

Experiences of Thai Rural Women Sustaining Self-Care in Midlife:

A Phenomenological Study

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Abstract : With having responsibility for many competing demands in work and homelife, middle aged women often do not have time or energy for important self-care. The purpose of this study was to investigate ways to sustain self-care from the experience of Thai middle-aged women living in the community. This study employed a hermeneutic phenomenological approach and the philosophy of the sufficiency economy to understand the experiences of 20 Thai middle-aged women living in a central agricultural community. Data collection were conducted between 2014 and 2015 through in-depth, recorded interviews, field notes, and participant observation. All interviews were transcribed verbatim and data were analyzed using hermeneutic analysis.

The findings showed ways to sustaining self-care of Thai middle-aged women consisting of 7 themes: 1) having determination, 2) having a model, 3) developing a leader, 4) continuing to be involved with self-care activities, 5) setting up rules, 6) building self-care culture, and 7) developing a self-care group/network. The findings of this study suggest that in order to achieve self-care sustainability women should get to know themselves, have intention and belief, together with having power of community and support. Therefore, having self-care constantly will help prevent disease and promote healthy in women's lives. Nurses can play an active role in motivating and supporting women to attain and maintain self-care behaviours which result in having better health and good quality of life.

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Introduction

Middle-age, generally considered to be between ages 35 and 60, is a time in life when women are at their most vulnerable and challenged from family and social relationships to work, health and physical changes, emotional well-being, identity, menopause, and sexuality¹⁻². There were many reasons why women at midlife were the focus of this study. Women play an

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important part, a key position in the life of the family. They take care of the household work as well as being caregivers for sick family members³. Many women work outside the home to survive in order to provide for their family but they also have substantial duties within the home⁴. The economic value of women is hard to estimate and no amount of money can adequately compensate a woman for her work. They are really strong in their ability to handle it all⁵. With the competing demands of work and home life self-care activities for these women are often neglected. According to previous studies, 80% of Thai women aged between 45 to 59 years old living in Chiang Mai (a province in the north of Thailand) did not exercise⁶ and 53% of middle-aged women living in Kalasin (a province in the north-east of Thailand) did not exercise⁷. The change of Thai society from an agricultural one to being industrial affects the eating behavior of adult people, with the traditional Thai meal consisting of rice and side dishes being replaced with fast foods containing high fat, sugar and salt; and food prepared at home being replaced with convenience food⁸. This can reflect one self-care problem in Thai middle-age women. In order to continuously perform self-care to keep their body strong and healthy is not easy for middle-aged women because of obstacles such as lack of time, family responsibility, transportation, weather status, or physical health⁹. However, there are different ways in which middle-aged women can carry out regular self-care activities. Some middle-aged women perform self-care individually, while others perform it in a group. The effectiveness of self-care is that middle-aged women can sustain their self-care or having healthy behaviors in the long-term to achieve future healthy aging¹⁰.

The sufficiency economy philosophy (SEP) initiated by His Majesty King Bhumibol Adulyadej is widely known in Thailand, and has been used to guide people in living their lives according to the middle path, and it can be applied at an individual

level¹¹⁻¹³. This philosophy contains three concepts—moderation, reasonableness, and self-immunity—and two conditions: knowledge and virtues¹⁴. This philosophy was applied to this research study because it guides the way to live with middle path leading to happiness and good health; having good health requires sustainable self-care which is the basis for healthy behaviors¹⁵. Having sustainable self-care based on the SEP starts from having enough time to perform self-care to having enough available resources (for example, planting organic vegetables to eat), selecting proper self-care that can be performed without special and expensive equipment (walking, jogging, biking), combined with having knowledge and morality¹⁶. It is assumed that practicing self-care with the three concepts and two conditions of the SEP will lead women to be self-reliant, resulting in self-care sustainability. Little is known about the ways to sustain the self-care of women based on the SEP because most studies focused on the exploration of self-care experience¹⁵, factors related to self-care activities¹⁷, and the effectiveness of self-care intervention to health outcomes¹⁸.

Review of Literature

The Sustainable Development Goals (SDGs) form the global plan of the United Nations for people aiming at building a healthier world by 2030. The SDGs call for action in all countries to end the poverty of people, to protect the world, and to promote peace and wealth of people¹⁹. Especially, the healthy lives and well-being of humans are very significant goals to be considered for accomplishing all other aspects of development. Self-care is an important activity of maintaining good health and an energetic life²⁰. People who have intention to practice self-care can do it regularly²¹. Such intention comes from the inner self.

