause begin in Laotian women?
- iii. What are the common menopausal problems or symptoms experienced by Laotian women aged between 45 and 65 years?
- iv. What health care management do Laotian women seek and receive for menopausal health disorders?
- v. What do Laotian women aged between 45 and 65 years perceive as menopause?
- vi. What does menopause mean in Lao culture?
- vii. How does culture influence a woman's perceptions of menopause?

viii. What attitudes do Laotian women aged between 45 and 65 years have towards menopause and its management?

1.7 Limitations of the study

The scope of this study was confined to the perceptions and experiences of Laotian women living in Australia with managing menopause. The perception and experiences for managing menopause of other menopausal women from other cultures in Australia would have their own distinct character. In addition, it was acknowledged that while this study was purposefully designed to focus on Laotian women's perceptions and experiences of menopause, there remained the possibility that Laotian women actually have more experiences than what they answered and said of the experience. Such possibilities existed in all quantitative investigations of this nature because of the closed-ended questions. Therefore, the respondents were limited by closed-ended questions. Moreover, the study was limited by time during data collection, analysis and writing up the final draft. It took only one month to complete all the tasks described earlier.

CHAPTER 2

LITERATURE REVIEW

2.1 Overview of literature review

Studies involving large and diverse populations of women in varying health settings are constantly updating the issues and knowledge regarding the approaches to health care provided for women experiencing menopause (Barile, 1997; Im, 1999; Wang, 1997). There are many studies that have been conducted on the topic of women's experience of menopause. However, there is no particular study conducted that examines the perceptions and the experiences of Laotian women living in Australia for the management of menopause. Therefore, this study intended addressing this gap.

The literature review first introduced the menopause. In the first section the definition and etiology of menopause were clarified. The second section was the introduction to Laotian women in Australia, including reasons for immigration to Australia, religion, Language proficiency in English and employment status. The third section discussed the past research on women's views of menopause: Global and Australian researches on the menopause in Laotian women were reviewed, thereby setting the context for the study. The fourth section looked into the theories of cross-cultural experience of menopause specifically relevant to this study. It then reviewed global studies focusing on the experience of menopause, followed by reviews of Australian research on the experience of menopause as well as the reviews of both global and Australian researches on the management of menopause. Finally, it discussed a gap from past research, based on this literature review, and the reasons for conducting this research.

2.2 Introduction to menopause

The term menopause refers to the permanent cessation of menstruation. When a woman permanently stops having menstrual periods she has reached the stage of life called menopause. Often called the “change of life”, this stage signals the end of a woman’s ability to have children. Many physicians actually use the term menopause to refer to the period of time when a woman’s hormone levels begin to change. Menopause is said to be complete when menstrual periods have ceased for one continuous year (Youngkin & Davis, 1994).

In medicine, menopause is defined as ovarian failure evidenced by a serum Follicle-Stimulating Hormone (F.S.H) level of 40 m IU per ML on two occasions, one week apart. Climacteric refers to the 7 to 10 years of physiological changes in the reproductive system that culminates in the last menstrual period (Jones, 1999; Mirchandi, 2001).

The transition phase before menopause is medically referred to as climacteric, but more recently as the perimenopause. During this transition time before menopause, the supply of mature eggs in a woman’s ovaries diminishes and ovulation becomes irregular. At the same time, the production of estrogen and progesterone fluctuates. It is the enormous drop in estrogen levels that causes most of the symptoms commonly associated with menopause. These symptoms are indicative of alteration in a woman’s health status in the physical, mental or psychological and social aspects (Youngkin & Davis, 1994).

According to the World Health Organization (1991), the average age of menopause is 51 years, menopause can actually occur any time between the ages of 45 and 55, but it can

happen earlier. Menopause can also occur when the ovaries are surgically removed or stop functioning for any other reason. For instance, premature menopause may occur when there is ovarian failure before the age of 40, and may be associated with smoking, radiation exposure, chemotherapeutic drugs, or surgery that impairs the ovarian blood supply. Surgical menopause may follow an oophorectomy (removal of an ovary or both ovaries), or radiation of the pelvis, including the ovaries, in premenopausal women. This results in an abrupt menopause, with women often experiencing more severe menopausal symptoms than if they were to experience menopause naturally (Youngkin & Davis, 1994).

In Laos, one study by Pholsena (1999) illustrated that menopause generally occurs in Laotian women between the ages of 50 and 55 years. The occurrence of menopause in between this aged group in Laotian women may be associated with a woman's lifestyle, including exercise, eating habits as well as nutrition.

Moreover, the study by Pholsena (1999) defined the menopausal problems and menopausal symptoms experienced by women as below,

The menopausal problems are defined as a problem that women experienced when they are going through menopause, includes social experiences.

The symptoms associated with menopause include changes in periods, hot flushes, unusual tiredness, palpitations, head aches, back aches, a problems with a vagina and bladder, dry skin, aching joints and muscles, night sweats, crawling sensation (formication), insomnia, irritability, anxiety, mood changes, and depression (World Health Organization, 1991).

2.3 Introduction to Laotian women in Australia

Laotian women were refugees from Southeast Asia. They have been accepted as immigrants in Australia since 1970s. However, the majority of them are recently arrived. Many of the migrants from Laos came to Australia as a result of war and political changes in Laos. Some groups of Laotian had to move out of their homeland and migrated to Australia. The main concentration of Laotians in Australia is in New South Wales, followed by Victoria and Queensland. In Victoria, Laotians mainly live in Western, Northwestern and outer Northeastern suburbs of Melbourne (Australian Bureau of Statistics, 1991; Coughlan, 1991).

More than half of Laotian women living in Australia are in full time paid employment, followed by part time paid employment. The women mostly work in factories as labourers. Some women did not have any formal education from Laos, others had completed only some primary school; some had a minimal level of high school and others had completed high school before migrating to Australia. Only a few of the new arrivals in Australia had a tertiary education (Australian Bureau of Statistics, 1991).

Many women lacked proficiency in English, because most Laotian women use Lao language in their homes and many are still learning English. Therefore, these Laotian women may find it difficult to seek help from any regular health services when they become unwell. This also may impact on the management with the changes in menopause.

Most of the Laotian women, who are now living in Australia, continue their traditions and identify themselves as Buddhist. A small number are Catholic. As a result of different

religious beliefs, Laotian women may provide different answers regarding their perceptions and experiences of menopause.

Pholsena's (1999) and Ryan's (1999) studies noted that women's experiences and perceptions regarding menopause are also related to social demographic factors. For this reason the survey included such items as age, place of birth, religion, language proficiency, level of education, occupation, marital status, and menopausal status.

2.4 Cultural influences on the perceptions and the experiences of menopause

2.4.1 Women's knowledge on menopause and perception of menopause

Different cultures perceive menopause differently. The culture in which a woman lives may impact on her perception of the menopausal experience. Some women hold more esteemed positions in their culture when they are older and menopausal, while other societies may devalue the role of women as they age. In many Western cultures women perceive menopause as a negative milestone, a time of loss, a partial death and a disease. Gifford's (1994), and Temple-smith, Banewell, Gifford and Presswell's (1995) studies, found that Italian women described menopause as a time of diminished health because without the monthly flow of blood, the body was considered to become weaker and more susceptible to a number of related symptoms and illnesses. Conversely, a study conducted by Abraham, Llewellyn-Jones and Perz (1994) on a sample of 60 Asian-born women living in Australia to gain their perceptions of menopause, indicated more positive reports, providing the impetus for the following study that deals with this issue from a female perspective. Menopause is hereby defined as a normal transition of the aging process and many women find that the years after menopause offer new discoveries and fresh

challenges (Adler, Fosket, Kagawa-Singer, McGraw, Wong-Kim, Gold & Sternfeld, 2000; Chang, Chen & Hu, 1993).

The findings from a cross-cultural study on Chinese-American women's views of menopause stated that menopause was seen as a positive event, an opportunity to adopt healthier eating habits, establish a routine of moderate exercise, and enjoy a more balanced lifestyle. Also, a change in their reproductive status allowed more freedom in their familial and societal roles as they "had fulfilled their duties as mothers and wives" and could now participate in different activities outside the home. For example, women found that they felt free to go out and join exercise classes, bingo nights, and social clubs (Adler et al., 2000).

Referred to earlier, Lianputong-Rice (1995), studied menopause in Hmong women from Laos and found that Hmong women described menopause as a positive event. Reasons for perceiving menopause in this way has been related to cultural and religious beliefs among Hmong women. Menopause was perceived as part of growing old which meant that they were seen as having a higher social status in the community. Hmong women believed that a woman becomes menopausal only when she has already borne all of her children. Although having many children is highly valued, Hmong women do not see menopause as a negative stage since they have already borne many children and thus have ensured the continuity of lineage. At the same time, they also believe that menstruation is an impure natural phenomena. Once menstruation has ceased, a woman becomes clean like a man and she is able to relax more.

2.4.2 Women's experience of menopause: Cross cultural menopause studies

2.4.2.a Global studies on women's experience of menopause

The women's experiences, beliefs, attitudes and customs regarding menopause are generated from a menopausal stereotype through which physical and emotional sensations are perceived and interpreted (Hunter, 1990). As Flint and Smail's (1990) study in Northern India revealed women in Northern Indian culture reported a totally symptom-free menopausal experience, marked only by the end of menses. The menstrual taboos and constraints enforced upon fertile women, as well as the notion that menopause signals a positive life change, may contribute to this problem-free menopausal experience (McMaster, Pitts & Poyah, 1997).

A study by Lock (1998) focused research on menopause and ageing in Japan, with a sample of more than 1200 Japanese women aged 45-55 years, compared with sample of over 8000 American and 1300 Canadian women. The study found that Japanese women experience fewer difficulties with menopause than their North American counterparts. Most notably, reports of symptoms such as hot flushes and night sweats are significantly lower among a study group of Japanese women than among comparative samples of American and Canadian women. Lock illustrated that women born in America and Canada experienced more hot flushes than women born in Japan (30%, 31% and 21%, respectively). This trend was also evident for night sweats, with 22% of American women, 25% of Canadian women and 13% of Japanese women experiencing this symptom.

2.4.2b Australian studies on women's experience of menopause

A study by Berger and Wenzel (1997-2001), which investigated 70 Australian and 70 Filipino women's experiences of menopause by using different methods including unstructured and structured interviews, focus groups, ethnographic observation and an interviewer-administered questionnaire, found that across both cultures, physical menopause experiences were reported to be quite similar, such as hot flushes and night sweats, but psychological profiles differed considerably. The study found that Australian women found it difficult to come to terms with the aging process and among others listed irritability, depression, fear of aging, loneliness, mood swings, unhappiness and loss of self-esteem, respect and admiration. In contrast, among Filipino women a more positive outlook prevailed with almost all of them remarking that they felt only minor if any psychological irritations. This difference in finding can be attributed to the role that culture plays in mediating menopause experiences.

2.4.3 Management of menopause

As described earlier, the menopausal experience is a combination of biological and cultural factors, influenced by the beliefs, interactions, relationships, and role expectations inherent in a society (Dickson, 1993). All of these factors would determine whether menopause was experienced negatively or positively (Bowles, 1986). Ferguson, Hoegh and Johnson (1989), which focused on women's knowledge and attitudes to menopause showed that menopausal symptoms did not influence the decision in managing menopause such as the decision to use hormones, whereas the conceptualization of menopause as a medical problem did. Accordingly, how menopause was individually managed would likely depend

on the woman's perception of the transition as a natural or medical event, her current health and perceived need to receive medical advice or treatment, and the degree of trust and communication with her healthcare provider.

Another study on Taiwanese women by Fu, Anderson and Mary (2003) indicated somewhat similar findings. The authors stated that a woman's experience of menopause and decision to use H.R.T (Hormone Replacement Therapy) involved factors such as perception of menopause and different cultural attitudes. For example, in Taiwanese cultural attitudes, women could tolerate their menopause and treat its symptoms as a normal part of ageing. Taiwanese women viewed H.R.T as unnatural, while their Western counterparts were more informed about menopause and H.R.T (Wang, 1997).

Banister (1999) illustrated that Western countries provide a basis for health care for menopausal women which emphasizes the issue of loss, and one in which cultural influences perpetuate ageism and sexism. Hormone Replacement Therapy is used in the treatment of menopausal symptoms. Moreover, some natural therapies such as, Chinese medicine, homeopathy, diet and exercises are also involved in the management of menopause as well as in treatment of menopause in many western countries nowadays, including Australia. A current study in Australia by Xu (2004) found that Traditional Chinese Medicine (T.C.M) modalities (for example, Tai Chi, acupuncture and herbal medicine) could relieve patients who suffered from menopausal symptoms. These modalities could be used as a basic treatment and preventative therapy for menopausal symptoms, particularly those women that seek external assistance with their experience of menopause.

Whilst many western countries appeared to be more informed about the management of menopause, there is a lack of information about the experience of menopause in Laotian women. In particular, the management of menopause in Laotian women living in Australia still remains largely unknown. Lianputong-Rice (1995), for instance, solely concentrated on Hmong women who came from Laos. Thus, this study examined how Laotian women living in Australia dealt with the symptoms of menopause and how their attitudes determined whether to use hormone therapy or not, especially for middle-aged immigrant women who speak little or no English and may have different notions about health and illness compared to Australian women.

2.5 Summary of literature review

In summary, the above literature reviewed pointed out the perception, experience and management of women from a Laotian cultural background regarding menopause. In previous cross-cultural studies, many researches were conducted with Chinese, Indian, Italian, Japanese and other Western women. However, there is not much information about menopause in Laotian women. One study by Lianputong-Rice only reported the data of Hmong women who came from Laos. The study shows that Hmong women lacked accurate knowledge of the meaning of menopause. Due to the fact that Hmong women are unlike Laotian immigrant women from Laos, in their cultures, religions and languages, as well as, the regions where they lived within Laos before they migrated to Australia.

CHAPTER 3

METHODOLOGY

The choice of a research methodology for any study is determined by the nature of the research problem under investigation. This thesis focused on the ways in which Laotian women living in Australia live with and live through the experience of menopause. The thesis aimed to provide an understanding of perception and experience of Laotian women living in Australia with managing menopause and to examine cultural influences on the experience of menopause. The choice of the most appropriate research methodology was based on the nature of the investigation and the focus of the research question. On one hand, the choice was determined by the underpinning world views and the guiding theoretical framework of the investigation.

In this study, it was believed that the menopausal experiences of Laotian women living in Australia may be influenced by factors such as cultural and socio-demographic factors as indicated in the literature review earlier. Figure 3.1 illustrated the relationship between socio-demographics, psychological and cultural factors and experiences, perceptions and the ways of dealing with menopause in mid aged women. Because these factors may be influenced by the women's experiences of menopause and the perception for the management of menopause, thus these were considered to be the theoretical framework guiding the investigation.

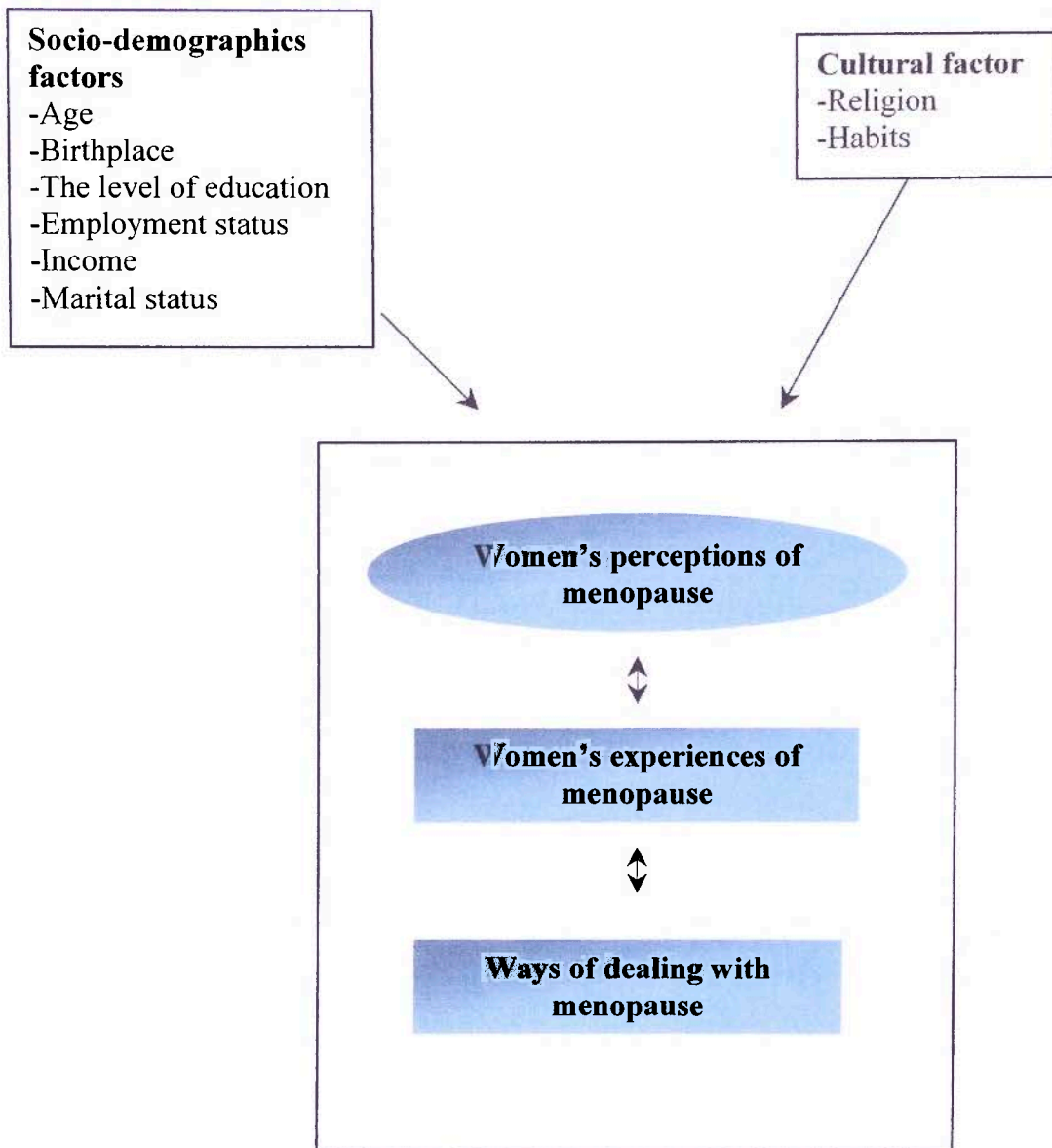


Figure 3-1 Relationship between cultural and socio-demographic factors and menopausal perceptions, experiences and management of Laotian women living in Australia.

