

Māori women and menopause

BEVERLEY LAWTON*
PAPAARANGI REID**
DONNA CORMACK***
TONY DOWELL****
PETER STONE*****

Abstract

Māori are the indigenous people of New Zealand who in total make up 14.5% of the population. Although this group has a significantly lower life expectancy than non-Māori, coupled with increased rates of mortality and morbidity, very little is known about the menopausal health needs of older Māori women. As the first step in addressing the health needs of this group, older Māori women's definitions, attitudes, symptoms, expectations and health needs at menopause need to be identified and described.

The study Ngā Ruahine or "Māori in Menopause" is the foundation study of the Aotearoa Women's Health Initiative (AWHI). AWHI is a women's health programme being developed by the Wellington School of Medicine, which involves a suite of studies. The objective is to describe the journey of older Māori women through menopause and beyond and to compare and contrast the experience of Māori women from both traditional and contemporary

upbringings, with reference to the Pākehā (European) population.

It is hoped that this work could lead to further studies such as, for example, a longitudinal observational study looking at older New Zealand women. The potential significance of this approach is discussed.

Introduction

While there is increasing interest, both general and medical, being shown in the menopause, the majority of research in this area to date has focused on North America and Europe¹, and drawn on a predominantly Caucasian middle-class sample of women^{2,3}. Research is complicated by the lack of consensus over the definition of menopause and menopause symptoms in the literature, as well as inconsistencies in the methodology and tools of measurement employed in different studies⁴. As a result, variation in the experience of menopause as it relates to culture, socio-economic status, and ethnicity, has been little investigated and generally overlooked. While the event of menopause is universal, there is increasing evidence to support differential experiences of menopause among different groups of women^{1,2,5}.

Within the New Zealand context, there is a general paucity of literature relating to the health of mid-aged and older women, and to the menopause in particular. For example, there are no figures as to individual Hormone Replacement Therapy (HRT) usage in New Zealand, although HRT usage is predicted to be low overall with a much lower usage rate for Māori women. This lack of information on the health of older women is more pronounced for Māori.

Māori women

Prior to European contact, there was estimated to be less than 200,000 Māori in New Zealand⁶. European contact, and eventual settlement and colonisation, was disastrous for Māori. Resistance to newly introduced diseases such as tuberculosis, typhoid, venereal disease, and measles was low and the diseases exacted a heavy toll. Many predictions of the demise of Māori were made, and by the end of the 19th century numbers of Māori had reduced to an estimated 40,000⁷. However, by 1901 the Māori population had started to recover, and at the latest

*Department of General Practice, Wellington School of Medicine. **Te Rōpū Rangā hau Hauora a Eru Pōmare, Wellington School of Medicine. ***Department of General Practice, Wellington School of Medicine. ****Department of General Practice Wellington School of Medicine. *****Department of Obstetrics and Gynaecology, Auckland School of Medicine. Contact: Dr Beverley Lawton (Research Fellow), Department of General Practice, Wellington School of Medicine, PO Box 7343, Wellington South, New Zealand. Tel: (04) 385 5995. Fax: (04) 385 5539 Email: lawton.bev@xtra.co.nz

census, 523,372 people identified as being of Māori ethnicity, representing approximately 14.5% of the total New Zealand population⁸. Of those, approximately 265,000 were women (14% of all women in New Zealand)⁹. The Māori population is a relatively young population, though it is ageing. Currently, only 3% of Māori are over the age of 65, however this is projected to increase significantly over the next decades. In the 1996 Census, 19,155 women over the age of 50 identified solely as Māori ethnicity with another 29,223 in this age group noting Māori as one of their ethnicities⁸.

Māori women differ demographically from non-Māori women in a number of important ways. In terms of health, Māori women have a lower life expectancy than that of their non-Māori counterparts. It is estimated that Māori females in the 1890s had a life expectancy of only 25 years¹⁰. In the 1880s and 1890s, 40% of all Māori girls would not have reached their 1st birthday. Life expectancy for Māori women had risen to 72 years by 1996, however it was still seven years lower than that of non-Māori women⁸.

Māori women have higher mortality and morbidity rates than non-Māori women. Coronary heart disease, cancer and stroke are the major causes of mortality for New Zealand women¹¹ and are major health and economic concerns for mid-aged and older New Zealand women. Mortality rates for coronary heart diseases among Māori women are approximately three times higher than those for non-Māori¹², and are the highest of the OECD countries¹¹. Māori females have higher age-standardised rates of death by all cancers, asthma, cerebrovascular disease and diabetes than non-Māori females. While it is recognised that Māori women are not a homogenous group, the disparities between non-Māori and Māori women overall remain significant.

