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Menopause as a Social and Cultural Construction

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Abstract

When the word “menopause” is mentioned in this modern age, too often a picture appears of an unstable, mature woman, fragmenting her family with her emotional instability. This essay explores this image as a social and cultural construction. Drawing initially from the medicalization model exposed in sociology, I discuss the social construction of menopause and the related medical versus feminist debate. Lastly, using studies of menopause from various cultures, this literature review explores how women of different cultures define, give meaning to, and experience menopause, as well as the personal, societal, and cultural implications of these.

Key Terms:
- Menopause
- Culture
- Feminism
- Hormone Replacement Therapy
- Medicalization
- Age

Bre’on Kelly is a Sociology major with a minor in Psychology from New Orleans, LA. Upon graduating from Xavier, she plans to enter graduate school in either Counseling or Gerontology. Kelly’s research interests include menopause, aging, and medicalization. She has also participated in Festival of Scholars, where she presented her research on menopause across cultures. Kelly’s initial involvement with this project began as an assignment for her Deviance class. She also notes that her project expanded after she enrolled in Medical Sociology and Comparative Sociology, where she acquired different perspectives for her research.
Introduction

Frequently, the topic of menopause is described in terms as a time of “feminine change,” in which an older woman experiences emotional unsteadiness or deranged behavior. As a social construct, a vision of a hopeless and dismal “women” who feels she has no reason to look forward to the future, also comes to mind. Those who are experiencing this phase of female development would concur that these stereotypical generalizations are false. The majority of women do not experience major and permanent changes; many will live to double their age. In fact, many women say that during their postmenopausal stage they have renewed energy. Using studies of menopause from various cultures, this literature review explores how women of different cultures define and experience menopause, as well as the personal, societal, and cultural implications of these. First, I explain menopause as a social construction and examine the debate between medical and feminist interpretations of menopause. This cross-cultural literature review of menopause studies is important because it allows us to see how cultural perceptions vary by drawing from foundational arguments in medical sociology and medical anthropology and furthers our critical analysis and understanding of both the lived experience of menopause and its social construction.

Social Construction of Menopause

Medical texts utilize a western bio-medical discourse, which construct menopause as a failed production or a breakdown of the normal functions in the female body and possibly a danger to a woman’s health (McPherson, 1990). According to the medical model, estrogen and progesterone are hormones produced by a woman’s ovaries. When the ovaries no longer produce adequate amounts of these hormones (as in menopause) or when one hormone is in higher production than the other, Hormone Replacement Therapy (HRT) can be given to supplement the body with adequate levels of estrogen and progesterone (Lupton, 1996).

In most societies, menopause marks major disruption and a turning point in a woman’s life. The implications of reaching menopause vary from one society to another, depending on the socio-political and economic structure of each society and the condition of life it provides for women of all ages. In most non-westernized countries, menopause has yet to be medicalized. This has important everyday implications for the mundane experience of menopause by women and its social construction.

According to Peter Conrad, to “medicalize” means to make something that is not medical under the power and control of biomedicine (1992). In order for something to be medicalized, it must be diagnosed with a condition as an illness or disease that needs medical treatment...This diagnosis, he argues, is a social construction and is subject to great variation among scientists and physicians over time (Conrad, 1992). Important to the argument presented here, it is an entirely western phenomenon. Cross-cultural studies of menopause have challenged the western biomedical emphasis on physiological symptoms during menopause and offered alternative understandings of menopause (Zeserson, 2001). This exemplifies that the understanding of menopause as a hormone deficiency is neither predetermined nor fixed, but rather a bio-culturally constructed accomplishment.

Cross cultural ethnographies reveal that the symptoms considered by Western medicine as the “classical” signs of menopause such as hot flashes, night sweats, vaginal dryness, and memory loss are not frequently experienced by women in non-western cultures (Beyene, 1989; Flint & Samil, 1990; Lock, 1993). Research has shown that menopause is subject to a wide degree of
interpretation on the part of women who experience it. For example, Kaufert (1988) interviewed Canadian women and found that they tended to define themselves as menopausal if there had been a change in their accustomed pattern of menstruation. These women did not wait until menstruation had stopped entirely. For these women, menopause was not an event but a process based on perception and interpretation. Some of these women even went as far as calling themselves menopausal, regardless of the status of their cycle.

