
Original Paper

Suffering in Silence: Middle Aged Women and Menopause

(A Study from India)

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Abstract

Menopause is the expected end of reproductive life. Although the menopausal transition is part of the normal aging process, the hormonal changes occurring at this stage of life alter the health-risk profile of women and manifest acutely in the form of vasomotor symptoms such as hot flashes and night sweats. The menopausal transition may also be a source of psychological distress or instability. Collectively, these adverse physical and mental health changes may negatively impact quality of life (QOL) as women transition through menopause. Menopause has also been identified as a time when women are vulnerable to developing emotional and mental health issues, post reproductive health issues, issue of sexuality or sex, body image and questioning individual positioning in the family. Hence, changes in the middle age are sometimes perceived as a disease or a time of physical and emotional turmoil that affect the overall wellbeing of women. Why is it so? Is this because it really is a time full of turmoil or is this perception of menopause as a disease, a cultural stigma? What are the perceptions and attitudes of women and people around them towards menopause? How did they cope the changes and mental stresses of the menopausal period? This paper deals with some of these issues.

Keywords: Menopause. Midlife, feminist discourse, Culture, body image

"We must ask why an event of such significance to the individual woman passed almost without notice sociologically, anthropologically and medically. And the answer thrown back from the silent past is that menopause was a negative event of 'no importance in the life of the community. So when a woman's usefulness ended, she ceased to be a woman" (Richardson, 1975: 69)

1. Introduction

The word menopause is used to describe the whole phase a woman goes through during this change of life, when levels of progesterone and estrogen production slow down (Boice, 2007; Sievert, 2006). Menopause is a complex bio-psychosocial phenomenon that is influenced by women's attitudes, the attitudes of their partners, families, and friends, and societal norms at large. Menopause is usually divided into three stages: perimenopause, where the hormonal shifts are happening and a woman is still having periods, albeit irregularly; menopause, the time at which the last period occurs; and post-menopause, the period when the reproductive capacity of a woman has definitely finished. Stereotypical views of menopause paint it as an extremely negative time in a woman's life, marked by mood swings and hot flashes, but women's lived experiences seldom correspond with this view (Atwood et al., 2008). Women's attitudes toward menopause, as well as the attitudes of those close to them, can exert a strong influence on the way they experience menopause (Papini & Goodwin, 2002). Hence the main objective of this paper is to capture women's lived experiences, their perception, attitude, acceptance (self and others in the family) various challenges that women go through in this phase of life and their coping mechanism to overcome these challenges and stress of menopausal period. The paper is based on the field study done on health and well being of middle-aged women in 2018-19 in Delhi NCR.

2. Discourses on Menopause: Medical Verses Feminists

It is a fact that the health of women in general and health of women in the reproductive age in particular especially from developing countries is a source of significant concern. No doubt there are challenges faced by women within this age. The challenge is further reinforced by the culture of silence that shrouds

this phase in a woman's life. At the same time women who eventually survive the childbearing phase go on to face yet another phase in life, which is equally challenging. As women age, they experience both physical and cultural challenges that may hinder the attainment of optimal health. Various researches have been carried out on the reproductive challenges of women but most of such researches have been focused on women in their reproductive age. However, reproductive health should go beyond family planning to encompass all aspect of human sexuality and reproductive health need during the various stages of women's lives. Very few researches had focused on menopausal women therefore there is need to conduct a study on the various challenges that women go through in this reproductive phase of life.

Therefore, just as there is need to focus on women of reproductive age, there is also need to ensure that the health needs of menopausal women are addressed. But this phase of a women's life is seen more from the medical model and consider as disease that requires medical interventions. It is true that some of the problem needs medical interventions but it is a natural process and to be dealt in the socio-cultural context that plays an important role in coping the stress of menopausal period.

However, there is general agreement that before the 1940s (Bell, 1987; Mitteness, 1983) menopause was considered a natural physiological event even indicating a new, serene period in a woman's life. Various studies (Grossman & Bart, 1980; McCrea, 1983; Van Keep, 1990) provide a historical perspective on the medicalization of menopause as a deficiency disease later in the 20th century, first begun when a small but elite group of medical professionals saw the possibility of using DES, a synthetic estrogen, to "treat" menopause (Opt cit, 532). The medical model of menopause is firmly ingrained (Rothert et al., 1990) but was challenged by the Feminist scholars.

