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Voices from the Hilo Women's Health Study: Talking Story About Menopause

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Abstract

Our purpose in conducting this qualitative study was to examine how a multi-ethnic sample of women living in Hilo, Hawaii describe menopause. Interviews were conducted with 185 pre-, peri-, and post-menopausal women aged 45 to 55. We found that pre-menopausal women felt anxious compared to peri- and post-menopausal women's more affirmative attitudes of increasing confidence and freedom in this new cycle of life. A dominant theme was the construction of a post-menstrual identity. Peri- and post-menopausal women's attitudes were not biomedically oriented. Local culture and the island lifestyle may provide a positive atmosphere for women going through menopause.

Menopause is receiving significantly more attention in the last several decades in biomedicine, public health, the social sciences, and the lay community. The general population of the United States (U.S.) is heavily influenced, via mass media, by the medical model of menopause as a disease (Huston, Jackowski, & Kirking, 2009; Nelson & Signorielli, 2007). Shea (2006) refers to the "...biomedical models that have portrayed female midlife as a normatively pathological condition rife with symptoms." Due to the

prevalent negative connotations of menopause, there is a disconnect between the expected pervasiveness and intensity of discomfort due to menopausal symptoms, such as hot flashes, and what women really experience during the transition. Despite the fact that many women are not detrimentally affected by menopause, the messages women receive highlight the worse-case scenarios.

Since Lock's (1986) early reporting of Japanese women having significantly different experiences of menopause than European-American women, research from various fields have investigated menopause using biological and/or sociocultural models to explain the ethnic disparity (Avis et al., 2001; Brown, Sievert, Morrison, Reza, & Mills, 2009; Melby, 2005; Sievert, Morrison, Brown, & Reza, 2007). Using a variety of data collection methods, numerous quantitative and qualitative studies elucidate women's physiological, psychological, and behavioural experiences of menopause (Adler et al., 2000; Avis, Crawford, & McKinlay, 1997; Avis et al., 2001; Gannon & Ekstrom, 1993; Sommer et al. 1999). For example, quantitative studies have found racial/ethnic differences in symptom reporting among American women with Caucasians reporting more psychosomatic symptoms than African-Americans (Avis et al., 2001) while work among Japanese-Americans and European-Americans suggest there is a reporting bias based on the cultural construction of what is appropriate to report (Brown et al. 2009). Further, work among Japanese women indicates a more intricate interpretation of menopause and vasomotor symptoms (Melby, 2005). Findings based on cross-cultural qualitative studies range from positive attitudes about the cessation of menses reported by Portuguese women (Pimenta, Leal, Maroco, & Ramos, 2011) to feeling more freedom among Swedish and Danish women (Berterö, 2003; Hvas, 2006). Our study joins the growing number of qualitative studies (Adler et al., 2000; Berterö, 2003; Busch, Barth-Olafsson, Rosenhagen, & Collins, 2003; Hvas, 2006; Pimenta et al., 2011; Utz, 2011) exploring and contextualizing women's personal perspectives and opinions of menopause. The strength of our study is that it includes the attitudes and descriptions of menopause from women of different ethnic backgrounds across the climacteric transition. Although it is a U.S.-based study, the Hawaiian Islands are geographically and culturally unique.

Our study has implications for health-care providers and researchers working in a multicultural community or international context because it expands on the potential effect of an individual's ethnic background by including where a person grew up. Given the global movement of peoples, cultures blend and morph as individuals of different ethnicities co-exist, assimilate, or sometimes collide. How an individual's cultural or ethnic boundaries blur into a larger community or neighboring cultures may influence the interpretation of and response to health issues, such as menopause.

Hawaii has a long history as a sovereign nation that was annexed by the United States in 1898 and given statehood in 1959. Despite a political and administrative infrastructure that is American, the quotidian experience is a vibrant and tangible Hawaiian culture intermingled with Japanese, Chinese, Filipino, and Pacific Islander influence colloquially referred to as 'local culture'. Local identity is extremely important in not only forging solidarity between dispossessed and translocated peoples, which includes Native Hawaiians, Asians, and Pacific Islanders, but creating a resistance to U.S. imperialism (Lum, 2008;

Young, 2004). Local culture is seen in culinary practices, celebrated holidays, shared values and leisure time activities, family relationships, and the ubiquitous pidgin, the language of everyday life. People on the islands ‘talk story’, an informal, slow-paced, easy-going conversation style. Following local style, we talked story with our participants about menopause, albeit in a laboratory setting. Our purpose was to compare and contrast pre-, peri-, and post-menopausal women's attitudes regarding menopause. Our intention was to contribute to a more comprehensive understanding of women's experience of menopause and to examine whether the women of Hilo share what Adler et al. (2000) refer to as the “... monolithic depiction of ‘the North American menopause experience’”, that is, menopause as a pathological phase of their lives.