For Anglo/European women, their cultures perceive menopause as distressing and embarrassing, requiring treatments such as HRT (Lupton, 1996; Green, et al., 2002; Kagawa-Singer, et al., 2002). However, a group of women living in a small village in South Wales believes that menopause is a threat to their feminine identity and is seen as a disadvantage because they are aging and losing control over their bodily processes (Skultan, 1970). Both of the cases mentioned above take on different perspectives regarding the medicalization process: the “feminine” and “medical” models of menopause (Lewis, 1993; McCrea, 1983; Meyer, 2003).

**Feminist vs. Medical Perspective**

The medical model looks at menopause as an illness. Physicians have explained the problem of middle-aged women from a particular perspective and see the problems experienced during menopause as either “all in the head” or the result of a deficiency to be treated with hormones (McCrea, 1983). Menopause involves a wide range of physical and psychological symptoms such as osteoporosis, heart problems, hot flashes, and an overall melancholic existence. As noted earlier, because of the loss of estrogen, which constitutes menopause as a disease, the medical model suggests that a woman would benefit if they seek long-term HRT, even if they feel healthy.

In the late 1960s and early 1970s, the women’s rights movement began to challenge medical authority by questioning the legitimacy of the disease model of menopause (McCrea, 1983; Lewis, 1993). In contrast to the disease model, feminists agree to some extent that HRT can help women cope with temporary menopausal changes such as hot flashes and vaginal dryness; however, the benefit of utilizing HRT for the long term is to help prevent osteoporosis.

Feminists have attempted to show that menopause is not an event that limits psychological or physical capacities, but instead a natural aging process that is neither a disease nor a disorder. McCrea (1983), Meyer (2003), and Ferguson and Perry (2001) all examined the feminist approach and believe that menopause is normal and unproblematic. McCrea (1983) traces menopause back to the synthesis of estrogen. Meyer (2003) considers the menopausal phases that women encounter as something normal. However, many feminists consider the medical problem that arises with menopause as one that can be treated or even prevented by proper diets and exercise, combined with vitamin supplements (Lewis, 1993; McCrea, 1983). Although there is no one, feminist view of menopause, feminist literature proves to be suspicious of HRT because the medicalization of natural life processes needs to involve natural life control (Conrad, 1992). Many feminists, health researchers, and activists have reviewed the medicalization of menopause and resisted the medical establishment’s promotion of HRT to treat the symptoms of menopause.

Feminists argue against medicalizing menopause. The medical perspective views menopause as an illness to be treated with HRT or any other drug that could put a stop to menopausal symptoms. Feminists argue that HRT therapy removes women’s control of their bodies. The medicine they are using is controlling their bodies and stopping the natural processes from occurring.
B. Kelly

Cross-Cultural Variation in the Construction and Experiences of Menopause

Little literature sheds sociological light on women’s insight into menopause, midlife bodily changes, and the risks that accompany HRT in other parts of the Western world (Coney, 1991; Love & Lindsay, 1997; McCrea, 1983; Ferguson & Perry, 1998; Worchester & Whatley 1992). Because there is so little literature, the studies presented here rely heavily on one or few empirical examples from each case. However, even such narrow coverage can be useful as a first step towards understanding how divergent social contexts affect the social construction of menopause. This literature is useful because it allows us to see how cultural perceptions vary by drawing from foundational arguments in medical sociology and medical anthropology.

Menopause in Egypt

Literature suggests Egyptian women appear to suffer from more menopausal symptoms compared to their Western counterparts. In a study of 200 Egyptian peri-menopausal women, Gohar (2005) found that hot flashes were reported by 88 percent of the menopausal women interviewed. 90 percent complained of tiredness, 63 percent reported loss of libido and 59 percent reported vaginal dryness. However, backaches were the most common complaint, reported by 93 percent of the respondents (Gohar, 2005). Egyptian women did not display much knowledge about menopause except an awareness that osteoporosis is increased after the end of menstruation. Of the 200 women interviewed about their recognition of menopausal symptoms, 28 percent mentioned night sweating, 25 percent mentioned headaches, 12 percent mentioned dizziness, and 16 percent did not know any of the menopausal symptoms (Gohar, 2005).

In the same study, respondents reported that they obtained information about menopause from mass media (42 percent), their peers (36 percent), their physicians (17 percent), and their family and relatives (15 percent). Egyptian women managed menopause by using sedatives (35 percent) and HRT (18 percent). We can see how Egyptian culture relies on the Western medical model by prescribing medications to deal with menopausal women. The medical model is most prevalent, because it is the only explanatory model Egyptian women and their physicians have encountered. When Egyptian women look at the mass media, it only tells them what to take to assist and rid them of symptoms. However, their attitudes towards menopause are generally positive and menopause is seen as a normal physiological change. They embrace their womanhood and proceed with everyday life and its practicalities.