Moreover, there were two considerations, which influenced the choice of methodology. First as indicated earlier, because this was a study involved with the understanding of human perception and experience regarding menopause from the respondents, both

quantitative and qualitative methodology was considered to be the most appropriate. Second, there was only one study in the literature on Hmong-Laotian women and that was based on qualitative research using a focus group for data collection. As a consequence, it is believed that both quantitative and qualitative methods provide very useful approaches for conducting research into these relatively complex human issues.

3.1 Data collection instruments

A survey with closed and open-ended questions was used in this study. The survey was developed by the researcher, and adapted from the existing guides that were used in other studies by Anderson (1998); McNair, Lorr & Droppleman (1981); and Ware & Sherbourne (1992). The survey was pilot tested and revised before being administered with a final group of participants.

The survey with closed and open-ended questions was used to investigate perception, experience and management of menopausal Laotian women living in Australia. The survey was also used to investigate cultural factors. Social demographic questions were asked in this study, as the social demographic factor was evident in the literature review described earlier. Therefore, it was considered that it may be a factor influencing the experience of Laotian women living in Australia for managing menopause. Thus, eight questions were asked. The issues under consideration were age, birthplace, religion, number of years in Australia since first arrival, language and proficiency in English, education levels, employment status and marital status (Appendix D).

(1) Age

This question was asked because cultural differences were evident in the literature with regard to the age at which menopause began in the study by Pholsena (1999), which showed that Laotian women reached menopause between the ages of 50 to 55 years. In contrast, Western women experienced menopause earlier than Laotian women from the ages of 45 to 50 years (Youngkin & Davis, 1994).

(2) Place of birth

It was assumed that place of birth is equivalent to cultural background. Therefore, it was important that the place of birth was identified to understand their cultural background. This question was asked to gain an indication of how a different place of origin influenced the women's perceptions and experiences.

(3) Religion

This question was asked because religion was considered to be of importance on cultural influences on the women's perceptions and their experiences. For instance, Pholsena's (1999) study showed that Laotian women with a Buddhist cultural background were more positive about menopausal experiences than women who were Catholic.

(4) Number of years in Australia since first arrival

The time of residence in Australia may play a part in easing the challenges dealt by Laotian women in their lived experience of menopause, including menopausal management and adaptation.

(5) Language proficiency in English

The Laotian immigrant women knew a little English and they were still learning English. Thus, the women found it difficult to seek help from any regular health services when they became unwell. This also may impact to the management of menopause.

(6) Educational level

Level of education may indicate that a woman with a high education background would perceive menopause correctly and that they may choose the best ways to manage menopause.

(7) Employment status

Unemployed women may experience menopause differently to employed women and this may affect their management of menopause.

(8) Marital status

Single women may experience menopause differently to married, de facto and divorced women and this may affect their management of menopause.

Moreover, to facilitate a deeper investigation, the following general research questions were used:

- i. What are the common menopausal problems and menopausal symptoms experienced by Laotian women aged between 45 and 65 years?
- ii. What health care management do Laotian women seek and receive for menopausal health disorders?

- iii. What do Laotian women aged between 45 and 65 years perceive as menopause?
- iv. What does menopause mean in Lao culture?
- v. How does culture influence a woman’s perceptions of menopause?
- vi. What attitudes do Laotian women aged between 45 and 65 years have towards menopause and its management?

The survey below was formulated. The survey (see Appendix D) was arranged into four main sections in order to obtain data in the following areas:

Table 3-1 Structure of survey

Sections	Questions	Information obtained
I	1 – 8	Socio demographic characteristics
II	9 – 14	Experiences of menopause
III	15 – 18	Ways of dealing with a change in menopause
IV	19 – 26	Perception of menopause

3.2 Subjects and recruitment of subjects

The subjects were Laotian women, who are now living in Australia, (Victoria), aged between 45 and 65 years old and have experienced menopause. The subjects were recruited by a word of mouth and through a Laotian community representative of Victoria. The Laotian community representative was a Laotian native-born woman, who had worked for and represented the Laotian community in Victoria for more than ten years and had been well known and accepted by most Laotians in Victoria, Australia. This was considered important because she was a person who facilitated access to the Laotian women and

initially contacted the subjects for the study. The subjects were selected from cities of suburban Melbourne, Victoria. (eg. Nunawading, Sunshine, Springvale and Knox ;)

3.3 Data collection procedures

Data collection was carried out during November 2004. A Laotian community representative of Victoria initially contacted the subjects who met study criteria inviting them to participate in the study. Sixty Laotian women were contacted to participate in this study, and 55 Laotian women agreed to participate.

Three different methods of data collection were used, because this study was limited in time and to save time in traveling and for the convenience of both subjects and the researcher. The data collection procedures were detailed in each method as below,

(1) A face-to-face individual interview

Forty-three women agreed to participate by face-to-face individual interview. Once women agreed to participate, an interview time was organized to suit their needs. Prior to the interview, the researcher gave the subjects an information sheet (Appendix B) and discussed the study with them, answering any questions they had. The voluntary nature of the study and the right to withdraw at any time were emphasized. Informed consent was sought before commencement of the interview (Appendix C).

(2) A mailing method

A covering letter, additional information about the study and procedures, informed consent and questionnaire were sent to 5 Laotian women who participated by mailing method (Appendix A, B, C & D).

(3) A telephoning interview

Seven subjects decided to be interviewed by telephone because of the distance between where the subjects and the researcher lived, and to save traveling time; thus a telephone interview was chosen. Prior to the interview, information to subjects and informed consent forms (Appendix B & C) were sent to the subjects by mail. The telephone interview occurred after the subjects agreed to participate in the study and signed the informed consent form.

All interviews were conducted in the Lao language by the researcher who can fluently speak and understand Lao. Forty-three subjects chose to be interviewed, seven subjects chose a telephone interview method and five subjects decided to respond by mail. The reason for responding by mail was that subjects lived far from the researcher and did not want to be interviewed either face-to-face or by telephone. There was no major difference between a face-to-face individual interview, mailing method and telephone interview method, because of the way the survey was structured, it was simple to answer.

After collecting and coding the data, the S.P.S.S computer program, version 11.0, was used to perform descriptive statistics frequencies in this study.

3.4 Ethical consideration and issues

Ethical considerations were carefully observed during the entire process of research. Prior to conducting the research, approval of the University's Human Research Ethics Committee was obtained. This procedure involved the co-operation of a Laotian community representative when initially contacting the subjects in order to safeguard the privacy of the pool of potential subjects. During the data collection phase, each subject was required to complete a consent form before the interview (Appendix C).

As a result of this thesis was decided to use three different methods. Therefore, informed consent was gained in the following ways,

(1) Subjects who agreed to participate by taking a face-to-face individual interview method: prior to the interviews, the researcher gave the subjects an information sheet (Appendix B) and discussed the study with them, answering any questions they had. The voluntary nature of the study and the right to withdraw at any time were re-emphasised (Appendix A). Their written informed consent was sought before commencement of the interview (Appendix C).

(2) Subjects who decided to participate by the mailing method: a covering letter, information about the study and procedures, informed consent and questionnaire were sent to the subjects by mail (Appendix A, B, C & D).

(3) Subjects who chose to participate by telephone interviewing method: prior to the interviews, information about the study and informed consent form were sent to the subjects by mail. Then the telephoning interviewing was started after the subjects agreed to

participate in the study and signed to the informed consent form (Appendix A, B & C).

Data storage followed the Victoria University Human Research Ethics Committee guidelines. Accordingly, the ID is assigned instead of using names of the subjects. The information and informed consent forms of all subjects are locked in a filing cabinet at Victoria University and will be kept for five years. After five years the data will be destroyed. In the final reporting of the findings, no names of the subjects are given.

3.5 Reliability and validity

The survey was written in both English and Lao Languages and this was to substantiate content validity and reliability by the researcher, the supervisors and the Laotian interpreter. The survey was tested with the subjects and was modified to suit their understanding prior the interview.

3.6 Data analysis

After completing data collection, the data was coded and entered into the S.P.S.S data analysis program version 11.0 to facilitate collation of the data into frequencies and proportions. Missing responses for each question were added to the “Don’t know” response group. Descriptive statistics frequencies were used on socio-demographics, experience of menopause, ways of dealing with the change in menopause and perception of menopause. Crosstabulation was used to examine the relationship between socio-demographic information and the perception for seeking support or assistance about menopause.

CHAPTER 4

RESULTS

This chapter describes and discusses the results of the study that show the proportions and frequencies in the themes of particular concern to this investigation and describes the data under the sub themes identified in the literature review.

4.1 Response rate

Of the 60 surveys distributed to Laotian subjects, 55 (91.6%) were returned. Of these 55, all had responded to the survey. The response rate was 91.6%.

4.2 Socio-demographic characteristics

Socio-demographic characteristics of the sample are presented in Table 4-1. According to table 4-1, almost half of the subjects (43.6%) were aged 55 years. All of the subjects were born in Laos (100%) and almost of them were Buddhist (94.5%). More than a quarter of the subjects had been in Australia for 25 years (32.7%), followed by 21 years (12.7%). Within the sample, 30.9% of the subjects could speak English well and 67.3% could speak a little English. Overall, less than a quarter of the subjects had completed tertiary school (TAFE 3.6%, University 12.7%), were employed (full time paid employment 56.4%, part time paid employment 23.6%). By far the overwhelming majority of the subjects were married (80.0%).

Table 4-1 Socio-demographic variables for the sample of Laotian women presented in numbers and percentages (Questions 1 to 8)

Variables	Frequency (n=55)	Percent (%)	Valid Percent	Cumulative Percent
Age (years)				
46	2	3.6	3.6	3.6
48	3	5.5	5.5	9.1
49	3	5.5	5.5	14.5
50	9	16.4	16.4	30.9
52	2	3.6	3.6	34.5
53	5	9.1	9.1	43.6
54	4	7.3	7.3	50.9
55	24	43.6	43.6	94.5
57	1	1.8	1.8	96.4
60	1	1.8	1.8	98.2
63	1	1.8	1.8	100.0
Total	55	100.0	100.0	
Place of Birth				
Laos	55	100.0	100.0	100.0
Total	55	100.0	100.0	
Religion				
Buddhist	52	94.5	94.5	94.5
Catholic	3	5.5	5.5	100.0
Total	55	100.0	100.0	
Number of years in Australia since first arrival				
15	3	5.5	5.5	5.5
18	2	3.6	3.6	9.1
19	5	9.1	9.1	18.2
21	7	12.7	12.7	30.9
23	5	9.1	9.1	40.0
25	18	32.7	32.7	72.7
26	6	10.9	10.9	83.6
30	4	7.3	7.3	90.9
33	5	9.1	9.1	100.0
Total	55	100.0	100.0	
Language proficiency in English				
I speak English well	17	30.9	30.9	30.9
I speak a little English	37	67.3	67.3	98.2
I understand English but cannot speak it	1	1.8	1.8	100.0
Total	55	100.0	100.0	

(Continued)

Table 4-1 (Continued)

Variables	Frequency (n=55)	Percent (%)	Valid Percent	Cumulative Percent
Education				
Never been to school	3	5.5	5.5	5.5
Some primary school or finished primary school	16	29.1	29.1	34.5
Some high school	14	25.5	25.5	60.0
High school	13	23.6	23.6	83.6
TAFE	2	3.6	3.6	87.3
University	7	12.7	12.7	100.0
Total	55	100.0	100.0	
Employment status				
Full time home duties	8	14.5	14.5	14.5
Full time paid employment	31	56.4	56.4	70.9
Part time paid employment	13	23.6	23.6	94.5
Not in paid employment	3	5.5	5.5	100.0
Total	55	100.0	100.0	
Marital status				
Married	44	80.0	80.0	80.0
Single	5	9.1	9.1	89.1
Widowed	3	5.5	5.5	94.5
Divorced/Separated	3	5.5	5.5	100.0
Total	55	100.0	100.0	

* Descriptive statistics: frequencies.

4.3 Experience of menopause

The experience of menopause involves premenopausal menstrual experiences, social experiences, psychological experiences and physical experiences. Each of these experiences is described below,

4.3.1 Premenopausal menstrual experiences

According to Table 4-2, the menstrual status of the subjects was presented. The total sample size was 55 subjects, with 32.7% were premenopausal and 67.3% were postmenopausal.

Most of the premenopausal women (32.7%) who still had menstrual periods, reported that they experienced changes in their periods (32.7%; irregular menses 83.3%, heavy and irregular bleeding 11.1%, painful and prolonged bleeding 5.5%) (Figure 4-1).

Table 4-2. Menstrual status variables for the sample of Laotian women presented in frequencies and percentages (Question 9)

Variables	Frequency (n=55)	Percent (%)	Valid Percent	Cumulative Percent
Menstrual periods				
Yes	18	32.7	32.7	32.7
No	37	67.3	67.3	100.0
Total	55	100.0	100.0	

* Descriptive statistics: frequencies.

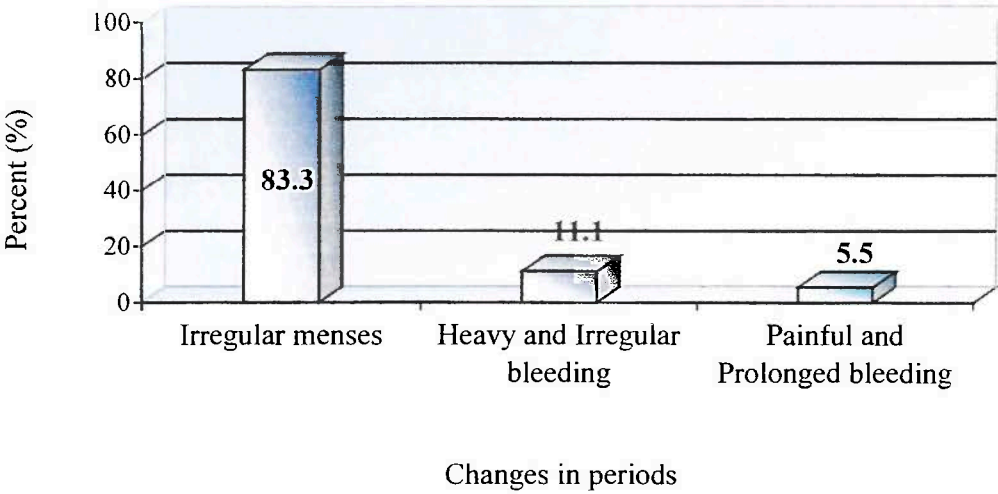


Figure 4-1 Premenopausal menstrual experiences in Laotian women (Question 10)

The majority of postmenopausal women were aged over 50 years when their periods stopped (50 years 21.6%, 51 years 13.5%, 52 years 13.5%, 53 years 10.8%), following by aged 45, 47, 48 and 49 years with 8.1%. Only the minority (2.7%) of the subjects were aged under 45 years old when their periods stopped as a result of hysterectomy (removal of the uterus) (Figure 4-2). This suggests that one-third of the subjects reached menopause when they were aged between 45 and 50 years, while two-thirds of the subjects were above 50 years. These findings are in keeping with Pholsena (1999), who found that the average age of Laotian women reached menopause at the age of 50 and above.

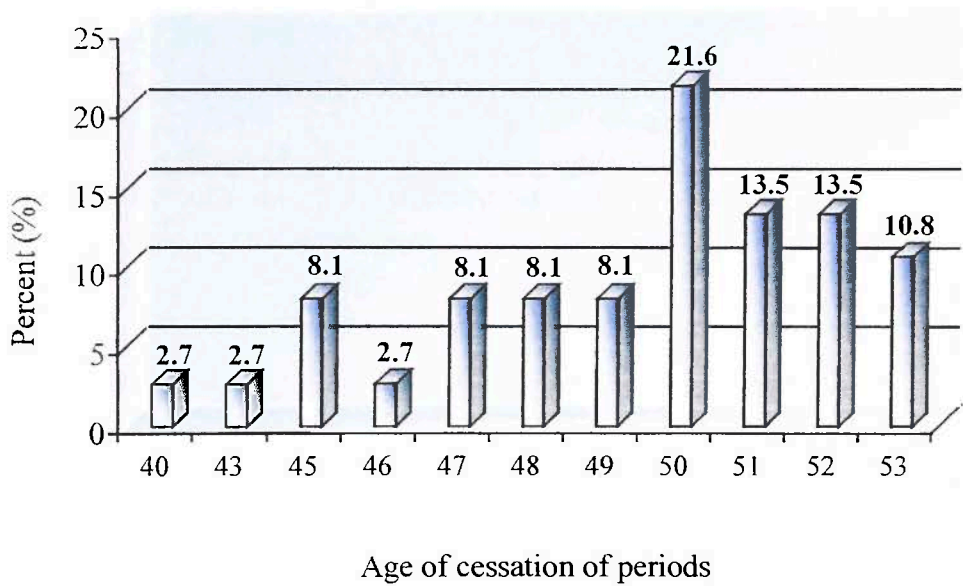


Figure 4-2 Age of cessation of periods in Laotian women (*Question 11*)

The majority (78.4%) of the post menopausal women reported that they were feeling well since their periods stopped and 21.6% of the women reported that they were feeling unwell since their periods had stopped (Figure 4-3). In addition, within the sample, more than half (67.6%) of the subjects had experienced some menopausal symptoms or problems and 32.4% had no experience of menopausal symptoms (Figure 4-4).