Methods

Sample and data collection

Anthropological inquiry relies on both quantitative and qualitative methods of data collection and is well-suited for exploring the richness of women's experience of menopause. We are trained as anthropologists to examine the holistic context of people's lifestyles and capture the local perspective. The findings presented here are part of a larger, two phase study that empirically tested for ethnic differences in stress and symptom experience in women across the menopausal transition. The first phase conducted in 2004 (n=1824) consisted of a women's health survey sent to a randomly selected sample of households in Hilo (see Sievert, Morrison, Brown, & Reza, 2007 for further details). To be eligible for the second phase, monitoring hot flashes and blood pressure (2005-2008), women had to be between 45 and 55 years old, not on blood pressure medication or hormone therapy (HT), or any other medication that could interfere with blood pressure or the menstrual cycle, and not have had a hysterectomy. Of the 1824 postal survey respondents, 84 agreed to participate in the monitoring phase and an additional 122 women were recruited through snowball techniques and newspaper advertisements for a total of 206 participants drawn from the Hilo area. From this sample, 185 interviews were analyzed and used for this study. The 21 remaining potential interviews were either improperly recorded (7), conducted on days when a trained interviewer was unavailable (12), or participants did not complete the study (2). The study was approved by the University of Hawai'i Committee on Human Studies. While the names of the participants were changed to protect their anonymity, linguistic affiliation of the names was maintained. Participants received \$200 for their participation in this second phase of the study of which the interview was a small, and non-obligatory, component.

We used the guidelines established by the Stages of Reproductive Aging Workshop (STRAW) to determine menopausal status (Soules et al., 2001). Our groupings conform to the latest STRAW+10 (Harlow et al., 2012) guidelines but we combined early and late peri-menopausal women together. Women who menstruated regularly were defined as pre-menopausal; women who experienced changes in the length of menstrual cycles by at least seven days or who had not menstruated in 60 days were considered to be peri-menopausal; and those who had not menstruated for one year were defined as post-menopausal. Of the

185 participants, 57 were pre-menopausal, 69 were peri-menopausal, and 59 were post-menopausal.

Using local parlance, we talked story to women about menopause to capture a more indepth understanding of their experiences. People on the islands talk story as a way to get to know each other but also as a very informal way to bring attention to a particular issue. These talk story encounters involved semi-structured interviews conducted at the beginning of the fourhour laboratory session during which we induced hot flashes while measuring blood pressure. To foster a feeling of casualness, we painted our small laboratory light blue and veiled the overhead lights. Women reclined in an easy chair, with their backs to the equipment, and were offered magazines to read. We talked story with them as we set up our equipment which included a very light warming pad on their torsos. The purpose of the warming pad was to induce hot flashes but it also induced a sense of relaxation. We had the interview guide memorized which facilitated the conversational style of our encounters.

Most of the women were interviewed by one of four trained researchers (LM, AR, PM, AG), two of whom were local (AR and AG). Interviews were tape-recorded and lasted from 30-60 minutes. The interview guide covered general aspects of menopause, how they described it, what they thought about it, whether it affected their lifestyle, ability to work, or relationships with friends or partners, and whether they talked about it with their mothers or daughters. Each interview concluded with the question “Is there anything else about menopause that you think is important or that we should know about?” to elicit any further information.

In addition to the qualitative interviews, women were also asked to complete a general health survey used in the first phase of the study (see Sievert, Morrison, Brown, & Reza, 2007 for further details). This included standard demographic characteristics (age, ethnicity, education, marital status, number of children, and financial comfort). Given the significance of local culture here in the islands, we also asked “Where did you grow up?” This was followed by a widely used listing of numerous health symptoms which included potential menopausal symptoms, i.e., mood swings, irritability, loss of sexual desire (yes/no) and whether the symptoms were bothersome (yes/no) (Avis, Kaufert, Lock, McKinlay & Vass, 1993; Sievert, Morrison, Brown, & Reza, 2007).

Analyses

The lead researcher in this component of the study (LM) and two research assistants (AG, NH (also local)) established a broad coding system which was refined after the first ten interviews. QSR N6 (2002) was used for data analysis. The data were analyzed by menopausal status but, to increase objectivity of the qualitative process, ethnicity remained unknown until analyses were completed. Some of the same codes were used for all three menopausal groups (pre, peri, post) while other codes were unique to each set. For example, ‘anxiety’ was identified only in the pre-menopausal data set while ‘no periods’ was used in the pre-, peri-, and post-menopausal data sets. Several more iterations of analyses took place by examining the conditions or context of each code until categories were developed which eventually emerged into distinct themes.