According to the Thai King's SEP that focuses on human development, this can apply to the self-care of Thai people, including middle-aged women. The

SEP considers human development starting from the inside of people¹³. People should have awareness about their health first so that they can think about having good health behaviors by performing self-care²². When integrating three concepts and two conditions of the SEP into self-care performance, this can lead people to maintain their health in a balanced, steady, and continuum existence. If middle-aged women become aware of performing self-care, it is assumed that this will move them to become more proactive and responsible to maintain their health and adjust their lifestyles. One study showed that women's awareness of health risks and types of disease can lead them to launch self-care behaviors²³. Middle-aged women should have health knowledge to support their decision making in considering the types of self-care that are appropriate to them and the ways to sustain this. Having health knowledge is essential for managing with health problems and is related to preventive self-care behaviors to promote psychophysical health²³. In addition, middle-aged women have to make a realistic plan for performing self-care continuously as well as having self-care actions at the right time and right place and using the right methods to increase their self-immunity. Having a healthy lifestyle is a good way to naturally keep the immune system strong and healthy²⁰. Self-care is an important part of a healthy lifestyle. Having proper self-care continuously is important for long-term health because it can increase self-community, prevent illness, and delay the onset and severity of diseases.

To succeed in sustaining self-care behaviors, there are two factors influencing women to perform self-care. Firstly, internal factors including attitude, emotion, motivation, need, and ability which can increase or decrease self-care maintenance behaviors²⁴⁻²⁵. Secondly, external factors of living environment, social support, and access to health care can affect women to carry on self-care action²⁴. Since many middle-aged women wish to stay healthy when

entering older age, it is necessary to understand the ways to sustain the self-care of Thai women based on the SEP to build empirical knowledge for nurses to help women to keep practicing self-care for retaining a healthy life.

In Thailand the number of middle-aged women aged between 35 and 60 years is around 13,114,843 women²⁶ and their life expectancy at birth is 80.1 years²⁷. A study showed that most Thai middle-aged women paid more attention to advance their health by performing exercise, and have regularly health and dental check-ups²⁸. However, more middle-aged women reported that they had more chronic disease (hypertension, diabetes, and heart disease) compared to middle-aged men, and the scores of self-care behaviour of these women were at the moderate level²⁸. Another study in Thailand of middle-aged females working at a university showed that the scores of both physical self-care and mental self-care were at the moderate level; the findings suggested that the university should have an eating healthy food campaign and support personnel to pay attention to doing more exercise as self-preparation for aging²⁹. In the era of the feminization of aging women who have longer life expectancy will be vulnerable to multiple health problems^{30,31}. Additionally, women traditionally also play an important role as family caregivers that can contribute to their increased poor health in later life^{3,31}. Therefore, nurses have to understand the aging process in women, their health issues, the benefits of self-care, and the ways to sustain the self-care of middle-aged women by being concerned with females' body and mind. Nurses as health care providers can help produce an environment that is conducive to supporting middle-aged women and encouraging positive self-care practices that they have already performed, and encouraging them to continuously practice these.

Philosophical Underpinning of the Study

The philosophy of sufficiency economy, previously described above, and Heideggerian hermeneutic phenomenology, are the philosophical perspectives used to guide this study.

Heideggerian hermeneutic phenomenology is the philosophies underpinning both phenomenology and hermeneutics³². Phenomenology is the study of lived human experience as it exists and as it is structured through consciousness of the first-person perspective³³. Hermeneutics is the art and science of interpretation or meaning³². Therefore, hermeneutic phenomenology developed by Heidegger is the study of experience and its meaning. Heideggerian hermeneutic phenomenology does not seek to understand only human beings, but the meaning of individuals' experience in their lifeworld—the world where they live^{34–35}. According to Heidegger, no one can ever be free from lifeworld; we cannot bracket human history and contexts because those backgrounds contribute to the accurate and in-depth understanding of human lives^{33–35}. This study focused on understanding the meaning of the ways to sustain the self-care as experienced by middle-aged women. To interpret this phenomena the researchers had to be conscious of women's backgrounds that could influence their perceptions.

