

Menopause and Gendered Habitus in Kerala: A Socio-cultural Analysis

Dora Dominic

Department of Sociology, St. Teresa's College, Ernakulam, Kerala, India.

Keywords

Menopause,
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Abstract

Menopause, a natural biological phenomenon, is often accompanied by various physiological and psychosocial transformations that can significantly influence an individual's habitus, encompassing lifestyle, habits, and overall well-being. This article examines how menopause, a biological phenomenon with cultural significance, is impacting the habitus of women in a socio-cultural setting. The social spaces are "gendered," as there are cultural constraints and restrictions in society. Drawing on a mixed-methods approach, this study incorporates both quantitative surveys and qualitative methods to capture a comprehensive understanding of the experiences of menopausal women in Kerala.

I. Introduction

Bourdieu's concept of habitus encompasses habitual ways of thinking, acting, and being (Bourdieu, 1989). Habitus is an embodied socialised body formed through the interactions with multiple factors in the life course of an individual. It is rooted in the family in which an individual is socialised, and it is conditioned by the social structure of society. Bourdieu calls it 'socialised subjectivity', which is structured and conditioned by the social structure. According to Bourdieu, the habitus is specific, and this specific habitus shapes one's behaviour across multiple contexts. This habitus shapes embodied experiences and an individual's position in a stratified society based on race, gender, and socioeconomic level. Bourdieu (2000:24) states that the gendered habitus is formed by a "system of dichotomies" in culture, and women accept sexism because of their feminine dispositions. Thus, gendered habitus is culture specific dispositions that are formed as the result of patriarchal structures. Gendered habitus is the system of perceptions, feelings, and expressions that are formed as the result of interactions with the social structure.

The gendered habitus is formed through the process of socialisation during the life transitions of women. Individuals create distinct ideas through socialization that are based on normative patterns and culture. Women's experiences are unique and are intertwined with their social status, gender position, personal circumstances, life history, and health (Bowles, n.d.). Studies show that the symbolic meanings and experience of menopause are culturally and socially contextual (Jones et al. 2012). In another study Melby et al. (2005) found that the subjective experience of women in specific culture

determines the quality of life of women during life transitions. In the health trajectory of women, the timing of menarche and menopause is considered an important phase that is associated with health risks for women in later years (Forman et al. 2013).

Menarche, Menstruation, and Cultural Taboos in India

Kissling (2002) quotes that “the menarche is a paradox, as women often feel joy in their ability to bear a child and fertility is considered a blessing, but at the same time taboos and restrictions restrict women.” There are celebrations to welcome the girl to her fertile age in every community, which are followed by numerous restrictions every seven days thereafter (Bhartiya, 2013). The event of menarche is celebrated among some communities through religious ceremonies known as ‘Thirandukalyanam’ during which womanhood and maturation are celebrated by inviting family and friends. Studies show that in Indian society, terms associated with menstruation or the reproductive processes are looked down upon, and personalised euphemisms are used to denote the processes (Bhartiya, 2013). The ideas of ‘purity’ and ‘pollution’ are associated with the biological process of menstruation. Age at menarche is significant as it is considered a sign of physical and cultural maturation. Forman et al. (2013b) found that multiple factors are influencing the age at menarche. The factors include hormonal exposures from the prenatal stage to adolescent age, which have an influence on age at menarche. The biological variables include genetic patterns, life span, body mass index, etc. (Nichols et al. 2006). Thus, in the present study, the role of bio-social factors is analysed to understand the gendered habits of women. A ritual named ‘Ashtamangala Devaprashnam’ is used to establish whether menstruating women defied the temple by entering the sanctum sanctorum. The first menstruation day is celebrated among Muslims in the northern districts, and women during menstruation refrain from doing ‘namaz’ (Bhartiya 2013). Among Christians, the history of menstrual taboo is rooted in Judaism, which prohibits women from positions of authority (Phipps, 1980). In the Bible, Leviticus 15:19 restricts women during menstruation for seven days. In Kerala, among Jacobite Christians menstruating women are restricted from partaking in sacraments or reading and touching holy items like Bible or religious icons. The Indian tradition views the biological process of menstruation as a social taboo surrounded by restrictions and myths.