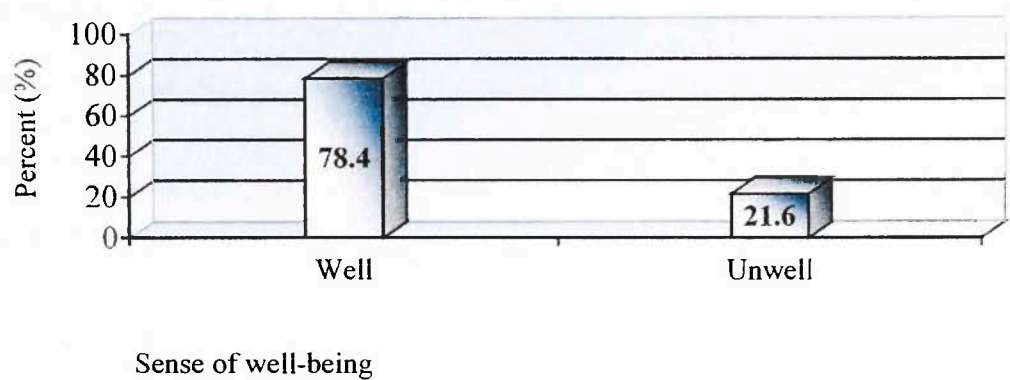


Figure 4-3 Health status in Laotian women since cessation of periods (Question 12-1)

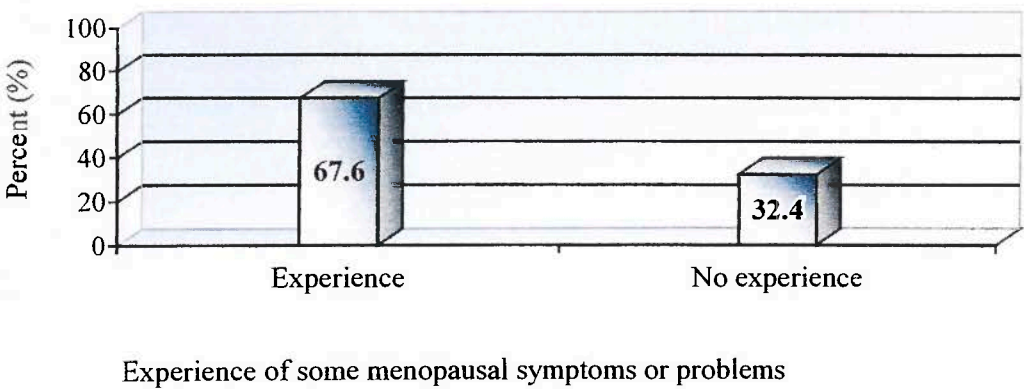


Figure 4-4 Experience of some menopausal symptoms or problems in Laotian women since cessation of periods (Question 12-2)

4.3.2 Social experiences of menopause

The social experience data are presented in table 4-3. According to Table 4-3, more than a quarter of the subjects responded that they had no social experience since they stopped menstruating 28.8%. However, among subjects who had social experiences since they stopped menstruating responded with more positive views than negative. The subjects reported that they felt respected by other people 20.0%, could command others 15.1% and could sleep out of home without any questions 6.3%. While, others felt that they had not been understood 13.8%, rejected by spouse 7.5%, felt isolated from people 5.0% and demoted at place of work 3.8% (Table 4-3).

Table 4-3 Social experiences of menopause in Laotian women
(Question 14; Multiple responses)

Variables	Code	Count	Percent of responses (%)	Percent of cases (%)
Social experiences				
Felt isolated by other people	1	4	5.0	7.3
Had a demotion at place of work	2	3	3.8	5.5
Felt rejected by spouse	3	6	7.5	10.9
Others have not understood	4	11	13.8	20.0
Respected by people	5	16	20.0	29.1
Can command others	6	12	15.0	21.8
Can sleep out without any questioning	7	5	6.3	9.1
None of above	8	23	28.8	41.8
Total responses		80	100.0	145.5

* 0 missing cases; 55 valid cases.
* Multiple responses frequencies: values in percentages.

4.3.3 Psychological experiences of menopause

Table 4-4 indicates the subjects’ psychological experiences. The results in table 4-4 illustrate that approximately half of the subjects reported never experiencing menopausal symptoms (never: insomnia 40%, irritability 41.8%, anxiety 41.8%, depression 43.6%) and within the sample, the majority of the subjects reported that they had never experienced formication (78.2%), followed by never experienced palpitations (65.5%).

Table 4-4 Psychological experiences of menopause in Laotian women (*Question 13*)
% experiencing menopausal symptoms

Variables	Never	Occasionally*	Sometimes*	Often*	All the time*	Total
Psychological symptoms						
Insomnia	40	18.2	27.3	12.7	1.8	100.0
Irritability	41.8	36.4	12.7	7.3	1.8	100.0
Anxiety	41.8	36.4	12.7	7.3	1.8	100.0
Mood changes	27.3	40.0	25.0	5.5	1.8	100.0
Depression	43.6	36.4	18.2	1.8	-	100.0
Palpitations	65.5	16.4	12.7	5.5	-	100.0
Formication (Crawling sensations)	78.2	7.3	10.9	1.8	1.8	100.0

* Responses on ‘occasionally, sometimes, often and all the time’ are counted into experiencing menopausal symptoms.

In addition, Figure 4-5 compares the percentages of the subjects never having experienced psychological symptoms and the percentages of the subjects having experienced psychological symptoms since they were menopausal. Figure 4-5 shows that mood changes accounted for the highest rate of symptoms at 72.7%, followed by insomnia 60%, irritability 58.2%, anxiety 58.2%, and depression 56.4%, while palpitations (34.5%) and formication (21.8%) were less reported than other psychological symptoms (Figure 4-5).

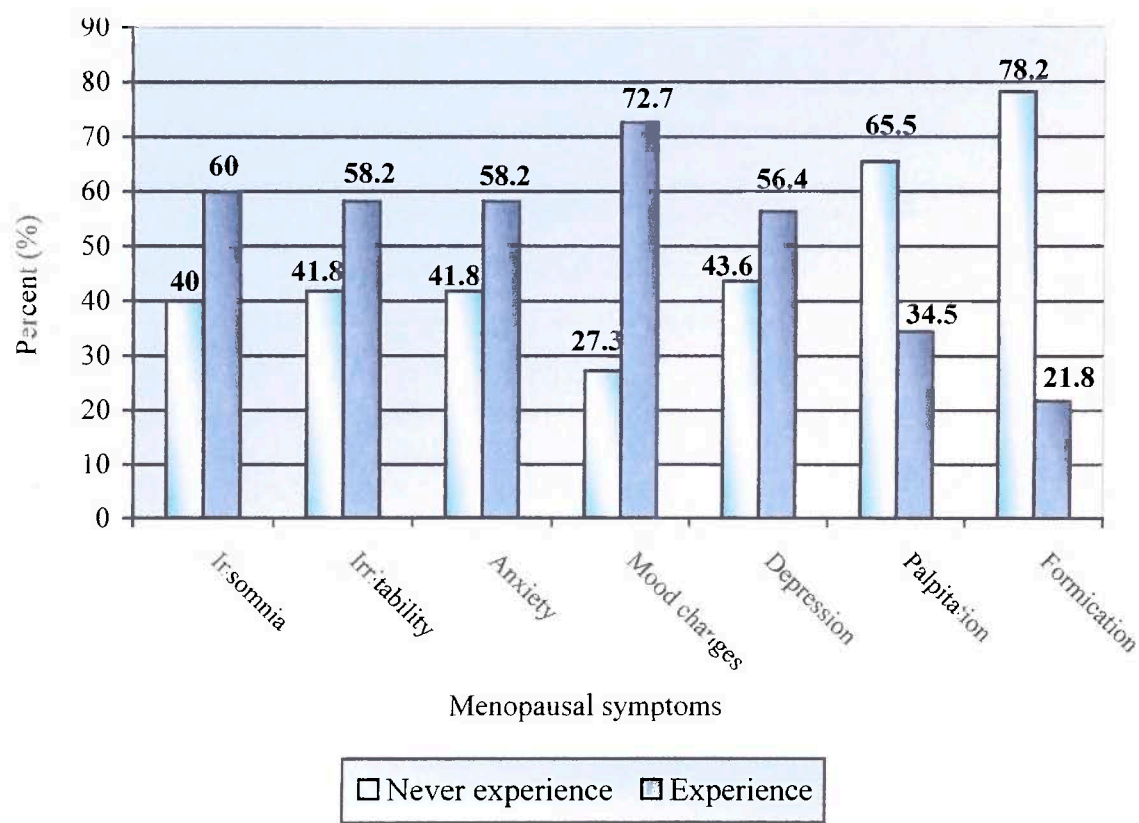


Figure 4-5 Comparison of psychological symptoms of menopause experienced and never experienced by Laotian women (Question 13)

4.3.4 Physical experiences of menopause

In Table 4-5, the physical experience of menopause is illustrated. According to Table 4-5, never having experienced urinary tract problems (U.T problems) ranked highest (65.5%), followed by never having experienced hot flushes (61.8%), night sweats (58.2%), genital changes (including dryness of vagina, itching, the vulva thins) (54.5%), backaches (50.9%) and dry skin (50.9%). However, overall, more than half of the subjects reported that they had experienced aching joints and muscles (60%), followed by unusual tiredness (58.2%) and headaches (52.7%) (Table 4-5 and Figure 4-6).

Table 4-5. Physical/physiological experiences of menopause in Laotian women
(Question 13)

Variables	% experiencing menopausal symptoms					Total
	Never	Occasionally*	Sometimes*	Often*	All the time*	
Physical symptoms						
Hot flushes	61.8	10.9	10.9	12.7	3.6	100.0
Unusually tired	41.8	21.8	18.2	16.4	1.8	100.0
Genital changes	54.5	25.5	9.1	9.1	1.8	100.0
Headaches	47.3	21.8	18.2	12.7	—	100.0
Backaches	50.9	27.3	10.9	10.9	—	100.0
Urinary tract problems	65.5	23.6	5.5	3.6	1.8	100.0
Dry skin	50.9	21.8	14.5	12.7	—	100.0
Night sweats	58.2	9.1	16.4	9.1	7.3	100.0
Aching joints and muscles	40.0	21.8	16.4	18.2	3.6	100.0

* Responses on ‘occasionally, sometimes, often and all the time’ are counted into experiencing menopausal symptoms.

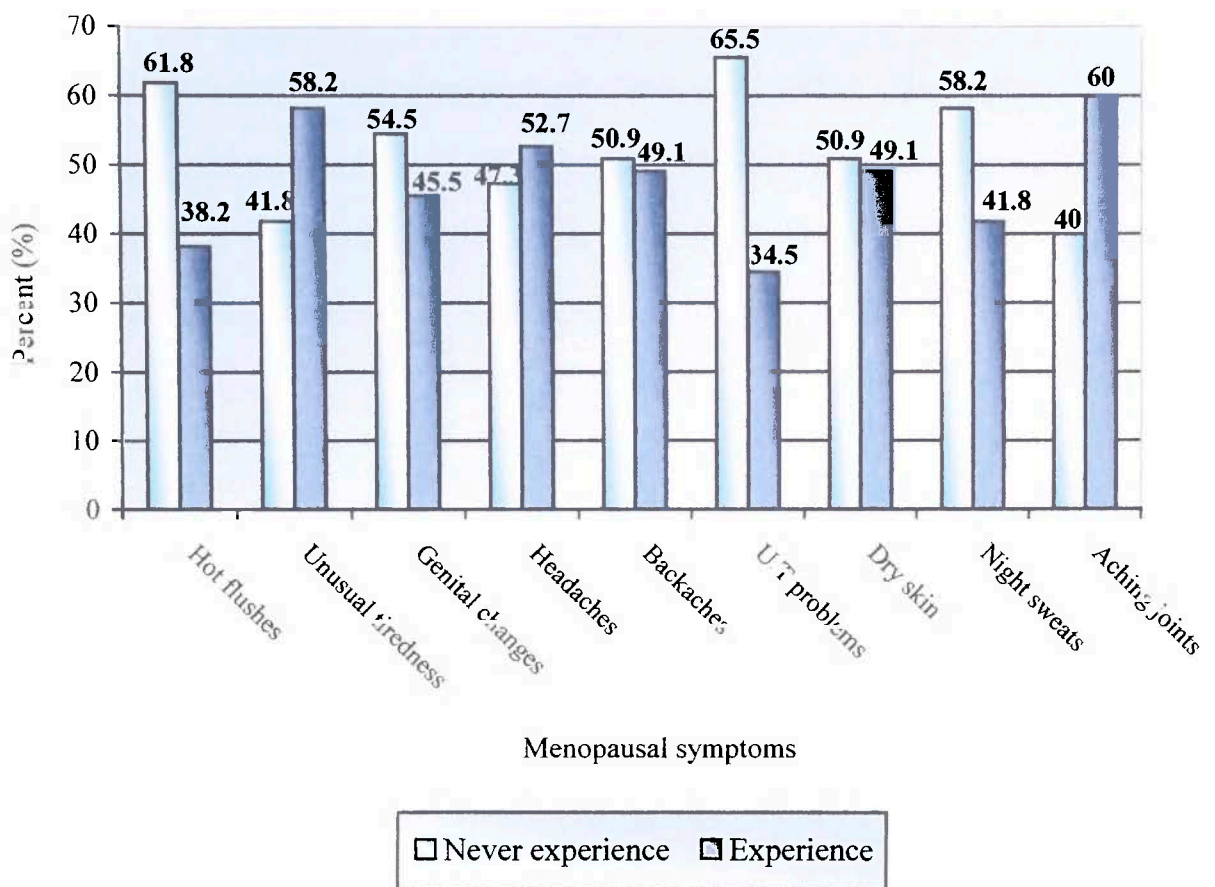


Figure 4-6 Comparison of physical symptoms of menopause experienced and never experienced by Laotian women (Question 13)

4.4 Ways of dealing with the changes in menopause

Overall, more than a quarter (27.5%) of the subjects in this study reported that they did not seek treatment when they were going through menopause. 19.8% of the subjects reported that they chose exercise and diet (15.4%). The study found that medical treatment (H.R.T) was reported lower (16.5%) than exercise and no treatment, following by other treatments 13.2%, natural medicines 6.6% and herbal remedies 1.1% (Figure 4-7).

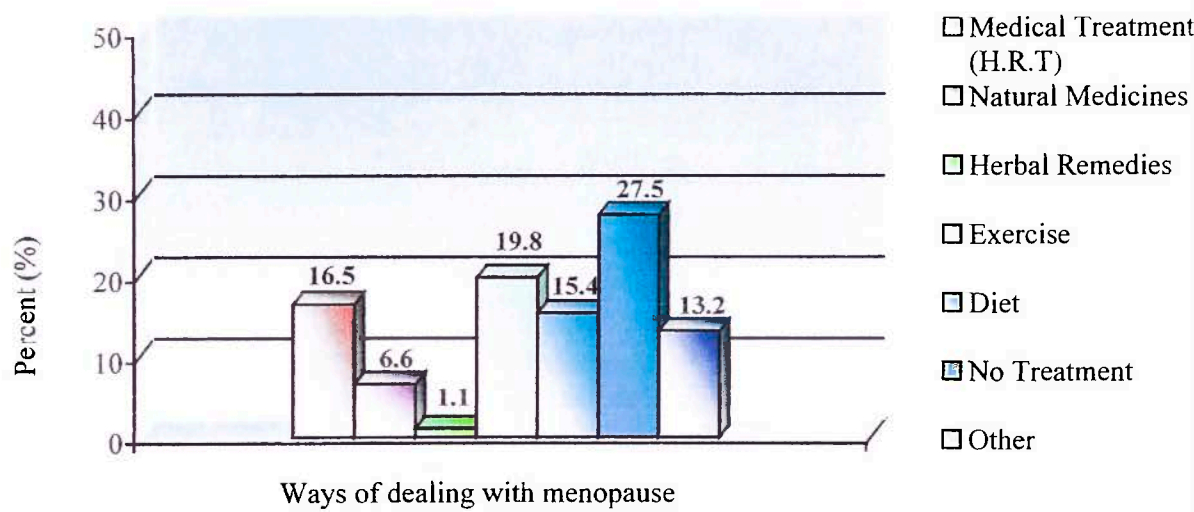


Figure 4-7 Ways of dealing with the changes in menopause (Question 15)

4.4.1 Sources of support or assistance in dealing with menopause

Overall, more than half (60%) of the subjects in this study reported that they had not sought any support or assistance when they were going through menopause and 40% reported that they had sought support and assistance in dealing with the changes in menopause (Figure 4-8).

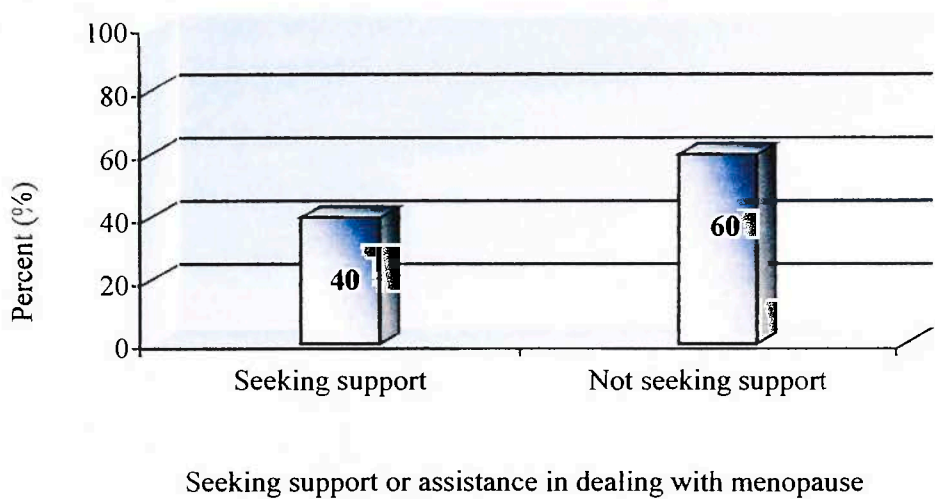


Figure 4-8 Seeking support or assistance in dealing with menopause (Question 16)

In Figure 4-9, within the 40% of the subjects who sought support they reported that they sought support or assistance from a general practitioner (36.6%) ranking highest support when they had experienced some symptoms regarding menopause, and 29.3% of the subjects reported that they sought support from a biomedical practitioner (gynaecologist), followed by the support from their families, friends and/or relatives 14.6%, naturopath 9.8%, and with 9.8% saying they sought other form of supports (Figure 4-9). The subjects also reported that the support or assistance from the general practitioner was the most helpful in dealing with menopause, followed by gynaecologist, naturopath, families, friends, relatives and other supporters.

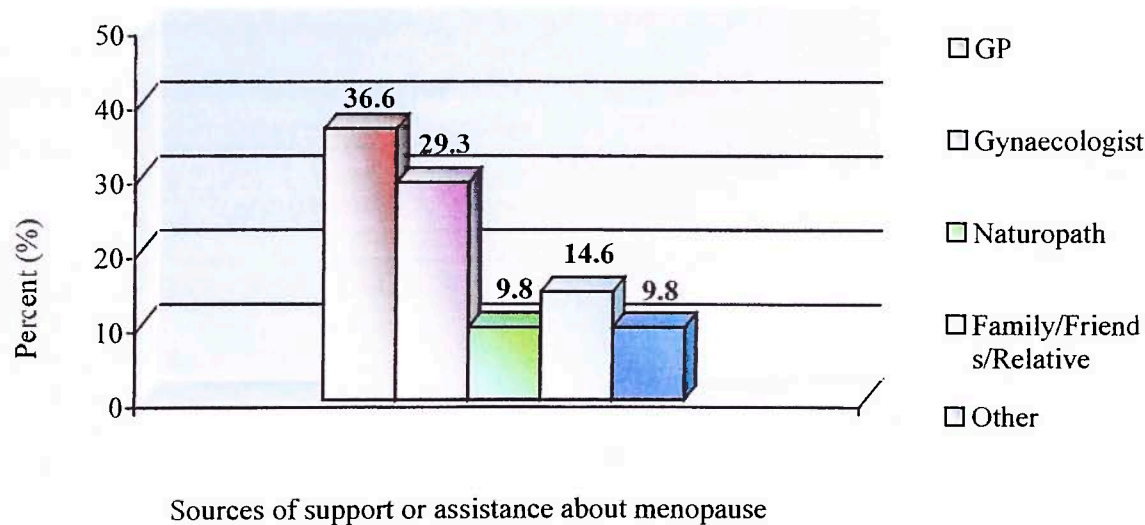


Figure 4-9. Sources of support or assistance regarding menopause (Question 17)

4.5 Perception of menopause

4.5.1 Meaning of menopause

This part is related to part 4 of the survey (Question 19 & 20). The meaning of menopause perceived by subjects’ personal experiences and the meaning of menopause perceived in Laotian culture are presented in Table 4-6. The Table 4-6 shows that there were no significant differences between meaning of menopause perceived by subjects and meaning of menopause in Laotian culture. Approximately half of the subjects viewed menopause as aging (subject’s view 52.9%, culture’s view 54.0%), followed by stop having children (subject’s view 25.3%, culture’s view 29.9%), other (subject’s view 11.5%, culture’s view 6.9%), don’t know (subject’s view 5.7%, culture’s view 5.7%) and stopping sexual intercourse (subject’s view 4.6%, culture’s view 3.4%) (Table 4-6).

