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Vietnamese Middle-Aged Women's Mindful Relaxation Activities and Their Relationship with Utilized Supportive Resources

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Abstract:

This study aims to investigate the relationship between mental relaxation of Vietnamese middle-aged women and associated factors, such as their utilized supportive resources and demographic characteristics. In this cross-sectional study, we conducted interviews using questionnaire with 251 women aged from 40 to 60 in Quang Ninh province, Vietnam. The results show that among there levels of resources, the utilization of micro-resources significantly predicted higher level of mental relaxation activities ($\beta = 0.279$, $p < 0.001$). Mezzosystem and macrosystem resources were not found to significantly predict these activities. In addition, women who were older ($\beta = 0.137$, $p < 0.05$), with a higher education level ($\beta = 0.279$, $p < 0.001$), and better health status ($\beta = 0.137$, $p < 0.05$) significantly practiced more mind relaxation. Based on the results, recommendations were made to enhance the effectiveness of relaxation practice and improve the quality of life of middle-aged women in Vietnam.

Keywords: Middle-aged women, mindful relaxation, support resources, Vietnam

1. Introduction

Middle age is usually defined as 40-60 years old (Singh & Singh, 2006; Truong, 2013). Even so, middle age is not only determined solely by physical age, but also seen as a product of biological, social, and psychological factors. Compared with men, women experience more age-related health changes (Sharifi et al., 2014), which include physical decline, changes in appearance, cognitive decline, problems of menopause, and occurrence of illness (Truong, 2013), in addition to changes in financial and social conditions due to retirement, increased burden of roles, loss of loved ones, and family separation (Vivian & Bicca, 2015; Sharifi et al., 2014). Many studies have shown that middle-aged women are at increased risk of developing mental health problems such as stress, anxiety, and depression (Singh & Singh, 2006; Wang et al., 2013). According to Wang et al. (2013) up to 38.7% of middle-aged women in Taiwan suffered from depression. According to Singh & Singh (2006) a high and worrying rate with 44% of middle-aged women in India suffers from depression. In a nine-year study in India, the proportion of middle-aged women showing signs of depression and anxiety was 86.7% and 88.9%, respectively (Bansal et al., 2015). In Vietnam, according to a survey by Tu Du Hospital, the rate of depression among women around menopause reached 38% (Huynh, 2015). From the results shown in these studies, it is essential for middle-aged women to take care of their mental health.

There are many self-care measures for mental health, and relaxation is one of the measures that have a positive effect on the state of mental health of each person. Relaxation is a physical state of deep rest, a process of softening muscles, helping a person's nerves and mind to be relaxed and calm, and helping people to control stress and anxiety (Benson, cited by Martin, 2008; Nguyen, 2017). Through a number of studies on middle-aged and elderly people, it has been shown that proper relaxation in various forms can help people reduce anxiety, depression, restore both physical and mental health, encourage a more positive feeling about the self (Galvin và et al., 2006; Reig-Ferrer et al., 2014; Yu et al., 2007, Tran, 2018; Armat, 2020, Toussaint et al., 2021). Relaxation allows the body to reset and respond healthier to stressors (Chang et al., 2010; Santos-Silva et al., 2020), improve sleep and memory (Lichstein et al., 2001; Aksu, 2021; Yesavage & Jacob, 1984, cited by Santos-Silva et al., 2020), and the immune system (Reig-Ferrer et al., 2014).

There are many relaxation techniques, such as muscle relaxation (Yu et al., 2007; Maqbool, 2016), Benson's relaxation response technique (Galvin et al., 2006; Reig-Ferrer et al., 2014), meditation (Wachholtz & Pargament, 2005; Toussaint et al., 2021), progressive relaxation (Lowe et al., 2002; Pawlow & Jones, 2002; Knowlton & Larkin, 2006), cognitive relaxation (Yung, Fung, Chan, & Lau, 2004), laughter yoga (Armat, 2020), deep breathing, guided imagery (Toussaint et al., 2021), mindful breathing (Maqbool, 2016), and mindful relaxation practices (Cook-Cotton & Guyker,

2017). According to Cook-Cotton and Guyker (2017), mindful relaxation practices can be described as techniques for self-soothing, calming, and relaxation, and included activities such as reading, writing, listening to music, picnics, and others.