II. Review of Literature

Menopause is an important biological marker that determines the well-being of women as it leads to various changes in the physical, psychological and social domain. The health of women during and after menopause is a prime factor that demands increased attention, as there is increase in the life expectancy and the growing population of the aged (Singh 2014). In India, the mean age at menopause reported in different studies is between 41.9 and 49.42 (Pallikadavath 2016). This shows that Indian women are menopausal at a younger age when compared to women in western countries, which means menopausal women have a long way to go and need attention from society.

During the transitional phase from reproductive phase to non-reproductive may extend for years, which includes biological changes and socio-psychological changes (Sierra et al. 2005). Reproductive factors such as age at menopause and menarche,

number of children, menstrual disorders makes up the bio-social factors. Sociocultural factors include geographic region, religion, income, education, employment status, and socioeconomic status. Studies have shown that cultural factors influence the reactions to menopause, which can be understood by the difference in the meanings people attach to this transitional phase. Knowledge, perceptions, and attitudes towards menopause and experiences related with menopause differs cross- culturally (Leiblum & Swardman, 1986). These variations are the result of reproductive factors and socio-economic factors. In India, the experience of menopause varies with the change in cultural background. Indian society is male- dominated, and women are restricted from many privileges in society until they reach a certain age. The state of Kerala stands out among all states in India with regard to social development indicators. But women in Kerala have unseen restrictions, as women are expected to be submissive and silent due to the dominance of patriarchal norms (George, 2011). Kerala has achieved tremendous demographic changes in recent decades through its egalitarian policies. The social development indicators in Kerala are comparable with those of developed countries around the world. The statistics show that women in Kerala are far ahead in terms of sex ratio, as the number of women exceeds the number of men (1084 females per 1000 males), and the female literacy rate is 91.9 percent, which is much higher than the national average of 74 percent. The bio-social factors that may influence menopausal experiences are various reproductive factors such as age at menopause and menarche, number of children, menstrual disorders, and socioeconomic status such as income, education, employment status, and culture.(Hunter, 1996). The biological phenomenon of menopause is often controlled by the cultural practices and restrictions in traditional society. In the case of Kerala, the state has a better life expectancy rate when compared with other Indian states. Menopause is an important life transition in the life of a woman; if women could identify their menopausal changes and manage it through better life style they can spend rest of their life with satisfaction. This paper explores the life experiences of women which influenced by the cultural and socio-economic factors.

III. Methods

The study includes mixed approach in the analysis. Both quantitative and qualitative data is used in the study. The data was collected using a structured questionnaire that included closed-ended and open- ended questions. The data was analysed using SPSS 15, and various statistical tests such as the Chi-square test, ANNOVA, and percentages were used to analyse the data. The study included the narratives and experiences of women. Women who had hysterectomy and women with chronic diseases were excluded from the study.

IV. Findings

The study consisted of a sample of 500 menopausal women. Peri-menopausal, menopausal, and post- menopausal women are included in the sample, and the majority of the women are from the menopausal and post-menopausal phases. Representing the religious structure of Kerala, 44.4 percent of the sample are Hindus, followed by Muslims and Christians. In order to understand the role of socio-cultural factors in the menopausal experience of women, the respondents were selected representatively from rural and urban areas of three districts, which represented the diversity of Kerala culture. In the

present study, 32 percent of the respondents are from the upper lower class, 27.2 percent are from the lower middle class, 30 percent are from the upper middle class, and 10.6 percent are from the upper class. In the present study, most of the women have completed SSLC and above. There are no illiterate women, and only 23.4 percent are below SSLC. With regard to employment, 53 percent are employed. Besides the self-employed and a few professionals, others are employed in various employment sectors. While analysing the reproductive histories of the respondents, it was found that the mean age of menarche is 13.75 years. Most menopausal women have no early menstrual issues. The reproductive pattern of the women indicates that the majority have two children. It was interesting to find that 70.6% of the women had undergone permanent sterilisation or temporary sterilisation as recommended by the physician, and the majority of the women underwent sterilization soon after the second child.

Bio-social Factors and the Awareness of Women

Awareness is a social construct which an individual acquires through the interaction with social environment. The awareness of women about menopause is determined by culture and socio-economic status of women. According to Devi, (2015) awareness about menopause might empower women to cope with menopause changes.

