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Biosocial aspects of menopause

Nicole Vernazza-Licht

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BIOSOCIAL ASPECTS OF THE MENOPAUSE

by Nicole Vernazza

Menopause is the stage of a woman's biological life corresponding to the end of her time of fertility and occurs as menstruation ceases between the age of 45 and 55 years. It is considered as one of the ageing mechanisms which lead to a series of biological changes that have an impact not only on the woman herself, but also on her role within the family and within society.

In 1990, the second report of the World Health Organisation (WHO) observed that 467 million women were 50 years old and forecasted 1.2 billion in the world by the year 2030 (OMS 1996). If today one considers that a 50 year old woman has an additional 31 years' life expectancy, this means that women in western civilizations spend more than a third of their life as menopausal individuals, a situation with a real impact on the 'quality of life'.

In ancient times, such celebrated authors as Aristotle, Pliny and Avicenne were already making reference to the cessation of menstruation. From a compilation of various literature Arnaud (1995) states that in the twentieth century the age of 45 years and 5 months was the average age of European women undergoing menopause. Nevertheless, given the problem of reliability of sources, as well as the problem of disparity in methodologies applied, it is impossible to reach a conclusion on the evolution of the age of menopause in industrialised countries or in the Third World, although this has been attempted by some authors (Flint 1978, Blackman 1948, Post 1971, Arnundsen 1973, Frommer 1964).

Therapists have only recently started to focus on the menopause and its impact on women's health. The word, menopause, was mentioned for the first time in 1821 by a French doctor, Dr. de Gardanne. Nevertheless, it was only in 1976 that international experts held their first symposium on menopause in Montpellier, France. Since then, one of the main concerns of scientists and physicians has been to achieve a better understanding of the different stages of a woman's reproductive life, and consequently to adopt an international nomenclature. The word, perimenopause, indicates the period of irregularity of menstruation preceding the final cessation of menstruation and a period of one year afterwards (OMS 1996).

A biological phenomenon still poorly investigated by Anthropologists Ageing itself, as a biological process, has been thoroughly investigated (see Bitles and Collins 1986), whereas the phenomenon of the menopause has not.

Ten years later, the Society for the Study of Human Biology published a study entitled *Variability in Human Fertility*, in which only two articles dealt with this issue (Rosetta and Mascie-Taylor 1996). The first (Rosetta 1996) consisted of a compilation of research studies carried out in that area. This clearly indicated the interest and concern of biological anthropologists in assessing variability in the process of fertility. The second (Ellison 1996), 'Age and development effects on human ovarian function', described variability in the process of menopause according to age and to population. Ellison compared genetically, culturally and ecologically different groups of women, from the United States of America, Zaire and Nepal, and he demonstrated that there are differences in the level of progesterone according to age. He also showed that a relationship existed between the age of menarche and the level of progesterone in women between the ages of 25 and 34.

Anthropologists are now starting to pay attention to the phenomenon of the menopause as shown by two recent articles on Cuban women (Diaz *et al.* 1998 and Kirchengast *et al.* 1998). These two studies indicated a relationship between various factors and the menopause, the most important being the age of menarche, the corporal mass rating and the distribution of the fatty mass, as well as characteristic factors linked to lifestyle, such as smoking and drinking alcohol.

There is still much to understand about the topic, if only to verify the relevance of the biological variables to the timing of the menopause. Weight or weight gain, indeed the body mass index (BMI), are often considered as indicators but their relevance is still questionable. In fact, BMI does not reflect the distribution of the fatty mass which can vary significantly from one individual to the next and from one population group to another; it is not always even a clear indicator for overweight (Duerenberg *et al.* 1989). Beyond that, BMI is heavily dependent on the cultural environment making it difficult to compare the measurement assessment between one country and another.

There does exist today some research focussing on the phenomenon of the menopause from a cultural point of view. Several social anthropologists focused on the issue in various parts of the world (Beyne 1986, Kaufert 1982, 1996, Lock 1988, 1991, Flint 1982, Townsend and Carbone 1980), and in particular on the differences in menopause symptoms in different cultures and latitudes, and specially to the absence of hot flushes among Asian women (Lock 1988, Boulet *et al.* 1994).

Studies carried out by Verdier, an ethnologist (1979), by experts on the history of health (Stolberg 1999, Greer, 1991) and by medical anthropologists (Delance 1998a, 1998b, Barreau 1999) focus on European populations. An important

article (Tomlinson 1999) investigates the perception of menstruation and menopause based upon language. She supports her conclusions with work by Martin (1987), 'The Woman in the Body', which shows the use made by health professionals of negative metaphors associated with the cessation of menstruation. It is an interesting piece of work emphasising the complex interactive relationship between physicians and women in relation to the menopause and its management.