Social support plays an important role in the health care of people in general, and of middle-aged women in particular. Studies show that microsystem supports from family, friends, immigrant communities, ethnic and religious communities affect health of women (Yukashko&Chronister, 2005). Support from family has a strong influence on each individual's health through the relationship between family members, and socio-economic status of the family (Pilgrim & Blum, 2012; UNICEF, 2015; Vu, 2020). The husband's support helps womengoing through menopause, by exercising with their wives, providing emotional support, and spending more time with their wife (Namazi, Sadeghi&Moghadam, 2019). Support from relatives, friends and colleagues helps women reduce their risk of illness, prevent crises, and combat and recover from illness (Ahmadi, 2016; Saidi, 2015),as well as helping women cope with certain issues such as menopause, caring for elderly parents or financial worries (Arpanantikul, 2006). In addition to these resources, the health care system is also an important source of support. According to Arpanantikul (2004), specific guidelines on health care and encouragement of health workers are of great significance for women to perform self-care activities more effectively. Besides, many studies also show that sociodemographic characteristics (age, sex, education level, employment, income, marital status, number of children, religion) are related to self-care activities of the individual (Hartweg, 1993; Arpanantikul, 2006; Wagner, 2003, Gao et al., 2015; Luo et al., 2016).

In general, there are many studies in the world and in Vietnam on self-care, mental health care and more specifically on relaxation activities in health care. Studies on relaxation aspects are mainly carried out on the elderly, middle-aged people in general, young people, chronic patients, and people with mental illness (Lichstein et al., 2001; Aksu, 2021; Santos-Silva et al., 2020; Reig-Ferrer et al., 2014; Chang et al., 2010; Santos-Silva et al., 2020). A few studies have been conducted with groups of women such as pregnant women, infertile women (Vaniali, 2014; Ibrahim, 2020). In Vietnam, there have been a number of studies on the role of support resources for specific groups; for example, family and social support to help reduce psychological disturbances in postpartum women (Tran, Bui &Ngo, 2016), resources from families and social organizations to help improve and enhance the elderly's ability to take care of their own mental health (Hoang& Trinh, 2019). However, studies on the impact of supportive resources on relaxation activities of middle-aged women are quite limited, given the fact that this is a group at high risk of many mental health problems.

In this study, we look forward to understanding more about mental health care through relaxation activities of middle-aged women in Vietnam. This study aims to investigate the relationship between mental relaxation of middle-aged women and associated factors, such as their utilized supportive resources and demographic characteristics. Based on the results, we make policy suggestions to enhance the effectiveness of relaxation practice and improve the quality of life of middle-aged women in Vietnam.

2. Methodology

2.1. Ethical Consideration and Procedure

This study was approved by the university where the principal investigator was affiliated with. In this cross-sectional study, we conducted interviews using questionnaire in a district and a city in Quang Ninh province, Vietnam. The research team collaborated with the Women's Unions in these two locations to invite middle-aged women (from 40 to 60 years old) to participate in interviews. We introduced the research aims and protocol, and potential benefits and risks of the study participation. We made it clear to invited women that their participation is totally voluntary, and they could withdraw from the study at any time without any consequences. Their information would be used for research purposes only and their confidentiality would be protected. A total of 251 women agreed to participate in the study and completed the survey. Each interview lasted from 30 to 35 minutes and each participant received a small incentive upon their completion.

2.2. Measures

2.2.1. Mindful Relaxation

This study uses the Mindful Self-Care Scale (Cook-Cottone and Guyker, 2018), in which the Mindful Relaxation sub-scale includes 6 items, for example: *I did something intellectual (using my mind) to help me relax; I did something interpersonal to relax; I did something creative to relax; I listen to relax; I sought out images to relax; I sought out smells to relax*. In addition, we have added one more item: *'I relax by doing activities, such as cooking, gardening, pets caring, etc...'* This item was added to the scale based on participants' suggestions in the pilot study. For each item, participants chose one answer out of five options (1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Frequently; 5 = Very often). The higher mean score on the subscale reflected the higher performance of the mind-relaxing activity. Cronbach's alpha coefficient of mindfulness relaxation scale was 0.78.

2.2.2. Social Support Resources

We developed a scale to assess the main resources of support for middle-aged women. This scale includes 15 items with sub-categories: (i) Microsystem resources (7 items) refer to support from relatives, friends and colleagues for activities, such as encouragement, help with household chores, financial assistance, health care, information support, and access to services; (ii) Mesosystem resources (4 items) refer to health care and information dissemination services from local clinics in the community; (iii) Resources belonging to the macro system and the times (4 items) refer to the current

health policies of community health services to take care of women's health, technology promotion to help with access to information and knowledge about health care. Participants chose an answer from a five-level scale for each item (1 = Totally disagree; 2 = Disagree; 3 = Fairly agree; 4 = Agree; 5 = Totally agree. idea). Cronbach's alpha coefficient of this scale was 0.91. The Cronbach's alpha coefficients of the three subscales were 0.91, 0.82 and 0.68, respectively.

2.2.3. Demographic Characteristics

Demographic characteristics of the participants included age (0 = '40-49 years old'; 1 = '50-60 years old'), education level (0 = intermediate and lower; 1 = college and higher), place of residence (0 = urban; 1 = rural), and occupation (0 = farmer – fisherman; 1 = worker; 2 = official; 3 = retirement; 4 = business, services; 5 = housewife, self-employed).