Study Aim

The aim of this study was to explore ways to sustain self-care of Thai middle-aged women living in a central agricultural community.

Methods

Study Design: A qualitative approach employing Heideggerian hermeneutic phenomenology was used in this study.

Participants and Setting: Purposive sampling was used to recruit participants who met the inclusion criteria: 1) aged between 35–60 years, 2) living in the community more than 1 year, and 3) willing to participate in this study. The setting was a sub-district of a province in the central region of Thailand, an agricultural community. Most people living in this community do rice paddy farming. Besides rice, they grow vegetables, fruits, and other crops that generate a high income such as lotus and orchid farming. There is a small grocery store, a health promoting hospital, a temple, and a school in this community. In this community setting, women played important key group in performing self-care.

Data Collection: After ethics approval, the researchers contacted nurses who assisted with introductions to potential participants meeting the inclusion criteria. After study explanations, those who were willing to participate in this study were recruited and signed the informed consent. Demographic data were collected first and then the face-to-face in-depth interviews with digital tape recorder were conducted. Each interview was conducted in privacy and safety for both participants and researchers and lasted for 1–2 hours each. Each participant got interviewed twice and the second interview was conducted 4 – 8 weeks after the first interview for data verification. Various open-ended questions in the semi-structured interview guide included: “How do you take care of yourself to make you healthy and have a long life until now?”; “What is a way that you use to keep you healthy?”; “What can you do to stay healthy?”; and “How do you do to maintain your health?”. Probing questions were asked to clarify and get deeper details of participants' experiences, for example, “Tell me more details about what you do” or “Why do you do that?” or “What else do you do?” Field notes included observations of the participants, and other matters: behaviours, reactions, manner, mood, communication patterns, collaboration and the environment.

Trustworthiness: Four criteria proposed by Lincoln and Guba³⁶: credibility, transferability, consistency, and neutrality were used to enhance the trustworthiness of findings in this study. For credibility, the researchers used prolonged engagement to build trust and rapport with the participants in order to get the real experiences and data were verified by the participants (member checking). At the second interview, some participants who could read and had good eyesight got a copy of their transcripts to edit what they said and add more information if they want to. For the ones with poor eyesight, the researchers read for them and got the reply from them to confirm. Preliminary findings were returned to participants to check for accuracy. In terms of transferability, the researchers collected detailed data and reported them based on the obtained data so that other researchers could replicate it for further study. Regarding consistency, data collection and analysis were conducted with the same rigorous procedures, that is, using the same interview guide and the same processes to analyse data such as coding, comparing codes, interpreting themes from the codes. The researcher also used a digital recorder and wrote field notes. With regard to neutrality, peer debriefing was used to confirm the analysis and interpretation; three experts individually analysed and discussed with the researchers until reaching the agreement on the emerged themes. To prevent any bias that might occur at each stage of the research process, the researchers attempted to minimise this by selecting the appropriate design that fit with the aim of the study; following the interview guide during the interviews; using member checking; and using peer debriefing when analysing and interpreting data.

Data Analysis: The interviews were transcribed verbatim by listening to tapes, verifying transcript accuracy, and understanding nuances of interview contents. Data from field notes, observation and interviews were analyzed using the hermeneutic analysis modified by Benner's³⁰. She³⁷ described interpretive phenomenological analysis as consisting of searching

for paradigm cases, thematic analysis and analysis of exemplars. Benner's method of analysis was modified for ease of use. All transcripts were rechecked with the tape for the correctness and then were read for three times to gain an overall understanding of the contents. Coding was done word by word, phrase by phrase, and sentence by sentence for each transcript. A paradigm case consisting of significant and strong data reflecting ways to sustain self-care was identified and used to compare the data between participants, and similar codes were collated and different codes were gathered separately. The researcher analyzed carefully by moving back and forth among the codes using an inductive approach. After that, the thematic analysis was done. The similar meaning of codes were grouped into sub-categories, categories, and finally were created themes. For analysis of exemplars, quotations from participants' transcripts were examined and used to support and illuminate the themes. Some transcripts and all interpretation were verified by three experts. One had expertise in women's health, one in self-care, and one in qualitative research. The discussion about interpretation and emergent themes among the researcher and the experts were undertaken until reaching consensus between all members. After that, a statement of ways to sustain the self-care of women in midlife was written based on analysed data.

