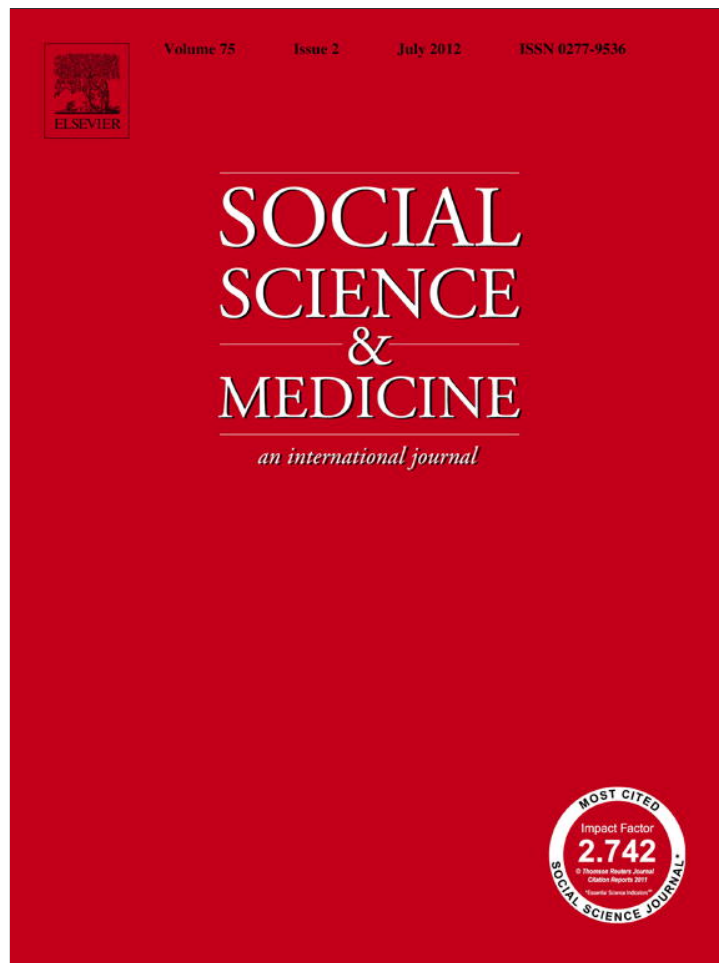


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Class, gender and culture in the experience of menopause. A comparative survey in Tunisia and France

Daniel Delanoë^{a,b,c,e}, Selma Hajri^d, Annie Bachelot^{a,b,c}, Dorra Mahfoudh Draoui^{d,f},
Danielle Hassoun^{a,b,c}, Elise Marsicano^{a,b,c}, Virginie Ringa^{a,b,c,*}

^a Inserm, CESP Centre for Research in Epidemiology and Population Health, U1018, Gender, Sexual and Reproductive Health Team, F-94807, Villejuif, France

^b University Paris-Sud, UMRS 1018, F-94807, Villejuif, France

^c Institut National des Etudes Démographiques, F-75020, Paris, France

^d National Office for the Family and Population, 42, Avenue de Madrid, 1002 Tunis, Belvédère, Tunisia

^e Laboratoire de Pédagogie de la Santé UPRES EA 3412, Université Paris 13, 93 017 Bobigny, France

^f Département de sociologie, Faculté des Sciences Sociales et Humaines, Université de Tunis, Tunisia

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This article is dedicated to Annie Bachelot, who died in 2010, before its completion.

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ABSTRACT

The experience of menopause can vary strongly from one society to another: frequency of hot flushes, other somatic and psychological symptoms, and changes in family and social relations. Several studies have shown that country of residence, country of birth, ethnicity, and social class all play roles in these variations. But few comparative anthropological studies have analysed the social processes that construct the experience of menopause or considered menopausal women's social and financial autonomy. To study the impact of the social status accorded to menopausal women and their social resources, during 2007 and 2008 we conducted a series of 75 in-depth interviews with women in different sociocultural settings: Tunisian women in Tunisia, Tunisian women in France, and French women in France, all aged from 45 to 70 years. Our methodological approach to the data included content analysis, typology development and socio-demographic analysis. Quite substantial differences appeared, as a function of social class and cultural environment. We identified three principal experiences of menopause. Tunisian working class women, in Tunisia and France, experience menopause with intense symptoms and strong feelings of social degradation. Among Tunisian middle-class women in both countries, menopause was most often accompanied by a severe decline in aesthetic and social value but few symptoms. For most of the French women, menopause involved few symptoms and little change in their social value. The distribution of types of experiences according to social but not geographic or national factors indicates that, in the populations studied here, the differences in symptoms are not biologically determined. Different experiences of menopause are linked to social class and to the degree of male domination. A given level of independence and emancipation allows women an identity beyond their reproductive function and a status unimpaired by menopause.