2.3. Data Analysis

Data were analyzed using the software SPSS version 22.0. In addition to descriptive statistics, multivariate regression was performed on mindful relaxation of middle-aged women. These types of support resources and covariates, including age, educational level, and health status were included in the model.

3. Results

3.1. Key Characteristics of Studied Variables

Variables	Categories	N	%
Residence	Rural	92	36.7
	Urban	159	63.3
Age group	40 - 49 years	132	58.7
	50 – 60 years	93	41.3
Occupation	Famer, fisher	31	12.8
	Worker	38	15.6
	Civil servant	47	19.3
	Pensioner	50	20.6
	Business, Service occupations	25	10.3
	Housework, Free labour	52	21.4
Level of education	Intermediate and below	171	73.4
	College, university and higher	62	26.6
Health status	Weak	31	12.4
	Medium	60	23.9
	Strong	160	63.7
		M	SD
Mindful Relaxation		2.86	0.70
Total resources		3.17	0.65
Microsystem resources		3.52	0.74
Meso-Exosystem resources		3.19	0.89
Macro-Chronosystem resources		2.79	0.69

Table 1: Key Characteristics of Studied Variables (N=251)

Table 1 shows key demographic characteristics of the participants. A total of 251 middle-aged women participated in the survey, of which 58.7% were between the ages of 40-49 years old, and 41.3% of them aged 50-60 years. A majority of them lived in urban areas (63.3%) and completed intermediate level of education and below (73.4%). They worked in a variety of different occupations, in which the highest proportion is housewife/ self-employed (21.4%), followed by retired women (20.6%), and other occupations. Most participants reported that they had good health (63.7%). Women in this study reported an average score of mindful relaxation activities ($M = 2.86$; $SD = .70$). They utilized resources at different levels, in which resources in the micro-system showed the highest score ($M = 3.52$; $SD = .74$), followed by the group of resources in the meso- and exo system ($M = 3.19$; $SD = .89$), and the group of resources in the macro system ($M = 2.79$; $SD = .69$).

3.2. Impact of Supportive Resources and Demographic Characteristics on Middle-Aged Women's Mindful Relaxation

	Mindful Relaxation	
	β	<i>p</i>
Support Resources		
Microsystem resources	0.279	0.000
Meso-Exosystem resources	0.061	0.485
Macro-Chronosystem resources	0.145	0.055
Covariates		
Age (50 – 60 years)	0.137	0.031
Education (College and higher)	0.297	0.000
Health status	0.147	0.023
Summary Statistic		
R ²	0.350	0.000
Adjusted R ²	0.331	

Table 2: Multivariate Regression Model on the Impact of Supportive Resources and Demographic Characteristics on Middle-Aged Women's Mindful Relaxation

Table 2 shows that the predictors in the multivariable regression model explained 33.1% of the variability of mindful relaxation activities of middle-aged women. Among these levels of resources, the utilization of micro-resources significantly predicted higher level of mental relaxation activities ($\beta = 0.279$, $p < 0.001$). Mezzosystem and macrosystem resources were not found to significantly predict these activities. In addition, women who were older ($\beta = 0.137$, $p < 0.05$), with a higher education level ($\beta = 0.297$, $p < 0.001$), and better health status ($\beta = 0.147$, $p < 0.05$) significantly practiced more mind relaxation.

4. Discussion

This study has shown the situations of mind relaxation practice among middle-aged women in Vietnam, as well as the impact of supportive resources and some demographic factors on this activity. This study has its own limitations. It has not been able to assess the impact of income on leisure activities. Besides, the study sample was not randomly selected, and the participants were limited to one province. The results should be generalized to middle-aged women with similar socio-economic characteristics and cultural context.

The study results show that middle-aged women spent time cooking, gardening, and pets caring as relaxation activities that were less time-consuming and inexpensive. This result is consistent with studies that have shown activities such as cooking and gardening increase personal life satisfaction, positively affect psychological health, reduce stress, increase self-confidence, and increased cognitive function (Gonzalez et al., 2010; Wood et al., 2016; Eriksson et al., 2010; Kotozaki, 2020). Gardening is one of the most popular ways to interact with nature, and in many countries, it is considered a popular relaxing activity, and even a form of therapy for mental health issues (Soga, Gaston & Yamaura, 2017; Cheng et al., 2010). Similarly, cooking activities have also been found to have positive effects on human health, stimulate creativity and senses, increase patience, and reduce negative feelings (Farmer et al., 2018; Barak- Nahum et al., 2016; Güler & Haseki, 2021). Taking care of pets also has the effect of reducing stress, anxiety, reducing feelings of loneliness, increasing relaxation for people (Pendry & Vandagriff, 2019; Morrison, 2007; Cole et al., 2007). Especially in the context of the Covid-19 pandemic, people are restricted from going out of their homes, so some outdoor relaxing activities were restricted, women instead sought relaxation in cooking and taking care of their family. Thus, our research results once again confirm the role of these activities for middle-aged women in the Vietnamese cultural context.