Also it was found that the women who had better awareness about the menopause experienced less consequence (Pan et al. 2002). Awareness regarding menopause is necessary, adequate knowledge and information about symptoms and complications of menopause will enhance the adjustment towards menopause (Hunter, 1996). In the present study 95.4 percent of the women were aware about the concept menopause. Women in Kerala are aware of basic concept about menopause and their main source of information is from the primary group as family and peer group. In the present study, 9.8 percent said that discussing about menopause is a cultural taboo, 34.4 percent felt that there is no need to discuss about these issues, 46.6 percent discussed about menopause in their social circle. It is interesting to notice that, despite going through the menopausal changes, some women in a state like Kerala still don't know about menopause, 4.6% of the respondents were unaware of the menopause. Menstruation and menopause are biological processes that are kept secret, and women are embarrassed to talk about the problems they cause. Women refer to the menopause as "athu," which means "it," rather than using the term menopause. In their cultural context, additional synonyms are often utilized. However, it appears that they have now begun talking about it, based on the response.

To understand more about the source of awareness they were asked about the source of information and it was found that 48.2 percent received information from family members and 19.2 percent from friends .The women going through the transitional phases are aware (51.2%) about the changes or symptoms related with menopause and 48.8 percent are unaware of the changes related with menopause. Most of the respondents are not aware about the cause of menopausal changes, they mostly relate these changes as natural and they don't feel the need of medical intervention. Most of the women have awareness (85.2 percent) about the age at menopause and 14.8 percent are not aware about the menopause. In the present study, most of the women ie, 76.6 percent are not aware about Hormone Replacement Therapy and only 23.4

percent are aware about it. Most of the respondents are not aware about the role of estrogen or side effects of estrogen therapy. This shows that menopause is not much medicalized in Kerala society and women considers menopause as a natural process than a disease.

Table 1: Bio-social factors and relation with the awareness

Bio-social factors and relation with the awareness					
Menopause Status	N	Mean	S.D	F Value	P Value
Peri- Menopausal (Irregular)	99	13.2020	3.63930	5.484	.004*
Menopausal (Since a Year)	206	12.3689	2.65032		
Post-Menopausal	195	12.0051	2.81106		
Total	500	12.3920	2.95767		
Fertility	N	Mean	S.D		
1	66	12.1061	2.27447	10.733	.000**
2	272	11.8125	2.55669		
3	114	13.5877	3.52692		
4	12	15.0833	3.82476		
No children	36	12.6111	3.12847		
Total	500	12.3920	2.95767		
Geographical Region	N	Mean	S.D		
Ernakulam	168	11.4583	1.61154	65.484	.000**
Thiruvananthapuram	156	11.3333	2.10785		
Kozhikode	176	14.2216	3.65072		
Total	500	12.3920	2.95767		
Religion	N	Mean	S.D	29.977	.000**
Hindu	222	11.8514	2.38215		
Muslim	156	13.8205	3.55144		
Christian	122	11.5492	2.38141		
Total	500	12.3920	2.95767		
Employment Status	N	Mean	S.D	9.120	.003*
Employed	265	12.0189	2.61617		
Unemployed	235	12.8128	3.25535		
Total	500	12.3920	2.95767		
Educational Qualification	N	Mean	S.D		
Below 10th Grade	117	13.1795	2.99602	3.018	.011
10th Grade	176	12.4148	3.30257		
12th Grade	70	12.0714	2.10122		
Graduates	95	12.0105	2.83404		
Post-Graduation and above	42	11.5000	2.36076		
Total	500	12.3920	2.95767		

Menopausal status is found to be significantly related to awareness of the concept and the age at which menopause occurs. But no significant relationship was found related with the medical knowledge. Women's fertility patterns show a strong correlation with awareness. Based on the study, it is clear that knowledge about the idea and cause of menopause, as well as the medical elements of hormone therapy and the role of estrogen in menopause, is highly correlated with the fertility pattern, or the number of children born to women going through menopause. The age at menarche and women's awareness of menopause-associated changes, hormone replacement therapy, and the role of estrogen are related, according to the current study. There was no discernible correlation between their knowledge of the function of estrogen or HRT. The correlation between awareness and socio-cultural characteristics is highly significant, according to the chi-square test. According to analysis, women from Kozhikode are less educated about menopause than those from Ernakulam and Thiruvananthapuram. There is a significant relationship between menopausal awareness and religion, according to the chi-square test results. The study found a substantial correlation between the women's job and educational status and their awareness of concepts connected to menopause, including age at menopause, changes that occur throughout the menopause, and medical knowledge of menopause. There was a substantial correlation between respondents' education and awareness.