Menopause in rural North India

In a study in rural North India, 558 women aged 35-55 were enlisted for research on menopause (Singh & Arora, 2005). Of the women in the study, 27 percent had attained menopause, 7 percent were in the transition phase, and 4 percent had a hysterectomy (Singh & Arora, 2005). The most common reported symptom at the time of menopause was loss of vision; women commonly blamed this on the end of menstruation. Many of these women did not consult anyone for the symptoms they experienced, though some of them agreed that a consultation was needed to get relief from the menopausal symptoms (Singh & Arora, 2005). The majority of the women admitted that menopause affected their physical health, while others said their daily routine was altered after menopause (Singh & Arora, 2005). The women reported no use of drugs to treat their symptoms, nor was HRT utilized. The study showed that the majority of the women welcomed the attainment
of menopause and considered it a rite of passage into a new found stage of womanhood (Singh & Arora, 2005). They considered themselves “cleaner” after menopause, as they felt themselves relieved of the “filth” associated with menstruation (Singh & Arora, 2005). More than one third of the women reported that they started doing additional activities after becoming menopausal because they were now free from various restrictions after their menses ceased (Singh & Arora, 2005).

Importantly, many Indian women embrace menopause; most of them considered menopause socially advantageous because they had highly structured rules of conduct and rituals associated with it (Singh & Arora, 2005). Indian culture indoctrinates women into leading a restrained and disciplined life during menstruation, from adolescence to middle age. Once this restriction of menstruation is over, it is natural that they feel immensely relieved (Singh & Arora, 2005). Furthermore, once a woman is free from her menses, she is no longer a threat to the male. As the woman progresses through the course of life, she is increasingly free from difficult restrictions upon her activities and demeanor. She now gains increasing authority over others, especially the junior members of her family. She may also be eligible for roles in the extra-domestic arena that provide access to wider social recognition and control over materials previously unavailable to her. Thus, in middle age, a woman reaches what is in many respects the high point of her life (Singh & Arora, 2005).

In specific regards to HRT in India, the medicalization of menopause is quite low. None of the respondents reported the use of HRT. Rather, the majority of them reacted positively to menopause and considered it a welcome stage of life.

Menopause in Latin America

Yewoubadar Beyene (1989) carried out a study that inspired a great deal of interest in menopause across cultures. Beyene contrasted the experience of menopause in two farming communities where she looked at Mayan and Greek peasants. According to Beyene, Mayan women perceived menopause as an event that occurs when a woman has used up all of her menstrual blood (1989). They thought menopause was simply the time when menstrual periods completely stop.

Looking at Puebla, Mexico, Sievert and Hernandez (2003) conducted a study where they look at women’s attitudes toward menopause. They controlled for the level of education to see if education played a role in determining the attitudes toward menopause. They found that post-menopausal women with fewer years of education were significantly more likely to report symptoms such as hot flashes, joint aches, and nervous tension (Sievert & Hernandez, 2003). A range of negative attitudes were associated with nervous tension, feeling depressed, and headaches. However, only a few negative attitudes were significantly predictive of estrogen-related symptoms such as hot flashes and other symptoms associated with menopause (Sievert & Hernandez, 2003). The women described their menopausal symptoms as normal, as an opportunity to save money spent on menstrual pads, as a time to mature as a women, as synonymous with freedom, and as a phase of life ordained by God. However, the majority of respondents said that a menopausal woman feels “insecure” and “unattractive,” yet “complete,” and “successful” (Sivert & Hernandez, 2003). Women in Puebla, Mexico acquired information about menopause through television and radio programs as well as from advertising, public conferences, menopause clinics, and magazines (Sivert & Hernandez, 2003).
Turning to Oaxaca, Mexico, residents thought menopausal women were a threat to the home. As stated previously, menopause is universal yet many cultures’ perceptions are different. One local Oaxacan newspaper (Noticias, July 29, 1992), reported by Ramirez (2006), cited how Mexican women undergoing menopause often face problems with their children, older parents, or husbands. The woman pulls herself away from the husband, focuses more on the children, and relies on the children and husband to take care of her (Ramirez, 2006). This distancing is paradoxical for Mexican women given the cultural influence of Catholicism, which socializes women to value motherhood (Ramirez, 2006). Rather than embrace menopause, it represents a break with women’s valued role in Mexican society. According to Ramirez (2006), women tend to react to this by distancing themselves from the husband, focusing more on the children, and relying on them to take care of her.