Table 4-6 Comparison of the meaning of menopause as perceived by Laotian women and Laotian culture (Questions 19 & 20; Multiple responses)				
Variables	Code	Count	Percent of responses (%)	Percent of cases (%)
Meaning of menopause to subjects				
Aging	1	46	52.9	83.6
Stop having children	2	22	25.3	40.0
Stopping sexual intercourse	3	4	4.6	7.3
Don’t know	4	5	5.7	9.1
Other	5	10	11.5	18.2
Total responses		87	100.0	158.2
Meaning of menopause in Laotian culture				
Aging	1	47	54.0	85.5
Stop having children	2	26	29.9	47.3
Stopping sexual intercourse	3	3	3.4	5.5
Don’t know	4	5	5.7	9.1
Other	5	6	6.9	10.9
Total Responses		87	100.0	158.2

* 0 missing cases; 55 valid cases.
* Multiple responses frequencies: values are presented in percentages.

4.5.2 Women’s attitudes towards menopause

The majority (32.7%) of the subjects reported feeling a sense relief, where others experienced mixed feelings (29.1%), no particular feelings at all about cessation of menses (21.8%), feeling of regret (9.1%) and other (4%) (Table 4-7).

Table 4-7 Laotian women’s attitudes towards menopause (Questions 21 to 24)

Variables	Frequency (n=55)	Percent (%)	Valid Percent	Cumulative Percent
Feeling about the cessation of menses				
Relief	18	32.7	32.7	32.7
Regret	5	9.1	9.1	41.8
Mixed feelings	16	29.1	29.1	70.9
No particular feeling at all	12	21.8	21.8	92.7
Other	4	7.3	7.3	100.0
Total	55	100.0	100.0	
Subject’s feeling about their health choices in managing menopausal symptoms				
Strongly agree	16	29.1	29.1	29.1
Agree	13	23.6	23.6	52.7
Neutral	9	16.4	16.4	69.1
Disagree	5	9.1	9.1	78.2
Strongly disagree				
Don’t know*	12	21.8	21.8	100.0
Total	55	100.0	100.0	
Feeling about taking daily estrogen replacement as menopause therapy				
Positive	9	16.4	16.4	16.4
Negative	36	65.5	65.5	81.8
Neither	3	5.5	5.5	87.3
Don’t know	7	12.7	12.7	100.0
Total	55	100.0	100.0	
Cultural thought of taking estrogen (H.R.T)				
Yes	19	34.5	34.5	34.5
No	29	52.7	52.7	87.3
Don’t know	7	12.7	12.7	100.0
Total	55	100.0	100.0	

*Responses on ‘Don’t know’ are from premenopausal women who have not experienced any menopausal symptoms yet.

In Table 4-7, the majority of the subjects agreed that their health choices had relieved the symptoms of menopause (strongly agree 29.1%, agree 23.6%, neutral 16.4%) and only 9.1% of the subjects disagreed about their health choices in dealing with the symptoms of menopause. Within the sample, the responses of 'don't know' (21.8%) were reported as a result of the premenopausal women who had not experienced any menopausal symptoms and had not made their choices in dealing with menopause.

In Table 4-7, the majority (65.5%) of the subjects viewed Hormone Replacement Therapy (H.R.T) as negative; while, 16.4% of the subjects viewed H.T.R as positive, 5.5% were neither and 12.7% don't know.

According to Table 4-7, more than half (52.7%) of the subjects reported that Laotian cultural influences did not allow women to use H.R.T. Only 34.5% of the subjects reported that the culture allowed women to use H.R.T and 12.7% did not know about the culture's thoughts about using H.R.T (Table 4-7).

Table 4-8 Good things and bad things about menopause in Laotian women
(Questions 25 & 26)

Variables	Frequency (n=55)	Percent (%)	Valid Percent	Cumulative Percent
Good things about menopause				
No more periods	12	21.8	21.8	21.8
Normal life transition	5	9.1	9.1	30.9
Rest from menstruation and its related pain	2	3.6	3.6	34.5
Stop worrying about period	1	1.8	1.8	36.4
Stop having children, no worry about pregnancy	3	5.5	5.5	41.8
New time in life	1	1.8	1.8	43.6
Saving money with buying sanitary napkins	6	10.9	10.9	54.5
Nothing	25	45.5	45.5	100.0
Total	55	100.0	100.0	
Bad things about menopause				
Affecting health	1	1.8	1.8	1.8
Change in sex (Less sex)	1	1.8	1.8	3.6
Risks of some symptoms (eg. Hot flushes, Night sweats, Aching joints, Dry skin, Mood changes, etc.)	11	20.0	20.0	23.6
Feeling unwell/mood changes	4	7.3	7.3	30.9
Having to take daily estrogen	2	3.6	3.6	34.5
Loss of appearance	1	1.8	1.8	36.4
Getting older	9	16.4	16.4	52.7
Nothing	26	47.3	47.3	100.0
Total	55	100.0	100.0	

Approximately half of the subjects viewed nothing good (45.5%) and nothing bad (47.3%) about menopause. The good things about menopause were reported as no more periods (21.8%), normal life transition (9.1%), rest from menstruation and its related pain (3.6%), stop worrying about period (1.8%), stop having children and no worry about pregnancy (5.5%), new time in life (1.8%), and saving money with buying sanitary napkin (10.9%). While, the bad things about menopause were affects on health (1.8%), change in sex (Less sex) (1.8%), risks of some symptoms (e.g. hot flushes, night sweats, aching joints and

muscles, dry skin and mood changes) (7.3%), having to take daily estrogen (3.6%), loss of appearance (1.8%), getting older (16.4%) (Table 4-8).

CHAPTER 5

DISCUSSION AND CONCLUSION

This chapter discusses the results of the study. It discusses the themes of particular concern to this investigation and discusses the results under the sub themes identified in the literature review, which includes socio-demographic characteristics of Laotian women living in Australia, experience of menopausal symptoms and menopausal menstrual problems, ways of managing menopause, and perceptions of menopause. Further, it considers some suggestions for future research.

5.1 Socio-demographic characteristics

Under this theme, eight variables are reviewed to obtain their frequency distribution among 55 subjects. The results are presented in percentages from 55 valid cases. The variables considered are age, place of birth, religion, number of years in Australia since first arrival, language and proficiency in English, educational levels, employment status and marital status.

5.1.1 Age

This sub theme is related to question 1 of the survey in demographic information. This part is also related to question 12-2 of the survey, which sought to find out the relationship between demographic factor and, the experiences of menopausal problems and menopausal symptoms since subjects stopped periods. The study found that approximately half of the subjects were aged 55 years (43.6%), followed by 50 years (16.4%) (Table 4-1). Within the subjects who had stopped periods (67.3%) (Table 4-2): 10.8% of the subjects reported

having experienced some menopausal problems and symptoms¹ in the age of 50 years, while 27.0% were aged 55 years (Table 5-1). These findings support previous research by Pholsena (1999) in which the majority of the Laotian women enter menopause between the ages of 50 and 55 years.

Table 5-1 Relationship between demographic factor and, the experiences of menopausal problems and symptoms since subjects stopped periods
(Questions 1 & 12-2)

Variables	% of experience of some menopausal problems and symptoms since cessation of periods		Total
	Yes	No	
Age of the subjects (years)			
46			
48	2.7	2.7	5.4
49	2.7	2.7	5.4
50	10.8	8.1	18.9
52	5.4		5.4
53	5.4	2.7	8.1
54	8.1	2.7	10.8
55	27.0	10.8	37.8
57	2.7		2.7
60	2.7		2.7
63		2.7	2.7
Total	67.6	32.4	100

* Descriptive statistics: crosstabs.

¹ As described earlier in the literature review, the menopausal problems and menopausal symptoms experienced by women were defined as below,

The menopausal problems were defined as a problem that women experienced when they were going through menopause, included social experiences (Pholsena, 1999).

According to the World Health Organization (1991), symptoms associated with menopause include changes in periods, hot flushes, unusual tiredness, palpitations, head aches, back aches, a problems with a vagina and bladder, dry skin, aching joints and muscles, night sweats, crawling sensation (formication), insomnia, irritability, anxiety, mood changes, and depression.

5.1.2 Place of birth

This sub theme is related to question 2 of the survey as part of demographic information. As described and considered earlier in the methodology of this thesis, it was considered that place of birth was equivalent to cultural background. In this study, birthplace of the subjects was identified and this can confirm that the subjects of this study are from Laotian cultural background.

5.1.3 Religion

This sub theme was the findings from question 3 of the survey as part of demographic question. The findings found that the majority of subjects were Buddhist (94.5%), while a few of the subjects were Catholic (5.5%). These findings support the study by Coughlan (1991), which showed that the majority of Laotian women were Buddhist and a minority were Catholic.

5.1.4 Number of years in Australia since first arrival

This sub theme is related to question 4 of the survey from the demographic question and also question 16 which refers to the number of years the subjects have been in Australia and how the number of years affected their decision in seeking support or assistance about menopause.

The study found that most subjects in this study had lived in Australia for between 15 and 33 years. The subjects who had lived in Australia for 25 years reported seeking support or

assistance about menopause (10.9%), while none of the subjects who had lived in Australia between 15 years and 18 years did not report seeking support or assistance about menopause (Table 5-2). This suggests that the time of residence in Australia plays a part in adapting to Australian culture and that it affects the women's decision in seeking support or assistance about menopause.

5.1.5 Language proficiency in English

Language proficiency in English was addressed in question 5 of the survey part of the demographic questions. This issue is also related to question 16 of the survey, which sought to find out about the relationship between demographic factors and the subjects' decision in seeking support or assistance about menopause. The study found that 30.9% of the subjects could speak English well, while more than half (67.3%) of them could speak a little English, and 1.8% could not speak English at all. The study found that language proficiency in English was a factor in dealing with menopause with 21.8% of the subjects who could speak English well reported seeking support or assistance about menopause, while 18.2% of the subjects who could speak a little English reported seeking support or assistance about menopause and none of the subjects who could not speak English reported seeking support about menopause (Table 5-2). This finding supports the previous study by Ryan (1999), which revealed that language proficiency in English of the women from non-English speaking backgrounds was a factor that influenced the women's decision in seeking support or assistance about menopause.

5.1.6 Education level

This sub theme is related to question 6 of the survey in the demographic information. This part is also related to question 16 of the survey regarding the relationship between demographic factor and the subjects' decision for seeking support or assistance about menopause. The study found that overall, more than a quarter (29.1%) of the subjects had completed some primary school, followed by some high school education (25.5%), completed high school (23.6%) and a few (5.5%) of the subjects reported that they had never been to school. Only 12.7% of the subjects had completed university and TAFE/collage (3.6%). The study found that 12.7% of the subjects with high education level (university) reported seeking support or assistance about menopause, while none of the subjects who had never been to school reported that they had not sought support about menopause (Table 5-2). This suggests that the education level of the subjects played a part in their decision to seek support or assistance about menopause.

5.1.7 Employment status

This sub theme is related to question 7 of the survey which sought demographic information. This is also related to question 16 of the survey which sought to establish the relationship between the demographic factors and the subjects' decision for seeking support or assistance about menopause. The study found that overall, more than half (56.4%) of the subjects were in full time paid employment, followed by part time paid employment (23.6%), full time home duties (14.5%) and not in paid employment (5.5%). The study also found that 16.4% of the subjects in full-time paid employment reported that they sought support about menopause, those not in paid employment (5.5%), full time

home duties (9.1%) and part time paid employment (9.1%) (Table 5-2). These findings suggest that employment status also influenced the subjects' decision for seeking support and assistance about menopause.

5.1.8 Marital status

This sub theme is related to question 8 of the survey which sought to gain demographic information on the subjects. This part explains the relationship between question 8 and question 16 of the survey.

The study found that most subjects in this study were married (80.0%), followed by single (9.1%), widowed (5.5%) and separated (5.5%). The findings found that (29.1%) of the subjects who were married reported seeking support or assistance about menopause being higher than the subjects who were single women (3.6%), separated (3.6%) and widowed (3.6%). See Table 5-2. These findings suggest that marriage may play a part in the subjects' decisions for seeking support or assistance about menopause. In addition, these findings support the study by Pholsena (1999), which indicated that married women were more likely to seek support than single women. Only a very few single women sought support about menopause, while most of them reported that they were ashamed to seek out any support about menopause. This thesis did not investigate an in-depth understanding of what factors influenced the women's decision to seek support. 'Were the women influenced by their husbands and/or their families and/or others for seeking support about menopause?' This question still needs to be investigated in future research.

Table 5-2 Relationship between socio-demographic and the women's decision for seeking support or assistance about menopause (*Questions 1-8 & 16*)

Variables	% of seeking support or assistance		Total
	Yes	No	
Number of years in Australia			
15	—	5.5	5.5
18	—	3.6	3.6
19	3.6	5.5	9.1
21	9.1	3.6	12.7
23	3.6	5.5	9.1
25	10.9	21.8	32.7
26	7.3	3.6	10.9
30	1.8	5.5	7.3
33	1.8	7.3	9.1
Total	40.0	60.0	100.0
Language proficiency in English			
I speak English well	21.8	9.1	30.9
I speak a little English	18.2	49.1	67.3
I understand English but cannot speak it	—	1.8	1.8
Total	40.0	60.0	100.0
Education level			
Never been to school	—	5.5	5.5
Some primary school or finished primary school	3.6	25.5	29.1
Some high school	9.1	16.4	25.5
High school	10.9	12.7	23.6
TAFE	3.6	—	3.6
University	12.7	—	12.7
Total	40.0	60.0	100.0
Employment status			
Full time home duties	9.1	5.5	14.5
Full time paid employment	16.4	40.0	56.4
Part time paid employment	9.1	14.5	23.6
Not in paid employment	5.5	—	5.5
Total	40.0	60.0	100.0
Marital status			
Married	29.1	50.9	80.0
Single	3.6	5.5	9.1
Widowed	3.6	1.8	5.5
Divorced/Separated	3.6	1.8	5.5
Total	40.0	60.0	100.0

* Descriptive statistics: crosstabs.

5.2 Experience of menopause

The experience of menopause involves premenopausal menstrual experience, social experience, psychological experience, and physical experience. Each of these sub themes is discussed below,

5.2.1 Premenopausal menstrual experiences

This sub theme is related to question 10 in the survey as part of the experience of menopause. The findings showed that almost one-third (32.7%) of the subjects who still got periods reported having experienced various menstrual changes in their periods such as irregular menses 83.3%, heavy and irregular bleeding 11.1%, painful and prolonged bleeding 5.5%. According to Youngkin & Davis (1994), hypo-estrogenic changes resulting from decreasing ovarian function are responsible for menstrual irregularities, vasomotor instability and vaginal changes. In this study the subjects reported menstrual irregularities often included shorter and less frequent episodes of bleeding or a mixture of heavy painful and prolonged bleeding episodes. Such irregular menses are due to an ovulation where the epithelium builds from unopposed estrogen stimulation with no progesterone to transpose it to a secondary state. Break through bleeding is common and the women experience distressing irregularity.

5.2.2 Social experiences of menopause

This sub theme is related to question 14 of the survey as part of the menopausal experience. The study found that approximately more than a quarter (28.8%) of the subjects reported having none of the social experiences of menopause since they stopped

menstruating, this data suggests that the subjects in this group may view menopause as a natural stage in their lives resulting they reported having none of the social experience of menopause. While, the majority (71.2%) of the subjects reported having social experiences of menopause. However, among subjects who had social experiences of menopause these were more positive than negative. The subjects reported that they felt respected by other people 20.0%, felt could command 15.1% and felt could sleep out of home without any questions 6.3%, while negative experiences were reported as feelings of, others had not understood 13.8%, rejected by spouse 7.5%, isolated by people 5.0% and demoted at place of work 3.8%. These findings advise that respect by other people, feelings of could command and a feeling of freedom to go out of the home without any questions are seen to be common in Laotian women. These findings support the previous study by Alder et al. (2000), which showed that women from Asian cultural backgrounds viewed menopause as a positive event, gained higher status in the community and that such a change in their reproductive status allowed more freedom in their familial and societal roles as the women “had fulfilled their duties as mothers and wives” and could now participate in different activities outside the home.

By contrast, this study found that fewer Laotian women in this study had negative social experiences of menopause since their periods ceased. This suggests that the women in this group may be influenced by Australian culture and that they had feelings of negative social experience of menopause. This negativity supports the views expressed by Kaufert (1982) that a woman who belonged to a culture that perceived menopause as a negative event would be influenced by the culture that they lived in, resulting in negative social experiences of menopause. Laotian immigrant women who are from a Lao cultural

background but have lived in Australia for over 25 years may be influenced by Australian culture and resulting in feelings of negative social experiences.

5.2.3 Psychological experiences of menopause

This sub theme is related to question 13 of the survey as part of menopausal experience. This study found that the psychological problems, which occurred during menopause as described by the subjects as symptoms of menopause, included mood changes (72,7%), insomnia²(60%), irritability (58.2%), anxiety (58.2%) and depression (56.4%), palpitations (34.5%) and formication³ (21.8%). These findings are consistent with the previous study by Lock (1998) who conducted a study on Japanese women, which found similar menopausal symptoms with mood changes, insomnia, irritability, anxiety and depression being the most commonly reported symptoms.

^{2 & 3} In this thesis, insomnia and formication were categorized in this sub theme of psychological experiences of menopause, because insomnia and formication were basically caused from the nervous system of the human (Youngkin & Davis, 1994).

