Self-Care Actions of Post Menopausal Women

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Abstract

This study was undertaken to determine the self-care actions (SCA) of post-menopausal women in maintaining a healthy and productive life. The study generated a personal profile of the respondents (age, educational attainment, occupation, religious affiliation, and income). It also attempted to determine the health concerns of post-menopausal women and their self-care actions towards these concerns.

The study was conducted at Mindanao State University campus, Marawi City where the respondents are either presently employed or have retired. All the 60 respondents are residing at MSU.

The data were mainly gathered and obtained, using the Interview Questionnaire Schedule. The questionnaire was divided into three parts. The first

part included the respondents profile, the second part included the respondents health problems and the third included the self-care actions (SCA) of post-menopausal women.

The description of the respondents was made on the basis of the profiles obtained. The data collected had been coded, presented in tabulated forms, analyzed and interpreted using measure of central tendency, percentage and ranking.

Based on the foregoing discussion, the study revealed the following:

1. The respondents were professionals with advanced educational qualifications, stable family, with higher income and with 3-5 children.
2. The respondents were comprised of both Muslims and Christians, representing equally the majority and minority groups.
3. While there was no evidence of serious health problems among the respondents, those with health problems mentioned three, according to ranks, namely: arthritis, hypertension and urinary tract infection.
4. While the respondents were attuned to the recommended universal self-care actions, they seldom or were never concerned with the recommended developmental self-care actions.
5. Likewise, majority of the respondents observed and practiced health deviation self-care. However, there were some who seldom did.

Based on the findings and conclusions drawn from the study, certain recommendations were suggested to encourage future researchers, such as follows:

1. Further study on the same issue of self-care actions of post-menopausal women be conducted but the population of the study must include those women who are not professionals; meaning, the study has to expand to the women in the rural areas.
2. Correlational studies on the self-care actions of the post-menopausal women to the socio-economic, cultural and family variables.
3. The organization of post-menopausal women on the campus and a series of lecture, workshop and other activities regarding their concerns may be undertaken.

Introduction

Background of the Study

Many researches have been undertaken on reproductive health focusing on family planning and childbearing but very few studies have been made on women after the cessation of their ovarian function. It is worthwhile to note that the reproductive health concept includes women in their post-menopausal period. It recognizes that the health problems of elderly women could be related to the reproductive system they still carry as a sequelae in the events of their child bearing years.

Older women out-number older men three to two, and the female majority continues to grow (AJN, 1997). This adds up to a unique and growing challenge for health workers, especially the nurses, because most older women no longer have their spouses to care for them and are living alone with health problems that have not been adequately addressed.

All too often, older women are reluctant to bring up these problems with their health care providers, and when they do voice them, they are not always taken seriously.

One of the biggest obstacles to obtaining high-quality health care for older women may be ageism - - the stereotyping of an discrimination against people because they are old. Ageism affects the health care of older people by promoting erroneous assumptions among health care professionals, who become biased in their treatment of the elderly. The health problems of older women are often considered to be inevitable and not treatable, merely a natural part of growing old. When this occurs, appropriate health care declines. Problems like dementia, memory loss, incontinence, sexual dysfunction, falls or preoccupation with death may be incorrectly considered part of the "natural" aging process. In addition, various kinds of functional decline associated with aging may be assumed to be present in every older woman. Cultural values and stereotypes about women continue to influence health care practice and relationships between older women and health care professionals often encouraging a submissive attitude on the client's part so that she does not communicate all the information the health care provider needs to know.

Another obstacle to quality health care is the failure to recognize that all the health issues or concerns to young and middle-aged women can also be issues for older women. The Center for Disease Control and prevention records indicate that 10% of AIDS cases have occurred among individuals at least 50 years old. There are many other conditions that are commonly under diagnosed in older women, usually because health care providers do not take the relevant complaints

seriously. An outstanding example that has been documented recently is heart disease. (AJN, 1997). Other conditions are depression, cognitive changes, abnormal bereavement reactions, foot problems, hearing problems, movement difficulties and falls, urinary tract infection, failing vision, anemia, fecal impaction, physical abuse or neglect, misuse on non-use of prescription, dental problems, malignant skin lesions, and peripheral vascular problems.

The older woman living alone with unrecognized or untreated health problems is an all-too common patient profile. Her health problems and concerns have to be addressed for her to live a healthy and quality life. Helping her improve her self-care actions will promote her well-being and may lead to a longer and happy life.

Significance of the Study

At this point in time, when the majority of the elderly population are women (DOH, 2002), the health problems and concerns of the elderly have to be addressed, for them to live a healthy and productive life. This study is significant to the following:

The researcher as a faculty and as a nurse, as the result will enrich her knowledge on the care and management of post-menopausal women and the elderly clients in general; to the College of Health Sciences – its extension services can plan a program for post-menopausal women to make their lives productive; to health workers, for them to understand the post-menopausal women and the elderly clients and be able to provide better care for them; to the clients/respondents themselves, to be aware of the prevention and management of their health concerns.

Statement of the Problem

This study aimed to determine the self-care actions (SCA) of post-menopausal women in maintaining a healthy and productive life.