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Introduction

Anthropologists have shown that menopause has surprising variations according to ethnic group, society, and social group, in terms of women's physical symptoms and social status (Beyene, 1986; Davis, 1986; Flint, 1975; Lock, 1993). Symptoms in particular have been studied; they involve a core syndrome of vasomotor

symptoms, hot flushes, night sweats, and non-specific symptoms including joint pain, fatigue, and psychological and psychosomatic disorders (Avis, Brockwell, & Colvin, 2005; Avis et al., 2001; Obermeyer, 2000, Obermeyer, Reher, & Saliba, 2007). Reports of the frequency of hot flushes range from 39% among Canadian women to 12% among Japanese (Lock, 1993), with none at all among the Mayans (Beyene, 1986). Socio-epidemiological studies have shown the influence of education and income. They have also shown differences between women in different countries (Anderson et al., 2004; Dennerstein et al., 2007; Lock, 1993, 2002; Obermeyer et al., 2007; Sievert, Obermeyer, & Saliba, 2007), between women of different origins living in the same country (Avis et al., 2001; Goodman, Stewart, & Gilbert, 1977; Green et al., 2010), and between

* Corresponding author. Inserm, CESP Centre for Research in Epidemiology and Population Health, U1018, Gender, Sexual and Reproductive Health Team, F-94807, Villejuif, France. Tel.: +33 145212337.

E-mail addresses: daniel.delanoë@wanadoo.fr (D. Delanoë), virginie.ringa@inserm.fr (V. Ringa).

women born in the same place living in different countries (Gupta, Sturdee, & Hunter, 2006; Hunter, Gupta, Papitsch-Clark, & Sturdee, 2009).

The reasons for this diversity are still largely unknown. Hypotheses to explain hot flushes have included genetic factors (Martin, Block, Sanchez, Arnaud, & Beyene, 1993), characteristics of the local food environment (Lock, 1993), and ambient temperature (Melby et al., 2011). Medical explanations for the modification of menopause symptoms include reproductive history, body mass index, smoking, alcohol, diet, activity level, psychological and physical morbidity, and perceived stress (Avis et al., 2001; Melby et al., 2011).

The social experience of menopause also varies in important ways according to sociocultural context and can entail a loss or no change or even an improvement of status (Cifcili et al., 2009; Delanoë, 2001, 2006; Flint, 1975; Héritier, 2007; Lock, 1993; Toit, 1990). For example, Mohave Indian women gained status, living menopause as they did as a phase of social, familial, and amorous fulfilment (Devereux, 1950). At the other end of the spectrum, childless Gisu women in East Africa committed suicide at menopause (La Fontaine, 1960). In France, Delanoë (2006) showed a wide diversity of experiences within a single society: negative 16%, ambivalent 23%, neutral 44%, and positive 17%. The negative representation is seen most often among housewives, the neutral representation among women with skilled jobs, and the positive one especially among older working-class women reaching retirement and finally having some time for themselves. Ambivalence was not linked to any particular sociological profile. Essential differences in representations were attributable to the degree of social and financial autonomy.

The link between symptomatology and social status has been debated since Flint (1975) presented the menopausal syndrome of Western women as a reaction to a loss of social status not experienced by women in traditional societies. Kaufert (1982a) criticised this romantic vision which ignores some negative aspects of traditional societies. Lock sees symptoms rather as the result of a “dialectic between biology and culture in which both are contingent,” thus producing “local biologies” (1993: p XXI; 2007). Ethnographic monographs are available (Davis, 1986; Guessous, 2000; Michel et al., 2006), but there are few qualitative comparative studies (Beyene, 1986). We still know too little about how sociocultural context and social status modulate the symptoms and experience of menopause, nor for what reasons social status does or does not change, in one direction or another.

Objective

Our objective was to assess how the country of birth and the country of residence, that is, material living conditions, culture, social class, and social relations between men and women affect the experience of menopause and the status of menopausal women.

Context

We compared the experience of menopause in Tunisian women in Tunisia, Tunisian women living in France, and French women in France. In 2007, the choice of these countries allowed us to compare two settings fairly similar in some respects, including aspects of women's legal status and family planning, but different from a sociocultural perspective, with Tunisia undergoing a rapid demographic and social transition from 1990 through 2000 (Courbage & Todd, 2011). Moreover, menopause has not been the object of research in Tunisia until now. A province of the Ottoman empire from the 16th century onward, Tunisia was a French

protectorate from 1881 to 1956. French is the principal foreign language studied and is used in various public and private domains. Islam is the official religion, and 99% of Tunisians are Muslim.

Tunisia differs from the other countries of the Arab-Islamic world by the 1956 code of personal status that broke totally with the rules of Sharia, the politico-religious system based on the Koran. The new code abolished polygamy and instituted equal pay for equal work and equality between women and men in divorce and voting, but not inheritance. Contraception was legalised in 1964 and abortions in 1973, both earlier than in France (1967 and 1975, respectively). Tunisian women find themselves in an intermediate situation, between women in western societies and women in most Arab-Islamic countries.

The migration of Tunisian women to France, their former colonizer, began in the 1970s and involved mainly working class women who joined their husbands or fathers who had left Tunisia in the 1960s. Throughout the first decade of this century, young women with high school diplomas have migrated to study in French universities.

In France, statutory changes from 1944 through 2000 produced legal equality between men and women within the family and in the public sphere (Thébaud, 1994). Some economic and social inequality and physical and symbolic violence towards women nonetheless persist (Maruani, 2005). France is a secular state; most French people come from families that belonged to the Catholic church.

