menopause

by Isabelle Buchstaller

Abstract:

*Dieser Beitrag erörtert die **Wechseljahre unter besonderer Berücksichtigung der spezifisch weiblichen Erfahrung des Älterwerden** und mit Blick auf die reproduktive Gesundheit von Menschen mit Gebärmutter. Es wird untersucht, wie altersdiskriminierende und sexistische Einstellungen gegenüber Frauen in den mittleren und älteren Lebensabschnitten zu einem beständigen **Schweigen** über den weiblichen Körper und über die Belange von Frauen in der (Peri)Menopause beitragen, was zur sozialen Isolierung von Frauen und zur weitläufigen Propagation von Fehlinformationen führte und weiterhin führt. Der Artikel geht darauf ein, wie sich soziale, demographische und individuelle Faktoren auf die **persönliche Erfahrung** des Alterns weiblicher Personen auswirken und diskutiert mögliche Strategien, um Stereotypen und Vorurteile gegenüber Frauen im mittleren und forgeschrittenen Alter zu bekämpfen. Der Beitrags enthält eine Liste von Ressourcen sowie eine kurze Aufstellung der Symptome der (Peri-)Menopause.*

This entry discusses the topic of **menopause, aging** and **women's reproductive health**, exploring the ways in which **ageist** and **sexist views** on the **female body** have contributed to **pervasive misinformation** and the **silencing** of **female perspectives** on the middle and later stages of life. The article also delves into the ways in which factors such as **ethnicity** impact the **individual experience** of aging amongst people who have a uterus, while offering some **strategies** to **challenge stereotypes** and **prejudices** against **aging women**. The entry contains a **list of resources** as well as a **short inventory of symptoms** of the (peri)menopause.

Etymology:

The word 'menopause' is from **Greek *emmenopausis***, containg the three morphemes pausis 'cease, halt, stop' and *em-minas* 'month-ly'. The Greek word for menstruation is *emminoria* 'the monthly flow'. Hence *menopause* literally means the '**end of the monthly** [occurrence]'.

Cultural specificity:

Naming strategies for the menopause and for menopausal persons **differ cross-culturally** and tend to be diagnostic for the cultural understanding of this life stage. In Japanese, for example, the word is ***konenki*** '**years of transition**' whereas in **Mandarin Chinese it is called *juéjīng qī* 'second spring**'. In **Urdu the word is *baanjh***, meaning something akin to '**dried up**' (Muir 2022: 3).

Humans and **several types of whale** are the only species where females (in the wild) **live** substantially **longer than their ability to reproduce**. While not enough is known about aging in the female whale, the human menopause is a highly complex phenomenon.

Differential ethnic and demographic patterns intersect with more **individualistic**, **often medical**, **psycho-emotional** and **social factors**. Amongst **white European women**, only **15–20%** experience **menopause** without **any symptoms**, which means that the vast majority are affected in different ways and to various degrees. There is evidence that **Black women** tend to **start menopause earlier** and experience **more severe** menopausal symptoms such as hot flashes (Haridasani Gupta 2023). Less research is available on **Asian women (**https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2838208/**)** but the available evidence suggests that they tend to be more likely to experience sleeplessness and joint aches alongside memory issues (Haines et al. 2005).

Large scale studies such as the **SWAN study** (Study of Women's Health Across the Nation), which has been

following more than 3000 women in perimenopause and menopause in the USA since 1994, are important instruments in understanding the **physiological**, **emotional** and **cognitive effects** of these **hormonal changes**. Studies such as these have shown that the progress and outcomes of the menopause depend on (rate of changes) in hormonal levels, prior medical conditions as well as other **intersecting factors** such as diet, occurrence and degree of obesity, level of physical fitness, stress management and exercise patterns but also **attitudinal factors**, including the values and beliefs about the menopause within the women's respective (sub)culture. The highly contingent way in which the menopause is experienced might explain the diversity of discourses surrounding the menopause.