ANOVA or X^2 analyses were applied as appropriate to investigate differences in demographic characteristics and symptoms between the 3 groups based on menopausal status.

Results

Sample Characteristics

As shown in Table 1 pre-menopausal women were more likely to be Japanese-American (33.3%) while peri- and post-menopausal women were more likely to be European-American (43.5% and 40.7%, respectively). More than a quarter of our sample reported being of mixed ethnicity. The majority of women grew up in Hawaii. Education, financial comfort, and marital status did not differ by menopausal status. Most participants reported a college education, feeling “okay” financially, and living with a partner. Peri-menopausal women had significantly more children than pre-menopausal or post-menopausal women.

As Table 2 indicates, peri- and post-menopausal women were more likely to report night sweats and hot flashes and found them to be more bothersome compared to pre-menopausal women. Peri-menopausal women were more likely to report irritability but did not find irritability to be more bothersome than the other 2 groups. The 3 groups of women did not significantly differ in the frequency or bothersomeness of mood swings or loss of sexual desire.

The most striking theme for pre-menopausal women was their anxious expectation of menopause. A distinct theme is highlighted by women's transitional state in which they are integrating negative expectations with the reality of their current experience of menopause. For the majority of women, menopause was embraced as a time to create a post-menstrual identity which includes a sub-theme of liberation based on not having to fear pregnancy and the practical and financial benefits of no longer bleeding. Philosophically accepting menopause as a cycle of life, a time of empowerment, and its relationship to aging and becoming an elder and crone were also sub-themes. For a small number of women, ‘variations in experience’ meant that the menopausal journey had negative emotional and physical outcomes, which we regarded as a category. The concepts pertained to a similar phenomenon that were not thematically related and therefore remained a category. See Figure 1 for a schema of themes, sub-themes, and category.

Premenopausal expectations

There was a disparity between pre-menopausal expectations of menopause and the peri- and post-menopausal reality that the majority of our participants experienced. Pre-menopausal women's perception of menopause demonstrated the influence of a pathologized view. Regardless of ethnicity, pre-menopausal women were fearful and anxious regarding all aspects of menopause from the sexual to the physical and the psychological. Several women were apprehensive about potential hormonal rages, personality changes, and becoming dysfunctional. Ku'ulei, a pre-menopausal woman of mixed ethnicity said,

I'm nervous and scared because I have heard that a lot of women get crazy and they're unstable. And a lot of people get divorced when they have menopause. I

don't wanna be unstable or yelling and screaming at people for no reason. I don't wanna get big and fat...But mostly that hormone rage where you are going to yell at your family and husband. Also, I heard that your desire for sex goes way down, so I am a little nervous about that because I am not that into it anyway, so I am afraid.

Similarly, pre-menopausal European-American Carol stated “I've heard that libido goes down....I'm not looking forward to the possibility of bone weaknesses and osteoporosis.” Other comments from a variety of pre-menopausal women included “they say it's supposed to be depressing”, “it's a little scary...”, “...unknown territory...”, “raving maniac”, “from the stories I hear...”, all of which centered around the negative physical and emotional aspects of menopause they had heard about, but not yet experienced. Conversely, a few pre-menopausal respondents were more optimistic. Diane, of mixed ethnicity, said “I assume that women, we all experience our periods and PMS differently. I would assume we all experience menopause differently, so I'm hoping.” Despite their apprehension, many women were anxious to start the transition to finally know what it would be like. European-American Frances responded “I just want it to happen” while Roberta of mixed ethnicity said “I just have to have a positive attitude” as she enters this “questionable territory”.

The transition: integrating expectations with reality

Peri-menopausal women were in transition from the negative expectations of menopause to the positive reality of their experience. Many peri-menopausal women felt uplifted, confident, and physically and emotionally healthy at this stage of their lives and talked about the advantages of menopause. Nonetheless, they still referred to the ‘stories’ they heard. For example, Jolene of mixed ethnicity stated,

It's positive, I'm happy I'm going through it, I mean ya know it's like childbirth ... it's a good thing, I'm glad I'm in shape and it didn't wig me out or affect me, but I've been lucky ... menopause for me has been pretty normal, compared to other stories.

Maria, a European-American, explained that she was no longer tied to the “reproductive drive” and found,

The focus is more internal and it's also sort of a spiritual growth...I accomplished a lot. Now I can enjoy the end game, the ride to the sunset. It's actually very beautiful, very peaceful, very serene in that regard.