Methods

The work presented here is the qualitative phase of Menopsud, a cross-cultural public health project involving researchers from 2 teams, one at the French National Institute of Health and Medical Research and the other at the Tunisian National Office of Family and Population. The main aim of Menopsud was to compare representations, experiences and care for menopause in Tunisia and in France. Ethical approval was obtained from the French Data Protection Authority responsible for ethical approval of data collection and privacy protection in France.

Recruitment

We interviewed 75 women 45–70 years-old in both countries in 2007 and 2008: 35 Tunisian women in Tunisia (17 in urban areas (TTU), and 18 in rural areas (TTR)); 20 Tunisian women in France (TF), most of whom had arrived in France between the ages of 19 and 30 years (3 after they turned 30 and 4 before they turned 15); and 20 French women in France (FF) (Table 1). We classified as working class the Tunisian women who were illiterate or who had not gone beyond primary school. We considered as middle-class women in Tunisia with any high school education, in France those who had graduated high school, and in both countries, those who had still more education or skills or worked in low to middle-level management.

The women in urban Tunisia, the Tunisian women in France, and the French women were recruited by general practitioners (at a consultation unrelated to menopause) or by personal contacts. The Tunisian women in rural areas were recruited by social workers associated with family planning centres.

Interviews

We conducted detailed semi-structured in-depth interviews. The interviews with Tunisian women were conducted by two Tunisian women researchers speaking the Tunisian dialect of Arabic as well as French. Three women – two French researchers

Table 1
Sample characteristics.

	Tunisian women in Tunisia N = 35			Tunisian women in France N = 20		French women in France N = 20
	Rural N = 18	Urban N = 17		Working class N = 6	Middle-class N = 14	Middle-class N = 20
	Working class N = 18	Working class N = 4	Middle-class N = 13			
Mean age	58	54	55	59	59	61
Age range	46–70	53–55	45–68	55–65	47–69	48–70
<i>Educational level</i>						
≤ Primary school	15	4	0	5	0	0
Secondary school	3	0	7	1	6	9
Post-secondary school	0	0	6	0	8	11
<i>Work status</i>						
Currently working or retired	9	1	9	6	11	20
No paid work	9	3	4	0	3	0
<i>Occupation</i>						
Peasants	3	0	0	0	0	1
Manual, unskilled workers	4	1	0	6	0	0
Skilled workers	0	0	0	0	2	6
Managers, self-employed professionals	0	0	9	0	6	13
<i>Marital status</i>						
Married	14	4	11	5	8	8
Divorced	0	0	0	0	5	9
Single	0	0	0	0	1	2
Widowed	4	0	2	1	0	1
<i>Type of relationship</i>						
Married, living together	14	4	11	5	8	8
Unmarried, living together	0	0	0	0	2 divorced	2 ^a
Lives alone, but in a relationship	0	0	0	0	1 single	5 ^b
Lives alone, not in a relationship	4 widows	0	2 widows	1 widow	3 divorced	5 divorced
Had a child outside marriage	0	0	0	0	1	2 single
Has begun a new relationship within the past 10 years	0	0	2 remarried	0	3 ^d	7 ^c
Mean number of children	4.4	2.2	2.3	3.5	2.1	1.7

^a 1 divorced, 1 single.^b 3 divorced, 1 single, 1 widow.^c 5 divorced, 2 single.^d 2 divorced, 1 married.

and one Tunisian – interviewed the French women. One interview was conducted with each individual and lasted from an hour to an hour and a half.

The women who had had their last natural menstrual period more than 12 months earlier were classified as menopausal, those who had had periods within the past 2 months as non-menopausal, and those who had had their last menstrual period from 3 to 12 months earlier as perimenopausal (Soules, Sherman, & Parrott, 2001). The project was presented to the women as research on women's health. Oral consent to participate was requested. Anonymity was explicitly guaranteed, and French and Tunisian pseudonyms are used here.

The interview outline covered the following domains: demographic and socio-economic information; health status; reproductive history; experience and representations of the end of menstrual periods and the disorders associated with it; symptoms, first as open questions, then as part of a list of symptoms drawn from the Women's Health Questionnaire (Hunter, 1992); interactions with husband or partners and family; and treatments for menopause. Table 1 summarises the women's characteristics.

Analysis

The anonymous interviews were recorded, transcribed, and translated into French. We studied the interviews by applying propositional content analysis (Bardin, 2007), which included semantic, contextual, attitudinal, and categorical analyses. Two authors, DD and AB, conducted this analysis separately, and then compared their results.

We defined a model of the experience of menopause according to three dimensions. The first was the physical experience: the perception of symptoms. The second involved changes in appearance and of aesthetic value, and relationships with men and with sexuality. The third dimension was the change in social status, assessed especially through the strength of the representation of menopause as the beginning of old age and of adhesion to this representation (Kaufert, 1982b).

We described the experience of each woman by assigning values to each of these dimensions according to a three-point scale, which allowed us to identify types of experience of menopause. We then analysed their socio-demographic distribution.