Problematization:

The word **menopause** is often used with a **dual meaning**. **Modern medicine** defines it as the point when a woman has not had a period for twelve consecutive months. At the same time, the term is widely used to refer to the "biological transition that happens over many years … [and that] can be broken down into three stages: perimenopause (the time leading up to menopause); menopause; and post-menopause …. [it] is usually a natural part of ageing that typically occurs between 45-55 years of age but it can occur much earlier, either naturally or as a result of surgery or illness." (Bell et al. 2022:24). The much rarer scientific term ***climacteric*** is a more adequate term for this process since it **encapsulates** the **gradual changes** of ovarian function which trigger hormonal changes before the menopause proper and continue for years after. This entry follows common usage and use the word *menopause* in its dual meaning.

The **definition** of **menopause** has been **challenged** for a number of reasons: first, the term suggests that the decrease in sexual hormones in middle age is restricted to women. But **men** also experience a **decline** in **sexual hormones** - testosterone in men, estrogen, progesterone and testosterone in women. To date, little is known about the causes and effects of these endocrinological changes in the aging male body (known as the **andropause**).

Furthermore, while this entry relies on the term 'women' throughout, **menopause** affects all **people who have periods**, which typically also includes **nonbinary** and **intersex people** and many **transgender men**. It is important to point out that while **queer individuals** are often excluded from discussions about the menopause, these **hormonal changes** can be emotionally triggering for these individuals and they tend to have much less understood health implications.

Second, **menopause awareness campaigners** have suggested that the definition of the menopause as a transition is an **inadequate description** for a **hormonal deficiency** that – unless treated – tends to continue for the rest of the female life-span (see Muir 2022).

Finally, the popular understanding of the menopause as occurring "toward the end of a woman's fertility window" (Haridasani Gupta 2023) promotes a sense of **urgency** for women **to plan motherhood** during a life stage of professional advancement and career solidification. The image of a menopausal '**biological clock**' ticking on women's fertility emerged in the 1970s and soon began to "dominate popular discussions of reproductive aging, especially (but not only) in Europe and North America … Crucially, this image… presents only women's fertility as limited by time whereas men are depicted as having ample time for family planning" (Rider 2023: 1). This image is wrong by two accounts: public health statistics show that male fertility also declines in middle age: Deterioration in quality and quality of sperm has been widely reported after the mid-40s (Sharma et al. 2015). Furthermore, the decline in female fertility begins well before menopause (Healey 2016; Yopo Díaz 2021).

Communication strategies:

Until quite recently, the **menopause** (both the **word** and the **concept**) were **avoided** in everyday conversation. Consequently, many women know very little about the **effects** the menopause can have on their **physical**, **mental**, **emotional**, and **social well-being** (Ipsos 2022). In many **WEIRD** (Western Educated Industrialised Rich Developed)

communities but also in countless societies outside of Europe and North America, the menopause is primarily dealt with from a **medicalised standpoint**, which tends to go along with the use of a (**distancing**) **technical terminology.** In a somewhat parallel universe, the menopause is discussed in the **new age literature**, where it is treated as a **space** for **renewal** and **growth**, an opportunity for self-fulfilment once women are relieved of their procreational and child rearing constraints and freed from the (predatory) male gaze.

Degrading female sexuality, degrading female bodies

While **older women** are held in **high respect** amongst numerous cultures in **Australasia**, **Africa** and **South America**, western societies tend to follow "Sigmund Freud's male-dominant theory of human development … [which] base[s] the meaning of a woman's life … on her ability or inability to bear children…. the post-menopausal woman's life fundamentally has no purpose — she becomes invisible" (Women's Health Network 2023). This sentiment was illustrated in 2018 by the **deputy governor** of the **Bank of England**, who described an **economic slump** as "menopausal .. past its peak and no longer potent" (Monaghan 2018).

Following this **powerful combination** of **sexism** and **ageism**, a **woman's worth** is intrinsically linked to her f**ertility**, and her **attractiveness** to ideals tied to youthful, fertile beauty. **Feminists** have long decried the social expectation for women to keep the age-related changes in the female body out of the public eye to be sliding gracefully into inconspicuous old age.