Considering the menopause as natural process and the social context of the menopause, from the late 1970s to the present, feminist scholars (Martin, 1988; MacPherson, 1981) have argued that menopause is a natural event made into a disease by medical specialists who view women's reproductive processes as inherently delicate and/or unhealthy and by pharmaceutical industries that profit from the disease model. Feminist research emerging from this perspective has focused on the self-reported expectations, beliefs, and experiences of healthy, midlife women with special attention paid to the contextual influences of biology, psychology, and culture. It is important to keep in mind that the experiences of women with regard to menopause takes place in the context of a society that may have different ways to look at it. Hence, it cannot be generalized.

3. Material and Method

As stated earlier, the issue of menopause need to be understood and analyze from the socio-psychological and cultural context rather than merely from a medical model to get a clearer picture of the experiences, challenges and stigma related to menopause and the coping strategies, the present paper aims at exploring the knowledge, attitude, perception and acceptance of respondents on menopause; what was their views towards body image and sex during and after menopause, what were their experience towards the risks, advantages and disadvantages associated with menopause, and how did they meet the challenges associated with menopause.

Study subjects were women in the age group of 41 to 55 years of age who had either attained menopause or premenopausal stage. Menopausal status of participants was defined as follow: Premenopausal period is defined regular or irregular menstruation or the last menstrual bleeding occurred >3 and 12 months prior to this study. Women who have not menstruated for the last 12 months are categorized as menopausal.

A semi-structured and open-ended questionnaire was used to obtain data. The questionnaire consisted of six sections namely the demographic characteristics of respondents, menopause experience, knowledge, attitude and perceptions of menopausal women, coping mechanisms and the availability of information on menopause. The questionnaire was pre-tested after which it was subjected to further modification and administered. Social and demographic features were explanatory variables, while outcome variables were positive or negative attitude to menopause. A Sample of 250 women was selected through convenient sampling technique. The mean age was 48 ± 6.8 years. The Study was conducted during 2018-19 in the area of Delhi/NCR. Since it was a sensitive issue and capturing experiences of women does require in-depth interview through case studies, a mixed method was used to collect information.

The analysis of data is descriptive in nature.

4. Results and Discussion

Characteristic	No. 250
<i>Age group</i>	81 (32.4)
41–45	114 (45.6)
46–50	55 (22.0)
<i>Marital status</i>	
Widow/separated/	65 (26.0)
Married	185 (74.0)
<i>Children</i>	
Have children	244 (97.6)
No currently living children	6 (2.4)
<i>Religion</i>	
Hindus	146 (58.4)
Islam	79 (31.6)
Christian	10 (4.0)
Sikh	15 (6.0)
<i>Education</i>	
None/informal	42 (16.8)
Primary	60 (24.0)
Secondary	90(36.0)
Graduate and Above	58(23.2)
<i>Occupation</i>	
Unemployed	83 (33.2)
Unskilled	73 (29.2)
Skilled	57 (22.8)
Professionals	37 (14.8)

a) Knowledge and Awareness about Menopause and its symptoms

Since there is social stigma related to menopause, women in the study were asked to explain as to how did they define or understood menopause, whether they were aware about menopause. The data reveals that 42 percent respondents was able to define the menopause correctly as a permanent cessation of periods after the age of 45 years or when a woman is above the age of 45 and had stopped menstruating for the past one year. They further added that it is a physiological condition and a natural phase of life, which comes with the age, and it cannot be stopped followed by 21 percent stated that when a woman reaches the age of 50 and has not had children it is menopause or when a woman's body is hot on a regular basis is menopause while 37 percent of women did not have any knowledge about menopause and its related symptoms.