Ethical Considerations: This study was approved by the Committee on Human Rights Related to Research Involving Human Subjects, Faculty of Medicine Ramathibodi Hospital, Mahidol University. The approval number was ID 11-56-16. Before data collection, the researchers asked permission to collect data from the director of sub-district administration organization, the director of community hospital, the village headman and the community nurse. The study information was given to participants. Participants who were willing to take part in this study gave their written consent to participant. All participants could withdraw from the study at any time. Data obtained from participants were guaranteed anonymity and they were ensured confidentiality and privacy.

Findings: There were 20 women aged between 35–60 years (mean age = 44.30 + S.D. = 7.33) in this study. Of these women, 85% were Buddhist (n = 17), 55% were married (n = 11), and 70% were agriculturist (n = 14). Regarding educational status, 25% had primary education (n = 5), 20% had diploma education (n = 4), and 15% had no education (n = 3). The mean duration of living in this community was 33.25 years.

The ways to sustain the self-care based on the philosophy of the sufficiency economy of Thai middle-aged women to achieve future healthy aging consisted of 7 themes which are described below:

Theme 1 Having determination refers to making up one's mind to perform self-care. Most women thought that they had ability to perform self-care if they believed that they could do it. There were two categories as follows:

1.1 Setting an intention to perform self-care. Women make their own decision to perform self-care by realizing the importance of self-care first and then thinking about the types of self-care that were good for their health and select the good ones to perform. As the participants mentioned:

I have the intention to pay attention to the food that I eat. I will avoid eating unhealthy food; I eat food according to my age... My intention makes me think about performing self-care for having good health... (Participant (P) 2).

I begin to see the importance of self-care. I have the determination that I will keep performing self-care continuously. I myself have never been sick...because I regularly exercise (P11).

1.2 Performing or not performing self-care. Women had confidence in their capability to start or not start caring for themselves. The common self-care that most women performed were eating healthy food and exercising. As the participants said:

Performing or not performing self-care depends on ourselves. If we believe that we can do it; we will do it (P4).

Eating is important because some diseases result from the food that we eat. We have to eat low salt and low sugar food. If we believe that we can perform self-care, we will do it in order to make ourselves healthy (P12).

Theme 2 Having a model refers to having persons to serve as models. Those models were considered as perfect persons in the community in performing self-care who could motivate the group of women to follow them to perform self-care activities. There were two categories as follows:

2.1 Having a good model to follow. Some women in the community who were healthy and had good self-care practices acted as the masters of a group of women in performing self-care activities. Many women looked at their models and followed them to exercise daily and eating a more healthy diet, for example:

We have good models who have good health. They perform self-care activities repeatedly. They inspire us to have evening exercise...we follow them (P1).

In our group we have a group master to inform and show us how to eat clean food... I go back home and try to make clean food for my family members (P7).

2.2 Transferring self-care practices to others. Role models provided the women with self-care knowledge and skills that they did not have and as a result they gained good health outcomes. Many women who observed their models' self-care performance and considered that those self-care activities were useful, they told others to follow these. As the participants said:

They provide knowledge of self-care to us. We transfer that knowledge to others. It is very useful (P3).

They advise others to perform self-care based on the SEP... We observe... how they carry on their life. Thus we can tell others to eat low salt, low sugar, and low carbohydrate food, and to eat more vegetables and fruits (P16).

Theme 3 Developing a leader refers to women's thoughts about having people to command a group to perform self-care. The leaders were formed from being selected or invited by women in the community. They lead other women to perform self-care activities and reminded others not to forget performing self-care including encouraging and facilitating other new women to join a group to perform self-care activities.

3.1 Having a leader to encourage women. The selected leaders stimulated and supported other women to care for themselves by sharing knowledge and experience of self-care. They put more efforts to make many women to perform self-care:

They invite women who regularly perform self-care to be leaders. Those leaders try to stimulate others to perform self-care by providing knowledge and the experience of self-care (P5).

We have leaders provide self-care knowledge to a homemaker group. This can motivate those women to take care of themselves more (P17).

3.2 Having representatives to persuade refers to having the leaders to serve as the representatives of women to act and speak on behalf of the group of women in motivating other women to participate in self-care activities. They also devoted themselves to lead other women to do self-care activities regularly. As a participant said:

There are group representatives to lead and convince others to perform self-care. They persuade me to bicycle...I ride a bicycle continuously. For those that stop coming to the group, they keep convincing them to come back and join us for bicycling (P6).