Results

We identified three types of experience of menopause : 1) Menopause as physical pain, fate endured, onset of old age, and loss of social value, only among working-class Tunisians; 2) Menopause as an aesthetic loss, a loss of sexual and social value, and the risk of old age, predominant among middle-class Tunisians in Tunisia and France; and 3) Menopause as a minor event, predominant among French women.

These three types explain the experience of most of the women in the sample. Their distribution is socially differentiated (Table 2).

Painful and resigned menopause

This type occurred exclusively among Tunisian working-class women, living in either France or Tunisia. Some of them worked

Table 2
Distribution of experiences of menopause.

		Painful menopause N = 26	Menopause as an aesthetic loss N = 26	Tranquil menopause N = 23%
Working class	Tunisian in Tunisia	100%	0%	0%
	Tunisian in France	66%	33%	0%
Middle-class	Tunisian in Tunisia	0%	85%	15%
	Tunisian in France	0%	65%	35%
	French in France	0%	20%	80%

but few had fulfilling jobs. Living conditions were harsh, especially for rural women (long distances to walk, hard work inside and outside the house). None took either hormonal or traditional treatments. This experience appeared to focus on physical pain, a feeling of no longer being a woman, of being old. Menopause was named by an expression in Arab dialect: *Mchet aliya el ghasla*, my periods have left me. The terms used to talk about periods, *El ghasla*, the washing, or *El ouaskha*, the filth, or *Maskha*, I am unclean, refer to a humoural model in which menstruation eliminates unclean, toxic, and impure physical elements; when periods stop, these elements accumulate in the body and cause disease. Women use a culinary term to speak of hot flushes, “fawara”, which refers to the steam emitted by boiling liquid.

Symptoms were intense. Women felt ill and complained of reduced physical strength, fatigue, stomachaches and headaches, pain in the back, pelvis, buttocks, knees, leg, feet, and hands, all part of a set of symptoms explicitly attributed to menopause. Maya, TTR, a 50-year-old peasant, said, “*Since el ghasla left me, I hurt, I’m tired.*” Hot flushes were a nuisance and associated with fever. They sometimes occurred at the time of the month when women’s periods had occurred: “*I started to feel flushes, fever. But only before the day when I used to have my periods.*” Hot flushes served the function of purification that the periods had previously performed and were appreciated for that.

Marital sex was experienced most often as a conjugal duty, with a feeling of shame, or was circumvented by invoking both an obligation to renounce it at the moment when the children themselves were entering their sexual life and the requirement for purification of the body following any sexual relations (Bouhdiba, 2007). Halouma, TTR, a 50-year-old housewife, said that, “*The husband ... It’s his right, a religion obligation. I do my duty as all women do.*” Maya continued: “*A woman at this age does not want to share a bed with her husband. She’s ashamed, when the children are grown, it’s time to stop. It’s aïb (immodest and condemned).*”

The change in social status was expressed as a feeling of uselessness and an impression of entering old age. Souda, TTU, a 55-year-old housewife, said: “*The end of periods is a sign of old age. I felt that it’s finished. Periods, that’s the only thing that made me feel better.*” Unskilled work had no protective effect for Fatma, TF, 47-years-old, cafeteria employee: “*I’m in menopause, I feel old.*”

A variant was found among Tunisian peasants. Despite their poverty, the women had some economic independence and good relationships with their husbands. They claimed an intermediate category, the older/aged woman, *marâ kébira*, distinct from the old woman, *azzouza*. Hanène, a 51-year-old peasant with a primary school education, said: “*Of course I’ve reached the age of 50 years, I’ve gotten older, I’m an older woman (marâ kébira)! No, I have not become an old woman (azzouza).*” The *marâ kébira* does not experience major physiological ageing and has an active place in society, while the term *azzouza* evokes weakness and social withdrawal. Hanène expressed how “the frontier between youth and old age is something that is fought over in all societies” (Bourdieu, 1993: 94).

No woman in this group worried about her appearance, which was a central preoccupation for the following group.

Menopause as loss of aesthetic and social value

The second type of menopause was characteristic of Tunisian middle-class women, especially in Tunisia but also in France, and was also found in a minority of the French women. They sometimes used hormone treatments, although the Tunisian women rarely did so for more than several months. Tunisian women spoke Arab and French and used mainly the French terms for *menopause* and *hot flushes*. This second type of menopause had few and minimal symptoms. It focused on concerns about changes in bodily appearance, leading to loss of aesthetic capital and sexual value and fear of ageing – socially more than physically. Hella, TTU, a 58-year-old retired executive secretary, described hers: “*I found nothing special. If you don’t feel well, you drink a tisane, you go out, and it goes away.*”

The end of periods could be looked at positively as the end of a physical inconvenience. These women did not adhere strongly to the humoural model; they sometimes even criticised it.

