

Factors influencing woman's health choices during menopause

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Women's health today

A few years ago, a women's health agenda was proposed to address the emerging epidemic of chronic disease among women (Langer et al., 2015). Moreover, the World Health Organization (2015) has recognized that women's health issues require multidisciplinary and innovative strategies to tackle these complex issues. It has been argued that the social construction of norms influences decisions women take regarding their health (Lowe, 2016). In addition, the gendered norm of reproduction contributes to the establishment of the glass ceiling (Lowe, 2016), thereby limiting women's career (and life) options. While Hong Kong's women are increasingly educated at tertiary level, overtaking men in enrolling at university, their labor force participation continues to be lower (women 54.8%, men 68.6%) and, more importantly, only 11 per cent of directors of companies are women (South China Morning Post, 2015).

Women at the age of menopause might have various healthcare needs. Yet, studies related to this period of life are scarce and evidence-based guidelines for healthcare interventions are lacking. A study by Dietz and colleagues (2017) emphasized the need to train primary healthcare providers about menopausal care. Using Eastern therapeutic approaches, an emerging literature on effect of acupuncture for menopausal hot flashes (Ee, French, Xue, Pirotta, & Teede, 2017) and "Mindfulness" meditation (Carmody, Crawford, &

Churchill, 2006) when treating depression show potential benefits but currently, there is no consensus on the effects of these methods.

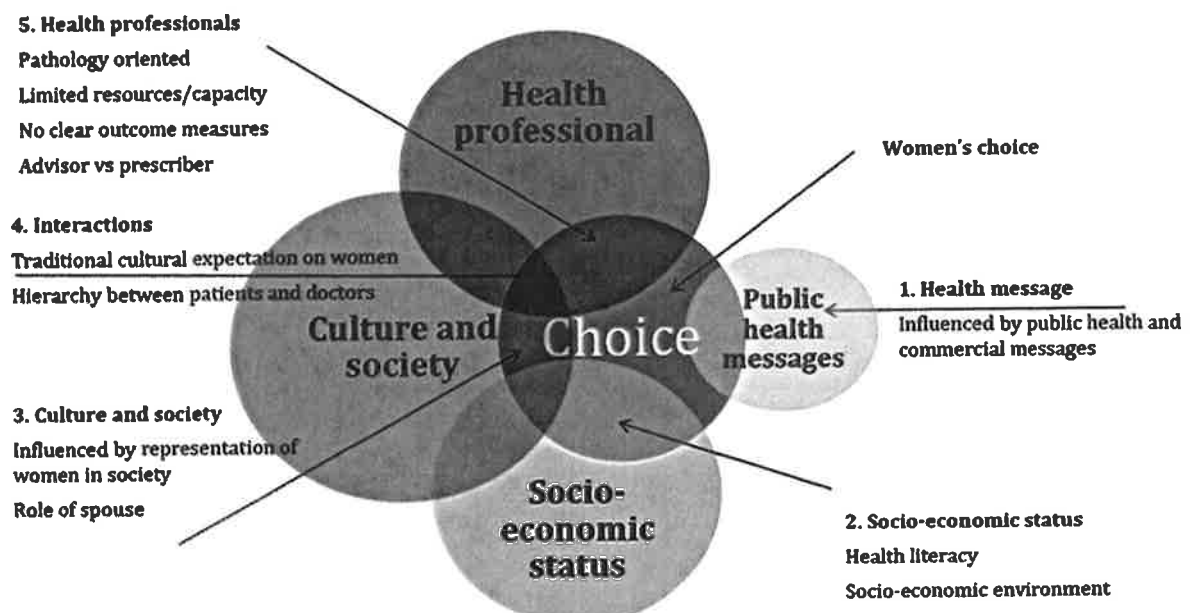
Using discussion notes from an interdisciplinary "Woman's Health Conference" held in Hong Kong, the objective of this article is to shed light on decisions women during menopause take regarding their health, focusing in particular on the individual, social, cultural, and institutional factors. The following questions were used for the analysis followed by an inductive qualitative document analysis (Prior, 2008):

1. How do different forms of power operate in women's health-related decision-making?
2. What are the harmful or helpful effects of healthcare practice for decisions to be taken by women regarding their health?

Factors influencing women's choices

Women's choices regarding their health are multi-dimensional and compared to women's choices during the fertility period, women at a later stage in life (i.e. menopause) have more decision power, yet are often left alone. Decision-making during menopause is influenced factors, such as culture and society, health professionals, socio-economic status and public health messages (Figure 1).

Figure 1: Decision-making during menopause



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Women's choices regarding their health concern: whether to consult a medical or allied health professional, whether to initiate hormone-replacement therapy, whether to rely on alternative and complementary medicine or drugs for hot flashes, and whether to undergo mammograms, osteoporosis screening, etc. Women could see these decisions as an opportunity for their agency, but our analysis shows that women feel not sufficiently accompanied (if not "left alone") during this period. The following factors influence women's choices:

1. Health messages

Obtaining reliable health information is a prerequisite for informed decision-making. While public health initiatives are one way to enhance the population's understanding and health literacy regarding menopause, powerful forces such as commercial marketing are at play. Whereas commercial messages are openly displayed, the topic is not discussed in public, and women keep their preference for themselves or searching the web for information.

2. Socio-economic status

Decisions to seek treatment are also influenced by the woman's socio-economic status emphasizing the power of money and social context.

3. Culture and Society

Traditional values prescribe the role of women in society (domestic role) in which she provides good care to her family while the husband is responsible to ensure the family's livelihood. In the media, women are portrayed in a negative way, but also in family circles, they are labeled negatively as "menopausal woman". While husbands are often very present during pregnancy, they provide limited support for symptoms related to menopause. In addition, sexual relations can become troublesome engendering negative stereotypes.

4. Interactions: Culture and society combined with professional-patient interaction

The traditional view of women in society does not only influence everyday life, but also impacts on interactions with health professionals. As male medical doctors are often overrepresented in Women's Health domain (e.g. gynecologists, urologists), gender can become a hindrance to communication. Society's social and cultural norms importantly influence women's decision-making. The feelings of not being given autonomy to choose treatment approaches might also be due to perceived differences in hierarchy between patients and doctors.

5. Health professionals

Health professional knowledge is deeply connected to biomedical knowledge. Menopause within this paradigm is associated with disease, although symptoms might be varied. If menopause as a health topic does not necessarily need to be medicalized, health professionals would require a different approach to menopause.

Reflections and conclusion

This article sheds light onto the underlying power relations influencing women's choices during menopause. It has been argued that women's choice is "socially constructed and politically constrained" (McAra-Couper, Jones, & Smythe, 2012) (p. 82). Besides, women's health appears to be only secondary

to the detriment of their role as mothers. Women's choices are related to the notion of 'maternal sacrifice' (Lowe, 2016). However, functioning as procreator does not give sufficient value to the woman herself. The 'right choice' is embedded in culture, society and family values. Choices arise not only within a medical context but also within society, and choices related to women's health do not happen in isolation (McAra-Couper et al., 2012). The representation of women in society and the cultural expectation impact on women's decision-power.

For a more sustainable future, we should (a) take into consideration the woman not as a mother but as a person and contributor to society, and (b) support women at a later stage in life. We propose to promote the training of primary healthcare professional that appears to be key for transforming their current role into a coaching role during the menopause.

Changing cultural norms is definitely part of the puzzle. The level of education impacts communication between women and health professionals. A health promotion program to foster the woman's health literacy may help empower them and may potentially reduce the feeling of shame when events occur during the menopause period.

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