The representatives try to push some women to engage to perform self-care. They tell those women's family that they need to persuade them to go out for exercising (P18).

Theme 4 Continuing to be involved with self-care activities refers to carrying on taking part in self-care activities. Many women joined a group to think, brainstorm, identify, and select appropriate methods to care for their health which every woman could perform with the group. There were two categories as follows:

4.1 Taking a part of self-care activities refers to working together to think about self-care activities that women can perform at home and to share experience about self-care. Most women got knowledge from the group and methods to solve the problems as well as the plan that they could do for improve their health through self-care:

When there are health activities in the community, I join all of activities, such as exercise. When having a meeting about health, I also join the group to share my opinions... I get knowledge from the group and then go back home to practice self-care by myself (P8).

When everyone plans health care together, they can know what to do next for themselves. When I know what my health results are... I have to think about what I should do in my self-care (P13).

4.2 Putting efforts to keep performing self-care refers to making an effort at self-care. Many women performed self-care unevenly and when thinking about it, they returned to perform it. Most of them tried to have a good relationship to perform self-care habitually due to its usefulness. As the participants said:

I may not perform self-care regularly but it is better than if I give up. I have to look after myself. I can adjust my diet. I can control my blood pressure and blood sugar. I put lots of effort into controlling the fat in my body because I need to be healthy (P10).

I am not the kind of person that performs and then stops performing self-care. This is not sustainable. I have to be aware and think about why I have to perform self-care. When I perform self-care, what benefits I gain, then I can perform self-care unendingly (P15).

Theme 5 Setting up rules refers to establishing the statements that women accept and agree to tell women in the community what is or is not allowed in promoting self-care. If some women did not follow the rules, others could talk with them to help them understand and build their awareness to follow the rules. Two categories were emerged:

5.1 Stipulating rules to guide self-care practice refers to the collaboration of women in considering the rules about self-care and making the agreement that everyone will follow the rules that they altogether set up. It was found that a health rule set up from the agreement of people in the community that has been adopted to adjust health behaviour of people in this community called “3 do not rule”: 1) do not drink soft drink, 2) do not add more sauce or fish sauce into ready-cooked food, and 3) do not use Thai fruit dip (mixture of chili, salt, and sugar) when eating fresh fruit. Two participants explained:

Everyone thinks and sets up the group rules, that is, not drinking soft drinks and drinking water instead... When we have a meeting and social activities in the family, community, and hospital, we serve water instead of soft drinks (P9).

Decreasing sugar, fat, and salt is a rule that everyone knows because the people in the family/community announce this rule to one another. There is a signboard that everyone can see (P20).

5.2 Warning one another refers to observing one another to monitor women’s self-care and health behaviors. Women were required to follow the group regulations. If they did not follow the regulations, other women could remind them, for example:

As we know, there are no soft drinks in the banquet. We help one another to see and observe (P14).

We know how to wash vegetables; we have learnt. Some women get the vegetable and eat them without washing. I have to stop them and tell them to wash them before eating them. Now they wash the vegetables before eating (P19).

Theme 6 Building a self-care culture refers to having self-care practices regularly without being controlled by anyone else. Many women performed continual self-care for a while and this turned into being a habit and was gradually absorbed into the culture. This theme consisted two categories:

6.1 Making internal changes refers to making women adjusting their thoughts about performing self-care through listening to other women speaking and advising about self-care over and over again. This led some women to have inner changes and turn to perform self-care more:

Telling people repeatedly and showing examples of poor self-care to others are ways to make people realize and change their health behaviours. I tell others about the impact of having poor self-care... This makes the women understand the information and pay attention to looking after themselves more...(P4).

For self-care, focus is needed, repeatedly telling them, and showing them how to do self-care. In my family, my children have gotten used to eating bland food following me. At first, it was too difficult to eat. When they ate bland food for 2 weeks to a month, they were able to eat it (P16).

6.2 Performing self-care repeatedly until being accustomed refers to keeping performing self-care activity until it was absorbed to women's mind and had a concern that self-care was good thing. Most women performed self-care regularly and they felt familiar with it and finally they automatically perform self-care naturally, and two explained:

I exercise regularly. I can do it by myself. If I am forced by others, I don't like it and I won't do it on the long term. Presently, I have been exercising for many years (P1).