Mills (2007) interviewed women in Mayan areas in rural regions of Guatemala and Chichimilá and in Mexico’s Yucatán peninsula regarding women’s health and, in particular, menopausal. Women in some areas did not report and could not even remember significant menopausal symptoms that women in other areas did (Mills, 2007). The Mayans have an all-natural, herb-based diet, which contributes to fewer menopausal symptoms. However, the menopausal Mayan women attain a new status and can become a part of their spiritual community by attaining a leadership status (Mills, 2007). Statistics show that Mayan women go through or experience menopause around the age of 44 (Mills, 2007). The reasons for the symptoms are unclear, but it does reflect differences in body weight, diet, or cultural taboos among Guatemalan Mayans because they do not talk freely of menstruation or menopause (Mills 2007). Regardless of experiencing symptoms, Mayan women report that they look forward to menopause and their newfound freedom and status (Mills, 2007).

Menopause in Asia

As HRT becomes better known, many newspaper and magazine health articles address it. This is how many Taiwanese women have learned to treat menopausal symptoms through HRT (Yao, et al., 2002). Among 386 women, 97 percent had previously heard of menopause, but only half knew the definition of the term (Yao, et al., 2002). The most commonly indicated source of knowledge on menopause was reading material, such as newspapers and magazines (43 percent). Less common sources of information were friends (22 percent), medical personnel (18 percent) and family members (8 percent). Among the women in the study, 71 percent thought they should receive therapy. These women believed they should get therapy because of what has been available to them in the past (Yao, et al., 2002). Taiwanese women reported lumbago or lower back pain (68 percent), fatigue (59 percent), impairment of memory (55 percent), vaginal dryness (50 percent), and hot flashes and sweating (49 percent). An estimated 80 percent of Taiwanese women initiated HRT for relief of menopausal symptoms, prevention of cardiovascular disease, and prevention and treatment of osteoporosis (Yao, et al., 2002). The study concludes by suggesting that since 30 percent of menopausal women in Taiwan are currently widowed or unmarried, there is a need to design programs that offer psychosocial support as well as comprehensive medical care (Yao, et al., 2002).

As we can see, Taiwanese women adopt the medical perspective of menopause. Menopause is medicalized; therefore, they are treating it as an illness. It is interesting to see that only 18 percent receive any medical treatment or advice from doctors and over half of the women knew about menopause from reading. This may be connected to the socioeconomic status of the women. The wealthier one is, the more resources they can access, including paying for HRT.
Japanese culture does not consider hot flashes and night sweats normative menopausal signs, yet they are commonly experienced among Japanese women (Lock, 1993). Zeserson’s study (2001) showed that Japanese women had a unique way of expressing menopausal symptoms. Vander (2005) and Mills (2007) looked at menopause across the culture and reported that the majority of Japanese women do not concern themselves with menopause. This is primarily due to the word ko-nenki, translated to ko. The definition of ko is renewal and regeneration, nen represents year or years, and ki means season or energy (Vander, 2005; Mills, 2007). However, the translation of the word “menopause” in the English language is less complicated compared to that of the Japanese word ko-nenki (Vander, 2005; Mills, 2007). Mills noted that many studies hypothesize reasons why Japanese women do not have hot flashes (2007). One common hypothesis is that Japanese diets, commonly consisting of vegetables and soy, may prevent menopause and/or menopausal symptoms (Vander, 2005; Mills, 2007). Another hypothesis points to the respect elders receive when they become menopausal. Japan’s cultural respect for their elders makes the menopausal transition more comfortable and easier (Mills, 2007). The woman feels a greater sense of importance than before because she now moves into a place of honor.

For Japanese women, the transition into menopause brings increased worth and honor (Mills, 2007). Some of the women cannot wait to experience this rite of passage because they feel as they are free from burdens of society, and this is one of the reasons why menopause is viewed as a very positive occurrence. Japanese women rarely experience these symptoms, unlike women from Western or any other cultures.

**Conclusion**

The preceding studies illustrate that menopausal symptoms vary among societies and cultures. Anthropological, sociological, and cross-cultural studies have challenged the concept of menopause as a universal phenomenon, with wide variations in symptom perception and reporting in women from different ethnic and racial origins living in different countries and cultural backdrops. Cultural explanations of these differences include several variables such as lifestyle (diet and exercise), differences in reproductive patterns affecting biological processes, the beliefs and attitudes about menopause, and the social status of middle aged and older women. Looking at the Japanese culture, we can see how diet and exercise come into play. However, in rural India, the status of middle age and older women play a major role. These women go through a rite of passage, a transitional stage they embrace because they are now free. Beliefs and attitudes have a significant impact on the women’s lived experience and perception. By examining menopause cross-culturally, this paper provides further critical insight into both the everyday, mundane experience of menopause as well as its societal and cultural construction.