Centuries of **art history** bear witness to "the rejection of the old female body" (Clark 2024: 232). An often cited example of a (post)menopausal woman being depicted as grotesque and ridiculous is the 1513 painting ***An Old Woman*** by the Flemish painter Quentin Massys, better known as 'The Ugly Duchess'.



https://commons.wikimedia.org/wiki/File:Quentin_Matsys_-_A_Grotesque_old_woman.jpg

While some, especially more recent, **artists** have taken to depicting older female subjects with empathy and compassion, there is an abundance of **sexist jokes** that degrade the female body past childbearing age. Muir (2022) provides an example "Why do women stop bleeding?" "They need the blood for their varicose veins".

Such scorn is usually absent from the (mediated) portrayals of **middle aged** and **older men**, who are often presented as '**silver foxes'**, weathered and experienced, their advanced years adding to their perceived sexual

attractiveness. Daniel Craig, for example, retired as 007 aged 51 to the dismay the Bond franchise and fans alike; a frontrunner candidate successor, Idris Elba, is of the same age. Patrick Dempsey, *People Magazine*'s "Sexiest Man Alive" for 2023 is 57.

Note in the **contrast** the **marked concern** with **female aging**: in January 2021 the UK *Daily Mail* addressed its female readership by asking "Are you suffering from menopause face", describing the 'ravages"'on a woman's face (Stewart 2021). Smith (2023:28) concludes that "ageing while female [seems to be] … a deeply unsettling transgression".

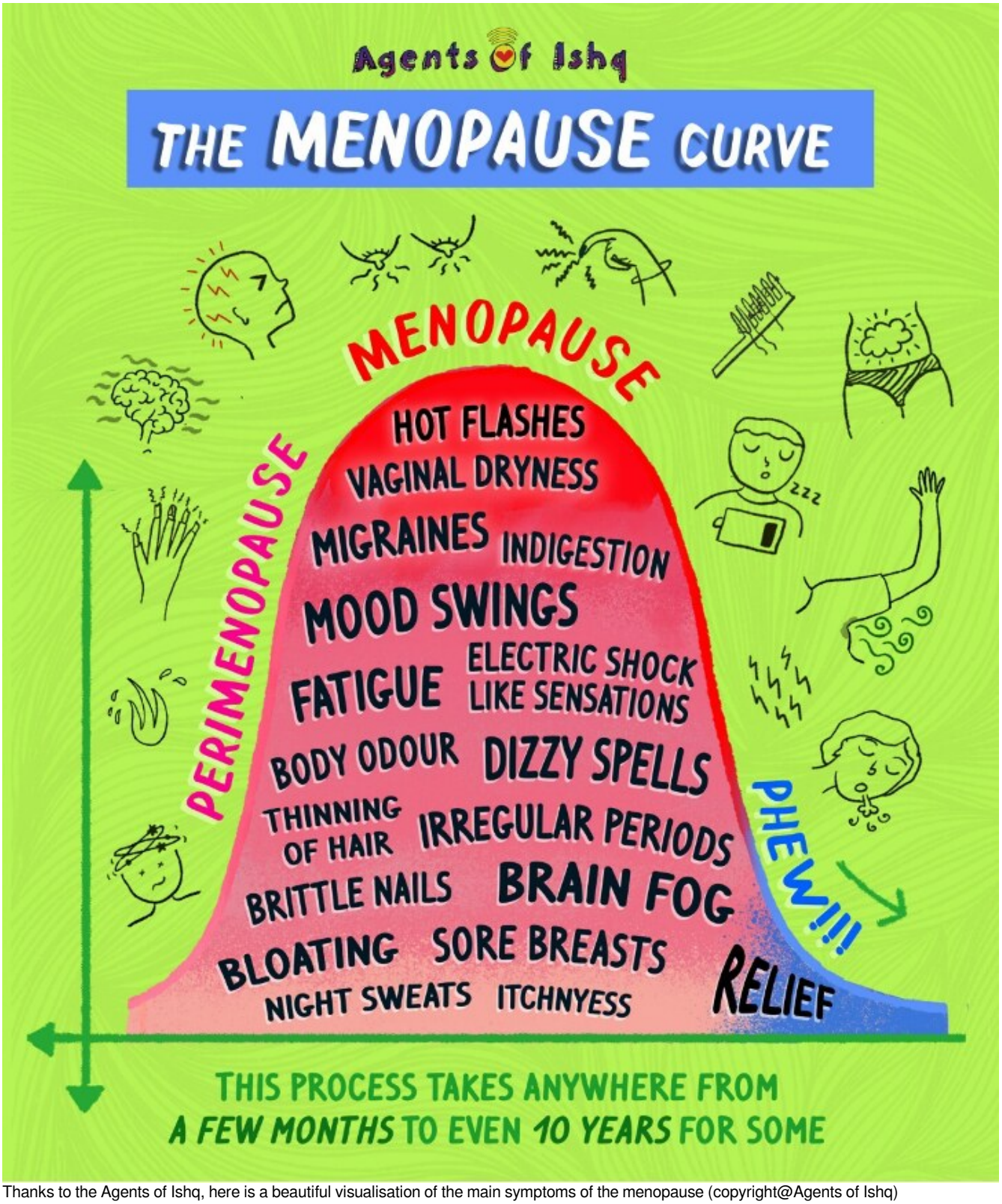
Female attractiveness is often measured in how '**pleasing**' **women's bodies** are to the **male gaze**, with the **menopause** the ultimate **deterrent** for **sexual attractiveness**. The other **historical trope** of (post)menopausal women known in **patriarchical western societies** are wise old women, often revered for their knowledge and experience. Yet, for reasons deeply steeped in sexism (and superstition), **elderly** women who **defied** the **societal expectation** to shuffle away into **quiet invisibility** were frequent **targets of persecution**, being exorcised during the **witch hunts** of the middle ages and later locked away in **asylums** for hysterical women. Note in this respect that the word ***hysteria*** originates from the Greek word ***hystera*** (***ὑστέρα***), meaning **uterus**.