5.2.4 Physical experiences

This sub theme is associated to question 13 of the survey as part of menopausal experience. The study found that the three most common physical complaints reported by subjects as the symptoms of menopause were aching joint and muscles (60%), unusual tiredness (58.2%) and headaches (52.7%), while hot flushes (38.2%) and night sweats (41.8%) were reported lower than the three common problems above. This data is consistent with previous studies conducted by Pholsena (1995) where the highest discomfort was aching joints and muscles, followed by headaches and tiredness during a woman's menopausal experience, while hot flushes and night sweats were less reported. Leake (1999) noted that for many generations women have recognized that the eating of specific foods or plant extracts may lead to a reduction in symptoms of menopause, and that other cultural factors (diet, exercise habits) also play a part in the experience (Beyenne, 1986; Lock, 1991; Hunter, 1990). Such the findings of this thesis found that some subjects in this study have changed their eating habits since they stopped menstruating (Details see the following section) and that may resulted in a reduction in symptoms of menopause, including hot flushes and night sweats.

5.3 Ways of dealing with the changes in menopause

This sub theme is related to question 15, 16, 17 and 18 of the survey as part of the management of menopause. In responses regarding the types of treatment received for menstrual problems, the subjects gave various treatment modalities. Overall, more than a quarter (27.5%) of the subjects had no treatment when they were going through menopause, followed by exercise (19.8%), H.R.T (16.5%), diet (15.4%) and other (13.2%),

while, only 1.1% of the subjects reported that they dealt with menopausal problems by herbal remedies. This suggests that the subjects may see menopause as a normal life transition and therefore, they had no treatment when they were going through menopause (Figure 4-7). Traditionally, the use of exercise and diet are common in Laotian culture for health problems, especially in mid aged women. In this study the subjects also reported eating more fish, fruit and vegetables and eating less fatty food and meat since they stopped menstruations.

In addition, the study also found that in seeking support or assistance about menopause, it was surprising that more than half (60%) of the subjects in this study reported that they had not sought any support or assistance about menopause. This finding suggests that although some subjects in this study had no menopausal symptoms but sixty percent (60%) is a high rate that indicates these subjects are not active to receive treatment from anyone about menopause. While, the rest (40%) of the subjects reported having sought support or assistance (Figure 4-8) and within this group, subjects reported the three most common forms of support or assistance came from a GP (36.6%), gynaecologist (29.3%) and family and/or friends (14.6%), fewer reported seeking support from a naturopath (9.8%) and other supporters (9.8%) (Figure 4-9). This data suggests, the availability of western health care and the relative unavailability of the use of traditional Lao herbal medicines and healers in Australia lead to the subjects seeking medical assistance from mainstream health services. This inevitably puts women in mid life into contact with more of the current medical interpretations of menopause.

5.4 Perception of menopause

5.4.1 Meaning of menopause by subjects and by culture

This sub theme is related to question 19 and 20 of the survey as part of perception of menopause. Question 19 was asked to gain the perception of menopause from the subject's personal experience of menopause, while question 20 was asked, in order to, understand how the subjects reflect on the same question but from the point of view of how the Laotian society perceived the menopause experience. The study found that there were no significant differences between the meaning of menopause as perceived by subjects and the meaning of menopause in Laotian culture. The findings found that the subjects reported the meaning of menopause in Laotian culture as being similar to their personal experience of menopause. Such findings, approximately half of the subjects viewed menopause as aging (subject's view 52.9%, culture's view 54.0%), followed by stop to having children (subject's view 25.3%, culture's view 29.9%), other (subject's view 11.5%, culture's view 6.9%), don't know (subject's view 5.7%, culture's view 5.7%) and stopping sexual intercourse (subject's view 4.6%, culture's view 3.4%). See Table 4-6. This suggests that Laotian culture may influence the women's perception of menopause and that they define menopause as similarly.

5.4.2 Women's attitudes toward menopause

This sub theme is associated to question 21, 25 and 26 of the survey as part of menopausal perception. These questions were asked to gain the subjects' attitudes towards menopause. The study found that the majority (47.3%) of the subjects in their middle-aged years reported 'nothing bad about menopause' and 32.7% of the subjects reported 'feeling relief'

about the cessation of menses, followed by 21.8% reported 'no particular feeling at all' about cessation of menses (Table 4-7 & Table 4-8). The findings suggest that the subjects in this group see menopause as a positive stage in their lives resulting positive views of menopause. These data support a previous study conducted by Chang et al. (1993), a sample of 825 Taiwanese women's perception of menopause, in which 91.4% of respondents believed that 'menopause is a natural biological process'.

However, the study found that approximately half (45.5%) of the subjects in this study reported 'nothing good about menopause' and 9.1% of the subjects reported 'feelings of regret' about the cessation of menses (Table 4-7 & Table 4-8). These data suggest that the subjects in this group adapt themselves to Australian culture resulting negative views of menopause.

The positive and negative views of menopause from the results of this study support a study by Abraham et al. (1994), who conducted a 10-year longitudinal study on a sample of 60 Australian women to gain their perceptions of menopause, revealed that most of the women surveyed found menopause was both positive and negative. These findings, together with the results from this study, also confirm suggestions by Ferguson (1998) that women's attitudes about menopause evolve as they pass through the life cycle, and are affected by societal attitudes and messages, observations of older women, attitudes about aging, and personal experiences of menopause.

5.4.3 Women's attitudes towards their health choices in dealing with menopausal problems

This sub theme is related to question 22 of the survey as part of menopausal perception. This question was asked to gain the women's attitudes towards their health choices in dealing with menopausal problems.

The majority of the subjects agreed that their health choices have relieved the problems of menopause (strongly agree 29.1%, agree 23.6%, neutral 16.4%), while only 9.1% of the subjects disagreed about their health choices in dealing with the symptoms of menopause. These findings suggest that the subjects who responded to 'strongly agree' and 'agree' about their health choices relieving menopausal symptoms may receive a positive result from their choices, while the subjects who responded, 'neutral' and 'disagree' about their health choices may receive negative results from the choices that they had made in dealing with menopausal symptoms.

5.4.4 Women's views of Hormone Replacement Therapy (H.R.T)

This sub theme is related to question 23 and 24 of the survey as part of menopausal perception. Question 23 was asked to gain the subjects' views of taking Hormone Replacement Therapy (H.R.T), while question 24 was asked to gain the cultural perspective of using H.R.T. The study found that the majority (65.5%) of the subjects viewed Hormone Replacement Therapy (H.R.T) as 'negative'. While, 16.4% of the subjects viewed H.R.T as 'positive', 5.5% were 'neither' and 12.7% were 'don't know'. According to 52.7% of the subjects, the culture in which they lived did not allow women to

use H.R.T. Only 34.5% of the subjects reported that the culture allowed women to use H.R.T and 12.7% did not know about the culture's view on using H.R.T (Table 4-7). The results of this study suggest that the culture in which the subjects lived may influence the women's perceptions about using H.R.T and that the majority of the subjects viewed using H.R.T, as negative. The subjects reported that in Laotian society, women generally saw H.R.T as a cancer-causing agent, which affected their health, and was therefore definitely not to be taken. Some women believed that hormones were not necessary, or should only be taken for a short time. Those subjects who reported using H.R.T as positive, had previously or were currently taking H.R.T.

5.5 Suggestions for future research

This study was designed and carried out with the specific purpose of investigating Laotian women's perception and experience of the management of menopause in Australia. This study was the first study to document menopausal perception and experience of Laotian women in Australia with managing menopause. The lessons learned and the implications that emerged from this study will contribute in a small way to enhancing the conditions under which Laotian women in this setting make their way in dealing with menopause.

This study was an initial glimpse into the Laotian experience of menopause. It firstly offers valuable information into the experience of menopause in Laotian women living in Australia and secondly it offers valuable information for further research as a basic literature of priority for future research. The subjects were only selected from Victoria. Thus, the findings from this study may be limited in the data, and cannot be used to comment on Laotian women in general, on their experience of menopause. Consequently,

it is suggested that it would be useful to repeat the investigations using a larger group of subjects living in different parts of Australia, as it would be valuable to investigate the study with Laotian-born menopausal women in different parts of Australia, or further investigate with Laotian menopausal women in Laos. It would also be more interesting to investigate non-Laotian menopausal women in Australia regarding their menopausal experience.

Furthermore, this thesis found emergent issues, which included eating habits, life style, education level and religion of the women were not fully explored in this study. As the results of this study were gained by using structured interviews with a number of closed-ended questions and a few opened-ended questions, further research using an in-depth interview method would be more valuable to gain a deeper understanding of how women lived the experience of menopause.

Issues that have emerged in this thesis that points to further research are:

- Further exploration of how diet may be related to the experience of menopause.
- Investigation of why the use of Laotian traditional herbal medicines was low as reported by Laotian women when living in Australia.
- Further research into how higher-educated Laotian women manage the change in menopause compared to illiterate Laotian women.
- Further examination of how the Laotian religion influences women's perception and experience for managing of menopause.

- Further investigation of why the Laotian culture did not encourage women to use H.R.T.

These issues should be researched in further detail, as they may be a key to provide a deeper understanding of menopausal experiences in Laotian women. By concentrating on women from a Laotian culture in the first instance, there would be enough commonality to contribute to women's knowledge on menopause in making the best decision in dealing with menopause.

5.6 Conclusion

The perceptions and the experiences of Laotian women living in Australia for the management of menopause were presented in this thesis. This thesis focused on the ways in which Laotian women living in Australia live with and live through the experience of menopause. The thesis aimed to provide an understanding of the perceptions and experiences of Laotian women living in Australia with managing menopause, to describe the menopausal problems and menopausal symptoms and to examine Laotian cultural influences on the perception of menopause as well as the Laotian cultural influences on the perception for managing menopause. This thesis was carried out in Western, Northwestern and outer Northeastern suburbs of Melbourne, which were the areas with a high proportion of Laotians. In all, a total of 55 subjects contributed to the study.

This study concluded that the emergence of menopausal perceptions and experiences were complex and involved many internal and external factors, such as socio-demographic characteristics and cultural factors. The study first found that socio-demographic factors

such as, the number of years in Australia, language proficiency in English, education level and employment status played a part in the women's perceptions and experiences for the management of menopause. However, this study did not research how different birthplaces in Laos, religion and marital status impact on women's experiences of menopause. Further research would clarify these issues.

This study found that the frequent menopausal symptoms experienced by subjects included mood changes, insomnia, irritability, anxiety, depression, aching joint and muscles, unusual tiredness and headache. Hot flushes and night sweats were less frequently reported than other symptoms. The findings of this study suggest that the subjects may have changed their eating habits since they stopped their menstruating and that could have resulted in a reduction in symptoms of menopause, including hot flushes and night sweats. Further research may shed some light on this issue.

Moreover, this study found that Laotian culture saw menopause as a natural stage in all women in mid life. The majority of the subjects felt very well since the cessation of periods. Thus, the majority of the subjects did not seek support or assistance when they were going through menopause. The subjects who sought support or assistance were those who felt unwell since their periods stopped and experienced a number of menopausal problems in their mid life. Interestingly, general practitioners and biomedical practitioners were the most common sources of support or assistance for menopause with the subjects seeking support. This may be due to the availability of western health care services and the relative unavailability of the use of traditional herbal medicines and healers in Australia. Therefore, the subjects have to seek medical assistance from mainstream health services in Australia when they become unwell.

Furthermore, this study found that the Laotian culture viewed using daily H.R.T in dealing with menopause as a negative, an unnatural and a cancer-causing agent, which affects human health and that the majority of the subjects perceived using daily H.R.T as negative. In addition, it appears that Laotian culture generally does not encourage women to use H.R.T. These findings advise that Laotian culture influences the women's perceptions in making decisions for managing menopause.

In conclusion, the results of this study could be further used to better inform, assist and contribute some general knowledge about menopause for women who are searching for more information to decide what menopausal management methods would be the most suitable health choices.

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GLOSSARY OF TERMS

Climacteric

“Denotes either a particular point in time or a continuum of up to 30 years which is divided into three overlapping phases: the early climacteric or premenopause, the perimenopause and the late climacteric” (Berger, 1999: 184).

Culture

“The sum total of knowledge passed on from generation to generation within any given society. This body of knowledge includes language, forms of art, expression, religion, social and political structures, legal systems, economic systems, norms of behaviour, ideas of illness and healing, and so on” (Castillo, 1997: 285).

Hmong

Refers to people who live as hill tribes in high mountainous areas in Laos. The Hmong are animistic and follow ancestral worship, they believe in reincarnation and the birth cycle (Lianputong-Rice, 1995: 2-3).

Laotian

Refers to the people who live in Laos where the country is located in South-eastern of Asia. Most Laotian people are Buddhist.

Menopause

“Derives from the Greek words ‘cease’ and ‘month’, whereby a period of twelve or more months without menstruation indicates the completion of menopause” (Berger, 1999: 185).

Perimenopause

“Typically, the few years immediately preceding menopause; this period may be characterized by changes in the menstrual pattern and the appearance of mild to severe discomforts” (Berger, 1999: 185).

Post menopause

“The years, which follow a woman’s final menstruation when any related discomforts disappear” (Berger, 1999: 185)

APPENDICES

APPENDIX A

A COVERING LETTER

Victoria University of Technology

Perceptions and experiences of Laotian women living in Australia with managing menopause

Dear participants,

You are being invited to participate in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please read the attached information sheet and if you would like to discuss any concern or ask any question about the study, please feel free to contact Dr. Hong Xu, on 0393652765, who is the principle investigator of this study and, the course coordinator of Chinese Medicine, School of Health Sciences, Victoria University.

After you have read it, **if you would like to help us in this study please complete the survey and returning it to us in the reply paid envelope at your earliest convenience.**

All the best for providing data on the menopause in Laotian women.

Thank you.

Best regards,

Dr. Hong Xu

Principle investigator of the project
School of Health Sciences

Please complete and return the survey in the enclosed reply paid envelope, which has already been provided you as the following address:

**Dr. Hong Xu
Co. Padaphet Sayakhot
School of Health Sciences (S087)
Faculty of Human Development
Victoria University
PO Box 14428
Melbourne City MC
VIC 8001, Australia**

ຈົດໝາຍ ຄວບຄຸມຂອງ ບົດຄົ້ນຄວ້າ:

ມະຫາວິທະຍາໄລ ເທັກໂນໂລຢີ ວິກິໂທເລຍ

ຄວາມເຂົ້າໃຈ ແລະ ປະສົບການ ຂອງ ຜູ້ຍິງລາວ ຢູ່ໃນ ອອດສເຕຣເລຍ ໃນການ ດູແລ ສຸຂະພາບ
ຢູ່ໃນພາວະ ໝົດປະຈຳເດືອນ

ເຖິງ ຜູ້ຮ່ວມໃນບົດຄົ້ນຄວ້າ,

ທ່ານໄດ້ຖືກເຊັນ ໃຫ້ເຂົ້າຮ່ວມ ໃນ ບົດຄົ້ນຄວ້ານີ້. ກ່ອນທີ່ທ່ານ ຈະຕັດສິນໃຈເຂົ້າຮ່ວມ, ມັນ ແມ່ນສິ່ງສໍາຄັນສໍາລັບທ່ານ
ທີ່ຈະຕ້ອງເຂົ້າໃຈວ່າ ເປັນຫຍັງ ບົດຄົ້ນຄວ້ານີ້ ຈຶ່ງໄດ້ຖືກ ເຮັດ ແລະ ມີຫຍັງແດ່ ທີ່ ຈະຮວມໄປເຖິງ.

ກະລຸນາອ່ານຂໍ້ມູນທີ່ປະກອບມາກັບຈົດໝາຍສະບັບນີ້ ແລະ ຖ້າທ່ານ ຕ້ອງການ ສົນທະນາ ຫຼື ສອບຖາມ ຄໍາຖາມ ໃດໆ
ກ່ຽວກັບບົດຄົ້ນຄວ້ານີ້, ກະລຸນາ ຕິດຕໍ່ Dr. Hong Xu (ດຣ. ຮິງ ຊູ), ຜູ້ຮັບຜິດຊອບຫຼັກ ຂອງ ບົດຄົ້ນຄວ້ານີ້ ແລະ
ຍິ່ງເປັນຫົວໜ້າຂະແໜງ ຂອງ ການປົວດ້ວຍຢາຈີນ, ໂຮງຮຽນວິທະຍາສາດສາທາລະນະສຸກ, ມະຫາວິທະຍາໄລ
ເທັກໂນໂລຢີ ວິກິໂທເລຍ, ຕິດຕໍ່ Tel: 0393652765.

ຫຼັງຈາກທີ່ທ່ານໄດ້ອ່ານຂໍ້ມູນດັ່ງກ່າວແລ້ວ, ຖ້າທ່ານ ຕ້ອງການ ໃຫ້ຄວາມຊ່ວຍເຫຼືອໜວກເຮົາ ໃນບົດຄົ້ນຄວ້ານີ້ ກະລຸນາ
ຕອບແບບສອບຖາມ ແລະ ສົ່ງຄໍາຕອບຂອງທ່ານ ໃນເວລາ ທີ່ ໄວ ແລະ ສະດວກ ຂອງທ່ານ ໂດຍ
ສອດຄ່າຕອບຂອງທ່ານໃສ່ໃນ ຊອງຈົດໝາຍ ທີ່ໜວກເຮົາ ໄດ້ ຈັດຫາໄວ້ໃຫ້ທ່ານແລ້ວ.

ສິ່ງທີ່ດີທີ່ສຸດ ທີ່ຈະໝົດຂອງບົດຄົ້ນຄວ້ານີ້ ແມ່ນ ເພື່ອ ຈັດຫາ ຂໍ້ມູນ ທາງດ້ານ ສຸຂະພາບ ຂອງຜູ້ຍິງລາວ ໃນ
ອອດສເຕຣເລຍ ທີ່ຢູ່ໃນພາວະ ຂອງການໝົດປະຈຳເດືອນ.

ຮຽນມາດ້ວຍຄວາມເຄົາລົບ ແລະ ນັບຖື ເປັນຢ່າງສູງ,

ດຣ. ຮິງ ຊູ

ຜູ້ຮັບຜິດຊອບຫຼັກ ຂອງ ບົດຄົ້ນຄວ້າ
ໂຮງຮຽນວິທະຍາສາດສາທາລະນະສຸກ

ກະລຸນາ ຕອບແບບສອບຖາມ ແລະ ສົ່ງຄືນ ແບບສອບຖາມ ໂດຍ ສອດໃສ່ໃນ ຊອງຈົດໝາຍ ທີ່ ໄດ້ຖືກຈ່າຍ, ທີ່ມີ ທີ່ ຢູ່
ດັ່ງຂ້າງລຸ່ມນີ້:

To: Dr. Hong Xu
Co. Padaphet Sayakhot
School of Health Sciences (S087)
Faculty of Human Development
Victoria University. PO Box 14428, Melbourne City MC, VIC 8001, Australia

APPENDIX B

INFORMATION SHEET

Victoria University of Technology

Perceptions and experiences of Laotian women living in Australia with managing menopause

Information to participants:

What is the purpose of the study?