Their principal concern was the aesthetic dimension. A *relationship to the mirror suddenly appeared*. Bodily changes, although minimal, were deeply and personally felt: “*Now I look at my face. I don’t have a lot of wrinkles or anything, but I’m changed.*” (Salma, TF, a 53-year-old high school monitor). Weight gain also affected appearance and was attributed to menopause. According to Faizî, TTU, a 56-year-old secretary, “*When I had hot flushes, I always wanted to eat. So I got fat.*” Similarly, Béatrice, FF, a 48-year-old nurse, said, “*I have big gobs of fat, but not in the same places.*” Two issues appeared: a loss of erotic value and a loss of legitimacy in presenting oneself as a sexual person, especially for women who had not worked outside the home. In the uncertain years around the age of 50, these women applied the strategy described by Goffman (1986), which consists in hiding any stigma or discrediting information. Khadija, TTU, a 52-year-old with no occupation and post-secondary studies, said, “*My husband has never asked questions. And I’ve never talked to him about it. Perhaps because if I told him I was in menopause, I would no longer be worth anything, perhaps he would go look elsewhere.*” The fear that the husband would stray towards a younger woman was very present, especially as social standards reproach women for any desire to continue to please. Sarra, TTU, a 53-year-old high school teacher, reported hiding her body on the beach because she could not stand to expose her arms, which she considered flabby, or her legs, with their marks. Knees had the same role for French women. Thus, for Céline, FF, a 55-year-old teacher: “*I find that my knees now, they are fat and ugly. I wear longer skirts now.*” In France, women perceived the response to wearing a miniskirt as intense disapproval of a suspicious claim to an eroticised appearance no longer authorised by social norms, as a stigmatised person “attempting to pass” (Goffman, 1986, 109): “*Wear miniskirts, I don’t let myself. I have no desire for people to say when they are behind me: “Oh! A girl!” and then pass me and see my age. To be in an awkward position like that, no!*” (Béatrice, FF, a 48-year-old nurse). In Béatrice’s imagined scene, the figure perceived was desirable but the age discovered on the face forbade this desire. This taboo is of the same order as the “aïb” of the working-class Tunisian women, except that for Béatrice it applies in public

spaces while for Halouma, it is equally applicable within the family. But both cases involve the social condemnation of sexuality after the end of fertility, without reproduction as a goal or an excuse. Similarly, for Celine, as for other women unhappy with their bodies, the perception of their knees as “ugly” might be due more to their incorporation of the taboo against seductiveness at this age than to any objective changes.

The stereotype of menopause as the onset of old age was still there, but they fought against it. Yosr, 51-years-old, a high school teacher, said, “No, that’s what I hear people say around me, but me, thank God, I’m fine. No, old age is in people’s heads.” Similarly, Liliane (FF, 62 years-old) collided with the social classification when she had to provide information about her menopausal status: “*They can’t see from your figure that you’re in menopause. If you don’t talk about it, you’re not old. I saw myself as almost an old woman because I didn’t have periods anymore.*”

These first two types of experience, each in their own way, were sometimes mentioned by Tunisians by the classic Arab term *Sin el yess*, age of despair. This expression was nonetheless most often not known by or little used by most of the Tunisian women, or disavowed: “*I hate that word*” said Chiraz, TTU, a 52-year-old documentalist. This comment leads to the criticism of it in the next group.

Tranquil and unstigmatised menopause

The third type predominated among French women and was also found in some middle-class Tunisian women, especially those living in France, but several in Tunisia as well. The symptoms in this type appeared very limited. They had no or mild and transient vasomotor flushes, rapidly resolved by hormone treatment. The women might have been attentive to their bodily changes, but none perceived any important loss of value. They were critical of negative representations of menopause, and they accepted their sexuality as fully legitimate. They rejected the representations of menopause as the beginning of old age. Acceptance of the humoral model, interpreting the end of menses as the retention of impure blood, was very rare.

They proclaimed the *legitimacy* of their bodies’ appearance at this age. Dominique, FF, a 50-year-old manager, said, “*Women older than 50 years, now they are beautiful, they are still dynamic, they can do plenty of things.*” “Plenty of things” probably means continued access to relational and sexual exchanges, but also to sports, travel, and diverse social networks. The symbolic value of possible bodily changes was the object of a true struggle, as expressed by Aida, TTU, a 67-year-old pharmacist: “*If you want to still be desirable, to go out, uncover your shoulders, you really must fight! I have got comments: ‘What! That’s how you dress at your age!’ ‘Like that, with bare arms!’ ‘What’s wrong with my bare arms? They’re not as pretty as before. So what if I want to uncover them! We have to stop saying that everything ends with menopause.’*” These women could continue to have a satisfactory sex life, in a couple, with an old partner or a new one, or they could choose to live alone. Greater availability after the children have left played a positive role. Patricia, FF, aged 52 years, with post-secondary studies, described this: “*I’m very happy with my husband. We talk about it, that it’s even better now than before. Now we can cuddle at 3 in the afternoon. When you have three children, you can’t.*” Some fear persisted that the man would want younger women, but it remained minimal because woman too sometimes began new relationships: “*I started a new love life at the age of 40, so at 50 it wasn’t so serious! We were young lovers when we started! I didn’t have the impression of not being a woman anymore just because I didn’t have periods anymore. Of course, I cannot have another child, but you’re not a woman only to have children*” (Françoise, FF, 61-years-old, manager).