April, a peri-menopausal European-American, thought her positive attitude and her being in the islands, which several women commented on, had a positive impact on her transition. She said,

I feel more empowered and less anxious really... I am very comfortable with myself and happy with what I am doing and who I am. I eat fresh fruit and veggies every day, I breathe clean air, I drink clean water, I live in a wonderful place. My work [as a computer technician] is doing something that I really love doing, I help people every day. And, you know I don't think it really can get much better than that.

She compared herself to her sister who lives in a large mainland metropolis, is stressed about work, and complains about her hot flashes incessantly. A prevailing sentiment was that, at this stage of their lives, women can start taking care of themselves rather than focus on their families.

Post-menopausal women from various ethnicities recalled the negative connotations of menopause but interestingly, and with few exceptions, none of the women in our sample were ‘one of those women’ who are severely debilitated by menopause. Also in common was a sense of gratitude for having had a mild or tolerable menopause.

The postmenstrual identity

End of menstruation: no bleeding, no fertility—The end of menstruation, and consequently the end of fertility, allowed women to re-create their identity as ‘wiser’ women ‘entering a new womanhood’. Across ethnicities, attitudes toward menopause became more optimistic as peri-menopausal women experienced tangible changes, especially in the menstrual cycle. The lack of monthly cycles was ‘liberating’ despite its unpredictability. Jenny, a Korean-American who described herself as infertile, had a positive view as she stated, “Well for one thing physically to be free of menstrual cycles. I think it gives you a whole different sense of self and you're wiser.” Patricia, a European-American woman exclaimed, “No more bleeding! It's like entering a new womanhood, like you've done all the other stuff, the child bearing, the child rearing years and now you get to celebrate wisdom.” In contrast, a European-American woman lamented the fact that she was no longer fertile and, despite not wanting another child, still had the ‘baby bugs’.

Post-menopausal women also felt relieved with no longer menstruating. For example, Nolita, a Pacific Island woman said “I think it's a great thing because I was happy not having any more periods. I think it's a natural process for my body to go through, so I just flow with the process.” European-American Suzy exclaimed,

God, the money you save on tampons alone. You know how much chocolate I can buy now [laughing]! It's great! I certainly don't miss what I use to call APD (Avoiding Period Disaster). You know, I can wear white whenever I want. You know those particular mood swings of premenstrual fog, brain fog. I'm happy to have those gone.

Mandy, a European-American woman also felt good physically and mentally as she described menopause by saying,

I'm totally happy to be in it. Super excited not to have periods... I don't feel any loss of womanhood. As a matter of fact, I feel more mature and I like that...And at this point I've lost weight. I remember stuff that I didn't remember a long time ago and I feel really good right now.

Although Ava, a European-American, felt some sadness in her fertility ending she nonetheless remarked on the benefits in entering this phase of her life as she stated, “... there's also the liberation of that (not being fertile) and a new kind of creative interest in life. I feel younger than I did the many years before.”

Menopause as a rebirth and cycle of life—Despite menopause marking the end for potential births, many women viewed menopause as a personal rebirth and cycle of life. Additionally, the views of some of the pre-menopausal women provide a contrast from those who feared and pathologized menopause. For example, Anne, a 45-year-old pre-menopausal Japanese-American summed it up in the following way:

I kind of view it as another phase in life ... where you reach a point in life ya know where your body changes again ... I'm hoping that this phase, for me, is going to be a positive experience... It is a phase where I feel like I'm being reborn and a stage in my life where I can view the world or situations differently.

Odette, a pre-menopausal European-American stated “This is great, this is like fascinating to me, you know! Just like, you know, when you give birth and everything's fascinating of what happens to your body.” Lydia, a pre-menopausal Hispanic woman, encapsulated what several pre-menopausal women said about menopause being the end of fertility but a natural cycle as she stated,

I have mixed feelings, I'm looking forward to it and mmm, I feel kind of sad about not being fertile anymore but I think I'm going through acceptance and realizing how wonderful it is...I do healthier things like hiking and swimming and now I just do them without having a family to do them with, because now my kids are all grown...definitely feel lucky and optimistic about my experience and that is just a healthy cycle of life.

Similarly, peri-menopausal Marie of mixed ethnicity said, “I have a lot of the symptoms like hot flashes, the irregular periods, but it hasn't disturbed my life in any way that is noticeable. I just look at it as just another part of the cycle we go through as women.”

Empowerment—In addition to the liberation from menstrual cycles, women found menopause to be empowering as they became more aware of themselves and their strengths. Christina who is post-menopausal and of mixed ethnicity said,

I think menopause is great for a lot of different reasons. Number one you quit bleeding...that's nice! [laugh] and I think, you know... you go through this sexual awakening. I just came into a greater knowing of who I am as a woman. A mother, grandmother, ya know it's almost like a blessing, it's a reward for all those years of raising children and dealing with men [laugh] and I think menopause really makes you tune into yourself and that's a good thing, women really need that right now.

