Experience of Late—Middle-Aged Women who Reside in Small and Medium-Sized Cities in Becoming Psychologically Mature Women

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Abstract
Objectives: The purpose of this study is to search the inner world of post-menopausal women in late-middle age who are facing senescence and live in small and medium-sized cities.
Methods: The methods of the study were the investigation and classification of answers to questions according to a declarative ethnography analysis. The questions asked to late-middle-aged women living in small and medium-sized cities were “How do you interpret and recognize the changes in the body after menopause?” and “Which methods do you choose and practice to maintain your health in relation to aging during middle age?”.
Results: Four positive topics and two negative topics were drawn from the study. The four positive themes were: ambition; completion of a great mission; life with a sense of affection; and gratitude for maintaining health. The negative themes were: undulating emotion; and filling the emptiness.
Conclusion: The recognition of changes in the body after menopause in late-middle-aged women in small and medium-sized cities can affect their preparation processes towards senescence. It is critical to find the means to manage emergency health cases from early adulthood to middle age, based on the outcomes of the study. The study also emphasizes the importance of the woman’s family’s alternative strategies and supportive systems, which can fit into the cultural context of the community.

1. Introduction

Modern society needs to prepare for the extended senescence period in response to a rapid increase of health expenditure or social security in the aging of the population due to the improvement of medicine and living standards [1]. According to a life-span developmental perspective, middle age can be categorized into...
the early—middle-aged group, between the ages of 40 years and 50 years, and the late—middle-aged group, between the ages of 50 years and 60 years. Early—middle-aged women are healthier and perform their tasks better than those of late-middle age. However, it is necessary to focus on late—middle-aged women since their health steeply declines and they face retirement in the late—middle age period [2]. Late—middle-aged women are prone to acquire various diseases in terms of emotions, physiology, and psychology, so a healthy lifestyle should be encouraged and improved through preventive measures and precheckups [3]. According to Staudinger and Bluck [2], late—middle-aged women face menopause, which results in physiological changes in hormones, experience conflicts, and role changes from both their marriages and the independence of their children, and emotionally undergo changes in values or social positions resulting from retirement. The late—middle-aged woman should have time to spare for exercise and to tend to her health.

In addition, late—middle age is the time when a woman experiences various events in daily life such as preparation for senescence, marriage of children, retirement from their own or partner’s work places, and death of their parents [4].

However, Korean society has no perspective on healthy aging and has carried prejudice and negative perceptions about senior citizens [5]. These negative perceptions on aging are a social issue that has to be overcome in the both elderly and young people because of today’s aging society. The social discourse is necessary to face the changes of a healthy and vibrant senescence instead of viewing it as a period of support [6].

Currently, Korea’s late—middle-aged women, who were born between 1950 and 1960, are recognized as the baby boomer generation. They experienced the changes of social consciousness, which were modernization waves and democratization and could be viewed as having distinctive characteristics by facing the International Monetary Fund currency crisis in 1998. Especially, the social meaning of leading a revolution and economic growth should be perceived as a special stratum [7]. Therefore, this study aims to explore how late—middle-aged women experience their awakening into senescence after menopause, especially those living in small- and medium-sized cities where the paternalistic tradition remains strong in various sociocultural contexts.

When looking into previous research regarding middle-aged women’s preparation for senescence [8], the quantitative research utilized comparisons between generations or adults generally for research participants [9]. Moreover, there has been research focusing on successful aging awareness and comparing it with acts to improve health [10], research on identifying the influence of health condition or self-esteem affecting the expectations of aging [4], and researches on the actual conditions of women’s intake of health functional food before and after menopause [11]. The qualitative research contains an awareness of successful aging [12] and research on the adaptation and changes in a mother’s role performance [13]. However, this research was not sufficient to trace the changes according to the passage of time period and diversity of experience of personal characteristics or cultural context.

2. Materials and methods

2.1. Design

This study utilized a declarative ethnography analysis, which was to search for the answers from late—middle-aged women undergoing menopause in small- and medium-sized cities in order to prepare for senescence in the social context and their family backgrounds.

2.2. Participants

The participants of this study were 10 late middle-aged women, who were facing senescence with an age of 50–62 years, experiencing menopause, and living in three different small- and medium-sized cities. The academic backgrounds of the participants were diverse; three had a middle school education, three had a high-school education, three were college graduates, and one went to graduate school. The participants’ religious beliefs were also different. For selecting the participants, diverse situations pertaining to family, jobholder, or housewife status, and living surroundings of the participants were considered since these elements could lead to different understandings of the changes in the body in terms of preparing for mature senescence and make the sociodemographic characteristics more diverse.