Lila, TF, a 60-year-old high school graduate with no occupation, finally left her husband: “*I got rid of my jailer. I have a free life.*”

Salihia, TF, a 59-year-old university teacher, was in a new relationship, ten years after her divorce. Alyssa, TF, a 63-year-old retired computer technician, planned to have a love life: “*I might perhaps shock you, I don’t have lovers, but one day, why not?*”

Samia, TF, 63-years-old, a single executive, living alone, with one child born outside marriage, has had three new love affairs since menopause. Her way of relating to men is very modern and unmodified by menopause. “*If we want to see each other again, it’s because we were satisfied, both physically and intellectually. These are very intense moments.*”

Sexuality, in the sense of a sexual relationship, remained legitimate for all even if some wanted to stop all sexual relations and enjoy living alone. Claudine, FF, a 55-year-old teacher, liked living without any constraints: “*Since I’ve been alone, I’ve found it’s really great to be able to do what I want, when I want.*” Others still wanted a sex life but while remaining alone, with a social life dominated by their professional or volunteer lives.

The stereotype of menopause as the beginning of old age was simply rejected. Alice, FF, a 64-year-old retired secretary, said, “*I never saw it as the entrance to old age, not at all.*” Fortified by a pension that ensured her independence, Alyssa, TF, 63 years, was categorical: “*It’s an alarm signal, but not at all old age.*” Her opinion of relatives in Tunisia was critical: “*At 50 years, they are already old. They complain about everything. I can’t stand that, we’re not dead.*”

Nonetheless, these women perceived a demeaning stereotype of menopause in men’s discourse, not so much within the couple, as in “joking” exchanges between men. But they were able to protect themselves in relying on exchanges with other women: “*That worried me, what my husband’s friend said. But I fixed it rapidly talking with my friends*” (FF, 52-years-old, post-secondary studies).

This menopause, almost a non-event, induced little change in these women’s identities. Retirement, around the age of 60 years, and not menopause, was now the worrisome stage for these women. They thus came closer to men’s life course. Approximately one fifth of these middle-class French and Tunisian women took hormone treatment for menopause. They often stopped because of fear of cancer. The Tunisian women also stopped because they wanted to accept what happens in their bodies.

We have classified these three types of experience of menopause on a scale according to the intensity of symptoms and the loss of social value, progressing from negative for painful menopause, intermediate for menopause involving loss of aesthetic and erotic value, and neutral for tranquil menopause.

Discussion

The strong consistency of the distribution of the three types of menopausal experience is further evidence that this experience is to a substantial extent socially constructed (Table 2). Applying a materialist and constructionist perspective (Delanoë, 2006; Lock, 1993), we considered the social construction of discourses and entities and the incorporation of relations of domination in the personal experience of biological facts (Fassin, 2007; Lock, 2007). We have thus drawn a parallel between the progression of the three types of menopause and the progression of living conditions: 1) according to social class (Aïach, 2010; Bourdieu, 2010), and 2) according to the intensity of male domination (Bourdieu, 2001; Brown & Sargent, 2007; Delphy, 1977; Godelier, 1986; Hérietier, 2007; Mathieu, 1990).

Social class

Social class, assessed by educational level and the occupation of the woman or her spouse, strongly affected the experience of menopause. A notable difference exists between the experience of Tunisian working class women with intense symptoms and that of

Tunisian and French middle-class women with few symptoms (Table 2). This result is different from that found by a quantitative study comparing menopause in Lebanon, Morocco, Spain, and the United States, where Obermeyer et al. (2007) reported that “Country of residence influences reported symptoms over and above other factors (p 796)” and which took social class into account but interviewed only women in urban areas. This limitation may be quite important, for Guessous (2000) found a strong difference between urban and rural women in Morocco: the latter had many more symptoms. The absence of any major difference in symptoms between Tunisian and French middle-class women does not suggest that local biological factors play a role (Lock, 1993, 2007). Our results point in the same direction as those of Avis and Colvin (2007), who showed that apparently ethnic differences could be explained by socio-economic or socio-demographic covariables or linked to acculturation.

Tunisian working class women, especially those in rural areas, have had more children than the others and have a strong physical workload that wears out the body. Impairment of their physical strength threatens their family and social functions. A little apart, peasant women, who contribute to the household income, appear to have more autonomy and better status – at the cost of too much work. Studies that have taken social class into account showed more severe symptoms for lower-class women, within the same country and within the same ethnic group (Avis et al., 1991; Lock, 1993; Obermeyer et al., 2007) and between different countries and different ethnic groups (Avis et al., 2001; Gupta et al., 2006; Schnatz, Serra, O’Sullivan, & Sorosky, 2006).

However, “concern about seeming” emerges mainly from the middle classes (Bourdieu, 2010, 199), due especially to the role of beauty capital in marriage (Bozon & Heran, 2006; Singly, 1996). And it is in the middle classes that the fear of a loss of aesthetic value at menopause is central and where it conditions the loss of sexual and social value, as Guessous (2000) described in Morocco. Middle-class women are less worn out physically, perform few taxing household tasks, can pay cleaning women (Delphy, 1977), and, when they work, do so at skilled jobs. We note that two Tunisian working class women in France expressed worry about damage to their appearance, as if they had become subjectively closer to the values and aspirations of the middle-class (Chauvel, 2006), probably because their living conditions require less physical strength and leave them some more time for themselves.