At first, I opposed exercise. But when I saw the outcome, I didn't resist and started exercising. I eat more vegetables. My family members follow me in that they love to take care of their health (P18).

7. Developing a self-care group/network

refers to forming a self-care group or self-care network by gathering women who are interested in self-care to come together for mutual assistance. Several self-care activities were done in a self-care group/network. There were two categories:

7.1 Gathering in a group to do health activities.

Women who were interested in the same topic of self-care participated in the same group. They

performed self-care activities together as well as voluntarily sharing their experiences, for example:

People in the community who want to be healthy come out to join health activities together. Some are interested in exercise; they get together to do exercise (P6).

There is a group that exercises together in the evening. It is better than exercising alone. Exercising with a group makes me happy. We talk and share information when we exercise together (P11).

7.2 Developing resources to support self-care activities refers to bringing the support resources that are available in the home or in the community to use in performing proper self-care. Some resources were modified into the new form and then could apply for self-care activities. As the participants said:

They help one another to improve the places in the house or in the community for exercising together (P8).

We encourage everyone to use the available resources that we have in our houses for supporting self-care activities. Most people plant vegetables in their house for consumption... When they have extra, they give some of the vegetables to their friends or they exchange vegetables with one another (P14).

Discussion

The results of this study showed that middle-aged women are able to sustainably perform self-care. First, they should have the determination to perform self-care. When they have the intention to care for their own physical, psychological, and emotional health, they can do it and then they can make their self-care link with the outside environment by using the available resources in their family and community. Women's commitment can lead them to perform

self-care daily and to self-monitor the changes happening to their health. In line with the previous studies, having attention is related to goal setting; when people have stronger intention, they establish goals in their mind that are a vital strategy for behavioral change and it is effective for lifestyle changes including physical activity and dietary behavior changes³⁸⁻³⁹. During the goal setting process, it could build up a sense of possession, personal significance and awareness to maintain self-care to promote healthy lifestyle³⁹.

Secondly, in order to sustain self-care, having a model and a leader of a group is something that makes women have an awareness of self-care and to be eager to perform self-care. A good model and a group leader are very important people who can motivate and persuade other women to follow or imitate in performing self-care. This is congruent with a study of the factors related to self-care, where it was found that having a leader and a model is very significant because these people will lead others to do health promotion activities in the community and the people in the community will appreciate them because they give them mental support and inspiration in performing self-care activities⁴⁰. At the same time the model can be a facilitator for others and help to solve the problems related to self-care activities as they happen⁴⁰.

Regarding participation, to encourage all women to get involved in the health plan for themselves and for family/community health is essential. Having active participation of people is a strategy to focus on people-centered self-care that is based on their own desires and opinions⁴¹. According to Piriypaiboon⁴², if women take a part in stipulating the health plan and self-care activities, it will strengthen them and their family/community. This means that when all women realize the value and benefits of self-care and carrying on performing this, they will have good health. The advantages will go to the family and community in that women are healthy and can be a leader of the family to convince their family members

to do self-care⁴². As a result, the women can spend their time to develop the family and community affairs⁴³. In addition, it will empower women to use their potential in caring for themselves through regularly performing self-care. This is a way of accumulating knowledge and experience from the real practice of self-care, knowledge of which they can transfer to other women and members in their family. Nurses can be facilitators that help women to get together and join in brainstorming, planning, making decisions, and doing activities together.

Setting group rules is a good way to maintain self-care because the rules can help middle-aged women know the self-care practice guidelines and they can perform behaviors following the rules. If any women do not follow the rules, other women could warn them with understanding one another in order to adjust themselves to follow those rules. Bringing group rules to apply for actions is a way to control people's health behaviors and cohabitation of people in the community⁴⁴. This will create orderliness and make changes of health behaviors in the family/community; this reflects that the rules can play an important role in accomplishing good self-care⁴⁴. The presence of a set of rules developed by a group of women in the community can make women know what they can and cannot do to reach the goals of performing good self-care leading to good health. Therefore, getting people to be involved in building the rules and making people to accept, respect, and follow the rules is vital and it should be done from individual, family, community, and country perspectives in order to make a peaceful and healthy society⁴⁵.