It specifically answered the following questions:

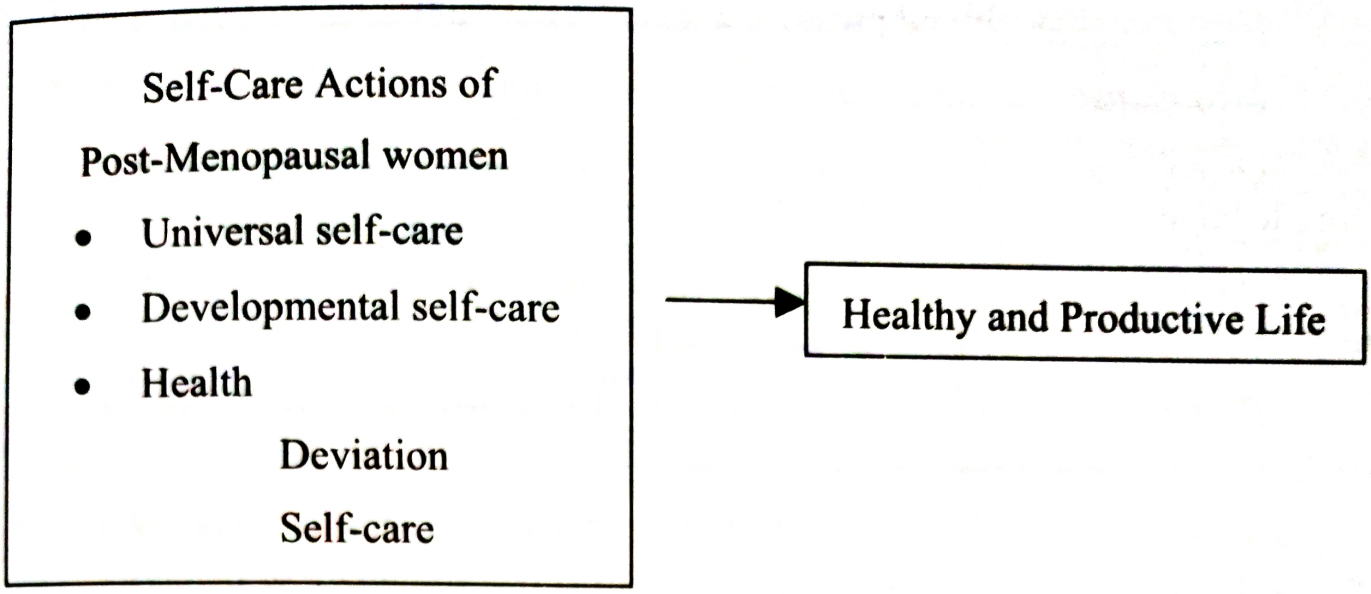
1. What is the profile of the respondents?
2. What are their present health problems?
3. What are their self-care actions in the following foremost health concerns: osteoporosis, urinary incontinence, heart diseases and breast cancer?

Theoretical Framework

This study utilized the theory of Dorothea E. Orem on Self-Care. Self-care is a learned, goral-oriented activity of individuals. It is a behavior that exists in concrete life situations directed by persons at themselves or at the environment to regulate factors that affect their own development and functioning in the interest of life, health or well-being.

Self-care requisites are "expressions of purposes to be attained, results desired from deliberate engagement in self-care. They are the reasons for doing actions that constitute self-care. Self-care requisites may be broken down into three categories: 1) Universal self-care requisites are common to all human beings and include the maintenance of air, water, food, elimination, activity and rest; solitude and social interaction, prevention of hazards, and promotion of human functioning. These eight requisites represent the kinds of human actions that bring about the internal and external conditions that maintain human structure and functioning, which, in turn, support human development. When it is effective provided, self-care or dependent care4 organized around universal self-care requisites fosters positive health and well-being; 2) Developmental self-care requisites promote processes of life and prevent conditions deleterious to life; and 3) Health deviation self-care requisites include the following assumption: disease or injury affects not only specific structures and physiologic or psychological mechanisms but also the integrated human functioning. When integrated functioning is seriously affected, the individual's developing or developed powers of agency are seriously impaired, either permanently or temporarily. Discomfort and frustration resulting from medical care also create requisites for self-care to bring relief. This analysis of health deviation self-care has shown that in abnormal states of health, self-care requisites arise from both the diseased state and the measures used in its diagnosis or treatment. If persons with health deviations are to become competent in managing a system of health-deviation self-care, they must be able to apply relevant medical knowledge to their own care.

Within the context of day-to-day living in social groups and their time-place localizations, mature and maturing persons performed learned actions and sequences of actions directed toward themselves or toward environmental features known or assumed to meet identified requisites or controlling factors that either promote or adversely affect or interfere with ongoing regulation or their own functioning or developed in order to contribute to the continuance of life, self-maintenance and personal health and well-being.



Scope and Limitation of the Study

This study included women in their post-menopausal period, aged 51-70 years. They were either married or not. They resided on MSU main campus. They are either presently employed at MSU or have retired from MSU.

The study was focused on the self-care actions of these post-menopausal women on the following health concerns: osteoporosis, urinary incontinence, breast cancer and heart disease, and other health problems based on the three categories of self-care requisites.

Definition of Terms

Arthritis – inflammation of joints.

Developmental Self-Care – the human activity that promotes processes of life and prevents conditions deleterious to life.

Diabetes – a disease marked by an excessive flow of urine.

Health Deviation Self-Care – the human activity that controls the adverse effect of a diseased condition. This self-care contributes to the continuance of life, self-maintenance and personal health and well-being.

Hormonal Replacement Therapy (HRT) – a type of therapy involving the use of estrogen and progesterone, providing three major benefits to women: 1) it affords short-term relief of menopausal symptoms; 2) it grants long-term protection from osteoporosis, arterios and endometrial cancer, and 3) it offers hope to women who already have osteoporosis because it can promote new bone growth.

Hyperparathyroidism – excessive secretion of the parathyroid glands.

Hypertension – blood pressure above the normal limits.

Menopause – is the cessation of menstruation.

Osteoporosis – a common condition in menopausal women which results in fragile bones.

Post-Menopausal Women – women whose menses have ceased for already 1 year or more.

Post-Menopausal Period – that period in a woman's life when she has already stopped menstruating.

Self-Care – is a learned goal-oriented activity of an individual intending to care for herself.

Universal Self-Care – activity that maintains human structure and functioning in the individual. It includes maintenance of air, water, food, elimination activity and rest.