Further, those who have heard about menopause 41 percent reported that they were aware of some of the symptoms of menopause like when a woman's period becomes irregular and the flow is scanty, irregular

period, heavy bleeding, irritation, hot and cold flashes mood swing, profuse sweating, followed by 29 percent physical and mental tiredness and irritability 19 percent, and 11 percent dryness of vagina and sexual problems. While 10 percent did not mention any symptoms as they were not willing to reveal their menopausal stage due to shame and social taboo. The findings also reveal that only 16 percent of the respondents knew that bleeding per vaginum, discharge per vaginum, post coital bleeding in the post-menopausal period were abnormal and the rest 84 percent were not sure whether it was normal or abnormal.

To elaborate more on this aspect, the research show that the majority of the women i.e. 58.0 percent had heard that every woman would at some point in her life reach menopause. Of those who had heard, 28.8 percent reported that they heard about it either from their mother, sister, aunt or friend, 18.9 percent knew about it through the electronic and print media and 10.3 percent from an health care provider. Rest 32 percent respondents got to know about menopause based on their own experience and 10 % had no idea.

Those who had the knowledge of menopause and its symptoms twenty-three percent had some idea about the self-management of menopause like change of life style with exercise and calcium supplements. Only ten participants knew about the hormone replacement therapy (HRT) and had got it done.

It is interesting to note that despite their knowledge of menopausal and its symptoms, 42.2 percent felt that it was not an issue that should be discussed with people. The statement like, *“It is not what you discuss with anybody. I heard from my mother but she did not really explain it to me she just said women do not have all the time like men as men are more sexually active; My mother told my sister and my sister told me that the women have very less time and we were married at a very young age because of our limited time in terms of reproductive age and sex; it is something that can not be discussed because it is the end of sexual life, youthfulness and human reproduction and hence it is derogatory for women”*.

Knowledge and awareness about menopause was related to educational and occupational level of the respondents. It was observed that the higher the level of education the higher is the knowledge respondent had about menopause and its symptoms. Concerning occupation, highest percent of menopausal women with previous knowledge about menopausal symptoms and awareness about HRT were among skilled and professional occupation and this is in agreement with the result of a study in Egypt (Loutfy et al., 2006). But Interestingly only 15 percent of the women sought medical advise.

b) Attitude, Perception and Acceptance of Menopause

Attitudes, perceptions and acceptance are the psychosocial aspects related to menopause because attitudes play an important role in the experience and coping with stress of menopause. Studies on the attitudes of Turkish women have revealed that women had negative attitudes toward menopause (Şentürk Erenel et al., 2015), yet other studies noted women’s positive attitudes toward menopause (Akkuzu et al., 2009). So we also tried to know the attitude, perception and acceptance of women towards menopause.

On attitude towards the menopause 40.8 (102) had a negative attitude towards it that can be substantiated from the statements like *“it would make them incomplete as women; end of sexual life; indifferent attitude of husband and society; concerned about wrinkle and body image; persistent ill health, and no more able to conceive; clear demarcation of the end of femininity etc.”* These attitudes increased their stress and works as a deterrent in coping with the stress. Nevertheless, it is quite encouraging to find that 56.0 (140) looked forward to welcome this phase of life or had positive attitude towards menopause and eight respondents (3.2) had neither positive nor negative attitude. The statements like, *“it is a part of the natural aging process of a women; relief from menses, no fear of unwanted pregnancy; no need to use contraceptives; more relaxed and free from tension; can move around or travelling without tension; no tension of performing religious rituals and so on”*

The present finding shows that 42 percent of women who had menopause neither discussed it with anybody nor consulted any health professionals. Amongst these, 18 percent were educated, 24 percent were uneducated. The reasons stated by them were more related to the social stigma and negative social attitude about the women’s body, sexuality and their social worth. It is important to mention that this social stigma was irrespective of caste, communities, class and religion.

c) Perception of Women towards Menopause

In the present study, women perceived the menopause as a positive event as they agreed that it is a normal and natural. More precisely, 65.2 percent perceived menopause as a natural/normal occurrence and important event, as it gives more confidence and maturity, a relief as the risk of becoming pregnant is null and that life becomes easier and calmer, and women as people get more respected in the society.

One of the respondent said, "It is a journey that women can experience as transformational, bringing with it a renewed sense of self, resulting in life changes, which are more in tune with this change of life. The menopausal midlife passage for women is an opportunity for personal growth and the journey of individuation".