Research results also show that micro-resources have a predictive impact on the level of mind relaxation practice of middle-aged women. In a highly community-based culture like Vietnam, the bond and care between family members is always valued. The model of parents and children living together or living close to each other is a favorable condition for the elderly to receive both material and spiritual help from their children and grandchildren (Le, 2006). The data show that most of the women in this study live with their family (99%) so they get support from their family members. In fact, for women to effectively carry out self-care activities, they need to make time for it, as well as have someone to help with household chores, and financial support. Therefore, help from relatives living with them will help them have more time to take care of themselves. Our research results are in line with studies in other countries in the region. In Thailand, for example, social support from family, friends and colleagues plays an important role in middle-aged women's self-care (Arpanantikul, 2006). As in Malaysia, family and close people are an effective support force for the self-care activities of the members living with them, in which the spouse is the most influential person in the group of elderly people with the disease (Saidi, 2015).

The association between educational attainment and leisure activity was also noted in our study. Those with a higher level of education reported a higher level of practice of relaxation measures. Available studies have also shown that educational attainment is related to all types of self-care actions that middle-aged women choose to practice (Arpanantikul, 2006). Women with less education are more concerned about physical health, while for women with higher education, along with focusing on physical health, they are also interested in psychosocial health (Ghaljaei, Rezaee & Salar, 2017). A high level of education is associated with better economic conditions for individuals as well as their families, and they can afford to pay for health care services for themselves and their families (Gao et al., 2015).

Age was also a predictor of higher levels of mental relaxation in middle-aged women. The older group of women noticed a sharp decline in their own health, and aging-related diseases became more pronounced than in the previous period. After the age of 50 the functioning of the nervous system becomes slow as well as other health problems; at the same time, they are also stressed by life-related events (Arpanantikul, 2004; Truong, 2013). Therefore, they tend to take health care measures on a more regular basis, with the desire to prevent the consequences of aging in old age. The age group over 50 is also defined as the age to increase self-care activity, when the pressure of career and child care is no longer as heavy as the previous age (Hoang, 2017), some people are retired and have more time for themselves. They find relaxing activities a way to rebalance their physical and mental health. To many retired women, they can be partially or completely financially independent and have more time to take care of themselves.

Previous studies have documented the positive impact of relaxation activity on enhancing the physical and mental well-being of individuals (Galvin et al., 2006; Reig-Ferrer et al., 2014; Yu et al., 2007; Tran, 2018; Armat, 2020; Toussaint et al., 2021). In our study, we validated the other direction: people with better health conditions predict higher levels of mind relaxation practice. This can be explained that when people are sick, their attention will be on the need for physical care. When being healthy, people will have more comprehensive health care needs to achieve and maintain the current state of good health, including the need for mental health care. In addition, some mental relaxation activities require individuals to be in a healthy state to be able to participate, for example: reading, writing, outdoor activities, singing, gardening, and cooking, etc. Therefore, relaxation activities were performed more often in the group of women with better health status.

5. Conclusion

Overall, middle-aged women in this study practiced moderate mental relaxation. The relaxing activities chosen by women to practice regularly are familiar activities, close to daily life, such as cooking, gardening, pet care, listening to music and radio programs, and television watching. Women receive support in mental health care mainly from micro-resources including family members, friends, and colleagues. The microsystem along with higher education, older age, and good health status predict an impact on better relaxation practice in middle-aged women.

From the key research results, we make some recommendations from a social work perspective to enhance the effectiveness of mind relaxation activities of middle-aged women as follows:

- Currently, relaxation therapies and techniques are quite common for all ages. In our view, researchers and health care professionals can develop mind-relaxation techniques specifically for middle-aged women that are tailored to their physiological and psychological characteristics, and their capabilities. That will encourage the participation of middle-aged women more often.
- Comprehensive care is a goal set for each person, so along with activities to relax the mind and take care of mental health, middle-aged women also need to be guided and encouraged in comprehensive health care (physical, mental, social) by community-based social workers, local health workers (villages or residential group).
- Strengthening the role of the Women's Union in communicating to raise awareness and responsibility of each individual for mental health care for themselves and their families. At the same time, the Women's Union also propagates to families, encouraging them to share housework and practice health care activities with women, especially emphasizing the participation and sharing of husbands. This will be a resource as well as a motivation for women in health care.

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