The information on the health status in Laotian women living in Australia has limited resources, especially the information on the menopause in Laotian women. Therefore, at the Victoria University, Faculty of Human Development, School of Health Sciences, we are conducting research to find out the perceptions and the experiences of Laotian women living in Australia with managing menopause. The aims of the project are to examine how culture influences the experience of menopause and what are the experiences and, the perceptions for the management of menopause among Laotian women living in Australia.

Why have I been chosen?

You have been chosen by your community if you are:

1. A Laotian born woman.
2. Experience of menopause.
3. Age between 45 and 65 years olds.
4. Residing in Victoria, Australia.

Do I have to take part?

It is your private decision whether or not to participate. Your community will not know if you decide not to participate. If you decide to participate you will be given this information sheet and be asked to sign a consent form if you agree to participate. You are free to withdraw your participation at any time during the interview without any penalty.

What will happen to me if I participate?

You will be asked to fill in the survey about your menopausal experience (or you will be interviewed by the researcher, Padaphet Sayakhot, who is a master's student of Health Sciences in Women's Health, School of Health Sciences, Victoria University). **It should not take very long to complete, because the questions are simple and there are no right or wrong answers.**

Moreover, you will be asked to give some personal information at the beginning of the survey (for example, your age, level of education and place of birth), so that we can see whether or

not the people who answer the questions are representatives of the Laotian community in Australia.

What else do I have to do?

Other than participating in the interviews, there is nothing else you have to do. There are no restrictions on what you can do.

What are the possible disadvantages and risks of participation in this study?

Occasionally, some women find it distressing to talk about their menstruations, health, illness and treatment. If you are not happy about the question, you do not need to answer it and you may withdraw from the research at any time without fear of being penalized. The researcher will stop the interview if the question is upsetting you in any way.

What are the possible benefits of participation in this study?

There are no specific rewards to women who participate in this study, but some women find it helpful to talk about their experiences. The information we gather from this study may help us to provide useful data to understand the issues regarding the menopausal experiences for the Laotian women living in Australia.

What if I would like to discuss some concerns about the study?

If you would like to discuss any concerns or ask any questions that you may have about the study, please feel free to contact Dr. Hong Xu, on 0393652765, who is the principle investigator of this study and, the course coordinator of Chinese Medicine, School of Health Sciences, Victoria University. If you would like to know the overall findings of the study, please contact the University in 2005.

Will the information I provide in this study be kept confidential?

The information you provide will be confidential. No names will be identified or recorded. Participation in the study is voluntary. Original surveys will be stored in a locked filing cabinet at the School of Health Sciences, Victoria University for at least five years as prescribed by the University regulations and then destroyed. Only the researcher and the supervisors can access the information.

What will happen to the results of the study?

The final results of the study will be presented as group data, as frequencies and proportions. You will not be identified in any report from this study.

Acknowledgement

Thank you for taking time to read this information. If you choose to participate, we hope that you find the interview to be interesting.

Any queries about your participation in this project may be directed to the principle investigator (Name: Dr. Hong Xu, ph. 0393652765). If you have any queries or complaints about the way you have been treated, you may contact the Secretary, University Human Research Ethics Committee, Victoria University of Technology, P.O Box: 14428 MCMC, Melbourne, 8001. (Telephone no: 0396884710). If you would like to consult or need support in relation to this research a health professional who speak Laotian is available, please contact Tara Frichithavong, ph. 0398783310.

ຂໍ້ມູນກ່ຽວກັບບົດຄົ້ນຄວ້າ: ມະຫາວິທະຍາໄລ ເທັກໂນໂລຢີ ວິກິໂທເລຍ

ຄວາມເຂົ້າໃຈ ແລະ ປະສົບການ ຂອງ ຜູ້ຍິງລາວ ຢູ່ໃນ ອອດສເຕຣເລຍ, ກ່ຽວກັບ ການດູແລ ສຸຂະພາບ
ຢູ່ໃນພາວະ ໝົດປະຈຳເດືອນ

ຂໍ້ມູນ ເຖິງ ຜູ້ເຂົ້າຮ່ວມ:

ຈຸດປະສົງ ຂອງ ບົດຄົ້ນຄວ້າ ແມ່ນຫຍັງ?

ຂໍ້ມູນ ທາງດ້ານ ສຸຂະພາບ ຂອງ ຜູ້ຍິງ ລາວ ຢູ່ໃນ ອອດສເຕຣເລຍ ມີແຫຼ່ງທີ່ມາ ຢູ່ໃນ ຂອບເຂດ ຈຳກັດ, ພິເສດແລ້ວ ຂໍ້ມູນ
ຂອງ ສະພາບການ ທາງດ້ານ ສຸຂະພາບ ຂອງ ຜູ້ຍິງລາວ ໃນຊ່ວງເວລາ ກຳລັງຈະໝົດປະຈຳເດືອນ ຫຼື ຫຼັງຈາກ
ການໝົດປະຈຳເດືອນແລ້ວ. ເພາະສະນັ້ນ, ມະຫາວິທະຍາໄລ ວິກິໂທເລຍ, ຂະແໜງ ພັດທະນາມະນຸດ, ໂຮງຮຽນ
ວິທະຍາສາດສາທາລະນະສຸກ, ພວກເຮົາໄດ້ດຳເນີນການຄົ້ນຄວ້າ ເພື່ອ ຊອກຫາ ຄວາມເຂົ້າໃຈ ແລະ ປະສົບປະການ
ຂອງຜູ້ຍິງລາວ ໃນ ອອດສເຕຣເລຍ ກ່ຽວກັບ ການດູແລສຸຂະພາບ ໃນຊ່ວງເວລາທີ່ໝົດປະຈຳເດືອນ. ຈຸດປະສົງຫຼັກ ຂອງ
ບົດຄົ້ນຄວ້ານີ້ ແມ່ນ ຕ້ອງການ ກວດກາທາງ ອິດທິພົນ ຂອງ ວັດທະນະທຳລາວ ມີຜົນຕໍ່ ປະສົບການ ຂອງຜູ້ຍິງລາວ
ໃນຊ່ວງເວລາທີ່ໝົດປະຈຳເດືອນແນວໃດ ແລະ ກວດກາທາງ ການເຂົ້າໃຈ ຂອງຜູ້ຍິງລາວ ຢູ່ໃນ ອອດສເຕຣເລຍ ກ່ຽວກັບ
ການດູແລ ສຸຂະພາບ ແລະ ການຈັດການ ກັບປັນຫາທີ່ເກີດຂຶ້ນ ໃນຊ່ວງເວລາດັ່ງກ່າວນັ້ນ.

ເປັນຫຍັງ ຂ້າພະເຈົ້າ ຈຶ່ງໄດ້ຖືກເລືອກ?

ທ່ານໄດ້ຖືກເລືອກ ໂດຍ ຄະນະຜູ້ແທນກຸ່ມຄົນລາວ ຢູ່ໃນ ອອດສເຕຣເລຍ ຖ້າ ທ່ານ ແມ່ນ:

1. ຜູ້ຍິງທີ່ເກີດຢູ່ລາວ.
2. ຢູ່ໃນຊ່ວງ ເວລາທີ່ກຳລັງຈະໝົດປະຈຳເດືອນ ຫຼື ຫຼັງຈາກໝົດປະຈຳເດືອນ.
3. ອາຍຸ ລະຫວ່າງ 45 ຫາ 65 ປີ.
4. ປະຈຸບັນ ອາໄສຢູ່ລັດ ວິກິໂທເລຍ, ປະເທດ ອອດສເຕຣເລຍ.

ຂ້າພະເຈົ້າ ຈຳເປັນ ຕ້ອງເຂົ້າຮ່ວມ ເປັນ ພາກສ່ວນໜຶ່ງ ໃນ ບົດຄົ້ນຄວ້ານີ້ ບໍ່?

ມັນແມ່ນ ການຕັດສິນໃຈຂອງທ່ານ ທີ່ ຈະເຂົ້າຮ່ວມ ເປັນພາກສ່ວນໜຶ່ງ ໃນ ບົດຄົ້ນຄວ້ານີ້ ຫຼື ບໍ່.
ຄະນະຜູ້ແທນກຸ່ມຄົນລາວ ທີ່ ຄັດ ເລືອກ ທ່ານ ຈະບໍ່ຮູ້ ຖ້າ ທ່ານ ຕັດສິນໃຈ ທີ່ ຈະບໍ່ ເຂົ້າຮ່ວມ. ແຕ່ຖ້າ ທ່ານ ຕັດສິນໃຈ
ເຂົ້າຮ່ວມ, ທ່ານຈະໄດ້ຖືກມອບ ຂໍ້ມູນສະບັບນີ້ເທັ ແລະ ຖືກຖາມໃຫ້ເຊັນຊື່ຂອງທ່ານ ລົງໃນ “ໃບຢັ້ງຢືນການຍິນຍອມ ແລະ
ເຫັນດີ” ຂອງທ່ານທີ່ຈະ ເຂົ້າຮ່ວມບົດຄົ້ນຄວ້ານີ້. ເມື່ອທ່ານເຂົ້າຮ່ວມແລ້ວ ທ່ານມີ ສິດ ທີ່ຈະ ຖອນໂຕອອກຈາກ
ການຕອບຄຳຖາມ ຫຼື ການຖືກສຳພາດ ໃນທຸກເວລາ ທີ່ທ່ານຮູ້ສຶກ ບໍ່ສະບາຍໃຈ ກັບຄຳຖາມ ໂດຍທີ່ທ່ານ
ຈະບໍ່ຕ້ອງກ່ຽວກັບໂທດໃດໆ.

ແມ່ນຫຍັງ ທີ່ຈະເກີດຂຶ້ນ ກັບ ຂ້າພະເຈົ້າ ຖ້າ ຂ້າພະເຈົ້າ ເຂົ້າຮ່ວມ?

ທ່ານ ຈະຖືກຖາມ ໃຫ້ ຂຽນຄຳຕອບຂອງທ່ານ ລົງໃນແບບສອບຖາມ ກ່ຽວກັບ ປະສົບການ ຂອງທ່ານ ໃນ ຊ່ວງເວລາ
ທີ່ມີການ ໝົດປະຈຳເດືອນ ຫຼື ທ່ານ ຈະຖືກສຳພາດ ໂດຍ ນັກຄົ້ນຄວ້າ ຂອງພວກເຮົາ (ປະດາເພັດ ໄຊຍະໂຄດ),
ປະຈຸບັນເປັນ ນັກສຶກສາປະລິນຍາໂທ, ກຳລັງສຶກສາທາງດ້ານສຸຂະພາບ ຂອງຜູ້ຍິງ, ໂຮງຮຽນວິທະຍາສາດສາທາລະນະສຸກ,

ມະຫາວິທະຍາໄລ ເທກໂນໂລຢີ ວິກໂທເລຍ. ການຕອບຄໍາຖາມ ຫຼື ຖືກສໍາພາດ ມັນຈະບໍ່ໃຊ້ເວລາດົນໃນ ການຕອບ ຍ້ອນວ່າ ຄໍາຖາມ ຂອງພວກເຮົາແມ່ນ ງ່າຍ ແລະ ບໍ່ ມີຄໍາຕອບ ຜິດ ຫຼື ຖືກ.

ນອກໄປຈາກນັ້ນ, ທ່ານ ຈະໄດ້ຖືກຖາມ ບາງ ຂໍ້ມູນທາງດ້ານ ສະຖິຕິປະຊາກອນ (ຕົວຢ່າງ: ອາຍຸ, ລະດັບການສຶກສາ, ທີ່ເກີດ, ແລະ ອື່ນໆ) ເພື່ອ ເຊື່ອໝັ້ນ ພວກເຮົາ ວ່າທ່ານ ມາຈາກ ກຸ່ມຄົນລາວ ຢູ່ໃນ ອອດເຕຼເລຍ.

ແມ່ນຫຍັງ ແດ່ ທີ່ ຂ້າພະເຈົ້າ ຈະຕ້ອງ ເຮັດ?

ບໍ່ມີສິ່ງໃດອີກ ທີ່ທ່ານ ຈະຕ້ອງເຮັດ ນອກຈາກ ການ ຕອບຄໍາຖາມ ເທົ່ານັ້ນ.

ແມ່ນຫຍັງ ທີ່ສາມາດ ເປັນປັດໃຈໃນທາງລົບ ຢູ່ໃນການເຂົ້າຮ່ວມບົດຄົ້ນຄວ້ານີ້?

ບາງໂອກາດ, ຜູ້ ຕອບຄໍາຖາມບາງຄົນ ຮູ້ສຶກ ລຳບາກໃຈ ທີ່ຈະ ເວົ້າເຖິງ ສະພາບການເປັນປະຈຳເດືອນ, ສຸຂະພາບ, ການເຈັບປ່ວຍ ແລະ ການປິ່ນປົວ ຂອງເຂົາ. ໃນກໍລະນີ ທີ່ທ່ານ ບໍ່ ສະບາຍໃຈ ທີ່ຈະຕອບຄໍາຖາມ ທ່ານ ບໍ່ຈຳເປັນ ຕ້ອງຕອບຄໍາຖາມນັ້ນ ແລະ ທ່ານ ສາມາດ ຖອນຕົວອອກ ຈາກ ການສຳພາບ ໃນທຸກເວລາ ທີ່ທ່ານຮູ້ສຶກ ບໍ່ສະດວກ ໂດຍ ບໍ່ ຕ້ອງກັງວົນກ່ຽວກັບໂທດ ໃດໆ. ນັກຄົ້ນຄວ້າ ຈະ ຍຸດການສໍາພາດ ຖ້າ ຄໍາຖາມດັ່ງກ່າວ ເຮັດ ໃຫ້ ທ່ານ ບໍ່ສະບາຍໃຈ.

ແມ່ນຫຍັງ ທີ່ ສາມາດໃຫ້ ຜົນປະໂຫຍດ ຢູ່ໃນການເຂົ້າຮ່ວມ ໃນ ບົດຄົ້ນຄວ້ານີ້?

ຜູ້ຕອບຄໍາຖາມ ບາງຄົນ ທີ່ເຂົ້າຮ່ວມຢູ່ໃນບົດຄົ້ນຄວ້ານີ້ ຮູ້ສຶກ ສະບາຍໃຈ ທີ່ໄດ້ເວົ້າ ເຖິງ ສະພາບ ສຸຂະພາບ ຂອງ ເຂົາ ແລະ ປະສົບການ ໃນເວລາ ທີ່ ໝົດປະຈຳເດືອນ. ນອກໄປຈາກນັ້ນ, ຂໍ້ມູນທີ່ ພວກເຮົາ ໄດ້ຮັບ ຈາກ ການຄົ້ນຄວ້ານີ້ ຈະຊ່ວຍເຫຼືອ ພວກເຮົາໃນ ການ ຈັດທາ ຂໍ້ມູນ ທີ່ຈະເປັນປະໂຫຍດ ຫຼາຍ ແລະ ເຮັດໃຫ້ ພວກເຮົາ ເຂົ້າໃຈ ເຖິງ ສະຖານະພາບ ກ່ຽວກັບ ປະສົບການ ໃນການຈັດການ ກັບ ການໝົດປະຈຳເດືອນ ຂອງ ຜູ້ຍິງຄົນລາວ ໃນ ອອດເຕຼເລຍ.

ຖ້າຂ້າພະເຈົ້າ ມີ ຂໍ້ຄິດເຫັນ ຫຼື ຕ້ອງການ ທີ່ຈະ ສົນທະນາ ກ່ຽວກັບ ບົດຄົ້ນຄວ້ານີ້, ຕ້ອງເຮັດແນວໃດ?

ຖ້າ ທ່ານ ມີ ຂໍ້ຄິດເຫັນ ຫຼື ຕ້ອງການ ທີ່ຈະ ສົນທະນາ ຫຼື ມີຄໍາຖາມໃດໆ ກ່ຽວກັບ ບົດຄົ້ນຄວ້ານີ້, ກະລຸນາ ຕິດຕໍ່ ດຣ. ສິງ ຊູ, ຜູ້ຮັບຜິດຊອບການສຳຫຼວດ ຂອງບົດຄົ້ນຄວ້ານີ້ ແລະ ຍັງເປັນຫົວໜ້າຂະແໜງຂອງການປິ່ນປົວດ້ວຍຢາຈີນ, ໂຮງຮຽນວິທະຍາສາດສາທາລະນະສຸກ, ມະຫາວິທະຍາໄລ ເທກໂນໂລຢີ ວິກໂທເລຍ, ໂດຍ ຕິດຕໍ່ Ph. 0393652765. ຖ້າທ່ານ ຕ້ອງການ ຮູ້ ຂໍ້ມູນຜົນໄດ້ຮັບ ຂອງບົດຄົ້ນຄວ້ານີ້, ກະລຸນາ ຕິດຕໍ່ ມະຫາວິທະຍາໄລ ໃນປີ 2005.

ຂໍ້ມູນ ທີ່ ຂ້າພະເຈົ້າໄດ້ ປະກອບ ໃນບົດຄົ້ນຄວ້ານີ້ ຈະ ຖືກ ຮັກສາໄວ້ ເປັນຫ້ວາງໃຈໄດ້ ບໍ່?

ຂໍ້ມູນ ທີ່ ທ່ານໄດ້ ປະກອບ ໃນບົດຄົ້ນຄວ້ານີ້ ຈະ ຖືກ ຮັກສາໄວ້ ເປັນຫ້ວາງໃຈໄດ້ ແລະ ລັບ. ຊື່ຂອງທ່ານຈະບໍ່ ປະກົດ ຢູ່ໃນ ບົດລາຍງານສຸດທ້າຍ. ການເຂົ້າຮ່ວມ ໃນບົດຄົ້ນຄວ້ານີ້ ແມ່ນ ການສະໝັກໃຈ. ແບບສອບຖາມທີ່ໄດ້ຈາກທ່ານ ຈະ ຖືກ ຮັກສາໄວ້ ໃນຕູ້ ແລະ ຖືກ ລອກໄວ້ ທີ່ ມະຫາວິທະຍາໄລ, ໂຮງຮຽນ ວິທະຍາສາດ ສາທາລະນະສຸກ ສຳລັບ 5 ປີ ແລະ ຈະ ຖືກທຳລາຍ ຫຼັງຈາກນັ້ນ. ມີແຕ່ ຜູ້ຮັບຜິດຊອບການສຳຫຼວດ ແລະ ນັກຄົ້ນຄວ້າ ຂອງບົດຄົ້ນຄວ້ານີ້ ທີ່ຈະສາມາດ ເຂົ້າເຖິງ ຂໍ້ມູນດັ່ງກ່າວໄດ້.