Another respondent stated, "The menopausal transition is an opportunity for development and growth; the midlife transition is a doorway to a wonderfully liberating and exciting new part of life. It is important that women embrace it fully".

Findings also reveals that 36.8 percent women had negative perception because it brings a feeling of emptiness (vacuum), decreases physical capacity, loss of interest from social life, loss of sexual interests, loss of stamina, feeling of being old, unattractive, feeling depression. The respondents felt that their importance had decreased and that they were of no use. Thus, in a way they associated menopause with loss of femininity, sexuality and their social worth. However, only 29.0 percent responded were in favour of seeking medical attention or counseling during this phase. One of the respondents stated that *"breaking the silence, raising awareness and changing negative social norms is more important now than ever before"*. Another respondent stated, *"Menopause is generally perceives as the end of sex, the end of beauty and the end of the world; husband's attitude also gets changed, so there is a need to break the silence and taboos related to Menopause"*.

d) Acceptance of Women to Menopause

Acceptance is a key stage in coming to terms with this change of life. Acceptance may be done with grief or regret or with happiness, which is a multi-layered, multi-dimensional, complex internal emotional and psychological response to loss in term of the negative attitude and perception of the society. Ross and Kessler (2014) observe that the type and circumstances of a loss, which is experienced, are important factors in determining its impact on an individual.

Hence, respondents were asked to explain do/did they feel hesitation in accepting menopause. While 47 percent accepted their menopause without any regrets as a normal process of ageing, 53 percent stated social stigma, the indifferent attitude of the society towards menopausal women, undermining the worth of women or not looking women beyond sex and reproduction as the major reasons for hesitation in acceptance. They also felt that there is a need to educate the people that menopause is not the end of women's physical and mental capability or sexuality rather it is a natural stage of life.

One of the respondent said that the hesitation for accepting the menopausal phase cannot be seen in isolation but a full societal complexity consisting of various socio-psychological factors is involved. She expressed *"the issue of shame about aging; shame around losing our youthfulness; shame around an ever changing body (weight gain or hair loss, appearance of wrinkles); the shame of showing any symptoms of the change through hot flushes (a possible damp patch showing through clothing); societal perception of loosing womanhood after menopause and shame at not being honoured by the societies and cultures we live in are the main reasons for not revealing their menopausal stage and hence, they suffered in silence"*.

Another respondent expressed her feelings *"I have felt menopause as my personal loss in terms of a changing body and loss of sexual desire along with physical stamina, which is not as strong as it used to be, as well as coming to terms with aging."* One of the respondents shares, *"the social norms and stigma related to aged women's dressing and makeup, limiting her option of outing or partying and making friends, restrictions on her movement and most importantly the comment like "Iss umar mein sadgi se rahna chaheye, Sare arman to pure ho gaye ab kaya kerna hai, iss umer mein itna ghuman ya sajna shobha nahi deta"* (Simplicity is better in this age; all ambitions have been fulfilled; outside movement and make is not good at this age) creates grief and pain and ultimately leads to depression and isolation. These factors make women suffer in silence.

e) Menopause, Body Image and Sexuality: Respondents View

Body image is the way women think and feel about their bodies as well as how they visually picture their bodies. Chrisler and Ghiz (1993:70) suggested that the physiological symptoms associated with menopause, such as hot flushes and osteoporosis, may affect a woman's body image—it 'may make a woman feel that her once reliable body is out of control' Changes to the body associated with ageing, such as the physical appearance of wrinkles, may contribute to a woman's negative body image, thus resulting in negative mood. The most consistent finding of past research into physiological changes to the body as a result of menopausal status is the shift in fat deposits from the lower to the central body. Hence, women were asked to respond to the changes in their body and sexuality.

The data reveals that 56 percent were concerned about their appearance and body image changing due to menopause. Some of them (23%) started light exercise, walk, yoga and meditation along with some beauty treatment. But largely women stated that deposition of fat and loose skin is natural with the age, so no need to worry. But at the same time women opined that the social perception of beauty and body image makes them feel inferior. As far as the response related to sex and sexuality, the majority of women were silent on this issue but 22 percent of the women did speak about it. The responses were: due to dryness in vagina the intercourse was painful, children were grown up, fatigue and tiredness stops them having sex, stress of continued menopausal symptoms etc.