Bio-social Factors and the Feelings of Women Associated with Menopause

The second aspect of the gendered habitus is the feelings of women towards menopause which is shaped by the social structure. Affective component includes the feelings associated with menopause and perceptions about themselves during the menopausal transitions. These aspects are the reflection of norms and values prevalent in the cultural system. Traditional belief system inherent in the cultural system is passed on through the process of socialization. Positive feelings as relief and satisfaction are based on the cultural perspective about fertility (Bourdieu, 1989). Negative feelings are associated with self-perception about female body and associated stigma. To examine the gendered habitus of menopausal women related with the feelings and perceptions analysis is conducted. In the present study some feelings related with menopause were assessed with scale to invent menopause related feelings adopted from Jean Hailes society for Women's Health. The questions included positive and negative feelings related with menopause. The finding of the study shows that women expressed both positive and negative feelings related with menopause. In the study, (62%) expressed positive feeling as relaxation, freedom and relief related to the menopause than negative feelings.

Table 2: Association of Life Course Factors with the Feelings Associated with Menopause

Bio Social Factors	ρ Value
Age at Menarche	$\rho < .001$
Fertility	$\rho > 0.05$
Phase of Menopause	$\rho < .001$
Geographical Region	$\rho < .001$
Rural-Urban	.612
Religion	$\rho < .001$

Education	$\rho < .001$
Marital status	$\rho < .001$
Occupation	$\rho < .001$
Social Economic Status	$\rho > 0.05$

The Chi-square analysis shows that most of the life course variables in the study are significantly associated with the feelings related to menopause. Reproductive factors such as age at menarche, fertility, and phases of menopause are significantly related to menopause. The chi-square value indicates that socio economic factors as geographical area, education, marital status, occupation were significantly associated with the feelings that they associate with menopause.

Bio-social Factors and Attitude of Women towards Menopause

Attitude towards menopause determines how women interpret their lives in socio-cultural context after menopause. The attitude is evolved in the social context and are influenced by social beliefs and taboos in society related with menopause (Bowles, n.d.). The women from the society which judge women on the basis of their appearance and youthfulness may perceive menopause negatively (Kelly 2001).

In the present study to find out the attitude of menopausal women in Kerala context attitude scale developed by Robert McKeown et al. 1990 was used. Four items are used to assess the attitude towards menopause in a five point Likert scale from 'strongly agree' to 'strongly disagree'. The scores ranged 4 to 20. From the statements the scores were calculated and identified whether women in Kerala view menopause positively or negatively. Higher scores, indicates women consider menopause as natural, less medical and more positive towards menopause. The gendered habitus of women in Kerala is shaped by the patriarchal notions and belief system which expects the women to be silent and submissive. Studies show that women in Kerala are considering the biological process of menstruation and menopause as natural phenomena rather than a medical event (Borker 2014). In the present study, the mean score is 12.39 ± 2.95 and median is 12.00. This shows that women are more positive towards menopause and they consider women as natural, less medical and positive attitude.

Bio-social Factors and Attitude of Women towards Menopause

The attitude is evolved in the social context and are influenced by social beliefs and taboos in society related with menopause. Dennerstein, (2000) found that positive attitude toward menopause is the outcome of positive experiences of menopause from the culture. The women from the society which judge women on the basis of their appearance and youthfulness may perceive menopause negatively (Tariq et al. 2023). The cultural system prevailing in society influences the attitude of menopausal women and this in turn shapes menopausal experiences as positive or negative.