This study's findings indicate that self-care is a practice that is needs to "burst out of women" to lead them to perform self-care independently. This is congruent with the Thai King's sufficiency economy philosophy (SEP) in that human development needs to come from an explosion from within¹². When people become involved in sharing opinions to develop their living life, they will be proud and will

cherish and preserve things that they take part in and that is called sustainable human development¹². Middle-aged women should understand and have self-awareness to perform self-care. This is called decentralization which refers to the belief that middle-aged women can think, make decisions, and participate in their own self-care so there is no need from outside forces to control them. They have to be ready to deal with any change that may happen such as obstacles to perform self-care. When they perform self-care frequently, self-care will be a part of their life and this will automatically become a self-care culture. This finding was along the lines of Alftberg and Hansson's⁴⁶ article in that shaping people to have self-care practices can be done by turning their healthy lifestyle into daily routines and increasing their knowledge about their lifestyle and about what healthy lifestyle is expected to be.

Developing a self-care group/network is an incorporation of women in the community who have the same interest, have the same goals, have the same thoughts and have the same beliefs in self-care. When gathering together, those women can share their thoughts, knowledge, experiences, information or messages in order to achieve having good health. This is in line with the statement of WHO³¹, which addressed that a network is the collaboration of a group of people and organizations at the community, city, regional, and country levels that have the same interest in something and they get together to work and to exchange their information, news, or experiences. Building networks and community groups leads to a strong and resilient community that can work effectively to promote self-care⁴⁷. The importance of having a self-care group or network is to update knowledge, information, or experiences. This can have a synergistic effect, in that one can add up knowledge from others in the group as well as get benefits from group sharing⁴⁸. This is a way to develop mutual support among women in the group/network. Therefore, having group support is useful to sustain the self-care of women in midlife.

According to the SEP, the aim is to increase the quality of life of people and communities so as to become independent and thus attain sustainable development⁶⁻⁸. For the findings it can be assumed that this philosophy can be integrated to the ways to sustaining self-care of middle-aged women by focusing on 3 things: 1) persons, 2) resources, and 3) network. Firstly, this philosophy emphasizes on people development¹³. Middle-aged women are the important persons in the family that have to be strong and healthy enough to care for others. One way to make these women sustain their self-care is having intention to perform self-care combined with self-reliance. Secondly, self-care can be maintained due to available resources. Regarding the findings of this study, the vital resource is human, a model and a leader who can inspire and encourage middle-aged women to perform self-care with regard to sufficiency. This can be done by using available resources in the house or community such as proper consumption (eating vegetables planted at home), proper use of time (having enough time to do exercise), and proper use of resources (exercise without using any equipment). This is congruent with a study showing that leaders should stimulate people to change their health behaviours to consume only as necessary and only the amount needed as well as should focus on sufficient resource consumption⁴⁹. Thirdly, having network is another way to sustain self-care. Middle-aged women exchange their experience and knowledge about performing self-care through having a self-care group/network. This is along with a study reporting that diverse knowledge comes from exchanging and networking process⁵⁰. Developing an active self-care network can empower middle-aged women in the community to share information and help one another to sustain self-care. Therefore, the SEP is a basic human wisdom that middle-aged women can apply to self-care. Following three concepts and two conditions of the SEP can help middle-aged women to sustain their self-care to remain healthy into later life.

Limitations of the Study

This study used phenomenology as an approach which focused more on the experience and its meanings of the phenomena and sometimes overlooked any other essential issues in the context. Data collection and analysis of this phenomenology study were complex and very time consuming. These challenged the researchers to be fully aware of their personal preconceptions to interpret data. Findings from this study cannot help to predict future behaviours, but help us to understand participants why they acted the way they did. To access to all participants in the community who could not be contacted directly the first time, it needed a gatekeeper. The obstacles of gathering data in the community were that some participants were not available at the time of appointment due to a busy personal schedule so these needed to be rescheduled. and some had transportation problems (a few participants needed help from neighbours with transport to the appointed place) so the researcher had to wait until participant came.

Conclusions and Implications for Nursing Practice

This study employed hermeneutic phenomenology to explore ways to sustain self-care of middle-aged women so that the researchers could interpret the making of the meaning of this phenomenon in the way that was sound and hold truthfulness to participants and their interpretations. The findings revealed that in order to achieve self-care sustainability women should get to know themselves, have good intentions and beliefs, have power of community and support, together with having network.