REVIEW OF RELATED LITERATURE

World Menopause Day acknowledges the millions of women who enter this vital stage of life everyday, who are still not aware of the potentially serious health consequences of estrogen loss after menopause, which include osteoporosis, cancer, vaginal atrophy and other ailments. When women reach this period, usually with one-third of their lives remaining, they should be looking forward to many more healthy years. But first, they need to know their personal health risks, and they need to discuss their options, such as good nutrition, exercise and hormone therapy.

Most women experience menopause in their early 50's, although menopause can happen any time between 30's and late 50's. Because of advancement in medical care, the average life expectancy for women has increased significantly. A 50-year old woman today might expect to live more than one third of her life after menopause. However, the loss of estrogen at menopause can lead to potentially serious medical conditions in women at risk, including osteoporosis. One half of all women over 50 will, at some time, have a fracture caused by osteoporosis.

It has been known for more than 50 years that estrogen loss associated with menopause causes these symptoms: a) vaginal dryness due to vaginal atrophy (thinning and loss of elasticity); b) urinary problems due to urethral and bladder atrophy which may result in urinary incontinence; and c) psychological effects, like feeling anxious or experiencing mood swing. Other symptoms may

include irritability, loss of concentration, headaches, crying spells, tiredness, loss of libido, and depression (Health News, 1999).

The challenge of medical science is to help women make those years as productive as possible. One modality that can truly help is hormone replacement therapy (HRI). This type of therapy has often been called replacement therapy in the medical literature. However, HRT is a better designation because it conveys the assurance that both estrogen and progesterone are being administered. This replacement therapy offers six important advantages to older women:

1. HRT controls hot flashes and dyspareunic vaginal dryness.
2. It helps alleviate other symptoms of the climacteric years that appear related to changing levels of estrogen. These symptoms include fatigue, insomnia, joint pain, depression, anxiety, mood swings, memory loss, diminished self-esteem, and decreased interest in sex. Whether the alleviation of these symptoms in women on HRT is due to improved sleep patterns or another mechanism in unclear. However some researches confirm that clinical symptoms subside. In one double-bind, prospective, crossover study, those women taking estrogen replacement experienced a definite "tonic" effect.
3. It significantly reduces the number of deaths from cardio-vascular disease. Literature reports overwhelming evidence that estrogen users enjoy approximately a 50% reduction in the risk of fatal cardiovascular disease when compared with nonusers. This protection from coronary and cerebral artery disease is the greatest health benefits of estrogen replacement.
4. It prevents osteoporosis. Without a doubt, this disease poses a major public health problem. In this country alone, according to many estimates, 1.7 million fractures each year are attributed to osteoporosis and these fractures cost $3.8 billion to treat. Exactly how estrogen maintains the integrity of bone density is unclear, but researchers believe it increases the intestinal absorption of calcium and/or inhibits the reabsorption of calcium from bone. By including progesterone in replacement therapy, an additional bones is gained. Researchers have recently established that progesterone (in the presence of sufficient calcium) promotes new bone formation in existing osteoporosis sites. This suggests that it may never be too late to start HRT – a consideration that directly affect today's senior patients/clients.
5. It prevents endometrical cancer. There is overwhelming evidence that women who use estrogen alone have an increased risk of endometrical

cancer. But those who take progesterone along with estrogen have even less risk of endometrial adenocarcinoma than untreated women.

6. HRT may protect women from breast cancer.

In summary, hormone replacement therapy provides three major benefits. First, it afford short-term relief of menopausal symptoms. Second, it grants long-term protection from three potentially lethal disease – arteriosclerosis, osteoporosis, and endometrical cancer. In addition, it may help protect against breast cancer. Third, HRT offers hope for women who already have osteoporosis because (in the absence of sufficient calcium) it can promote new bone growth, even in osteopenic sites. With so many benefits and virtually no dangers, it now seems reasonable to recommend that all postmenopausal women, regardless of age or menopausal symptoms, be seriously considered for hormone replacement therapy, according to Dr. Robert G. Wells (Senior Patient, 1989).

After menopause, cessation of ovarian function, the uterus, breasts and ovaries undergo atrophy or a reduction in size, because of lack of estrogen. Women at this stage need health teachings to learn the normal parameters of menopause so they may continue to monitor their own health during this time. Women often refer to this period as a "change of life" because it marks the end of their ability to bear children and the beginning of a new phase of life. Through health teaching measures, nurses can help women appreciate that loss of uterine function may make almost no change in their lives. (Pelleteri, 1999).

Every year, more than 180,000 women are diagnosed with breast cancer and more than 40,000 will die of the disease, according to the Susan G. Komen Breast Cancer Foundation (Health News, 1999). Approximately one in every nine women will develop breast cancer in her lifetime. However, there are steps that can be taken to lower the risk factor of developing the disease. Several studies indicate that physical activity may play a role in breast cancer prevention. The best known study was conducted by Inger Thune, M. D. & Associates in Norway. The study drew information on leisure activity fro more than 25,000 women. A follow-up health survey was conducted with each participant a average of 14 years later. From the information, researchers concluded that physical activity, performed during leisure time or while at work, was associated with a reduced risk of breast cancer (Health News, 1999).

Cancer affects people of all ages. However, cancer develops more readily in older people than in younger individuals. Older people may be susceptible to cancer simply because they have been exposed to carcinogens longer than the younger people. Also, as individuals age, their immune system ages and become less active. The immune response failure theory suggests that this problem alone

could make clients more susceptible to cancer. Ovarian cancer is more in women older than 55 years.

According to Dr. Rodolfo Talag, older breasts tend to sag because the muscles and ligaments that support the fat under the skin lose their tone as you age. The glands that produce milk, surrounded by the fatty tissue, shrink and the size of the breast changes. This is because as the woman age there is more fiber and less fat content to the breast. No matter what size the breasts are, they may appear to be more pendulous. The woman should wear a good supportive brassiere, particularly when exercising.

Regular checking of the breasts for any changes and presence of lumps is necessary at every age, particularly during the climateric period. Breast cancer is on the rise, especially among postmenopausal women. A recommended method is to palpate the entire breast area from the glands under the arm and beside the collarbone around the entire surface of the breast in circles inward toward the nipple.