Stigma and Taboo

The Spanish actor **Penelope Cruz** told *Tatler Magazine* in August 2019 that "the (peri)menopause goes from 40 to 50, and nobody talks about that… I'm really angry about this." The multinational **market research** firm *Ipsos* found that when compared to 11 difficult "topics of conversation … menopause is the least comfortable topic … globally among those listed".

In many cultures, the menopause is highly **taboo** (Pandey 2021). **Feminists** situate this finding within a much larger picture: the stigmatisation of all aspects of female reproductive health. As Kate Muir (2022: 204) points out, women have been socialised into considering **our bodies** and **bodily functions** an **embarrassment**. Women, she argues, are so used to "gynecological emergencies" that by the time we reach menopause, we have fully internalised "not letting on about the chaos down there".

At the same time, **female comedians** point out that if menstruation and the menopause were to happen to men, they would be proudly celebrated as important rites of passage. Amongst older women, the **sense** of **shame** and **embarrassment** about one's own **body** is compounded by the fact that many of the symptoms of menopause are by themselves tied to body parts, bodily activities and bodily fluids that bear huge cultural stigma.



Thanks to the Agents of Ishq, here is a beautiful visualisation of the main symptoms of the menopause (copyright@Agents of Ishq)

Consequently, **euphemisms** around the menopause amount. While 'the change' is the most common term for the transitional period itself, other (often jokular) euphemisms describing the side-effects of the menopause (such as 'nightcrawlers', 'internal furnace' or 'super soaker event') "rarely recognise … them as [the often] debilitating problem" they are (*Reader's Digest* 2021).

The medical profession



"Many women fear the word 'menopause', so I prefer to call it Puberty, Part II."

