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# **Menopause in Context:**

# A Constructivist/interpretive Perspective on the Attitudes, Perceptions, Expectations and Experiences Among Women in New Zealand

A thesis presented in fulfilment of the requirement for the degree of Doctor of Philosophy in Social Anthropology at Massey University

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### Errata

p16 line 5 for lense read lens

p103 line 11 for fledging read fledgling

p120 line 25 for trails read trials

p228 line 1 for syml read symptom control

p272 line 12 for tired read tried

p355 line 19 for practitioner's read practitioners

pp370-372 (Appendix 4) are in the wrong order and should be read as follows: p372, p371 and then p370

### **ABSTRACT**

This study examines the attitudes, perceptions, expectations and experience of menopause among women in New Zealand. It is based on focus groups and in-depth interviews with women aged thirty and above in the Feilding-Manawatu district and on narratives provided by respondents residing throughout the country. Additional information was collected from general practitioners, and readily accessible menopause educational programmes and material were also examined. The aim was to explore the social construction and individual experience of menopause with particular attention to the relation between the deficiency disease model and common sense knowledge about this life event. A constructivist/interpretive theoretical perspective was employed that recognises the socially constructed nature of menopause experience and accepts normative definitions of the feminine as crucial to social perception and individual experience.

Contrary to the medical view of menopause as a disease of hormone deficiency, the women maintained a common sense perception of this event as a normal, natural lifestage. Overall, their knowledge of physiological processes was limited and reflected the impact of medicalisation. Three central meanings associated with menopause were identified as mid-life and ageing, loss of fertility and health risk. Control of the menopausal body (the body politic) emerged as the central aspect of experience across the four age groups of women who defined themselves as 'in' or 'through' menopause. Against a tradition of taboo surrounding matters of female reproductive functioning and sexuality, the mechanisms or strategies of control have changed over time. There has been a shift from a strategy of stoicism (among those aged sixty and above) to the use of 'natural' strategies and hormone replacement therapy (commonly adopted by women in their fifties and forties). Each of these strategies was a response to common sense understanding of this event and accompanying social sanctions. Two broad conclusions were reached. First, that the deficiency disease model presents a linear, causal explanation of menopause which fails to recognise medical knowledge as part of the broader socio-cultural and historical processes which give meaning to this event. Second, that as women's experience of menopause occurs at the interface of sociocultural, historical and physiological processes, the meanings of menopause are fluid and change over time.

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Approval for the research undertaken in this study was obtained from the Massey University Human Research Ethics Committee.

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