During menopause, the epithelial lining of the urinary tract declines and the muscle tone of the urethra weakens. Since the bladder is right beside the vagina, it's not unusual to experience a feeling of enormous pressure during intercourse. The bladder may loss control. Urinary incontinence can happen any time, even during a sneeze. According to Dr. Talag, in order to keep the muscles around the urethra tight and firm, the woman can do Kegel exercises. This exercise may help restore the vaginal tone and bladder control. This exercise is also recommended after delivery (Manila Bulletin, Sept. 17, 2000).

Urinary incontinence is a condition in which involuntary loss of urine is a social hygienic problem and is objectively demonstrable. About 10%-30% of all older clients with stress have incontinence. Anatomic and physiologic incontinence result from sphincter weakness or damage and weak abdominal and perennial muscle tone sphincter weakness or damage is often caused by obstetric trauma, postoperative weakness, and congenital weakness. Urethral deformity is often caused by recurrent UTIs, previous gynecologic surgery, trauma and estrogen deficiency vulvitis.

Alteration of the urethrovesical junction occurs in women. This angle, between the bladder and the posterior proximal urethra, is important to continence in women. Common causes of the loss of this angle include multiple pregnancies, aging and surgical procedures resulting in abdominal perennial weakness. Weak abdominal and perineal muscle tone is cause by obesity, lack of exercise, and loss of tone after childbirth.

In planning for the care of elderly with a problem of urinary incontinence, the nurse should remember that muscle weakness with external factors, such as decreased mobility and dependency, is a major cause of incontinence.

Osteoporosis is a common condition in menopausal women. The condition results in fragile bones, which have an increased risk of fracture, particularly the wrist and the hip. Collapse of spinal vertebrae may lead to "dowager's hump" and the actual loss of inches in height. A loss of bone density occurs as the hormone levels decline. At menopause, the bones no longer have a sufficient supply of estrogen to help them absorb calcium, which is the key building element in bone tissue.

An increase in calcium in the diet and a regular program of weight-bearing exercise are two of the preventive tactics to forestall or ward off osteoporosis. The most obvious interdiction is smoking, which inhibits vitamin absorption and bone metabolism (Manila Bulletin, 2000).

Osteoporosis is a common age-related metabolic bone disease in which there is severe general reduction in the skeletal bone mass and an increased susceptibility to fractures, especially in the wrist, hip and vertebral column. Osteoporosis can be classified into primary and secondary forms. Primary or type I postmenopausal osteoporosis is common and cannot be associated with an underlying medical condition. Secondary or type II osteoporosis results from an associated underlying condition, such as hyperparathyroidism, or an iatrogenic cause, as in long-term corticosteroid or heparin administration (Black et.al., 1996).

Osteoporosis occurs in about one fourth of all elderly people; the incidence of the disease is greater in women than in men (at least 5:1) and white women are affected more often than black women. The exact cause of osteoporosis is unknown. However, women are at a high risk for early bone loss related to menopause. In post-menopausal women, estrogen production and bone calcium storage decrease. Estrogen appears to protect against bone loss. Accelerated bone loss occurs with women who have early surgically induced menopause.

With osteoporosis, the supporting skeletal structure are weak, so even minimal stress can cause fracture.

It is difficult to isolate the aging process of the cardiovascular system, because it is closely related to diet, exercise, and disease processes. But even when these factors are excluded, a clinical pattern of age-related changes emerges as follows:

1. Decreased myocardial reserve.
2. General thickening of endocardium and valves. The valves tend to become more rigid and incompetent heart murmurs develop.
3. Conducting fibers are replaced by fibrous tissue. This reduces the effectiveness of pacemaker cells, decreases conductivity, and leads to arrhythmias.
4. Coronary arteries become rigid and thickened. This reduces the ability to respond to additional demands and increases the likelihood of coronary artery disease.
5. Increase in elastic fibers in vessel walls and increase in collagen. This makes the vessels less elastic and results in systolic hypertension and increased pulse pressure.
6. Decrease in internal diameter of vessels. Generally this is due to an accumulation of lipids in the vessel walls. The decreased diameter leads to increased peripheral vascular resistance (Black & Jacobs, 1996).

Age is one of the non-modifiable risk factors of cardiovascular problem. Symptomatic coronary artery disease (CAD) appears predominantly in clients over 40 years of age. However, clients in their 30s, and even in their 20s, sometimes suffer anginal attacks or MI.

Women who take oral contraceptives are more likely to develop CAD. This risk is particularly significant in women who smoke. Once oral contraceptive is discontinued, the increased risk of CAD ceases. Women with an early menopause face three times the risk of CAD as women with normal or late menopause.

Contributing factors to CAD are obesity, lack of exercise, and response to stress. Obesity places an extra burden on the heart, requiring the muscle to work harder to pump enough blood to support added tissue mass. In addition, obesity is often associated with a sedentary life-style, elevated serum cholesterol, and high blood pressure.

Several studies suggest that effective, routine aerobic exercises may decrease the likelihood of a coronary event. Research confirms that a sedentary life-style potentiates the lethality of a myocardial infarction and it is considered a significant risk factor in the development of CAD. The Framingham Study demonstrated an inverse relationship between exercise and the risk of CAD. Exercise may reduce the risk of CAD by decreasing weight, reducing blood pressure, and elevating the protective HDL. The prevailing thought is that exercise, along with general body conditioning, makes the heart use oxygen more

efficiently. To be effective, aerobic exercise should raise the heart rate from 50 to 100 percent of baseline (depending on age and physical condition) for at least 20 to 30 minutes. Such exercise must be performed at least three times a week to be beneficial. (Black et.al., 1996)

METHODOLOGY

Locale of the Study

This study was conducted on Mindanao State University Main Campus, Marawi City.