Māori women and menopause

The lack of literature in this area has earlier been noted. However, the reasons behind this are not completely clear. While it is probably related to the overall lack of New Zealand-specific literature on menopause, it is also possible that menopause is a non-issue for Māori women, and therefore experiences of menopause are not generally documented. A further possibility is that menopause is an issue for Māori women but because of the sensitive nature of gynaecological health issues, is not widely or openly discussed.

Literature searches return some published information on the role of Māori women in bearing and nurturing

children, attitudes to and experiences of childbirth¹³, as well as some discussion of Māori women and menstruation, including references from both Māori and non-Māori writers¹³⁻¹⁶. A specific reference is made to the menopause in an autobiography in which one Māori women's experience of the menopause is briefly documented, with symptoms of tiredness, headaches, and strange dreams related¹⁷.

Attitudes to menopause are often closely linked to a person's or a society's approach to ageing. Within Māori society in general, there is increased respect associated with ageing and ageing is not normally perceived as a negative experience, as is the case among many Western populations. Māori oral histories illustrate the wisdom attributed to older Māori women and the status and respect received from the Māori community. The older Māori woman has an important role in the family and wider community as a *kuia*.

This increased status has been associated with the menopause^{18,19}. Manihera and Turnbull state,

" for an older woman, menopause is seen as a time of increasing self respect and esteem as her role is further defined and reinforced, both at home and on the *marae*"¹⁸.

For Māori women, the loss of ability to bear children is not synonymous with the loss of ability and opportunity to raise children. It is not uncommon for older Māori women to be responsible for, or heavily involved in, raising grandchildren and/or other younger generations of the extended family. This may also have an influence on their attitude to menopause.

In summary it is unclear what the average age of menopause is for Māori women, to what extent Māori women experience symptoms or difficulties during the menopause, or indeed what range of attitudes Māori women hold about the menopause. International literature suggests variation in attitudes to, and experiences of, menopause symptoms by ethnicity. Further research would be necessary to establish whether ethnic variation in both attitude to, and experience of, menopause, exists within New Zealand. The literature published to date has tended to be informed by a Western cultural perspective. Further, there have been inconsistencies in the way in which different studies have defined menopause and menopause symptoms. This in turn impacts on comparability. Definitions and understandings of menopause are likely to be shaped by cultural and social experiences and values. The implications of this are far reaching, and could impact on the presentation of information in regard to menopause, the acceptability and appropriateness of

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various treatment options, and health service provision for this group.

Summary

Māori as the indigenous people face unique challenges. Ngā Ruahine, a descriptive ongoing study, was developed to deliver important information on older Māori women's definitions, attitudes, symptoms, expectations, and health needs at menopause. This information will contribute significantly to other studies such as AWHI. AWHI, as a ten year longitudinal study, is designed to collect information concerning access to, and utilisation of, health services, as well as socio-demographic, clinical, and biochemical profiles of older New Zealand women. Knowledge in these areas can contribute to assessing disease risk and to developing focused community prevention strategies for this group. AWHI consists of a proposed ten-year observational study and a randomised controlled trial (RCT). The observational study will provide new information about the health status, disease risk factors, and access to health services of Māori and non-Māori New Zealand women aged 50-64 years. The protocol for the RCT is the same as that of the British Medical Research Council's study, Women's International Trial of Long Duration Oestrogen after the Menopause (WISDOM), with minor modifications for the New Zealand environment. The WISDOM study is designed to assess the risks and benefits of long-term HRT use with major endpoints identified in the fields of coronary heart disease, cancer, and fracture. These outcomes will have particular relevance to Māori women, who suffer substantially higher rates of coronary heart disease and may have a potential to benefit from health interventions including HRT during these years. The UK Medical Research Council (MRC) has provided continuing expertise as well as a grant of eighty thousand pounds sterling to support the RCT component of AWHI. Recruiting for the first stage of the AWHI study is presently underway in New Zealand. Preliminary results from the initial screening of women show that the top five reported symptoms of menopause are aching, tiredness, insomnia, dry skin, and dizziness. At present, due to small numbers these results are not significant, but recruitment is ongoing.

The collection of ethnicity data as part of the AWHI study is hoped to increase knowledge of the way in which different groups experience menopause, and will allow for the investigation of symptom variation by ethnicity. At the same time, the use of identical tools to the WISDOM study will mean that cross-country comparisons are possible. This will complement the information being gathered as part of the Ngā Ruahine study, and contribute to a greater understanding of New Zealand women, both Māori and non-Māori, and the menopause.

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