Women sharing their experiences about body image, sex and sexuality:

Respondent-1 shared *"During menopause I felt that my body was not in my control and was very negative about the change to my body shape. I was getting fatter and started having wrinkles under my eyes. I was depressed and that had increased my menopausal symptoms. The concern of my body image and look resulted into low self-esteem which impacted sexual desire"*.

Respondent-2 *"because of the of a strong beauty culture there is a tendency to appreciate woman by her body or by her look, tied to reproduction and sex, and due to this perception the body image becomes one of the main issues of menopausal women. It is not every time that we need sex but of course sexual desires does not end with menopause. She further says that menopause is frequently socially perceives as a signpost that marks the end of her youth, beauty, sex and reproduction rather than considering menopause as an opportunity for growth"*.

Respondent-3 narrates, *"because we live in cultures which value beauty, youth and slim body figure menopause gives evidence of aging, through the symptoms of hot flushes, which announce to others that we are not fertile and are growing old"*.

Respondent-4 very enthusiastically says, *"we need to encourage women to look within themselves and see the beauty and worth of all the life experience they had so far beyond body image and sex. Menopause is a passage to wisdom and hence, it needs to be celebrated, shared, discussed and accept by breaking the silence"*.

Respondent-5 *"Menopause does not change our gender role. The loss of fertility and sexual desire can be difficult to bear but it is natural. The society in general, may make you feel that you have somehow lost an aspect of your feminine persona, or even your value. But it is important that we acknowledge and continue to strengthen our sense of identity and self worth"*.

What does these narratives indicate?

Through these narratives a few things clearly came out: disconnection, fear, pain, sadness, shame, changing body, loss of youth, loss of sexual desire and myriad other losses that had definitely an impact on the social and psychological wellbeing of women. But at the same time these narratives show the feelings of joy, playfulness, connection and love women have had with their new phase of life. Also these narratives, indicates that it is important to understand the context of women's lives from a social, cultural and historical perspective, which has traditionally impeded self-discovery and growth of women's consciousness during the midlife transition. Many women under study had gone/going through the transition, loss, grief, depression, loneliness, struggle as well as spiritual engagements, that were the turning points and synchronicity were important themes that the menopausal women travelled through on their journey from youth to midlife.

f) Coping with Menopause and Social Support: Respondents View

Social support is defined as the perception or experience that one is loved and cared for by others, esteemed and valued, and part of a social network of mutual assistance and obligations (Taylor, 2011). Social support may come from a partner, relatives, friends, coworkers, social and community ties, and even a devoted pet (Taylor, 2011). Social support can be formal, informal, social, professional, structured, or unstructured, and it may affect the general well-being of individuals living with chronic and life threatening health conditions (Yoo et al., 2010). Spouses, friends and support groups are thought to be a positive influence during the menopause process. Therefore, the social support factor is considered to exert a positive effect on women's menopause perceptions and attitudes. Also, sufficient and strong social support can help women address the grief of the losses experienced during the climacteric period (Zhang et al., 2016). So, I tried to find out whether they got any social support, the relationship between social support (number of friends and family members one could talk to about menopause), its impact on the attitudes towards menopause and also in coping the stress of menopause.

In the present study it was found that the respondents who had a social support network and who had an opportunity to speak easily about menopause issues were found to be more positive about menopause than those who did not have the support or opportunity. More precisely, 21.2 percent of menopausal women who shared with their husband about their cessation of menstruation and husband's support for them during menopause significantly impacted their health in a positive manner and had positive attitudes towards menopause. A few women (12.6%) shared it with their friends and neighbors and six percent went to the counselor or health professionals that had helped them positively.

One of the respondents shares her experiences, *"during the premenopausal, I used to get very irritated, used to cry, got myself isolated, did not attend any family function, showed no interest in any household work. My children used to ask my husband why mom is behaving like strangers to us? But at that time my husband stood by me and supported me, took me out for dinner frequently, took me to the counselor. He used to tell my kids that mom is fine just be with her and always tried to make me happy. That helped me to cope up the stress"*.