ແມ່ນຫຍັງ ທີ່ຈະເກີດຂຶ້ນ ກັບ ຜົນອອກ ຂອງ ບົດຄົ້ນຄວ້ານີ້?

ຜົນອອກສຸດທ້າຍ ຂອງ ບົດຄົ້ນຄວ້ານີ້ ຈະ ສະແດງອອກ ໃນຮູບແບບ ຂອງ ກຸ່ມຂໍ້ມູນ, ສະຖິຕິຄວາມທີ່ ແລະ ອັດຕາເປັນສ່ວນຮ້ອຍ. ຊື່ຂອງທ່ານຈະບໍ່ໄດ້ບອກ ໃນ ລາຍງານໃດໆ ຈາກ ບົດຄົ້ນຄວ້ານີ້.

ການຮູ້ບຸນຄຸນ

ພວກເຮົາ ຂໍຂອບໃຈ ສຳລັບ ການເສຍສະຫຼະ ເວລາທີ່ມີຄຸນຄ່າຂອງທ່ານ ໃນການ ອ່ານ ເອກະສານ ສະບັບນີ້. ຖ້າ ທ່ານ ເລືອກ ທີ່ຈະ ເຂົ້າຮ່ວມ, ພວກເຮົາ ຫວັງວ່າ ທ່ານຈະ ພົບ ຄຳຖາມ ຫຼື ການຖືກສຳພາດ ເປັນສິ່ງທີ່ໜ້າສົນໃຈ.

ທຸກການສອບຖາມ ກ່ຽວກັບ ການເຂົ້າຮ່ວມ ໃນ ບົດຄົ້ນຄວ້ານີ້ ອາດຈະໂດຍກົງ ເຖິງ ຜູ້ຮັບຜິດຊອບຫຼັກຂອງການສຳຫຼວດ (ຊື່: ດຣ. ສິງ ຊູ Tel: 0393652765). ຖ້າທ່ານມີຄຳຖາມໃດໆ ຫຼື ຕ້ອງການຮ້ອງທຸກ ໃນທາງ ທີ່ ທ່ານ ໄດ້ຖືກປະຕິບັດຕໍ່, ທ່ານ ອາດຈະ ຕິດຕໍ່ ເລຂາທິການ ຂອງ ຄະນະ ຮັບຜິດຊອບ ຫຼັກຈົນຍາບັນໃນການຄົ້ນຄວ້າກ່ຽວກັບມະນຸດ ໂດຍ ຕິດຕໍ່: Human Research Ethics Committee, Victoria University, P.O Box: 14428 MC, Melbourne, 8001 ຫຼື ໂທ: 039688 4710. ຖ້າທ່ານ ຕ້ອງການ ປຶກສາ ຫຼື ຕ້ອງການ ຄວາມຊ່ວຍເຫຼືອ ທີ່ກ່ຽວພັນກັບບົດຄົ້ນຄວ້ານີ້, ທ່ານສາມາດຕິດຕໍ່ທີ່ປຶກສາທີ່ສາມາດເວົ້າພາສາລາວໄດ້, ກະລຸນາ ຕິດຕໍ່: ທາລາ ຟູ້ຈິດຕາວົງ, Tel: 0398783310.

APPENDIX C

INFORMED CONSENT FORM

Victoria University of Technology

Project: Perceptions and experiences of Laotian women living in Australia with managing menopause.
Principle investigator: Dr. Hong Xu
Co-investigator: Peter Ferrigno
Student (researcher): Padaphet Sayakhot

I.....
Certify that I am voluntarily giving my consent to participate in the study on the perceptions and the experiences of Laotian women living in Australia with managing menopause; and this study is being conducted at Victoria University of Technology by:
.....

I certify that the objectives of the study, together with the procedures to be carried out in the research, have been fully explained to me by: PADAPHET SAYAKHOT and that I freely consent to participation in this study.

I certify that I have had the opportunity to have any questions answered and that I understand that I can withdraw from this study at any time and that this withdrawal will not jeopardize me in any way.

I have been informed that the information I provide will be kept confidential.

Signed:..... }

Witness other than the researcher: } Date:..../...../2004

..... }

Any queries about your participation in this project may be directed to the principle investigator (Name: Dr. Hong Xu, ph. 0393652765). If you have any queries or complaints about the way you have been treated, you may contact the Secretary, University Human Research Ethics Committee, Victoria University of Technology, P.O Box: 14428 MCMC, Melbourne, 8001. (Telephone no: 0396884710). If you would like to consult or need support in relation to this research a health professional who speak Laotian is available, please contact Tara Frichitthavong, ph. 0398783310.

ໃບ ຢັ້ງຢືນ ການຍິນຍອມ ແລະ ເຫັນດີ

ມະຫາວິທະຍາໄລ ເທກໂນໂລຢີ ວິກິໂທເລຍ

ໂຄງການ: ຄວາມເຂົ້າໃຈ ແລະ ປະສົບການ ຂອງຜູ້ຍິງຄົນລາວ ຢູ່ໃນ ອອດສເຕຣເລຍ
ກ່ຽວກັບ ການດູແລ ສຸຂະພາບ ຢູ່ໃນພາວະໝົດປະຈຳເດືອນ.
ຜູ້ຮັບຜິດຊອບຫຼັກຂອງການສຳຫຼວດ: ດຣ. ວິງ ຊູ
ຜູ້ສຳຫຼວດຮ່ວມ: ປີເຕີ ເຟລິກໂນ
ນັກສຶກສາ (ນັກຄົ້ນຄວ້າ): ປະດາເພັດ ໄຊຍະໂຄດ

ຂ້າພະເຈົ້າ,.....
ຂໍຢັ້ງຢືນວ່າ ຂ້າພະເຈົ້າ ແມ່ນ ສະໝັກໃຈເຂົ້າຮ່ວມ ໃນການຄົ້ນຄວ້າ ຢູ່ບົນຫົວຂໍ້ ຄວາມເຂົ້າໃຈ ແລະ ປະສົບການ
ຂອງຜູ້ຍິງຄົນລາວ ຢູ່ໃນ ອອດສເຕຣເລຍ ກ່ຽວກັບ ການດູແລ ສຸຂະພາບ ຢູ່ໃນພາວະໝົດປະຈຳເດືອນ ແລະ ບົດຄົ້ນຄວ້ານີ້
ຖືກດຳເນີນການ ທີ່ ມະຫາວິທະຍາໄລ ວິກິໂທເລຍ ໂດຍ:

ຂ້າພະເຈົ້າ ຂໍຢັ້ງຢືນວ່າ ຈຸດປະສົງຂອງບົດຄົ້ນຄວ້າ, ຮວມກັບ ການປະຕິບັດ ທີ່ຈະຖືກ ດຳເນີນການ ໃນ ບົດຄົ້ນຄວ້ານີ້
ໄດ້ຖືກອະທິບາຍ ຕໍ່ ຂ້າພະເຈົ້າ ໂດຍ: ປະດາເພັດ ໄຊຍະໂຄດ ແລະ ນັ້ນ ແມ່ນ ຂ້າພະເຈົ້າ ຕົກລົງໃຈ ທີ່ ຈະ ເຂົ້າຮ່ວມ ໃນ
ບົດຄົ້ນຄວ້ານີ້.

ຂ້າພະເຈົ້າ ຂໍຢັ້ງຢືນວ່າ ຂ້າພະເຈົ້າໄດ້ມີໂອກາດ ທີ່ຈະຖາມ ທຸກຄຳຖາມ ແລະ ຖືກຕອບ ຈາກທຸກຄຳຖາມທີ່ ຂ້າພະເຈົ້າ
ຂ້ອງໃຈ; ແລະ ນັ້ນ ຂ້າພະເຈົ້າ ເຂົ້າໃຈວ່າ ຂ້າພະເຈົ້າສາມາດ ຖອນໂຕ ອອກຈາກ ການຄົ້ນຄວ້ານີ້ ໃນທຸກໆເວລາ ແລະ ການ
ຖອນໂຕນີ້ ຈະ ບໍ່ ມີ ຜົນອັນຕະລາຍໃດໆ ຕໍ່ຂ້າພະເຈົ້າ ໃນທຸກປະການ.

ສຸດທ້າຍ, ຂ້າພະເຈົ້າ ຍັງໄດ້ ຖືກແຈ້ງວ່າ ຂໍ້ມູນ ຂອງຂ້າພະເຈົ້າ ຈະ ຖືກຮັກສາໄວ້ ຢ່າງລັບ ແລະ ເປັນທີ່ໄວ້ວາງໃຈໄດ້.

ເຊັນຊີ:.....}

ພະຍານ:.....} ວັນທີ: / / 2004.
.....}

ທຸກການສອບຖາມ ກ່ຽວກັບ ການເຂົ້າຮ່ວມ ໃນ ບົດຄົ້ນຄວ້ານີ້ ອາດຈະໂດຍກົງ ເຖິງ ຜູ້ຮັບຜິດຊອບຫຼັກຂອງການສຳຫຼວດ (ຊື່: ດຣ. ວິງ ຊູ
Tel: 0393652765). ຖ້າທ່ານມີຄຳຖາມໃດໆ ຫຼື ຕ້ອງການຮ້ອງທຸກ ໃນທາງ ທີ່ ທ່ານ ໄດ້ຖືກປະຕິບັດຕໍ່, ທ່ານ ອາດຈະ ຕິດຕໍ່
ເລຂາທິການ ຂອງ ຄະນະ ຮັບຜິດຊອບ ຫຼັກຈົນຍາບົນໃນການຄົ້ນຄວ້າກ່ຽວກັບມະນຸດ ໂດຍ ຕິດຕໍ່: Human Research Ethics
Committee, Victoria University, P.O Box: 14428 MC, Melbourne, 8001 ຫຼື ໂທ: 039688 4710. ຖ້າທ່ານ ຕ້ອງການ
ປຶກສາ ຫຼື ຕ້ອງການ ຄວາມຊ່ວຍເຫຼືອ ທີ່ກ່ຽວພັນກັບບົດຄົ້ນຄວ້ານີ້, ທ່ານສາມາດຕິດຕໍ່ທີ່ປຶກສາທີ່ສາມາດເວົ້າພາສາລາວໄດ້, ກະລຸນາ
ຕິດຕໍ່: ທາລາ ຫຼືຈິດຕາວົງ, Tel: 0398783310.

APPENDIX D

SURVEY

Survey for research on health status in perceptions and experiences of Laotian women living in Australia with managing menopause

ແບບສອບຖາມ ສຳລັບ ບົດຄົ້ນຄວ້າ ກ່ຽວກັບ ສະພາບການ ທາງດ້ານ ສຸຂະພາບ ຂອງ ຜູ້ຍິງລາວ ຢູ່ໃນ ອອດສເຕຣເລຍ, ກ່ຽວກັບ ຄວາມເຂົ້າໃຈ ແລະ ປະສົບການ ໃນການດູແລ ສຸຂະພາບ ຢູ່ໃນພາວະ ໝົດປະຈຳເດືອນ

I. Demographic information: (ຂໍ້ມູນທາງດ້ານປະຊາກອນ)

1. How old are you? (Please write years) (ທ່ານມີອາຍຸຈັກປີ?)

.....

2. Where were you born? (ທ່ານເກີດຢູ່ໃສ?)

1. Australia (ອອດສເຕຣເລຍ)

☐

2. Laos (ລາວ)

☐

3. Other (ອື່ນໆ).....

3. What is your religion? (ທ່ານນັບຖືສາດສະໜາຫຍັງ?)

1. Christian (ສາດສະໜາຄຣິດຕຽນ)

☐

2. Buddhist (ສາດສະໜາພຸດ)

☐

3. Hindu (ສາດສະໜາຮິນດູ)

☐

4. Catholic (ສາດສະໜາກາໂຕລິກ)

☐

5. Other (ອື່ນໆ).....

4. How long have you been in Australia? (ທ່ານມາຢູ່ ອອດສເຕຣເລຍໄດ້ດົນປານໃດແລ້ວ?)

.....years (ປີ).....months (ເດືອນ)

5. How well can you speak English? (ທ່ານເວົ້າພາສາອັງກິດໄດ້ດີເທົ່າໃດ?)

1. I speak English well

(ຂ້າພະເຈົ້າເວົ້າພາສາອັງກິດໄດ້ດີ)

☐

2. I speak a little English

(ຂ້າພະເຈົ້າເວົ້າພາສາອັງກິດໄດ້ໜ້ອຍໜຶ່ງ)

☐

3. I understand English but cannot speak it

(ຂ້າພະເຈົ້າເຂົ້າໃຈພາສາອັງກິດ ແຕ່ ບໍ່ສາມາດເວົ້າໄດ້)

☐

4. I do not speak English at all

(ຂ້າພະເຈົ້າບໍ່ເວົ້າພາສາອັງກິດ)

☐

6. Which of these statements best describes the level of education you have reached?

(ການບັນລະຍາຍໃດ ດັ່ງລຸ່ມນີ້ ສາມາດບອກເຖິງ ລະດັບ ການສຶກສາ ຂອງທ່ານ ທີ່ທ່ານ ໄດ້ໄປເຖິງ?)

1. I have never been to school

(ຂ້າພະເຈົ້າບໍ່ເຄີຍໄດ້ເຂົ້າໂຮງຮຽນ)

☐

2. I have completed some education at primary school or have completed primary school level

(ຂ້າພະເຈົ້າໄດ້ຮຽນຈົບບາງຂັ້ນປະຖົມ ຫຼື ໄດ້ຮຽນຈົບຂັ້ນປະຖົມ)

☐

3. I have completed some education at high school level ☐
(ຂ້າພະເຈົ້າໄດ້ຮຽນຈົບບາງຂັ້ນມັດທະຍົມຕອນຕົ້ນ)
4. I have completed high school education ☐
(ຂ້າພະເຈົ້າໄດ້ຮຽນຈົບຂັ້ນມັດທະຍົມຕອນປາຍ)
5. I have completed TAFE/ College ☐
(ຂ້າພະເຈົ້າໄດ້ຮຽນຈົບຂັ້ນອານຸປະລິນຍາຕີ)
6. I have completed University ☐
(ຂ້າພະເຈົ້າໄດ້ຮຽນຈົບຂັ້ນມະຫາວິທະຍາໄລ)
7. Which of these statements best describes your occupation?
(ການບັນລະຍາຍໃດ ດັ່ງລຸ່ມນີ້ ສາມາດບອກແຈ້ງເຖິງອາຊີບຂອງທ່ານ?)
1. Full time home duties (ອາຊີບແມ່ເຮືອນ) ☐
2. Full time paid employment (ອາຊີບພະນັກງານ ທີ່ເຮັດວຽກເຕັມຊົ່ວໂມງ ໄດ້ຮັບເງິນເດືອນ) ☐
3. Part time paid employment (ອາຊີບພະນັກງານ ທີ່ເຮັດວຽກບາງໂອກາດ ໄດ້ຮັບເງິນເດືອນ) ☐
4. Not in paid employment (ອາຊີບພະນັກງານ ທີ່ບໍ່ໄດ້ຮັບເງິນເດືອນ) ☐
8. What is your marital status? (ສະຖານະພາບການແຕ່ງງານຂອງທ່ານແມ່ນແນວໃດ?)
1. Married (ແຕ່ງງານແລ້ວ) ☐
2. Single (ໂສດ) ☐
3. Widowed (ໝ້າຍ) ☐
4. Divorced/separated (ຢ່າຮ້າງ) ☐
5. Other (ອື່ນໆ) ☐

II. Experience of menopause: (ປະສົບການຢູ່ໃນຊ່ວງເວລາຂອງການໝົດປະຈຳເດືອນ)

9. Do you still get menstrual periods? (ທ່ານຍັງມີປະຈຳເດືອນຢູ່ບໍ່?)
1. Yes (ມີ) ☐
2. No (ບໍ່ມີ) (ຖ້າ “ບໍ່ມີ” ຂ້າມໄປຄຳຖາມຂໍ້ທີ 11) ☐

10. If Yes to No.9 above, are there any changes in your periods? (ຖ້າ“ມີ” ຂໍ້ທີ 9. ມັນມີການປ່ຽນແປງທ້ອງຍູບໍ່ໃນຮອບປະຈຳເດືອນຂອງທ່ານ?)

Explain

(ອະທິບາຍ).....
.....
.....
.....

11. If No to No.9 above, how old were you when your periods stopped? (Please write years)

(ຖ້າບໍ່ມີຂໍ້ 9, ອາຍຸຂອງທ່ານແມ່ນຈັກປີ ເມື່ອເວລາທີ່ຮອບປະຈຳເດືອນຂອງທ່ານຢຸດ?) (ກະລຸນາຂຽນປີ)

.....

12. How has your health been since your periods stopped?

(ສຸຂະພາບຂອງທ່ານເປັນແນວໃດ ຕັ້ງແຕ່ ຮອບປະຈຳເດືອນຂອງທ່ານຢຸດ?)