The following woman, Busaya, also of mixed ethnicity felt empowered by some of the changes. She stated, “I be more aggressive now and speak things straight instead of a soft touch like I used to be. I don't smile much anymore...And I'm more like men or something like that.” Numerous women remarked on their lowered tolerance for issues or people that depleted their energy. Discriminating how they allocated their time and attention fostered their empowerment.

Becoming an elder, a crone—Some women, while recognizing menopause as part of the cycle of life, were more likely to view it as a sign of aging with its attendant positive and

negative attributes. Pre-menopausal Ku'ulei who earlier commented on hormonal rages, had a more positive spin on aging. She stated,

Time when you aren't able to reproduce anymore, a time when maybe it's the autumn season, or winter season that you are approaching where you are wise, experienced. I guess what one just keeps saying, seasoned.

Despite her personal attitude, she also felt that society regards menopausal women as "... being old, wrinkled and not sexy or attractive." Yvonne, a pre-menopausal woman of mixed ethnicity asserted that society does in fact support a more empowered view of women that is not based on their age or reproductive status as she said,

You know it's so much different today. In our modern world women are encouraged to be healthy, be somebody, go to school, get a job, feel good about yourself, and I think that women are doing that and they are more aware of taking care of themselves ... as long as I take care of myself I'll be okay. I may not go through it as gracefully as my sisters did. I'm noticing even my hair like in the last three months is getting white, all these white hairs started appearing and I was going crazy, and now I understand okay I'm going through the change. I just gotta go buy some more Clairol.

Carol, another peri-menopausal woman of mixed ethnicity, saw menopause as a powerful force, including its association with aging. She stated, "I prefer to think of ...hot flashes as power surges...it's just a part of a woman's life that is a transition into being an elder, a wise elder hopefully." The feeling evoked is similar to Eleanor, a European-American who said, "I feel celebratory, powerful, yes!!, I'm a crone, far out!"

Variations in experience—In contrast to the above affirmative portrayals of menopause, some post-menopausal women described menopause in terms of their symptoms including hot flashes and bodily changes. For example, Jalicia, a post-menopausal African American said,

It sucks! (laughter) because I'm older. You don't have the same energy like you used to, and everything is starting to hang. So I'm starting to walk. It sucks, cuz you get these hot flashes and it's hot and I have to sit down, I don't like it but it's a part of life and you learn to deal with it.

In contrast to other respondents, European-American Davelyn felt that island culture exacerbates being postmenopausal. She says,

I could do without the sweating, yeah...I'm just always sweaty, I've never worried about my scent and because I'm sweaty all the time I feel very unsure. I don't want to get close to anybody and you know we're a really huggy culture and it's always' oooo I'm sweaty don't' and that's really what's affecting me.

Several women did not see it as a natural part of life and felt angry about going through menopause. Viola, a peri-menopausal Hawaiian stated, "I wish we never had it" and more emphatically Janelle, a European-American, also peri-menopausal, said, "... angry, I don't understand why I have to change, I like being how I am, I don't want to change but I'm not given a choice." Several peri-menopausal women felt less polite or diplomatic than they

were previously and did not view their newly attained assertiveness positively. For example, Josie, of mixed ethnicity said, “I would never be that upfront before so now I'm more aware of it so I try to catch myself before I say something... It's not mean, it's just honest and I was never like that before. I would hold everything in”. Similarly, Japanese-American Kathy said, “Now I'm getting grumpier, less tolerant of inconsiderate people”. Several post-menopausal women felt that as a woman aged and lost her sexual appeal, she became invisible. Patti remarked, “Unfortunately I feel that society dampens it and takes the power away from the woman, the wise woman that we become. It's (menopause) made to appear as if it's a disease.”

Discussion

The recognition of menopause as a vital part of women's life history and the initial reports of ethnic variability (Beyene, 1989; Flint, 1975; Lock, 1986) prompted anthropologists to apply a biocultural approach to studying menopause (Brown, Sievert, Morrison, Reza, & Mills, 2009; Melby, 2005; Sievert, 2006; Zeserson, 2001). Using an anthropological framework in method and approach, our intention was to examine whether the opinions of the women of Hilo conformed to the North American mainland depiction of menopause as pathological (Adler et al. 2000). The clinical portrayal, largely shaped by biomedicine, has consequentially resulted in a narrow view of this compelling phase of women's lives. Not surprisingly, pre-menopausal women in this study were indeed anxious about menopause whereas peri- and post-menopausal women had a much more embracing and affirmative attitude. These qualitative findings support previous quantitative results based on structured questions about attitudes toward menopause that were administered through the postal survey sent to this same population (Morrison, Sievert, Brown, Rahberg, & Reza, 2010). Other studies have also found that it is younger pre-menopausal women, and in the case of a British study, younger men as well (Smith, Mann, Mirza, & Hunter, 2011), that had more negative attitudes toward menopause than women who had experienced it (Ayers, Forshaw, & Hunter, 2010, Smith, Mann, Mirza, & Hunter, 2011). Similar conclusions date to the early 1960s (Neugarten, Wood, Kraines, & Loomis, 1963) and were well-known in academic circles but were never popularized in the mainstream.