Design of the Study

A one-shot survey was used since this was an exploratory study.

Respondents/Sample Population

Women in their post-menopausal period, aged 45-65, were the subjects of the study. They are presently employed at Mindanao State University or have retired from MSU.

Sampling Procedure

The total population was considered as respondents of the study. All post-menopausal women employed or have retired from MSU and still residing on the MSU Campus were considered as respondents.

Data Gathering Instrument

The main instrument in data gathering was the Interview Questionnaire Schedule.

Statistical Tools of Analysis

Measure of central tendency, percentage and ranking were used in the interpretation and analysis of data.

DISCUSSION OF RESULTS

After analyzing the data collected, the following results were presented into three groupings: A) The Profile of the Respondents; B) Current Health Problems of the Respondents; and C) Self-Care Actions of the Respondents.

A. The Profile of the Respondents

1. Age Level. The age level of the respondents was limited from 45-65 years, considering the fact that the subjects of the study were women who were at the post-menopausal stage. Normally, the post-menopausal period of the woman start at the age of 51 years above. However, there are those who menopause earlier. Nevertheless, a greater number, 25 (41.67%) of the respondents, were at the age level of 51-55 years. This was followed by 18 (30.00%) at the age category from 45-50 years. Next category were those in the age level of 56-60 years with 14 (23.33%) of the total respondents (Table 1.)

TABLE 1. Age Level of the Respondents

Age Level (Years)	Frequency	Percent
45-50	18	30.00
51-55	25	41.67
56-60	14	23.33
61-65	3	5.00
Total	60	100.00

2. Educational Attainment. The population sample were from the Mindanao State University Campus in Marawi City. More than 50 percent, 32 (53.33%) of the respondents had advanced graduate degrees (MS or Ph.D. Ed.D etc). Almost one-third, 17 (28.33%), of them were college graduates. The rest were either vocational or high school graduates (Table 2.) This is a clear evidence that the respondents were professionals.

TABLE 2. Educational Attainment of the Respondents

EDUCATIONAL ATTAINMENT	FREQUENCY	PERCENT
Post-Graduate (MS, Ph.D)	32	53.33
College Graduate	17	28.33
Vocational Graduate	1	1.67
High School Graduate & Less	10	16.67
Total	60	100.00

3. Occupation of the Respondents and their Husbands. The findings showed that more than 50 percent, 34 (56.67%) of the respondents were employed as staff of the University; 25 (41.66%) were faculty members; and only 1 (1.67%) was a retiree.

On the other hand, their husbands were likewise employed as staff, at 32 (53.33%); 27 (45.00%) were faculty members and only 1 (1.67%) was a retiree (Table 3.)

TABLE 3. Occupation of the Respondents and their Husbands

OCCUPATIONS	RESPONDENTS		HUSBANDS	
	FREQUENCY	PERCENT	FREQUENCY	PERCENT
Teacher/Faculty	25	41.66	27	45.00
Staff	34	56.67	32	53.33
Others (retiree)	1	1.67	1	1.67
Total	60	100.00	60	100.00

4. Religious Affiliation of the Respondents. The respondents' religious affiliation was categorized as either Islam or Christianity. Without any bias on the selection of the respondents, the data revealed that 30 (50.00%) of the respondents were Muslims, or those who embraced Islam as their religious affiliation, and the other half, 30 (50.00%) were Christians, who were distributed into the different denominations of that religion (Table 4).

The composition of the sample population was a mixture of both the Muslims and the Christians. This is an indication of the realization of the university goals and objectives of "Integration" between Muslims (including other cultural minorities) and Christians in the achievement of peace and development on Mindanao, specifically, and in the whole country, in general.

TABLE 4. Religious Affiliation of the Respondents.

Religious Affiliation	Frequency	Percent
Islam	30	50.00
Christianity (INC,RC,SDA,DIC,EC,etc.)	30	50.00
Total	60	100.00

5. Monthly Family Income. The respondents were asked to reveal their monthly income with the hope to gauge their standard of living. The greater number, 27 (45.00%), were classified as having a high level of monthly income (P30,000-up); 20 (33.33%) were in the middle category (P10,001-P30,000) monthly income; the rest, 13 (21.67%) were receiving a monthly income of P10,000 or less. However, all the respondents had regular income, considering that they are all government employees, except one who was a retiree from the government service (Table 5).

TABLE 5. Monthly Family Income of the Respondents.

INCOME LEVEL	FREQUENCY	PERCENT
Low (P10,000-less)	13	21.67
Middle (P10,001-P30,000)	20	33.33
High (P30,000-up)	27	45.00
Total	60	100.00

6. Respondents Number of Pregnancies and Living Children. The findings show that more than 50 percent 34 (56.67%) had 3-5 number of

pregnancies; 19 (31.66%) had 6 or more pregnancies; and only 7 (11.67%) had 0-2 pregnancies (Table 6).

The same table shows that 35 (58.33%) of the respondents had living children of 3-5; 14 (23.34%) had 6 or more; and that 11 (18.33%) had 0-2 number of living children. It is consistent that more than 50 percent had 3-5 pregnancies.

TABLE 6. Respondents' Number of Pregnancy and the Living Children.

No. of Pregnancy and Living Children	Pregnancies		Living Children	
	Frequency	Percent	Frequency	Percent
0-2	7	11.67	11	18.33
3-5	34	56.67	35	58.33
6-more	19	31.66	14	23.34
Total	60	100.00	60	100.00

7. Respondents Type of Deliveries. Included in the presentation of respondents profile is the type of deliveries. It was found out that 49 (81.67%), majority of the respondents, had delivered their children "normally." However, there are those, 11 (18.33%), who had experienced "Caesarean section" deliveries. (Table 7).

TABLE 7. Type of Respondents' Deliveries.