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Table 3: Attitude towards menopause and association with Bio-social factors

Attitude Towards Menopause

Menopause Status	N	Mean	S.D	F Value	P value
Peri- Menopausal (Irregular)	99	13.2020	3.63930	5.484	.004*
Menopausal (Since a Year)	206	12.3689	2.65032		
Post-Menopausal	195	12.0051	2.81106		
Total	500	12.3920	2.95767		
Fertility	N	Mean	S.D		
Single child	66	12.1061	2.27447	10.733	.000**
2 children	272	11.8125	2.55669		
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Total	500	12.3920	2.95767		
Education	N	Mean	S.D		
Below SSLC	117	13.1795	2.99602	3.018	.011
SSLC	176	12.4148	3.30257		
Plus two or Equivalent	70	12.0714	2.10122		
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Total	500	12.3920	2.95767		
Employment Status	N	Mean	S.D		
Employed	265	12.0189	2.61617	9.120	.003*
Unemployed	235	12.8128	3.25535		
Total	500	12.3920	2.95767		
Socio-Economic Status	N	Mean	S.D	2.129	.096
Upper lower class	160	12.7750	3.19384		
Lower middle class	136	12.4706	2.98872		
Upper middle class	151	12.1391	2.82380		
Upper class	53	11.7547	2.34443		
Total	500	12.3920	2.95767		

The findings indicate that, women in Kerala society consider menopause as natural, less medical and more positive towards menopause. It was found out that there is a significant difference between attitude towards menopause and factors as fertility pattern, menopause status, geographical factors, religion, education and employment

status. There was no significant variation between attitude and socio-economic status of the respondents.

V. Discussion

The study on menopausal awareness and experiences among women in Kerala provides a comprehensive understanding of how sociocultural factors, reproductive characteristics, and personal attitudes shape their perceptions and feelings about menopause. The findings highlight several key themes that are integral to understanding the unique context of Kerala society. In Kerala, the awareness of menopause and its associated concepts among women is largely influenced by their immediate social circles, predominantly family and friends. This reliance on informal sources of information underscores the limited reach and impact of formal medical education and healthcare resources in disseminating knowledge about menopause. Despite being aware of basic concepts, women in Kerala generally lack understanding of medical aspects such as hormone therapy and the hormonal changes involved in menopause. This shows that process of menopause is less medicalised in Kerala context. Reproductive characteristics such as age at menarche, fertility patterns, and the stage of menopause are significantly associated with the level of awareness and the feelings experienced during menopause. Women who have had fewer children tend to report more positive feelings such as relaxation, freedom, and relief during menopause. This suggests that reproductive experiences profoundly influence women's emotional responses to menopausal changes. The study finds no significant difference in menopause awareness between rural and urban women, indicating uniformity in basic awareness levels across different geographical settings. However, geographical characteristics, religion, education, and employment status substantially affect both awareness and feelings about menopause. For instance, women from Kozhikode exhibit more negative emotions compared to women from other regions, possibly reflecting regional cultural differences. Hindu women and employed women report more positive feelings such as freedom and relief, highlighting the role of cultural and economic empowerment in shaping menopausal experiences. Kerala society, with its patriarchal structure, imposes significant social stigma on biological processes like menstruation and menopause, which are associated with notions of purity and pollution. This stigma manifests in women's hesitation to openly discuss menopausal changes, often confining such conversations to close circles. The symptoms of menopause, such as hot flashes, heavy bleeding, and depression, are perceived as 'symbols of stigma,' further discouraging open dialogue and feelings of isolation.

VI. Conclusion

In conclusion, the study reveals that while women in Kerala are aware of the basic concepts of menopause, there is a substantial gap in medical knowledge, particularly regarding hormone therapy and the physiological changes associated with menopause. Reproductive characteristics and demographic factors significantly influence both awareness and emotional responses to menopause. Despite the lack of disparity between rural and urban awareness, cultural, educational, and employment factors play crucial roles in shaping women's experiences. The pervasive social stigma surrounding menstruation and menopause in Kerala's patriarchal society limits open discussion and

exacerbates negative feelings associated with menopausal changes. The habitus of women in Kerala is greatly influenced by the 'gendered patriarchal society', which limits the knowledge, perception, and awareness of women in Kerala. Addressing these issues requires comprehensive educational programs, increased access to medical information, and efforts to challenge and change the societal stigma surrounding menopause. Such initiatives can empower women with better knowledge and more positive attitudes towards this natural life transition, fostering a supportive environment for discussing and managing menopausal changes.

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