Based on the study findings, nurses can make contributions in supporting middle-aged women to sustain self-care. Nurses should be facilitators by building individual health awareness⁵⁷ and providing

health education and skills training to women. Through knowledge it can make middle-aged women change their self-care practices with voluntary actions^{23,51}. Nurses can empower the health leaders or good models of self-care. A previous study reported that the good health leaders in the community work closely and collaboratively with people, especially women so that they can help drive and encourage women to keep performing self-care⁵⁷. Importantly, ways to sustain self-care practices will be successful through participation which can help to change attitudes through the process of mutual learning and exchange. Nurses should arrange the activities that middle-aged women can be involved to exchange their self-care experiences which is another way to get self-care adherence. Additionally, nurses should consider self-care resources for their implementation of self-care activities such as domestic resources, social supports, the physical environment, living arrangement, socioeconomic status, or transportation⁵².

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ประสบการณ์การดูแลสุขภาพด้วยตนเองอย่างต่อเนื่องช่วงวัยกลางคนของผู้หญิงไทยในชนบท: การวิจัยปรากฏการณ์วิทยา

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บทคัดย่อ: ด้วยความรับผิดชอบต่อการความต้องการการแข่งขันที่มีมากมายในการทำงานและชีวิตในครอบครัว ทำให้บ่อยครั้งผู้หญิงวัยกลางคนไม่มีเวลาหรือกำลังในการดูแลสุขภาพด้วยตนเอง วัตถุประสงค์ของการวิจัยนี้ เพื่อศึกษาแนวทางการดูแลสุขภาพด้วยตนเองอย่างต่อเนื่องจากประสบการณ์ของผู้หญิงไทยวัยกลางคนที่อาศัยในชุมชนแห่งหนึ่ง การศึกษานี้ใช้การวิจัยปรากฏการณ์วิทยาแบบเฮอร์แมนนูดิกส์และปรัชญาเศรษฐกิจพอเพียงเพื่อทำความเข้าใจประสบการณ์ของผู้หญิงวัยกลางคนจำนวน 20 คนที่อาศัยในชุมชนเกษตรกรรมภาคกลาง การเก็บรวบรวมข้อมูลได้ดำเนินการระหว่างปี พ.ศ. 2557 และ 2558 โดยการสัมภาษณ์แบบเจาะลึกพร้อมบันทึกเทป การทำบันทึกภาคสนาม และการสังเกตแบบมีส่วนร่วม การสัมภาษณ์ทั้งหมดได้รับการถอดเทป และข้อมูลได้รับการวิเคราะห์ข้อมูลโดยใช้การวิเคราะห์เนื้อหาแบบเฮอร์แมนนูดิกส์ ผลการศึกษาแสดงให้เห็นถึงแนวทางการดูแลสุขภาพด้วยตนเองอย่างต่อเนื่องของผู้หญิงไทยวัยกลางคนประกอบด้วย 7 ประเด็นหลัก ได้แก่ 1) มีความมุ่งมั่น 2) มีต้นแบบ 3) พัฒนาแกนนำ 4) ร่วมกิจกรรมการดูแลสุขภาพตนเองอย่างต่อเนื่อง 5) สร้างกติกา 6) สร้างวัฒนธรรมการดูแลสุขภาพตนเอง และ 7) พัฒนากลุ่ม/เครือข่ายการดูแลสุขภาพตนเอง จากผลการศึกษาเสนอแนะว่า การทำให้เกิดการดูแลสุขภาพตนเองอย่างต่อเนื่องของผู้หญิงควรทำให้ผู้หญิงรู้จักตนเอง มีความมุ่งมั่นตั้งใจและความเชื่อที่จะดูแลสุขภาพตนเอง ร่วมกับการมีพลังและการสนับสนุนของชุมชน ดังนั้นการมีดูแลสุขภาพตนเองอย่างต่อเนื่องจะช่วยป้องกันโรคและการสร้างเสริมสุขภาพในชีวิตของผู้หญิงได้ พยาบาลมีบทบาทที่เข้มแข็งในการจูงใจและสนับสนุนผู้หญิงกลุ่มนี้ในการทำใบร่วไปหาหมายและดำรงไว้ซึ่งการมีพฤติกรรมดูแลสุขภาพที่ดี ซึ่งส่งผลให้มีสุขภาพดีและคุณภาพชีวิตที่ดี

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