TYPE OF DELIVERY	FREQUENCY	PERCENT
Normal	49	81.67
Caesarean	11	18.33
Total	60	100.00

B. Current Health Problems of the Respondents

Women in their post-menopausal period may have potentially serious health problems after estrogen loss. Estrogen (female sex hormone) produces cyclic changes in the uterine endometrium and vaginal epithelium. It also influences 1) positive nitrogen balance maintenance, 2) calcium and phosphorous metabolism and calcium retention in bones, 3) sodium chloride retention and, hence, sodium water balance, 4) control of blood proteins and lipids, 5) the vascular and skeletal systems, and 6) thyroid function, insulin production and adrenal function (Black et.al., 1996).

8. Respondents Current Health Problems. Sixty respondents were asked whether they had some health problems at the time of interview. It was revealed that 34 (56.67%) had no health problems and only 26 (43.33%) had health problems (Table 8).

This implies that most post-menopausal women at MSU had good health.

TABLE 8. Respondents Current Health Problems.

HEALTH PROBLEMS	FREQUENCY	PERCENT
None	34	56.67
Hypertension	16	26.67
Arthritis	3	5.00
Diabetes	3	5.00
Urinary Tract Infection	3	5.00
Breast Cancer	1	1.66
Total	60	100.00

9. Respondents Health Problems. Among the respondents with health problems, it was found out that 16 (61.54%) were having "hypertension." The rest were having arthritis, diabetes, urinary tract infection and one had breast cancer. (Table 9) Prevalence of hypertension increases with advancing age. Beside, there are other risk factors that may be considered such as family history, gender, stress, obesity and nutrients. Arthritis is likewise a common chronic condition in older people and women are affected 2-3 times more often than men. It is often aggravated by the cool climate, which MSU has. Diabetes is a metabolic disorder characterized by glucose intolerance. Clients between ages 45 and 65 years are likely to develop diabetes mellitus. Urinary tract infection is an infection within the lower urinary tract, usually affecting the bladder, although the urethra and ureters may be involved. Studies show that 25% of all aging women develop UTI due to hormonal changes. One of the risk factors of breast cancer is advancing age.

TABLE 9. Respondents' Health problems as enumerated (N=26)

HEALTH PROBLEMS	FREQUENCY	PERCENT
Hypertension	16	61.54
Arthritis	3	11.54
Diabetes	3	11.54
Urinary Tract Infection	3	11.54
Breast Cancer	1	3.84
Total	60	100.00

10. Respondents Years of Suffering from the Problem and Years of Medical Treatment. Those health problems enumerated had been felt by the respondents for about 3 years or more. So that 65 percent of the respondents were already under medical treatment for the past three years or more. (Table 10)

TABLE 10. Respondents' Years of Sufferings from the Problems Mentioned and Years of Medical Treatment (N=26)

YEARS EXPERIENCED	SUFFERINGS		MEDICAL TREATMENT	
	Frequency	Percent	Frequency	Percent
Few Months	1	3.84	3	11.54
One Year	4	15.39	3	11.54
Two Years	3	11.54	3	11.54
Three or more years	18	69.23	17	65.38
TOTAL	26	100.00	26	100.00

11. Respondents Health Problems Suffered Previously. Moreover, the health problems enumerated were ranked according to their number of occurrence. It was found that "arthritis" ranked first, "hypertension" second, "urinary tract infection" third, "heart problem" fourth and others. It was noted that arthritis, hypertension and urinary tract infection had been consistent. It means that despite medical treatment, these health concerns still existed. (Table 11)

TABLE 11. Respondents' Health Problems suffered previously but cured or still recurring by Rank.

HEALTH PROBLEMS	FREQUENCY	RANKS
Arthritis	24	1st
Hypertension	21	2nd
Urinary Tract Infection	18	3rd
Heart Problem	13	4th
Gynecologic Problem	9	5th
Fracture	8	6th
Gynecologic Surgery	6	7th
Hyperparathyroidism	6	7th
Breast Cyst Lump	5	8th
Multiple Pregnancy	2	9th
Others	0	-

C. Self-Care Actions

C.1. Universal Self-Care Actions

The data showed the universal self-care actions adopted by the 60 respondents who were at their post-menopausal age. After presenting to them the general statements comprising the universal self-care actions, majority, 35 (58.33%) of them "Always" observed self-care. Only 21 (35.00%) said they had "seldom" observed self-care. Four (4) "Never" practiced any self-care actions. (see Table 12).

The data implied that, in general, respondents were aware of the universal self-care actions and that they practiced these for the maintenance of a healthy and productive life.

TABLE 12. Universal Self-Care Actions/Practices of the Respondents

UNIVERSAL SELF-CARE ACTIONS	ALWAYS (A)		SELDOM (S)		NEVER (N)		TOTAL	
	F	%	F	%	F	%	F	%
1. Water	33	55.00	24	40.00	3	5.00	60	100.00
2. Diet	30	48.33	26	43.33	5	8.34	60	100.00
3. Vitamins	30	50.00	29	48.33	1	1.67	60	100.00
4. Fiber	32	53.33	21	35.00	7	11.67	60	100.00
5. Snack	22	36.67	32	53.33	6	10.00	60	100.00
6. Sunlight	29	48.33	24	40.00	7	11.67	60	100.00
7. Exercise	21	35.00	32	53.33	7	11.67	60	100.00
8. Bowel	45	75.00	13	21.67	2	3.33	60	100.00
9. Sleep	34	56.67	20	33.33	6	10.00	60	100.00
10. Hygiene	50	83.33	7	11.67	3	5.00	60	100.00
11. Social	48	80.00	10	16.67	2	3.33	60	100.00
12. Think	44	73.33	13	21.67	3	5.00	60	100.00
AVERAGE	35	58.33	21	35.00	4	6.67	60	100.00

Legend:

WATER – Drink 6-8 glasses water a day
DIET – eat well balanced diet
VITAMINS – take vitamins and minerals esp. calcium to supplement diet
FIBER – eat food rich in fiber like fruits and vegetables
SNACKS – take snacks in between meals
SUNLIGHT – have daily sunlight exposure in the morning
EXERCISE – maintain daily regular exercises
BOWEL – move bowel regularly (once a day)
SLEEP – sleep 6-8 hours a day
HYGIENE – maintain good personal hygiene
SOCIAL – have adequate social interaction with people
THINK – think positively

C.2. Developmental Self-Care Actions

The revealed that majority 33 (55%) of the respondents religiously followed the doctor's advices on the taking of medications. But they were not seriously considering the other Development Self-Care Actions shown in Table 13.