The voices of Chinese and Chinese-Americans in the Adler et al. (2000) study echoed those of our participants in how pre-menopausal women's expectations did not match post-menopausal women's experiences. Noteworthy is women's apprehension regarding emotional instability, i.e. hormonal rages, in our study and others (Adler et al., 2000; McCloskey, 2012). Despite women's fears that their emotional state would have a negative effect on their family or intimate partner relationships, none of our participants said that it had actually happened. Although some of the pre-menopausal Hilo women were apprehensive about their sex lives diminishing, one of them referred to menopause as the period of her sexual awakening which echoes Danish women who expressed an enhancement of their sex lives during the transition (Hvas, 2001).

An important distinction made by Berterö (2003) is that negative expectations expressed by women, such as vaginal dryness, weight gain, and swinging tempers, were based on what they had seen or heard whereas positive expectations were based on women's own

reflections, which again underscores the need for a more realistic construction of menopause. We found that, despite peri- and post-menopausal women responding in the survey that they were bothered by hot flashes and night sweats and suffered from irritability, they were not debilitated by these symptoms which in turn minimized the impact menopause had on their lives. This is in contrast to Ayers, Forshaw, & Hunter (2010) who found that women with negative attitudes at the time of menopause reported more bothersome symptoms. Busch, Barth-Olafsson, Rosenhagen, & Collins (2003) confirm the dynamic process of menopausal attitudes as women move through the transition and reappraise menopause. This reappraisal is in part influenced by personal experience and cultural context. The Hilo women in our study remarked on their personal and professional achievements and their sense of happiness which may be supported, or even enhanced, by island life. Addressing negative stereotypes may significantly contribute to ameliorating women's pre-conceived ideas of menopause and assist them in focusing on the multi-faceted, positive aspects which may, in turn, mitigate their physical symptoms.

Women from different generations and in different geographic locations are empowered by this phase of their lives (Adler et al. 2000; Hvas, 2001; 2006; Utz, 2011). Feeling stronger, more competent, and less inhibited to speak out was expressed by Danish (Hvas, 2001, 2006) and Hilo women in their description of menopause. For the Danish women freedom meant no longer looking after children, not having to use contraception, and more time to focus on themselves (Hvas, 2006). Although some of our participants had the 'babybugs', most were relieved to no longer worry about pregnancy. The financial as well as practical benefits of menopause have been documented among Danish, Igbo, Papua New Guinean, Portuguese, and Swedish women (Anolue, Dike, Adogu, & Ebirim, 2012; Berterö, 2003; Hvas, 2001; Kowalcek, Rotte, Banz, & Diedrich, 2005; Pimento, Leal, Maroco, & Ramos, 2012). Among 349 rural Igbo women, 55% regarded the cessation of menstruation to be a benefit of menopause (Anolue, Dike, Adogu, & Ebirim, 2012). This is not surprising as the menstrual cycle becomes more irregular, with unpredictable amounts and duration of flow (Mackey, 2009). Women in our study expressed great relief at no longer feeling vulnerable to their flows in addition to the monetary savings.

The literature documents an increasing awareness and on-going concern regarding the medicalization of women's health, and specifically of menopause (Adler et al. 2000; Hvas, 2001; 2006; Im, 2007; Leidy, Canali, & Callahan, 2000; Utz, 2011). Utz (2011) found that American women from the baby boomer generation, now in their 50s, feared and detested menopause as an event they could not control and held fast to a medical model of managing it. Utz (2011) reasons that this generation grew up with the burgeoning of the pharmaceutical industry and this, combined with negative messages from mass media, produced a highly medicalized interpretation of menopause. It is clear from our findings that women in Hilo do not regard menopause as a health problem that needs medical intervention but as a cycle of life that has numerous beneficial, cascading effects. In fact, women in our study as well as others (McCloskey, 2012) were happy to have the time to focus on and nurture themselves physically and emotionally, rather than caring for others as their priority. Similarly, a group of 47-year-old Swedish women (Berterö, 2003) were anticipating menopause to be a time of peace, reassurance, and comfort, sentiments that were expressed by the peri- and post-menopausal women of Hilo.