Another respondent shares, *"At this stressful period support from your husband works like medicine. My husband was very patience during this period and never complained about my arguments with him and indifferent approach towards him rather stood by me and that helped me to come out the stress"*.

Yet another respondent said, *"Menopause is a natural event in the life of a woman. However, these changes can be more than just inconvenient, and hence, family members should understand and support the women they love by respecting the significance of the changes taking place; giving her time and space to deal with these changes; and must help her enjoy life and look for the positive aspects of menopause"*. But the majority of the respondents (61.2%) did not share or discussed the problems of menopause with anyone and suffered in silence.

However, those respondents who did not share or discussed the changes and problems they faced during menopause were mainly related to hesitation or social stigma related to menopause, fear of losing husband interest in them, making fun of their symptoms, lack of information, loss of womanhood and body shame stopped them from sharing it with family members or husbands. Some of them (15%) whenever they tired to discuss or share their stress or feelings, the husband or other family members showed no interest rather it was told to take it easy, don't bother them and engage themselves in work.

Some of them stated that, "Nobody ever tried to know the reasons for their irritation, depression and mood swing. The family members never tried to understand the reasons for my irritation rather made fun of mood swing and irritation by passing comments. Due to shame and stigma they never spoke about the reasons for their irritation to their husbands and stressed themselves. The other reason for keeping silent was fear of husbands' indifferent attitude as they were not keen in having sex due to vaginal dryness and pain. Further, they added, due to the feelings of sadness, irritability, and tiredness, I could not do the regular household activities expected from me but instead of knowing the reasons; the members accused me of being lazy and inefficient as I aged."

Some of the respondents even "complained that their husbands had very little knowledge or no knowledge about menopause and its consequences and hence, not extended any support in coping with

the situation rather accusing them of being selfish and non-cooperative. They further added that by extending support, the family members could help women to come out of the negativity arising out of menopause.”

One of the respondents strongly added, *“women must be encouraged to speak up the physical, mental and emotional changes they experience through this transition. And if women were encouraged to embrace their change and learn to understand the deeper psychological aspects of menopause, they would be able to harness the potential growth during this powerful change of life, fostering a more optimistic and constructive approach to this transition that is to be celebrated as a natural cycle in a woman’s life”.*

What can be concluded from these narratives?

On the basis of the experiences shared by women, it can be said that the power of a supportive environment in the family is very important in coping with the uncertainty of menopausal changes. The narratives also reveal that those receiving support from their husband could manage this phase of life in a better way than those who did not and suffered in silence. Women must be encouraged to break the social stigma or taboos related to menopause that would definitely help them coping with the stress and anxiety during and after menopause. The family members must be sensitized about the changes during menopause phase of the women.

However, education and occupation of the respondents and their husbands had a positive impact on receiving support from the husbands. Those respondents who were highly educated and in profession had greater support from the husbands than those respondents who have lesser education and were in unskilled jobs. Studies have shown that a woman’s marriage and relationship with her husband play an important role in dealing with complaints of menopause (Montero et al., 1993; Koster & Davidsen, 1993). A study in Turkey showed that the severity of menopausal complaints might be related to the husbands’ attitudes towards menopause (Aksu et al., 2011).

5. Stress of Menopausal Phase and Coping Mechanism

Menopausal problems, including psychosocial aspects, can affect women’s life. Several cases of menopause symptoms are so severe that interfere with their daily life and negatively affect their quality of life. But unfortunately there is a lack of awareness and training related to menopausal women on coping strategies both at the societal and policy level and how to improve their mental and psychological health. At present, there is no appropriate training or policy/programme in the health sectors or Centre on how to use the coping strategies to solve the problem of sexual dysfunction/symptoms/stress prior to menopause or after onset. This is probably due to the lack of necessary sensitivity in health care providers and policy makers as most of the health related programmes are for the women of reproductive age. Hence, in this study we tried to determine the sexual dysfunction/stress/anxiety/depression in menopausal women and the coping strategies.