On the average, 15 (25.00%) of the respondents had manifested "always" compliance; 25 (41.67%) "Seldom observance; and 20 (33.33%) "never" concerned about the Developmental Self-Care Actions.

This situation implied that respondents had no strong desire to follow the recommended Developmental Self-Care Actions. Perhaps they had limited knowledge of the importance of those self-care action in the maintenance of a productive and healthy life.

TABLE 13. Respondent's Developmental Self-Care Actions/Practices

DEVELOPMENTAL SELF-CARE ACTIONS	ALWAYS (A)		SELDOM (S)		NEVER (N)		TOTAL	
	F	%	F	%	F	%	F	%
1. Medical	16	26.67	35	58.33	9	15.00	60	100.00
2. Dental	8	13.33	40	66.67	12	20.00	60	100.00
3. Breast	12	20.00	25	41.67	20	33.33	60	100.00
4..1 Mammo	5	8.33	19	31.67	36	60.00	60	100.00
4.2 Paps	16	26.67	18	30.00	26	43.33	60	100.00
4.3 Bone	10	16.67	12	20.00	38	63.33	60	100.00
4.4 Blood	12	20.00	22	36.67	26	43.33	60	100.00
4.5 URI	13	21.67	30	50.00	17	28.33	60	100.00
4.6 ECG	11	18.33	28	46.67	21	35.00	60	100.00
5. Hormone	6	10.00	13	21.67	41	68.33	60	100.00
6. Medicine	33	55.00	17	28.33	10	16.67	60	100.00
7. Discomfort	20	33.33	35	58.33	5	8.34	60	100.00
8. Exercises	8	13.33	30	50.00	22	36.67	60	100.00
9. Wear	21	35.00	25	41.67	14	23.33	60	100.00
10. Eat	18	30.00	34	56.67	8	13.33	60	100.00
11. Stroll	21	35.00	29	46.67	11	18.33	60	100.00
12. Smoke	19	31.67	7	11.67	34	56.66	60	100.00
Average	15	25.00	25	41.67	20	33.33	60	100.00

Legend:

MEDICAL – regular medical check-up
DENTAL – regular dental check-up every 6 months
BREAST – do self-breast exam monthly
MAMMO – yearly diagnostic exam, yearly mammography
PAPS – yearly diagnostic exam, yearly paps smear
BONE – yearly diagnostic exam, yearly bone density
BLOOD – yearly diagnostic exam, yearly blood chemistry
URI – yearly diagnostic exam, yearly urinalysis
ECG – yearly diagnostic exam, yearly ECG
HORMONE – receiving hormone replacement therapy
MEDICINE – take medicine upon prescribed by doctor only
DISCOMFORT – when feeling discomfort immediately saw doctors
EXERCISES – perform Kegel exercises to strengthen any perennial and abdominal muscles
WEAR – wear good supportive brassiere when exercising
EAT – eat food low in calories, sodium, cholesterol and high in calcium content
STROLL – short stroll before and after meal

SMOKE – do smoke

C.3. Health Deviation Self-Care Action

To capture the respondents' health deviation from Self-Care practices, 12 self-care statements were presented to them with rating scales ranging from "always," "seldom" and "never."

The data revealed that 80% were religiously taking medication and 75% were following doctor's advices. Likewise, 60% were following the prescribed diet for their illnesses. However, less than 50 percent deviated from the recommended self-care practices.

Further, it was found that more than 50% of the respondents seldom saw or consulted a doctor, and/or read articles which pertained to their health problems.

On the average, 28 (46.67%) religiously followed the recommended self-care activities; 23 (38.33%) seldom observed those activities. (See Table 14).

This data implied that while a greater number of the respondents believed in and observed appropriate self-care actions, there were also a considerable percentage (38.33%) who deviated from self-care.

TABLE 14. Respondents' Health Deviation Self-Care Actions

UNIVERSAL SELF-CARE ACTIONS	ALWAYS (A)		SELDOM (S)		NEVER (N)		TOTAL	
	F	%	F	%	F	%	F	%
1. TAKE	48	80.00	10	16.67	2	3.33	60	100.00
2. ALWAYS	45	75.00	13	21.67	2	3.33	60	100.00
3. SEE	20	33.33	33	55.00	7	11.67	60	100.00
4. ILLNESS	36	60.00	19	31.67	5	8.33	60	100.00
5. CLEARED	25	41.67	18	30.00	17	28.33	60	100.00
6. REST	28	46.67	29	48.33	3	5.00	60	100.00
7. HYGIENE	32	53.34	14	23.33	14	23.33	60	100.00
8. LIMIT	29	48.33	23	38.33	8	13.34	60	100.00
9. ENTERTAIN	18	30.00	35	58.33	7	11.67	60	100.00
10. READ	21	35.00	30	50.00	9	15.00	60	100.00
11. TIME	28	46.67	28	46.67	4	6.66	60	100.00
12. TRAVEL	14	23.33	26	43.33	20	33.34	60	100.00
AVERAGE	28	46.67	23	38.33	9	15.00	60	100.00

Legend:

TAKE – takes medication religiously
ALWAYS – always follows doctor's advice
SEE – sees doctor regularly
ILLNESS – follows prescribed diet for illness

CLEARED – cleared exercises with doctor
REST – sees to it to have enough rest and sleep everyday
HYGIENE – maintains good personal hygiene and sanitation
LIMIT – limits activities
ENTERTAIN – does not entertain problem
READ – reads articles that pertain to one's illness
TIME – finds time to go out with family for leisure
TRAVEL – avoids travel, especially long distance