(authorized copyrighted image)

Something that **concerns 51% of the population** should not be considered a niche topic – especially since an estimated three quarters of the female population suffer symptoms.
But as Caroline Criado Perez (2019) has demonstrated, the **medical profession** has **long overlooked** the female body. The menopause is even more of a blind spot.
The president of the German Menopause Society, Dr. Kathrin Schaudig (Fischer 2024) conjectures that if **men experienced** a **menopause**, "we would be much further ahead" since the health care system would have thrown its full force behind menopause research.
But since the **medical needs** of the female body still tend to be considered as connected to fertility and childbearing, older women – past child bearing age – garner much less attention in medical research.
Consequently, while women spend on average one-third of their lives in (peri)menopause, most **lack** even the **most basic information** about what is happening in their **bodies**, including the typical **symptoms**, the **therapies** available as well as the possible **long-term effects** of different **treatment options**.

In many countries, **health care professionals** have not been taught how to deal with the **physiological, cognitive** and **emotional effects** of the **hormonal changes** typical of the menopause. The *British Journal of Family Medicine* (2018) reports that only about half of all GPs in the UK have received any training in menopause symptoms and therapeutic options and in many countries the number are even lower. This **lack** of **relevant information** amongst **medical practitioners** can have deleterious consequences for patients. For example, while the **link** between **low estrogen levels** and **depression** is well established in the medical literature, GPs often mislabel (peri)menopausal symptoms as depression (Muir 2022).

Furthermore, **many doctors** continue to cite **a 2002 study** that reports an elevated **breast cancer risk** for women taking **hormone replacement therapy** (**HRT)**, in spite of the fact that there is almost unanimous scientific consensus that newer, body identical hormones result in no significant rise in the occurrence of breast cancer. Also, the information leaflets of many hormonal menopause medicines are **woefully out of date** and vastly overestimate cancer risks.

Menopause activists such as Kate Muir (2022) draw attention to the **urgent need** for **medical personnel** (predominantly GPs and gynaecologists) to be **fully trained** to detect menopausal symptoms, so that they can initiate an informed discussion about these changes, volunteer suggestions about treatment options that are based on cutting-edge research, and proactively combat widespread stigma, disinformation and stereotypes.

The workplace

Many business organisations and employers have only recently woken up to the **implications** of the brain drain of experienced, well-trained women at the stage where they would be promoted or have reached high ranking positions. A 2023 study by the Mayo Clinic estimated an annual loss of $1.8 billion in the United States due to **workdays missed** as a **result of menopause symptoms** (Faubion et al 2023). Menopausal women leaving the workplace or going part time also tends to result in an increasingly homogenous workforce (as discussed in Dorothy Byrne's

MacTaggart lecture).



Video: https://www.youtube.com/watch?v=-XIEFKEw4co

Increasingly, **activists** are pushing for "**menopause-inclusive working environments**" (Fejermann and Stern 2023: 7) to keep middle-aged and older women in the workforce. Most land has been won in the UK, where, since 2019, over 2,000 employers have signed the **Menopause Workplace Pledge** to create more supportive work environments. Since early 2024, employers can "be sued for disability discrimination if they fail to make 'reasonable adjustments' for women going through menopause under new guidance issued by the Equality and Human Rights Commission … amid concern over the number of women leaving their jobs due to symptoms." (Badshah 2024). While the first **menopause discrimination cases** are being won, a Fawcett Society survey (2022) found that **8 out of 10 workplaces** they survey **had not instated** a **menopause policy** or indeed menopause training.

Ways to break though the Stigma and Taboo

Many women will live for more than 30 years past menopause. Muir (2022) estimates that **by 2025**, **12 per cent of the world's population** will be **postmenopausal women**. In the wake of the ***Time's Up*** movement, the world has seen a **growing menopause movement** that aims to normalise the menopause. The overall objectives of this movement are to **call out sexism** and **ageism** in the **workplace**, to **provide** women with **information** about their **symptoms**, and to **facilitate access** to **possible remedies** and **support groups**. This includes **challenging the medical canon** so that menopause is seen **less as a problem** and more as a **human rights issue**.