When asked the respondents to report on coping strategies adopted, there were varied responses. For a greater proportion of women, adopted mechanisms were social interactions and sharing 23.15%, turning to religion and spirituality, meditation, praying for stress to be reduced by 21.43 percent and indulging in various ‘me time’ activities watching television, reading books, cooking, meeting friends, 13.4 percent, walking, physical exercises and yoga, five percent medication, food, smoke and alcohol that had helped in reducing stress. As we all know that the mid age is commonly associated with melancholia, which manifests in crying. In our research also it was found that 8.8 percent of the respondent felt helpless of the situation with no support, results in crying in isolation. However 26.3 percent respondents suffered in silence. Looking at the percentage of women suffering in silence, it can be suggested to promote women’s awareness of learning strategies in accordance with social norms and contexts rather than looking it from medical point of view. Further, the establishment of social support networks is necessary to enhance postmenopausal women’s behaviors in different aspects for their overall health and wellbeing. Along with the influential role of social support in improving the quality of life in postmenopausal women, participation of other family members, especially spouses can contribute to a greater improvement of women’s quality of life, as we can see from the narratives of women under study.

6. Conclusion

So why is there a stigma around the menopause? It is important to note that the stigma around the menopause has been building for a long time. Like other mental illness, the menopause was considered as something scary, problematic and even harmful to the society. Even today as seen in the present study, the menopause is still largely stigmatized and least discussed subject for many. There are many myths about menopause and hence it has become difficult to de-stigmatize it. While there is a stereotypical view that women's attitude towards menopause is quite negative, the present research on women's attitudes toward menopause has not found much negativity among midlife women. To a large extent menopausal women in the study group did not know about the symptoms and risks associated with menopause. The majority of the respondents did nothing about the symptoms they experienced. Only a very small fraction visited the hospital or counselor. Women were aware about irregularity of menstruation as a symptom of menopause; though they experienced other symptoms they could not relate them directly to menopause. The study also reveals that women felt Menopause is a complex stage of life that represents both loss and a time for re-appraising one's life. Women did value feeling good and looking good and normal during menopause, closely followed by receiving support from husbands and friends and neighbors.

Findings from this study also lend support to the contextual model of menopause proposed by feminists more than biomedical factors, which contend that the experience of menopause is shaped by sociocultural and contextual factors. These factors played an important and independent role in predicting midlife women's attitudes toward menopause and their acceptance to it. The important point here is that the social stigma that has surrounded menopause and the cultural ageism and sexism had added to the negative view of menopause and found to be one of the important factors in explaining the relationship between a woman's menopausal status and her attitude, perception and acceptance toward menopause.

Similarly, the significant inverse relationship between the number of menopausal changes experienced by midlife women and their attitudes, wherein women experiencing the most changes reported the most negative attitudes, also can be better understood by considering the sociocultural context in which these changes are experienced. For example, while on the one hand in the case of menarche, for body changes and the start of menstruation are as the beginning of adult reproductive life and therefore valued and welcomed. On the other hand the changes associated with menopause are too often surrounded by secrecy and shame, and often signal an end to the valued state of reproduction and its concomitants, usefulness and femininity.

Further, it is important to mention that many women experienced difficulties with the menopausal transition be it related to lack of information, lack of support from family, sociocultural stigma or other structural factors. There could be two possible reasons for this. Firstly, our cultural attitudes towards youth, older women and the aging process is seen more from a physical perspective where midlife is seen as unattractive, asexual and unproductive. Secondly, women do not want to honour or share or discuss the changes that occur during midlife rather they prefer to suffer in silence. Women did hide the fact that they were aging and did not share their experiences with others. Thus they deprive themselves of support and the opportunity to further their own growth potential (Orlean, 2010). Lack of proper knowledge and sensitivity related to menopausal health on the part of spouses and other family members was found in the study that had added in their sufferings. Hence, attention is needed regarding the topics of women's health in general and menopausal health in particular. Education needs to emphasize the importance of social support for women to strengthen positive attitudes towards menopause, the natural changes which will occur in this phase of women's life. Informational programs need to be focused on developing positive attitudes in both women and men to help couples and families more easily navigate the changes, which occur during this time of a woman's life.

To conclude, menopause is not a woman's issue but a social issue as it affects all of us, and need to be discussed. Women suffer in silence, relationships breaks down, career get affected and so on and hence, there is a need that like menstruation and childbirth, menopause must be talked openly as a normal event .

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