The re-defining of menopause as a cycle of life is evident among the peri-menopausal women of Hilo. Chinese-American and Chinese women living in the U.S. also stated that menopause was either a significant new stage, like being reborn, or an unremarkable, natural part of life (Adler et al. 2000). While Portuguese peri- and post-menopausal women also regarded menopause as a part of the life cycle with the cessation of menses as a positive consequence, they were far more concerned with the negative consequences of physical, psychological, and sexual changes and the onset of diseases (Pimenta, Leal, Maroco, & Ramos, 2012). Some studies have proposed that women less likely to report menopausal symptoms are those who are less exposed to Western ideas about health and the manifestation of it (Lerner-Geva, Boyko, Blumstein, & Benyamini, 2010). We would add that lumping Western women together may be limiting in understanding women's health. Scandinavian women, for example, live in socio-political infrastructures that support women's health across the lifespan which may influence a more positive construction of menopause. More pointedly, peri- and post-menopausal women in the Hawaiian Islands may not be as predisposed to the biomedical model due to a synergistic effect of their actual experience of menopause, the island lifestyle, their immersion in local culture, and the physical and psychological disconnect with the U.S. mainland.

Punyahorta and Street (1998) make an interesting argument that mid-life women in western societies are described by their deficiencies rather than their positive state of health. They argue that, traditionally, Thai women are supported through the menopause as they enter the 'golden age', an affirmative women-centered positive discourse of aging. In contrast, Western culture is inherently age-phobic and this may influence how women think about menopause. While several of our participants felt personally accepting of aging, it was often qualified with how society did not support an aging woman. African women, who live in a society where male attributes are positively enhanced in aging men, face similar dilemmas as Western women whose attributes are often seen to decline with age (Osarenren, Ubangha, Nwadinigwe, & Ogunleye, 2009). Local culture and the Asian influence in Hilo may mitigate ageism as many of our participants felt greater confidence, assertiveness, and tenacity as they matured. Not unlike the findings of other studies (McCloskey, 2012), becoming a crone, an elder, a wise woman, was seen as a very powerful part of the transition.

This component of the Hilo Women's Health Study, based on qualitative data, revealed few ethnic differences in women's experience of menopause. We suggest that this is likely due to local culture. The majority of women grew up in Hawaii and had a shared lifetime experience in this multi-ethnic, geographically unique island locale where ethnicity and class are superseded by an affinity to local culture which entails mutual communal values (Lum, 2008). Level of acculturation has also been found to be a significant factor when examining women's attitudes toward menopause (Sommer et al. 1999). Potentially contributing to women's construction of menopause on the island is a very visible alternative lifestyle. Hilo boasts numerous massage therapy and healing centers, tattoo studios, health food markets and alternative stores providing well-being, and pagan paraphernalia. It is not unusual to find women of middle age drumming on the beach or gathering for full moon celebrations. Although not everyone participates in this lifestyle, some of our participants are drawn from this population. The alternative lifestyle of Hilo also provides a contrast to

the biomedical model of health and well-being which may subtly influence the island population. Finally, a face-to-face interview conducted in the casual format of talking story, allows for a fuller and more personalized documentation of experiences which obviates some of the limitations of surveys. This may be a more amenable method of investigating a personal and individually nuanced phase of life which allows the researcher and participant a venue in which to tease out potential cultural, social, or generational differences.

Limitations

In contrast to most qualitative studies with fairly small numbers of participants recruited through a convenience or snowball technique, we have a relatively large sample with almost half of our participants randomly selected. The age range sampled was relatively narrow (45-55 years of age) and therefore it is unlikely that differences among the menopausal categories were due to cohort effects. Only women not on HT were admitted into the study which may have affected some of the findings. Because the interviews were conducted while participants were reclining in an easy chair and monitored for induced hot flashes, they were perhaps more reflective about menopause. Interestingly, the responses were still very positive despite any physical discomfort they may have been experiencing. Qualitative research undoubtedly suffers from similar limitations as quantitative studies (Melby, Sievert, Anderson, & Obermeyer, 2011) regarding lack of standardization in questions asked, sampling techniques, and age-range. We did not ask, as did Pimenta, Leal, Maroco, & Ramos (2012), for positive and negative consequences of menopause but rather how women described menopause and what they thought of it. Our goal was to capture spontaneous responses. More specific questions regarding aging should be included in future studies. Several participants specifically referred to island life as having a beneficial effect but we did not ask, as did McCloskey (2012), what other situations, contexts, or people could be identified as having an influence on their transition. As women lead multi-dimensional, and in some cases unconventional, lives professionally and personally, this would be an important area to probe further. For example, as women are getting married later, or having children later in life, a peri-menopausal woman may very well have teenagers or toddlers at home, while caretaking for aging parents, which may affect her transition. While we have presented a cross-section of women across the menopausal transition (pre-, peri-, and post), future studies could benefit from a prospective longitudinal study across the climacteric such as Busch, Barth-Olafsson, Rosenhagen, & Collins' (2003) study in which women were followed for 5 years.