But part of the problem of uniting women around an issue that concerns their reproductive health in older age is that there are at least **two schools of thought** when it comes to the menopause. While some argue **in favour of HRT**, claiming that "we should be allowed our hormones back, free of charge, like men are" (Muir 2022: 180), **others** vigorously **reject hormone supplementation**. Given this apparent **ideological chasm** it is important to remember the **most basic rule** in **sexual** and **reproductive rights**: at any age and in any circumstance, **women** have **ownership** over their own **bodies** and the **right to choose**.

Subversion:

One of the most important roles of the **menopause rights movement** is thus to provide women with **access to information** to make **informed decisions** about their own **bodies**. But as Muir (2022:89) points out, the taboo and stigma surrounding menopause often result in "menopause concealment". Women **silencing themselves** deprive themselves of the opportunity to seek support; **silence** also does nothing to advance menopausal rights.

In the UK, the **public discourse** about the menopause has recently been invigorated by a **number of celebrities** weighing in on the debate. In 2017, TV host **Lorraine Kelly** kickstarted a national debate by consulting with a medic about her experience of the menopause on her daytime TV show. Fellow TV personality Davina McCall

produced a two-part documentary (2021 and 2022) for mainstream giant Channel4. *The Guardian* agony aunt and literary critic Mariella Frostrup (2021) and menopause warrior Kate Muir (2022) wrote **highly popularised books** on the topic, sparking an outpouring of support and a wealth of articles, podcasts and interviews. In Germany, a pouplar gynaecologist, Dr. Sheila de Liz, wrote the bestseller *Women on Fire* (2020). But while the menopause is being brought into the spotlight –and increasingly becoming a marketable commodity in some cultures - the narrative is not (yet) culturally diverse.

"Take these years' **musical *Cruising Through Menopause*** or **Nicole Kidman's series**, ***Nine Perfect Strangers***, all featuring menopausal women, but not one of colour" (Nadeem 2021). Consequently, "the **conversation** is often still centered on **white women**, whose experiences are seen as 'the norm', said Omisade Burney-Scott, host of the 'Black Girl's Guide to Surviving Menopause' podcast" (Haridasani Gupta 2023).

This is slowly changing, however. In the USA, former first lady **Michelle Obama** broke taboos by openly talking about her **hot flushes**. **Bollywood films** such as ***Bombay Begums*** and ***Painful Pride*** featuring central female characters going through the menopause are steering the discussion towards this topic amongst Asian audiences. These examples illustrate a **multi-pronged approach** to reclaim the menopause. Rather than seeing it as an ignominy, or a transition into some stage of uselessness, (older) women are increasingly reframing the menopause as an issue of **human rights.**

As (Muir 2022:12-13, 93, 281) argues, "we need to hold hands and make the great leap forward – from **period power to menopause power**…. We need to make the **menopause about metamorphosis, not misery**. We need to tell our mad, moving menopause stories to the women and men and children in our lives. We are the **links in the menopausal chain of silence** that goes back beyond our mothers and grandmothers, and **we must break that chain** to free ourselves and our daughters. Go out and tell your story….It is so important that men, employers, and colleagues get educated and share our burden, so it is no longer carried by menopausal women alone". It is, thus, **up to us to shift the discourse**.

Cultural anthropology provides a helpful foil to explain the **evolutionary purpose** of the menopause: the **grandmother hypothesis**. As our ancestors became sedentary, there were increasing evolutionary incentives for woman to live beyond menopause, allowing them to help raise (grand)children but also to serve as **keepers** of **acquired wisdom** and **transmitted cultural knowledge**. Like older female orcas, the leaders of the pod drawing on ages of experience **to guide their family** to the richest foraging grounds and safe breeding spaces, human societies have for eons relied on the free childcare, continued **emotional support** and **lived wisdom** provided by elderly women. In this way, the freedom which menopausal women "gain… from childbearing outweighs any advantage gained by producing more", making **menopause a genius survival strategy** for our species (women's health network: https://www.womenshealthnetwork.com).