Gender

Male domination is exerted both concretely and symbolically.

The intensity of the symbolic violence, that is, the intensity of women’s adhesion to the dominant –and devalorising – representations of themselves (Bourdieu, 2001), follows a progression through the three types of experience of menopause: the representation of the self in painful menopause emerges as an indisputable natural fact, affects the person herself and defines her as sick; the representation of the self in menopause as stripped of aesthetic value concerns appearance and can be debated by women; and the representation of the self in tranquil menopause is constructed outside of the negative stereotypes that thus affect these women very little.

Our results, put into perspective by national statistical indicators of women’s status (Tables 1 and 3), show that the three types of menopause also correspond to a progression in the intensity of male domination and its concrete effects, both greater in Tunisia than in France.

The experience of menopause depends on women’s status during their child-bearing years. The fundamental stake of male domination is the appropriation of women’s fertility, through the

Table 3

Social and demographic characteristics in Tunisia and France.

	Tunisia	France
Fertility rate in 1990	3.33	1.78
Fertility rate in 2000	2.0	1.88
Marriage rates (per thousand inhabitants) in 2000	14.5	5.1
Divorce rate in 2006	13%	30%
Unmarried women aged 50–54 years	2% (2004)	12% (2007)
Births outside marriage	≈ 1% ^a (2004)	52% (2007)
Women in the labour force at 50 years Tunisia 2007/France 2002	20% (45–54 years)	65% (50–59 years)
Illiteracy rate, women 50–54 years 2004	54%	≈ 0%
Illiteracy rate, men 50–54 years 2004	21%	≈ 0%
House cleaning, errands, child care, hours/day women	5 h 16 (2006) ^b	4 h 58 (1999) ^c 4 h 18 (2007) ^d
House cleaning, errands, child care, hours/day men	0 h 38 (2006) ^b	1 h 16 (1999) ^c 2 h 16 (2007) ^d
Human Development Index 2010 ^e	0.68	0.87
Gender Inequality Index 2010 ^e	0.48 (Maximum inequality = 1)	0.26

^a Lebris, 2010.

^b Mahfoudh Draoui et al., 2011.

^c Puech, 2005.

^d Miranda, 2011.

^e United Nations Development Programme, 2010. Sources. In Tunisia, Institut National de la Statistique. In France, Institut National des Statistiques et Etudes Economiques.

assignment of women to reproductive functions and the domestic universe. Access to contraception is thus the first lever for escaping male domination and acceding to education, to work outside the home, and still more, to skilled work (Héritier, 2007): the fertility rate among Tunisian women currently aged 50–60 years is about twice as high as among French women; Tunisian women have much less education and less access to work outside the home (data similar to those in our sample).

Degree of independence

Women’s degree of economic independence, another indicator of male domination, also affects the experience of menopause. We defined women’s economic independence by the amount of their personal income, in relation to the overall household expenses. The more independent women are, the less impact menopause has on them. Married women who have no paid work outside the home depend economically on their husbands. Tunisian peasant women with their own income thus feel less devalued than rural Tunisian women who do not work. Post-retirement resources are a recent economic phenomenon in history. Especially in the middle classes, pensions give women a level of economic independence, currently or for the future, that allows them to think that “after menopause, everything is not over”. All the French women in our sample were working outside the home or were retired, but only some of the Tunisians. Currently, in Tunisia, 83% of the people older than 65 years receive financial assistance from their children. This solidarity is destined in priority to women (Laabidi, 2009).

Women without a pension depend on marital and familial relationships. For working-class women, this depends on their physical strength and ability to work at home; they therefore complain of fatigue. For middle-class women, it is based especially

on their looks, and so they worry about their appearance (Bozon & Heran, 2006). Women who have or will have a pension are economically dependent only on the State which requires only “a name with a number”. Accordingly, “a certain stage in a process of state formation can favour individualisation ... and the detachment from the traditional groups (Elias, 2010, 162, 161)”.

Economic independence also modifies the power relations within the couple; a good indicator of these relations is their distribution of household work (Singly, 2000), which is more favourable to French than to Tunisian women. The time Tunisian men spend in household tasks is one half to one quarter that of French men, who in turn in 2007 did these tasks at a rate half that of French women. Men's unpaid (household) work increases with the national rate of women in the labour force (Mahfoudh Draoui, Zaafrane, & Khouaja, 2011; Miranda, 2011; Puech, 2005).

Type of relationships between men and women

Male domination is also expressed by the types of relationships between men and women, relationships that leave more liberty to women in France than in Tunisia: the possibility of divorce, of a sex life without being married, of finding a new partner or staying by choice in a satisfactory couple, of living alone (Singly, 2000) are all part of the process of increased female individualisation developed in France since the 1960s (Bajos & Bozon, 2008; Kaufmann, 2008).