1. Are you feeling well? (ທ່ານຮູ້ສຶກ ດີຂຶ້ນກ່ວາເກົ່າບໍ່?)

Yes (ດີ) ☐ No (ບໍ່ດີ) ☐

2. Have you experienced some problems or some menopausal symptoms?

(ທ່ານໄດ້ປະສົບ ປັນຫາ ຫຼື ມີບາງໝວດອາການຂອງພາວະໝົດປະຈຳເດືອນຫຍັງບໍ່?) Yes (ມີ) ☐ No (ບໍ່ມີ) ☐

13. What problems or symptoms have you experienced? (Please tick the box below)

(ປັນຫາ ຫຼື ໝວດອາການຫຍັງ ທີ່ ທ່ານໄດ້ປະສົບ?) (ກະລຸນາ ໝາຍ ຊ່ອງທີ່ ທ່ານໄດ້ປະສົບ)

I have experienced: (ຂ້າພະເຈົ້າໄດ້ປະສົບ:)

1. Insomnia (ນອນບໍ່ຫຼັບ)	Never (ບໍ່ເຄີຍຈັກເທື່ອ)	<input type="checkbox"/>	Occasionally (ເຄີຍດົນໆເທື່ອ)	<input type="checkbox"/>	Sometimes (ບາງເວລາ)	<input type="checkbox"/>	Often (ເລື້ອຍໆ)	<input type="checkbox"/>	All the time (ຕະຫຼອດເວລາ)	<input type="checkbox"/>
2. Irritability (ມັກໃຈຮ້າຍງ່າຍ)	Never (ບໍ່ເຄີຍຈັກເທື່ອ)	<input type="checkbox"/>	Occasionally (ເຄີຍດົນໆເທື່ອ)	<input type="checkbox"/>	Sometimes (ບາງເວລາ)	<input type="checkbox"/>	Often (ເລື້ອຍໆ)	<input type="checkbox"/>	All the time (ຕະຫຼອດເວລາ)	<input type="checkbox"/>
3. Anxiety (ມີຄວາມກະວົນກະວາຍ)	Never (ບໍ່ເຄີຍຈັກເທື່ອ)	<input type="checkbox"/>	Occasionally (ເຄີຍດົນໆເທື່ອ)	<input type="checkbox"/>	Sometimes (ບາງເວລາ)	<input type="checkbox"/>	Often (ເລື້ອຍໆ)	<input type="checkbox"/>	All the time (ຕະຫຼອດເວລາ)	<input type="checkbox"/>
4. Mood changes (ມີອາການປ່ຽນແປງທາງດ້ານອາລົມ)	Never (ບໍ່ເຄີຍຈັກເທື່ອ)	<input type="checkbox"/>	Occasionally (ເຄີຍດົນໆເທື່ອ)	<input type="checkbox"/>	Sometimes (ບາງເວລາ)	<input type="checkbox"/>	Often (ເລື້ອຍໆ)	<input type="checkbox"/>	All the time (ຕະຫຼອດເວລາ)	<input type="checkbox"/>
5. Depression (ອາການເຄັ່ງຄູດ)	Never (ບໍ່ເຄີຍຈັກເທື່ອ)	<input type="checkbox"/>	Occasionally (ເຄີຍດົນໆເທື່ອ)	<input type="checkbox"/>	Sometimes (ບາງເວລາ)	<input type="checkbox"/>	Often (ເລື້ອຍໆ)	<input type="checkbox"/>	All the time (ຕະຫຼອດເວລາ)	<input type="checkbox"/>
6. Hot flushes (ອາການໜ້າແດງ ຫຼື ອອກຮ້ອນຕາມຕົນຕົວ)	Never (ບໍ່ເຄີຍຈັກເທື່ອ)	<input type="checkbox"/>	Occasionally (ເຄີຍດົນໆເທື່ອ)	<input type="checkbox"/>	Sometimes (ບາງເວລາ)	<input type="checkbox"/>	Often (ເລື້ອຍໆ)	<input type="checkbox"/>	All the time (ຕະຫຼອດເວລາ)	<input type="checkbox"/>
7. Unusual tiredness (ອາການເມື່ອຍຜິດປົກກະຕິ)	Never (ບໍ່ເຄີຍຈັກເທື່ອ)	<input type="checkbox"/>	Occasionally (ເຄີຍດົນໆເທື່ອ)	<input type="checkbox"/>	Sometimes (ບາງເວລາ)	<input type="checkbox"/>	Often (ເລື້ອຍໆ)	<input type="checkbox"/>	All the time (ຕະຫຼອດເວລາ)	<input type="checkbox"/>
8. Palpitations (ອາການສັ່ນສະຫຼົວ ຫຼື ມີອາການເຕັ້ນ)	Never (ບໍ່ເຄີຍຈັກເທື່ອ)	<input type="checkbox"/>	Occasionally (ເຄີຍດົນໆເທື່ອ)	<input type="checkbox"/>	Sometimes (ບາງເວລາ)	<input type="checkbox"/>	Often (ເລື້ອຍໆ)	<input type="checkbox"/>	All the time (ຕະຫຼອດເວລາ)	<input type="checkbox"/>
9. Genital changes (Dryness of vagina/itching/the vulva thins)(ອາການປ່ຽນແປງທາງອະໄວຍະວະເພດ)	Never (ບໍ່ເຄີຍຈັກເທື່ອ)	<input type="checkbox"/>	Occasionally (ເຄີຍດົນໆເທື່ອ)	<input type="checkbox"/>	Sometimes (ບາງເວລາ)	<input type="checkbox"/>	Often (ເລື້ອຍໆ)	<input type="checkbox"/>	All the time (ຕະຫຼອດເວລາ)	<input type="checkbox"/>
10. Head aches (ອາການເຈັບຫົວ)	Never (ບໍ່ເຄີຍຈັກເທື່ອ)	<input type="checkbox"/>	Occasionally (ເຄີຍດົນໆເທື່ອ)	<input type="checkbox"/>	Sometimes (ບາງເວລາ)	<input type="checkbox"/>	Often (ເລື້ອຍໆ)	<input type="checkbox"/>	All the time (ຕະຫຼອດເວລາ)	<input type="checkbox"/>

11. Back aches (ອາການເຈັບຫຼັງ ຫຼື ແອວ)									
Never (ບໍ່ເຄີຍຈັກເທື່ອ)	<input type="checkbox"/>	Occasionally (ເຄີຍດົນໆເທື່ອ)	<input type="checkbox"/>	Sometimes (ບາງເວລາ)	<input type="checkbox"/>	Often (ເລື້ອຍໆ)	<input type="checkbox"/>	All the time (ຕະຫຼອດເວລາ)	<input type="checkbox"/>
12. Unitary problems (ມີບັນຫາກ່ຽວກັບລະບົບ ທາງເດີມນ້ຳຢູ່ງວ)									
Never (ບໍ່ເຄີຍຈັກເທື່ອ)	<input type="checkbox"/>	Occasionally (ເຄີຍດົນໆເທື່ອ)	<input type="checkbox"/>	Sometimes (ບາງເວລາ)	<input type="checkbox"/>	Often (ເລື້ອຍໆ)	<input type="checkbox"/>	All the time (ຕະຫຼອດເວລາ)	<input type="checkbox"/>
13. Dry skin (ຜິວໜັງແຫ້ງ)									
Never (ບໍ່ເຄີຍຈັກເທື່ອ)	<input type="checkbox"/>	Occasionally (ເຄີຍດົນໆເທື່ອ)	<input type="checkbox"/>	Sometimes (ບາງເວລາ)	<input type="checkbox"/>	Often (ເລື້ອຍໆ)	<input type="checkbox"/>	All the time (ຕະຫຼອດເວລາ)	<input type="checkbox"/>
14. Aching joints and muscles (ເຈັບປວດຕາມຂໍ້ກະດູກ, ຂໍ້ຕໍ່ ແລະ ກ້າມຊີ້ນ)									
Never (ບໍ່ເຄີຍຈັກເທື່ອ)	<input type="checkbox"/>	Occasionally (ເຄີຍດົນໆເທື່ອ)	<input type="checkbox"/>	Sometimes (ບາງເວລາ)	<input type="checkbox"/>	Often (ເລື້ອຍໆ)	<input type="checkbox"/>	All the time (ຕະຫຼອດເວລາ)	<input type="checkbox"/>
15. Night sweats (ເທື່ອອອກຜິດປີກະຕິ ໃນກາງຄືນ)									
Never (ບໍ່ເຄີຍຈັກເທື່ອ)	<input type="checkbox"/>	Occasionally (ເຄີຍດົນໆເທື່ອ)	<input type="checkbox"/>	Sometimes (ບາງເວລາ)	<input type="checkbox"/>	Often (ເລື້ອຍໆ)	<input type="checkbox"/>	All the time (ຕະຫຼອດເວລາ)	<input type="checkbox"/>
16. Formication/crawling sensation (ຮູ້ສຶກມີສິ່ງຄານ ຫຼື ຮູ້ສຶກມີຫຍິບໄຕ່ຕາມຕີນຕົວ)									
Never (ບໍ່ເຄີຍຈັກເທື່ອ)	<input type="checkbox"/>	Occasionally (ເຄີຍດົນໆເທື່ອ)	<input type="checkbox"/>	Sometimes (ບາງເວລາ)	<input type="checkbox"/>	Often (ເລື້ອຍໆ)	<input type="checkbox"/>	All the time (ຕະຫຼອດເວລາ)	<input type="checkbox"/>

14. Have you ever experienced any of the following since you stopped menstruating? (Please tick any of the following as appropriate) ທ່ານ ເຄີຍປະສົບ ບັນຫາໃດບໍ່ ດັ່ງແຕ່ ປະຈຳເດືອນ ຂອງທ່ານຢຸດ? (ກະລຸນາໝາຍຄຳຕອບທີ່ເໝາະສົມກັບທ່ານ)

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|--|--|--------------------------|
| 1. Felt isolated by other people | (ຮູ້ສຶກວ່າ ຖືກແຍກໂດດດ່ຽວ ໂດຍ ຜູ້ຄົນ) | <input type="checkbox"/> |
| 2. Had a demotion at place of work | (ມີການລົດຂັ້ນຢູ່ທີ່ ບ່ອນເຮັດວຽກ) | <input type="checkbox"/> |
| 3. Felt rejected by your spouse | (ຮູ້ສຶກວ່າຖືກປະຕິເສດຈາກ ສາມັກ) | <input type="checkbox"/> |
| 4. Felt others have not understood you | (ຮູ້ສຶກວ່າ ຜູ້ອື່ນ ບໍ່ເຂົ້າໃຈທ່ານ) | <input type="checkbox"/> |
| 5. Felt respected by people | (ຮູ້ສຶກວ່າ ໄດ້ຮັບຄວາມເຄົາລົບ ນັບຖື ໂດຍ ຜູ້ຄົນ) | <input type="checkbox"/> |
| 6. Felt you can command others | (ຮູ້ສຶກວ່າ ທ່ານມີຄວາມສາມາດ ບັນຊາຄົນອື່ນໄດ້) | <input type="checkbox"/> |
| 7. Can sleep out of home without questioning | (ສາມາດ ເຮັດຫຍິບກໍ່ໄດ້ ໂດຍບໍ່ສະຈາກຄຳຖາມໃດໆ) | <input type="checkbox"/> |
| 8. None | (ບໍ່ມີບັນຫາໃດໆໝົດ) | <input type="checkbox"/> |

III. Ways of dealing with the change in menopause:
(ວິທີທາງ ຂອງການ ແກ້ໄຂ ຕໍ່ ການປ່ຽນແປງ ໃນພາວະການໝົດປະຈຳເດືອນ)

15. How did you deal with the problems that arose when you were going through menopause? (Please tick any of the following treatments that you have tried) ທ່ານແກ້ໄຂບັນຫາແນວໃດ ເມື່ອ ທ່ານ ຂ້າມຜ່ານ ພາວະການໝົດປະຈຳເດືອນ? (ກະລຸນາໝາຍການປິ່ນປົວທີ່ທ່ານໄດ້ໃຊ້)

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|--|---|--------------------------|
| 1. Medical treatment (Hormone Replacement Therapy) | (ປິ່ນປົວທາງການແພດ ຫຼື ດວັຍຮໍລໂມນ) | <input type="checkbox"/> |
| 2. Natural medicines | (ປິ່ນປົວດ້ວຍຢາທີ່ຜະລິດຈາກທຳມະຊາດ (ວິທີການທາງທຳມະຊາດ)) | <input type="checkbox"/> |
| 3. Herbal remedies | (ຢາພື້ນເມືອງ) | <input type="checkbox"/> |

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|-----------------|-------------------------|--------------------------|
| 4. Exercise | (ອອກກາລັງກາຍ) | <input type="checkbox"/> |
| 5. Diet | (ຄວບຄຸມທາງດ້ານອາຫານ) | <input type="checkbox"/> |
| 6. No treatment | (ບໍ່ມີການປິ່ນປົວທັງໝົດ) | <input type="checkbox"/> |
| 7. Other | (ອື່ນໆ)..... | |

16. Have you sought support or assistance from anyone about menopause?

(ທ່ານໄດ້ ຊອກຫາ ການຊ່ວຍເຫຼືອ ຈາກໃຜບໍ່ ກ່ຽວກັບ ການໝົດປະຈຳເດືອນ?)

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|--------|---------------|--------------------------|------------------------|---|
| 1. Yes | (ໄດ້ຊອກຫາ) | <input type="checkbox"/> | (If Yes, go to No. 17) | (ຖ້າ"ຊອກຫາ", ຕໍ່ຄຳຖາມຂໍ້ທີ 17) |
| 2. No | (ບໍ່ໄດ້ຊອກຫາ) | <input type="checkbox"/> | (If No, go to No.19) | (ຖ້າ"ບໍ່ໄດ້ຊອກຫາ", ຂ້າມໄປຄຳຖາມຂໍ້ທີ 19) |

17. Who have you sought support or assistance from? (ໃຜທ່ານໄດ້ ຊອກຫາ ການຊ່ວຍເຫຼືອ ຫຼື ປຶກສາຫາລື?)

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|---------------------------|----------------------------|--------------------------|
| 1. GP | (ແພດທົ່ວໄປ) | <input type="checkbox"/> |
| 2. Gynaecologist | (ແພດສະເພາະພະຍາດຍິງ) | <input type="checkbox"/> |
| 3. Naturopath | (ແພດທີ່ປິ່ນປົວແບບທຳມະຊາດ) | <input type="checkbox"/> |
| 4. Family/Friend/Relative | (ຄວບຄົວ/ໝູ່ເພື່ອນ/ພັນຮ້ອນ) | <input type="checkbox"/> |
| 5. Other | (ອື່ນໆ)..... | |

18. Which assistance or service has been the best helpful in dealing with menopause? (Please write one)

ການຊ່ວຍເຫຼືອ ຫຼື ພະແນກໃດ ທີ່ທ່ານຖື ວ່າຊ່ວຍເຫຼືອ ໄດ້ດີທີ່ສຸດ ໃນການແກ້ໄຂ ກັບ ພາວະໝົດປະຈຳເດືອນ? (ກະລຸນາ ບອກ ໜຶ່ງຢ່າງ)

IV. Perception of menopause: (ຄວາມຮັບຮູ້ ກ່ຽວກັບ ພາວະການໝົດປະຈຳເດືອນ)

19. What does menopause mean to you? (Please tick all the responses that apply to you)

ທ່ານຄິດວ່າ ພາວະໝົດປະຈຳເດືອນ ມີຄວາມໝາຍແນວໃດຕໍ່ທ່ານ? (ກະລຸນາໝາຍຄຳຕອບທີ່ເໝາະສົມກັບທ່ານ)

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|--------------------------------|---------------------------|--------------------------|
| 1. Aging | (ໝາຍເຖິງການມີອາຍຸຂຶ້ນ) | <input type="checkbox"/> |
| 2. Stopping to have children | (ໝາຍເຖິງການຢຸດມີບຸດ) | <input type="checkbox"/> |
| 3. Stopping sexual intercourse | (ໝາຍເຖິງການຢຸດມີເພດສຳພັນ) | <input type="checkbox"/> |
| 4. Don't know | (ບໍ່ຮູ້) | <input type="checkbox"/> |
| 5. Others (specify) | (ອື່ນໆ) | |

20. What does menopause mean in your culture?

(Please tick all the responses that apply to you)

ທ່ານຄິດວ່າ ພາວະໝົດປະຈຳເດືອນ ມີຄວາມໝາຍແນວໃດ ໃນ ວັດທະນະທຳ ຂອງທ່ານ?

(ກະລຸນາໝາຍຄຳຕອບທີ່ເໝາະສົມກັບທ່ານ)

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|--------------------------------|---------------------------|--------------------------|
| 1. Aging | (ໝາຍເຖິງການມີອາຍຸຂຶ້ນ) | <input type="checkbox"/> |
| 2. Stopping to have children | (ໝາຍເຖິງການຢຸດມີບຸດ) | <input type="checkbox"/> |
| 3. Stopping sexual intercourse | (ໝາຍເຖິງການຢຸດມີເພດສຳພັນ) | <input type="checkbox"/> |
| 4. Don't know | (ບໍ່ຮູ້) | <input type="checkbox"/> |
| 5. Others (specify) | (ອື່ນໆ) | |

21. What is your feeling about the cessation of menses?
ທ່ານມີ ຄວາມຮູ້ສຶກ ແນວໃດ ກ່ຽວກັບ ການຢຸດ ຂອງ ປະຈຳເດືອນ?

1. Relief (ປິດປ່ອຍ) ☐
2. Regret (ເສຍໃຈ) ☐
3. Mixed feeling between 1 and 2 (ຄວາມຮູ້ສຶກລວມ ລະຫວ່າງຂໍ້ທີ 1 ແລະ 2) ☐
4. No particular feeling at all (ບໍ່ມີຄວາມຮູ້ສຶກຫຍັງໝົດທີ່ເປັນພິເສດ) ☐
5. Other (ອື່ນໆ)..... ☐

22. Do you feel that your health choices have relieved the symptoms of menopause?
ທ່ານຄິດວ່າ: ວິທີການດູແລ ສຸຂະພາບ ຂອງທ່ານ ແມ່ນສາມາດ ບັນເທົາໝວດອາການຂອງ ການໝົດປະຈຳເດືອນໄດ້ບໍ່?

1. Strongly agree (ເຫັນດີທີ່ສຸດ) ☐
2. Agree (ເຫັນດີ) ☐
3. Neutral (ເປັນກາງ) ☐
4. Disagree (ບໍ່ເຫັນດີ) ☐
5. Strongly disagree (ບໍ່ເຫັນດີທີ່ສຸດ) ☐
6. Don't know (ບໍ່ຮູ້) ☐

23. How do you feel about taking daily estrogen replacement as menopause therapy?
ທ່ານຮູ້ສຶກ ແນວໃດ ກ່ຽວກັບ ການກິນຢາ ຣີໂມນ ເປັນປະຈຳທຸກໆມື້ ໃນການປິ່ນປົວໝວດອາການ ຂອງ ພາວະໝົດປະຈຳເດືອນ?

1. Positive (ດີ) ☐
2. Negative (ບໍ່ດີ) ☐
3. Neither (ທຳມະດາ) ☐
4. Don't know (ບໍ່ຮູ້) ☐

Why?
(ເປັນຫຍັງ?).....
.....
.....

24. Does your culture allow women to take estrogen replacement therapy?
ວັດທະນະທຳ ຂອງທ່ານ ອະນຸຍາດໃຫ້ (ຫຼື ຍອມໃຫ້) ຜູ້ຍິງກິນຢາ ຣີໂມນບໍ່?

1. Yes (ອະນຸຍາດໃຫ້) ☐
2. No (ບໍ່ອະນຸຍາດໃຫ້) ☐
3. Don't know (ບໍ່ຮູ້) ☐

25. What do you think is good about menopause?
ແມ່ນຫຍັງ ທີ່ ທ່ານຄິດວ່າດີ ກ່ຽວກັບ ພາວະການໝົດປະຈຳເດືອນ?

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26. What is bad about menopause?

ແມ່ນຫຍັງ ທີ່ ທ່ານຄິດວ່າບໍ່ດີ ກ່ຽວກັບ ພາວະການໝົດປະຈຳເດືອນ?

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Thank you for your time and co-operation.

ຂອບໃຈ