Initiatives and resources

The pauistivity moment (https://www.pausitivity.co.uk/) produces #KnowYourMenopause posters in many languages, which can be printed and displayed on any surface so that people of all genders can gain an understanding of the symptoms of menopause.

The International Menopause Society (IMS - https://www.imsociety.org/), established in 1978, aims to "raise awareness of the menopause and the support options available for improving health and wellbeing". It has instated World Menopause Day, held every year on the 18th of October.

The Menopause Charity (https://www.themenopausecharity.org/) provides "family, friends, co-workers, employers and health care professionals [with] the information and resources to provide appropriate support". It has the vision "to make menopause symptoms a thing of the past, something you only read about in history books"

The **#makemenopausematter campaign**, which has garnered over 200,000 signatures, has four major aims: "1. **mandatory menopause training** for all GPs and medical students, 2. **menopause awareness and support** in every workplace, 3. **menopause to be included** in the **curriculum** in schools [and] 4. **a national government**

funded public health campaign for menopause". As of March 2024, two aims have been achieved: the menopause was included in the **curriculum of all secondary state schools in England** and all **medical student**s are to be taught about menopause as part of a **mandatory women's health module**.

Apps and webpages for support

Balance-menopause.com (also available via an app) provides a list of symptoms and has a massive international following.

The **Menopausecafe movement** (menopausecafe.net) wants the whole world talking about the menopause. It provides "an accessible, respectful and confidential space … refreshing drinks and cake" in a number of locations in the British Isles, the USA, Canada and Australia (information is available in many more languages).

Queermenopause.com aims "to raise awareness of LGBTQIA+ experiences of menopause and to find and promote inclusive menopause resources"

Postcards from Midlife (https://www.postcardsfrommidlife.com/) runs a weekly podcast in tandem with a social media community with the aim to "help women make the most of their magnificent midlife and to change society's outdated narrative of what it means to be a peri and post-menopausal woman now"

The **Pause for Menopause Podcast** (https://podcasts.apple.com/gb/podcast/pause-for-menopause/id1547407734) aims to "inform, empower, and encourage women of all ages - and men", predominantly in African countries but also further afield.

The **period tracker Clue** has recently added a module on the perimenopause which includes a lot of information on how to navigate the transition to menopause: https://helloclue.com/articles/menopause

The **period tracker app Flo** has added information about the (peri)menopause to their accompanying websites: https://flo.health/menstrual-cycle/menopause

Peanut, another period tracker app, has instated a new menopause network platform with chat function, which allows to "share menopause experiences, and connect with other premenopausal, menopausal, and postmenopausal women": https://www.peanut-app.io/blog/peanut-menopause

The **app Balance Menopause**, which is accessible in 6 languages, currently boasts 250,000 users internationally. It bills itself as "your safe space to learn all things perimenopause and menopause through evidence-based information and knowledge." https://www.balance-menopause.com/balance-app/

There is also an increasing number of menopause awareness information available on **Facebook, Instagram**, **X** and **TikTok**. A selection is provided here:

In German: @dr.kirschner.brouns

In Greek: https://www.instagram.com/emminopausi

In Italian: https://www.sigite.eu/site

In Portuguese: https://www.instagram.com/diariomenopausa/ https://www.instagram.com/nopausa.br/?hl=en

In Urdu: @drnighatarif

See also the **Black Women in menopause** Facebook group.

On **X**, @MenopauseAfrica is leading the conversation on menopause in Africa with the aim of educating, empowering, resourcing women, organisations and companies to thrive through the menopause.

Discussion:

- How is menopause considered/regarded in your culture/country?
- How are middle aged and older women regarded in your culture/country?
- Are there specific euphemisms to define menopause in your culture?
- Are opinions changing about the menopause in your culture? If yes, who are the instigators of such change?
- Have your mother / grandmother/ female caregivers talked to you about the menopause? If yes, what types of discursive strategies were used to describe this hormonal change?
- How do you feel about the thin line between the pathologization of the menopause and the need to take prevalent symptoms seriously?
- What can be done to normalize the menopause and give it visibility?

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