SUMMARY CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

The analysis of the data in this research reveals the following:

Summary

A. Profile of the Respondents

1. The greater number of respondents, 25 (41.67%), were at the age level of 51-55 years.
2. More than 50 percent, 32 (53.33%) of the respondents had post-graduate degrees, e.g., MS, Ph.D and the like.
3. The respondents were government employees. Their husbands were also employees of Mindanao State University, Marawi City. Specifically, 34 (56.67%), of the respondents were in the staff of MSU and 25 (41.66%) were with the faculty.
4. On their religious affiliations, 50 percent were Muslims and the other half were Christians.
5. The greater member, 27 (45.00%) of respondents belonged to the high income group, with monthly income of P30,000 and above.
6. More than 50 percent, 34 (56.66%), of the respondents had 3-5 pregnancies and 35 (58.33%) had 3-5 living children.
7. Forty-nine (81.67%) of the respondents had normal deliveries and 11 (18.33%) had undergone "caesarean" section.

B. Current Health Problems of the Respondents

8. Although 34 out of 60 respondents have no current health problems, a greater percentage, 61.54%, of those with health problem have

mentioned "arthritis," "hypertension," "urinary tract infection," "diabetes" and others (Table 9) as their problems.

9. Majority, 69.23%, of those respondents have been suffering those health problems for three or more years. Those concerned have been in medical treatment for three or more years also.

10. Regarding the mentioned health problems that they have suffered previously, these were ranked in accordance to their occurrences. Ranked first was "arthritis," second was "hypertension," 3rd "urinary tract infection," so on and so forth (Table 11).

C. Self-Care Actions

11. Majority, 35 (58.33%) of the respondents, were attuned to the universal self-care actions for post-menopausal women.

12. Comparatively, a greater number, 25 (41.67%) of the respondents "seldom" observed and practiced developmental Self-Care actions and 20 (33.33%) were "never" concerned about the problem.

13. A great majority, (80%) and (75%) of the respondents, were religiously taking medications and following the doctor's advices, respective. However, an average 32 (53.33%) of them were not practicing the self-care actions for the maintenance of a productive and healthy life.

Conclusions

1. The respondents were professionals with advanced educational qualifications, stable family with higher income, and had 3-5 children.

2. The respondents were composed of both Muslims and Christians, representing equally the majority and minority groups of the population.

3. While there was no evidence of serious health problems among the respondents, those with health problems mentioned three according to rank, namely, arthritis, hypertension, and urinary tract infections.

4. While the respondents were attuned to the recommended universal self-care actions, they seldom or were never concerned with the recommended Developmental Self-Care Actions.

5. Majority of the respondents observed and practiced health deviation self-care; however, there were some who seldom did.

Implications

1. The respondents were educated and enjoying an average family life. The family status of the respondents implied that they could accept and observe self-care activities. It was a matter of convincing them to act positively to any desirable program related to good health.
2. The responses to self-care actions implied more concern about the curative rather than the preventive. It was manifested on their actions of religiously taking medicine as ordered by the doctors. However, many were practicing the standard self-care actions for health promotion and disease prevention.
3. In short, for the sake of maintaining good health something must be done to increase health awareness and to encourage the people's acceptance of the recommended self-care actions.

Recommendations

After thorough analysis and evaluation of the results of the study, the following recommendations are hereby presented:

1. Further study of the same issue of self-care actions of post-menopausal women be conducted, but the population of the study must include those women who are not professionals. Meaning, the study has to expand to the women in the rural areas.
2. Correlational studies be made on the self-care actions of the post-menopausal women to the socio-economic, cultural, and family variables.
3. Organization of post-menopausal women on the campus be made and a series of lecture/workshop and other activities regarding their concerns be undertaken.

BIBLIOGRAPHY

Books

Black, J. & Matassarin-Jacobs, E. *Luckmann and Sorensen's Medical Surgical Nursing*. 4th Ed. Philadelphia: W.B. Saunders Co. 1996.

Marriner-Tomey. *Nursing Theorists and Their Work*, 3rd Ed. St. Louis: Mosby Year Book, 1994.

Pilleteri, Adele. *Maternal and Child Health Nursing*. 3rd Ed. Philadelphia: J.B. Lippincott & Co. 1999.

Phipps, W. Wilma Et.al. *Medical-Surgical Nursing*. 5th Ed. St. Louis: Mosby Year Book, 1992.

Wren, B. & Nachtingall, L. *Clinical Management of the Menopause*. McGraw-Hill Book Co. Sydney, 1996.

Journals and Magazines

1. Bjornasom, et.al. "Early Post Menopausal Diminution of forearm and Spinal Bone Mineral Density: A Cross-Sectional Study, *Menopause Digest* (Netherlands. N.V. Organon. 1995).
2. Gutierez, C. "Aging Gracefully." *Health Today* (Manila: Vivendi Universal Publishing, September 2001).
3. Lee, Chung et.al. "Knowledge, Practice and Risk of Breast Cancer among Rural Women in Korea," *Nursing and Health Sciences* (Australia: Blackwell Science Asia, December 1000).
4. Scura, K. & Whipple B. "How to Provide Better Care for the Postmenopausal Woman: Special Women's Health Issue," *American Journal in Nursing* (New York: J.B. Lippincott. April 1997).
5. Thayer, D. "How to Asses and Control Urinary Incontinence," *American Journal in Nursing* (New York: J.B. Lippincott October 1994).
6. "That Menopause," *Health News*. Manila: Sunshine Publishing Corp.
7. Talag, R. "Women and Menopause," *Manila Bulletin*. (Vol 333 No. 17).
8. Wells, R. "A Plan for Giving Hormone Replacement Therapy (HRT) to Post Menopausal Women," *Senior Patient* (January-February 1987).