2.3. Data collection

The data collection period of this study was about 3 months, which lasted from June 2014 to August 2014, and the data were collected through participant observation, and unstructured and in-depth interviews by meeting the 10 participants individually. The in-depth interview usually began with a narrative interview, which was unstructured (dialogue style). The contents of the interview were recorded with the permission of the participants and organized recording materials were transcribed into text. Participant observation data were recorded and examined two or three times until the participants’ reached a recognition of health maintenance for making the transition to senescence after menopause. This process took place at the participants’ work places, houses, and gyms. The context material was collected mainly from participants’ families, neighbors who share the same living environment, and
coworkers who share working conditions because these can influence the participants’ health maintenance.

2.4. Data analysis

The data analysis for understanding the late—middle-aged women’s recognition of making a transition into mature senescence and menopause was conducted by repetitive data collection. The data were examined according to Spradley’s classification assay [14]. The primary analysis was performed by selecting data related to the awareness of senescence and experience after menopause, which were collected during the participant observation and interviews. The secondary analysis was related to context forming and influencing one’s experience, which organized the data by utilizing current circumstantial components late—middle-aged women residing in the medium-sized cities faced. The third analysis focused on discovering a connection between analysis data of the participants’ experience and data classification outcome related to associated information. The final analysis generally described to reflect the elicited meanings of the participants’ experience and essential subject from contextual data.

2.5. Ethical issues

This study received ethics approval from the university committee (IRB No: 1040460-A-2014-008).

The research was performed after obtaining written informed consent of the participants after they were provided with documentation of purposes of the study, scope of utilization of the collected data, the practical use of collected materials, the discard procedure after completion of the research, and termination of the experiment based on the participants’ wishes.

2.6. Ensure the quality of the study

In order to enhance the reliability and validity of the fundamental theme, the study focused on four items (neutrality, consistency, realistic value, and applicability) as suggested by Lincoln and Guba [15]. First, the authors kept records of the previous understanding, hypothesis, and prejudice of the study in the corresponding journal from the beginning to the end of the study to maintain neutrality. For management of consistency, the researcher collected the exclusive data from three small- and medium-sized cities and read the collected data many times to ensure the consistency and precision of expression and description. An unstructured interview based on the dialogue style and observation of participants were used for data collection in order to provide realistic values. In addition, the researcher used levels of observation as a participant and levels of participant as an observer so as not to assimilate with the study participants. During the process of material analysis, Park and Kim, who had experience in qualitative research, evaluated the outcomes of the study based on data analysis so that the outcomes of the study and overall study procedures were re-evaluated. The researcher undertook the review process of the study outcomes with the study participants to confirm that the participant’s own experience was expressed more realistically. In order to enhance applicability of this research, investigation of repetitive field observation and analysis processes were performed, as well as utilization of multiple-source data, was a helpful tool for interpreting participants’ experience.

3. Results

This study attempted to determine the meaning by analyzing acknowledgement of particular physical milestones during the process of health care for late—middle-aged women preparing for reproductive senescence, who lived in small- and medium-sized cities. The following topics were drawn from the study, and indicate the outcomes of late—middle-aged women’s experiences as they prepared for reproductive senescence.

3.1. Ambiguous feelings of adults

The participants were asked to recognize specific physical changes during an intermediate state such as menopause when they were neither young nor old based on the biological and sociocultural components.

During the menopausal process, they recognized that they could no longer bear a child along with a feeling of loss of womanhood. However, they accepted the menopausal processes to be natural and comfortable, and yet were uneasy about the other physical changes (adult disease, hypertension, and obesity).

3.2. A person who completed a great mission

The participants gave a lot of importance to their children’s lives compared to their own. They emphasized the importance of getting their children married, their children getting a good job in a tough economy, their children becoming parents with physical characteristics inherited from their parents, and their children raising their own children well. Moreover, they accepted the changes in their role from mother to grandmother that occurred after their children’s marriage.

3.3. Life with a sense of affection

The participants were worried and concerned about their husbands’ climacterium when they experienced menopause. In their young life, a married couple would sleep together, but after menopause, women experience insomnia and their sleep patterns change; hence, partners sleep in separate rooms and they feel relieved in the morning when they see each other in a corridor. They were more willing to express their feelings and would get disturbed by the physical changes in their partners.
3.4. Feeling good about health care

The participants had service-oriented jobs. They believed that body care is a source of energy in life and their driving force was to work continuously. Therefore, they had a lot of interest in health supplementary food, eat their meals, and exercised on a regular basis. Although it was challenging, they took pride in being able to work at their age compared to those who were dependent on their children or husbands.

3.5. Undulating emotion

The participants underwent several physical, mental, social, and domestic changes while experiencing menopause and entering senescence. They had a tendency to worry and they would frequently think about death. Their figure was not well maintained as in their young age and their mood would decline when they received prescriptions and treatments for adult diseases including hypertension and hyperlipidemia. They experienced a gradual decline in sexual desire and avoided sex.