The available data on African populations are provided by research studies where the menopause was definitely not the central issue (Heritier 1994, 1998). It appears that women in many African societies, with the cessation of menstruation, reach a new social status, becoming sometimes as powerful as men. A study carried out in south Cameroon by Bouly de Lesdain (1998) mentions an inter-generational change among menopausal women who join the category of mothers, that is to say that they become sexually inaccessible to their husbands. The compilation of research studies shows that within various ethnic groups in Africa the menopause is usually considered a 'positive' social process. This is the case in Uganda (Kaufert 1986), in Ethiopia among the Quemats (Flint 1982) and in South Africa among the Zulu population (Willbush 1982). Nevertheless, despite a series of studies leading to a better understanding of cultural differences and changes of status, the general process of ageing still remains poorly investigated in Third World countries. The reason for this might be explained by the fact that the life expectancy in these populations is not as important as the biological and social processes involved with the onset of fertility.

The medicalisation of the menopause

Research studies carried out in the last twenty years by physicians and epidemiologists show an increasing interest in the menopause, and focus on the pathologies linked to the cessation of ovarian function. Pharmaceutical laboratories often support these research works, for the simple reason that they have a commercial interest in the market of hormone replacement treatments (HRT). On the one hand, there has been an important development of epidemiological research studies for a better assessment of the biological and social determinants of the menopause and its impact on women's lives. On the other hand, there has been a strong development of studies on substitute hormonal therapies with a view to preventing, in particular, osteoporosis (Aunquier *et al.* 1997).

In fact, western societies tend to medicalise the time of menopause, as diseases such as breast and uterus cancer, osteoporosis, dermatological problems and the pathologies of ageing increase morbidity and therefore justify preventive surveillance and HRT.

Health problems and diseases linked to the menopause have been analysed by experts, notably by those who met in 1980 and 1994 during working sessions organised by the WHO (1982, 1996). Their conclusions show a real will to investigate the phenomenon of the menopause in terms of 'normal' populations rather than only clinically selected ones; this should ensure that the menopause will no longer be considered in an exclusively medical context.

The author and colleagues took a poll in France of women and health professionals. This consistently indicated that all physicians and women experiencing perimenopause have a common concern related to starting HRT as soon as menstruation ceases. One problem remains: it is becoming more and more difficult to determine the true cessation of menstruation, because of the contraceptive progestatives taken by a majority of women, the irregularity of menstruation during the period preceding the final cessation and the presence of various other symptoms which are unlikely to be directly linked to the menopause. In addition, physicians are aware that women, in the long term, do not take their HRT regularly and consistently. The reason for this is that the efficiency of HRT in preventing various diseases and its impact on developing forms of cancer and/or weight gain are still controversial. This is the reason why a great number of women stop their treatment within two years. Yet the pharmaceutical laboratories are facing the challenge of adapting the HRT to the way of life of working women with ambitious technological ingenuities for diversifying the method of administering the treatments by patch, pill or nasal inhalation. These laboratories are supported by various associations of women and of physicians, for example, the French Association for the Study of Menopause (AFEM) which believes that the quality of life of women is dependent upon the medicalised management of the menopause.

Conclusion

Despite differences in social, cultural and medical environments, the menopause is clearly a crucial stage in a woman's life. The menopause is a major life change for her and for her immediate circle. It needs a clear assessment in terms of social and health adjustment. What is the real experience of a menopausal woman? How does she face this challenge from a social and physiological point of view? Does this new biological status mean a different quality of life depending on which region of the world she inhabits?

The menopause in today's western societies is no longer linked to the end of fertility, but more to the start of the ageing process. The medicalisation of the menopause today is perceived as a delayed process of ageing and as a way to extend a better quality of life. In that context, the menopause is negatively perceived and consequently leads to a series of health and personal decisions in

order to maintain an identical role within the marriage, the family and society. In southern countries and in sub-Saharan Africa, the issue of fertility is not addressed in the same way because of poor birth control policy. The menopause there means the end of fertility and is more positively perceived because of a potentially greater autonomy within the marriage and a greater social recognition. Nevertheless, despite an increased life expectancy, public policy for health is not very concerned with these issues and focuses more on the fertility of women. Faced with the challenge of the menopause beyond the biological variability of the phenomenon, it is all the more necessary to study social behaviours in different cultures, since the menopause tends to have a more important place in women's lives with regard to extended life expectancy in different populations.

The menopause is a biological process at the crossroads of medical science and sociology. This is one of the reasons why it is an appropriate area of study for biosocial anthropologists.

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