In other words, the state of menopausal symptoms reported depends upon biological, social, cultural, and psychological process that may vary within and between cultures and change over time. Beyene (1989) argues that Mayan women experience little or no changes during menopause. They look forward to menopause and their newfound status and freedom. She also goes into detail about Greek women who have minimum changes during menopause (Beyene, 1989). Mayan and Greek women do not take on the same classical signs, as with the Egyptian women, nor do they define menopause as a disease.

Comparisons of age at menopause are made difficult by the different methodologies applied across populations. A study done in Puebla, Mexico (Sievert, 2003) suggests that the differences in median ages at menopause in Puebla are solely due to methodological choices.
by the researchers and highlight the difficulty in making inferences across studies of age at menopause between biological and/or cultural groups. Factors associated with age at menopause offer another avenue for comparing and understanding variation in this biological process. Age of menopause depends on many factors such as genetic inheritance, smoking, number of pregnancies, and use of contraceptive pills.

Although a great deal of individual variation was evident in some countries, it is possible to identify some general differences in menopausal experience between India (Singh & Arora, 2005), Taiwan (Yao, et al., 2002), Puebla, Mexico (Sievert, 2003), Japan (Lock, 1993) and Yucatán, Mexico (Beyene, 1989). For example, in Puebla, women identified menopause as a life event that is part of, yet separated from aging. This differs from Lock’s conclusions in Japan where menopause is an ambiguous life event. In Puebla, the women were likely to volunteer symptoms they associated with menopause, particularly hot flashes, and were more likely to worry about menopause as a difficult time. This also differs from the Beyene study because Maya women did not report hot flashes nor did they overtly worry about menopause.

Based on the studies listed above, we are able to locate different trends that each culture experiences. Some of the women had negative perceptions of menopause while others welcomed it, especially Indian and Japanese women. In India, male dominance is strong in their society, until women reach a certain age. The social roles of the women were emphasized. For example in Rajasthan, Rajput, women had to live in pariah (veiled & secluded), but after menopause, they had the opportunity to come down stairs from their women’s quarters where the men talked and had drinks. The women could now publicly visit and joke with men after attaining menopause, vastly changing their gender roles. Flint (1975) argues that these women experienced no symptoms with the menopause transition because menopause was associated with positive role changes. An argument can be made that the healthy longevity of Japanese women can be attributed to the wealth in the Japanese society and equal access to good health and social benefits, as well as education, all-important cultural influences.

Myths about menopause will always plague women. Their reservations and anxiety about “the change” vary by society. Literature shows that Arab women believe that menopause will cause the loss of their husband’s sexual desires because they will not be able to have children anymore. American women are often afraid of becoming a bi-polar emotional “train wreck.” Eastern Jewish women are more concerned with their bodily health, while Western European women are concerned about their mental health. No matter what part of the world a woman is from, she will experience menopause. Society and cultural beliefs and practices dictate a woman’s self-esteem and self-perception. In societies where aging is considered a loss, handicap, or journey toward death, menopause has proven to be a rather stressful time for women. On the other hand, in cultures where menopause is a life-attaining goal, fewer worries exist for the menopausal woman.

Many cultures tend to view menopause as a natural and normal process, usually as a time of freedom. Menopause proves to be a rather easy time of transition for some. Culturally, transitions into the next phase of life can be welcoming to some while a disaster to others. Menopause provides us with a perfect exemplar of this and the aging process, especially for women and their accompanying gender roles because of its Western bio-medicalization and its cross-cultural variation in everyday experience and treatment.

While previous studies have focused on single cultures, this paper aims to bring these studies together to provide the reader with a cross-
cultural perspective, allowing further critical insight into the cultural and social construction of menopause. This provides opportunities to see both the commonalities and, perhaps most importantly, differences that exist among and between cultures. Lastly, by focusing on the seminal concept of social construction as the point of analysis, we are able to closely critique the actual mechanisms utilized in each culture to construct discursively the experience of menopause by women.

**Bibliography**


Acknowledgments

I would like to acknowledge the Sociology department for all the support I’ve received from my peers as well as my faculty. I would like to give a special thanks to my Mentor Dr. Faircloth for assisting with the development of this paper. I would also like to thank Dr. Amy Bellone-Hite for all of her help throughout my undergraduate years.

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