3.6. Filling the emptiness

While the participants experienced menopause, various symptoms such as depression or suicidal thoughts developed and bad incidents occurred. Moreover, leaving their earlier places of residence and moving to small- and medium-sized cities caused a greater sense of emptiness and hence they seemed to have an obsession for unnecessary items.

4. Discussion

This study attempted to understand the components of health maintenance in late-middle-aged women living in small- and medium-sized cities who experienced menopause and entered reproductive senescence in relation to the participants’ in-depth point of view and overall aspects. Based on the sociocultural background, the participants showed either a positive or negative recognition of transition into senescence.

First, ambiguous feelings of adults, a person who completed a great mission, a life with a sense of affection, and feeling good about health care were the positive themes. Ambiguous feelings of adults indicated that her youth had ended due to menopause since she experienced an outbreak of chronic disease and loss of womanhood and yet she could not accept this period like an adult because she was concerned about becoming an old woman. They felt a sense of emptiness, melancholy, and worthlessness due to menopause [16]. However, as it was also observed in the characteristics of baby boomers, they were still not prepared to enter the senescence phase and hence they were not ready to accept it comfortably [7].

A person who completed a great mission included those who played their roles in the society and yet give greater importance to their children than themselves. They believed that they had played their roles as parents because they raised their children successfully. They spent a lot of money on their children’s education and believed that they were responsible for arranging their children’s marriage while they did not expect anything from others including their children and partners [7].

Participants who led life with a sense of affection were far away from leading a standard married life since they slept separately and showed a decline in physical intimacy, and yet they showed more consideration and understanding towards their partners. Increased prevalence of atrophic vaginitis in women after menopause seemed to have a probable relationship with the decrease in sexual activity [17].

The participants who were feeling good about health care considered that their health was maintained on a regular basis and this was the main cause that made them work continuously, and hence, they were proud of not causing any trouble to their family by falling ill. The labor force participation rate of the baby boomer generation was 75.9% and they demonstrated greater directivity towards work compared to other generations. The elderly population, which had completed their duty of supporting their children, was prepared for senescence along with performing some social service so that they could have a sense of belonging to a community [7].

Among the negative topics, women who had an undulating emotion were worried and experienced a lot of mood swings such as thinking about death once in a while. This indicates that the risk of depression, suicide, and suicide attempt would be very high in postmenopausal women [17]. Hence, more attention should be paid to these women.

The participants with filling the emptiness were the people who would purchase goods in order to relieve emptiness because they would not receive attention from others and they also had difficulty in regaining consciousness because they underwent many changes arising from numerous situations. Their sleep quality declined including a short duration of sleep and they had difficulty in falling asleep compared to that in the premenopausal period. They had a tendency for higher daily stress and anxiety [17].

Thus, it seemed that they were not maintaining good interest and managing psychological symptoms in comparison to their physical symptoms.

While assessing the overall outcomes, it would be necessary to consider the educational and practical aspects in order to help late-middle-aged women living in small- and medium-sized cities in making the transition into senescence. In terms of the educational aspect, correct attitude, knowledge, and symptom management education for menopause should be imparted prior to menopause in order to prepare women for physical and psychological symptoms that aggravate towards the end.
of menopause. With respect to the practical aspect, various education and arbitration programs on prevention and treatment of chronic diseases should be administered to premenopausal women so as to reduce the medical cost burden on elderly women.

In conclusion, this study utilized descriptive ethnographic analysis in priority for field observation, content and interview in order to assess awareness of making the transition into reproductive senescence and the recognition of physical changes by middle-aged women undergoing menopause in small and medium-sized cities. Material analysis was conducted by the collection of materials in cycles and in accordance with the general procedures of qualitative research.

Six categories are applicable to the perceptions of late-middle-aged women living in a medium-sized city toward reproductive senescence, which include ambiguous feelings of adults, a person who completed a great mission, life with a sense of affection, feeling good about health care, undulating emotion, and filling the emptiness. As they underwent numerous experiences during the lifelong developmental transition state along with physical changes, they reorganized their daily lives to prepare for senescence, realized the importance of family, took pride in financial stability and performing productive activities through their work, as well as finding satisfaction in their life through good neighbors and coworkers. Since each category is interconnected with the others, it should be understood from a multidimensional perspective. It is critical to understand that senescence does not occur at once and it progresses through lifelong developmental perspectives based on multidomains, multidirections, and multifunctional characteristics as well as the diverse regional and sociocultural backgrounds. It is necessary to consider late-middle age as a critical starting point to initiate a golden age of a person’s life along with extension of the human lifespan.

Conflicts of interest

The authors declare no conflicts of interest.

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