Conclusion

Numerous anthropological studies have taken a biocultural approach which contributes to understanding how women experience menopause and to developing the most objective methods to capture that experience. In this qualitative component, we found that women, given the opportunity to relate their experience of menopause, have a generally positive experience of it and this is a fundamental message that pre-menopausal women need to hear rather than the popular medicalized version of menopause in the U.S.. Emphasizing women's affirmative experiences of menopause in public health settings and in the popular media would have a significant impact on pre-menopausal women's attitudes and assuage

their apprehension as they approach the climacteric. Empowering women during this phase of their lives is imperative to counter the globalization of the Western biomedical model (Adler et al. 2000). Based on the many positive qualifiers about menopause in this study, perhaps future surveys should include affirmative attributes, such as increasing confidence, freedom, and perhaps something akin to power surges, to a typical 'symptoms' list for a more accurate picture of menopause. The absence of ethnic disparity in our respondents may be due to the influence of local culture in the Hawaiian Islands that overrides individual ethnicity. Numerous qualitative researchers have documented the context of women's journey across the transition. In talking story with our respondents, our findings confirm many of the positive aspects of menopause and add the voices and local context of the women of Hilo, Hawaii.

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Theme 1: Pre-menopausal expectations

Theme 2: The transition: integrating expectations with reality

Theme 3: The postmenstrual identity

 Sub-theme 1: End of menstruation: no bleeding, no fertility

 Sub-theme 2: Menopause as a rebirth and cycle of life

 Sub-theme 3: Empowerment

 Sub-theme 4: Becoming an elder, a crone

Category: Variations in experience

Figure 1. Themes, sub-themes, and category

Table 1
Demographic Characteristics of Participants by Menopausal Status (percentages, except for age and parity)

	Pre-Menopausal n=57	Peri-Menopausal n=69	Post-Menopausal n=59	Differences Across Menopausal Status
Average age	48.7 s.d. 1.4	50.6 s.d. 1.8	52.4 s.d. 1.2	F=28**
Ethnicity				
European- American	28.1	43.5	40.7	
Japanese	33.3	14.5	20.3	
Mixed	26.3	39.1	27.1	
Other	12.4	2.9	11.9	$\chi^2 = 35.1^*$
Grow up				
Hawaii	57.9	53.7	47.5	
Mainland US	26.3	41.8	42.4	
Outside US	15.8	4.5	10.2	$\chi^2 = 7.2$, n.s.
Education				
High School or less	12.3	11.8	11.9	
College and/or degree	56.1	61.8	66.1	
Grad school and/or degree	31.6	26.5	22	$\chi^2 = 1.5$, n.s.
Financial Comfort				
Struggling	17.9	26.5	27.6	
OK	48.2	41.2	34.5	
Comfortable	28.6	29.4	37.9	
Well-off	5.4	2.9	0	$\chi^2 = 6.6$, n.s.
Current marital Status				
Single	5.3	11.9	15.5	
Married/Cohabiting	80.7	67.2	67.2	
Divorced/separated	12.3	19.4	17.2	
Widowed	1.8	1.5	0	$\chi^2 = 6.6$, n.s.
Parity	2.0	2.7	1.9	F=6.1 *

*
p < 0.01

**
p < 0.001

n.s = not significant

Table 2

Menopausal (MP) symptoms and 'bothersomeness' yes/no (percentages).

% Yes	Pre-menopausal	Peri-menopausal	Post-menopausal	χ^2 Across MP Status
Nightsweats	26.1	48.5	46.8	6.4 *
Bothersome?	13.3	34.8	38.3	8.3 *
Hotflashes	19.6	52.9	53.2	15 **
Bothersome?	6.5	31.3	36.2	12.7 **
Irritability	50	58.8	34	6.8 *
Bothersome?	37.8	47.8	29.8	3.8 n.s.
Mood swings	39.1	46.3	44.7	.59 n.s
Bothersome?	31.1	40.3	30.4	1.6 n.s
Loss of sexual desire	23.9	38.2	38.3	3.0 n.s.
Bothersome?	11.1	19.4	19.1	1.5 n.s.

*
p< 0.05**
p<0.01

n.s = not significant