The institution of marriage is stronger in Tunisia, where the marriage rate is three times higher, the divorce rate one third as high, and where there are only one sixth as many single women aged 50–54 years as in France. In Tunisia, rates of traditional marriage, typically to patrilineal parallel cousins, have fallen from 36% at the beginning of the 1990s to 10% in the 2000s (Courbage & Todd, 2011; Mahfoudh Draoui, 2008). Several Tunisian women in our sample did not choose their husbands, even though consent became an essential condition of marriage in 1956. In our sample, no Tunisian in Tunisia, one third of those in France and half the French women were divorced. All the Tunisians living alone were widows, except for the middle-class Tunisian women in France, several of whom were either unmarried or divorced and living alone; half of the French women lived alone, only one of them a widow; the rest were single or divorced.

No working-class Tunisian woman had entered a new relationship within the past ten years, although 20% of the middle-class Tunisians had, and one third of the French women. Among the Tunisians in Tunisia, these new couples are married; among the Tunisians in France, they are more often unmarried; and among the French, none are married.

In Tunisia, births are considered acceptable only within married couples (Lebris, 2010). In France, one third of couples are not married, and, since 2007, the majority of children have been born outside marriage. In our sample, a single Tunisian – a middle-class woman living in France – had a child outside marriage, and only two French women. In our sample, accordingly, sexual freedom does not exist in Tunisia, is possible but rare among Tunisians in France, and is available to half the French women. Nonetheless, despite strong social relations through paid or volunteer work and groups, middle-class French women and Tunisian women in France may be faced with unchosen solitude, the negative side of this process of individualisation.

In France, over roughly the past two decades, sexuality after the age of 50 has become legitimate for women, including in the form of relative sexual freedom in a new relationship or while living alone (Bajos & Bozon, 2008). This trend is linked to the major decline in obedience or belief in the Christian precepts banning sexuality that has no reproductive aim, which includes that after the age of fertility; this decline is due especially to the long-term process of separation of Church and State to the so-called “sexual

revolution” of the 1970s (Godelier, 2008) and more generally to the changes in social relations between men and women. Tunisian middle-class women in France are in an intermediate situation. They adopt hedonistic values close to those of French women, but rarely adopt such behaviours.

Symbolic masculine domination is exerted differentially according to social class, stigmatising the end of fertility in working-class women and the changed appearance of middle-class women. In these different gender dimensions, the process of women's individualisation and emancipation is moving forward strongly for working-class Tunisians in Tunisia and in France, for Tunisians of the middle classes in both countries, and for the French. We also find in this progression that gender inequality diminishes when the Human Development Index (United Nations Development Programme, 2010) progresses (Table 3). The weakening of male domination allows women to construct legitimate identities from what and who they are and to be less subject to devalorising stereotypes or to the norms of feminine appearance defined from the image of young and fertile bodies: it allows them the status of subject.

Study limitations

The recruitment of women by general practitioners and in health centres might have promoted the recruitment of women receiving more medical care and thus perhaps undergoing a more medicalised menopause. The recruitment by personal contacts could have selected more middle-class women. It was difficult to find working class women in France.

The population of Tunisia has large disparities in social level between rural and urban areas, and between the almost or truly illiterate poor and the educated middle-class. In France, because of mandatory schooling to the age of 16 years, there is really no educational level comparable to that of the Tunisian working class women in Tunisia.

Most of the painful symptoms of menopause in Tunisian working class women are not part of the core syndrome of menopause, the vasomotor symptoms (Avis et al., 2005; Ringa & Hassoun, 2003). A comparative study of non-menopausal women with similar social profiles would be necessary to assess the extent to which these symptoms are also found independent of menopause (Dennerstein et al., 2007).

Our sample included 27 women older than 60 years – 20 of the 40 in France and 7 of the 35 in Tunisia (Table 1). The information for many of these women might thus provide access more to memories of the transition of menopause than to current experience, although we did not observe a substantial difference in age among women with each type of experience.

We might also have taken into account other aspects of the family work and obligations of menopausal women, such as caring for their ageing parents or in-laws or for young grandchildren. These topics may be considered in a future study.

Conclusion

Our study suggests that social context acts at the level of symptoms by incorporating social relationships and not by modifying the biological or genetic environment. Two processes in particular drive this action: the hierarchy between social classes and that between the sexes.

Social class plays a major role in the expression of symptoms, which are much stronger among the working classes than among middle-class women.

Early studies did not examine the forms and intensity of male domination, but our study shows its strong influence on the experience of menopause. These experiences vary between social

classes and at similar social classes, from one culture to another. For working-class Tunisian women, it involves a body that is in pain, diseased, and devalued. For middle-class Tunisian women and some of the French women, it is their physical appearance that decreases in value. In these two situations, male domination “legitimizes a relation of domination in making it part of a biological nature that itself is a naturalised social construction (Bourdieu, 2001, 23).” Women are less affected by menopause and feel themselves less devalued when they have succeeded in freeing themselves from compulsory and exclusive reproductive and other domestic functions, when they have reached a certain level of independence, especially economic.

The study of effects of culture and country on menopause thus demands an analysis of the social relations of class and gender, in both their material and symbolic dimensions. Through its multiple physiological, personal, familial, social and cultural aspects, menopause is a total social fact as defined by Marcel Mauss (1970).

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