Cross-Cultural Perspectives on Menopause and the Experience of Menopausal Symptoms.

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Menopause is considered as a turning point in women’s lives. Although menopause as a biological event remains constant, attitudes toward and beliefs about menopause vary considerably historically and cross-culturally. Controversy and polarization of views still fuel the debate as how best to conceptualize menopause. The biomedical model has focused on the biological aspects of declining hormonal levels and on identifying symptoms whereas social scientists have emphasized the social and cultural construct of menopause describing it as a natural event and a life transition requiring adaptation and psychological adjustment. According to the sociocultural view, it is the meaning of menopause in a particular society that will influence women’s experience acting as a filter through which physiological and psychological events are interpreted. Women are aware of the cultural stereotypes and frequently interpret their bodily changes according to what they have learned. Cross-cultural comparisons show that there are significant differences in prevalence and type of symptoms between women in different countries, and also in symptoms reported among different ethnic groups within countries. The most cited differences are those found between women in Asia and Western countries concerning rate of vasomotor symptoms. Japanese women do not report the same frequency or intensity of hot flashes as women in Western countries and the pattern of symptoms reported is different. The reasons for the observed differences may be due to cultural factors or differences in lifestyle such as diet. Our own longitudinal study of a cohort of perimenopausal women showed that immigrant women born outside Scandinavia had significantly higher rates of hot flashes as compared to women born in Sweden and the other Nordic countries. Stepwise regression analyses showed that psychosocial factors such as work role, job demands, socioeconomic status and life stress significantly contributed to hot flashes. Methodological shortcomings of many earlier studies make it difficult to draw firm conclusions. Among the limitations are inadequate definition of menopausal status, differences in language and cultural tradition used to describe symptoms, the use of different study designs and instruments to measure symptoms. The reasons for differences found may be associated with differences in lifestyle and diet making it difficult to establish cultural versus biological causes of symptom expression. A better understanding of cross-cultural differences in the experience of menopause may derive from an emerging interdisciplinary model according to which symptoms are seen as the result of increased vulnerability due to hormonal changes in interaction with psychological and sociocultural factors.