ABORIGINAL WOMEN AND MENOPAUSE

Robert W. Webster, MD
Department of Obstetrics, Gynecology, and Reproductive Sciences, University of Manitoba, Winnipeg MB

Abstract

Objective: To determine the characteristics of menopause in Aboriginal women, in particular Canadian Aboriginal women.

Methods: An extensive review of articles extracted from both medical and non-medical databases was undertaken. The search strategy combined the key word "menopause" with any of the following terms: Aboriginals, Native Americans, Natives, Indians, Métis, Inuit, Eskimo, and Indigenous people.

Results: A total of 29 records were found, 13 of which had results relevant to the objective of the study. These articles suggest that menopause may have a positive effect on the lives of Aboriginal women with respect to increasing their freedom within the community. Aboriginal women appear to experience fewer vasomotor symptoms than other North American women.

Conclusion: More research needs to be done to determine the effect menopause has on Canadian Aboriginal women and their coexisting diseases such as cardiovascular disease, hypertension, and diabetes mellitus. This work will allow health care providers to make more informed decisions on managing Aboriginal women's transition through menopause in areas such as hormone replacement therapy.

Résumé

Objectif : Déterminer les caractéristiques de la ménopause des femmes aborigènes, particulièrement des Aborigènes canadiennes.

Méthode : On a fait une recherche et un examen approfondis d'articles tirés de banques de données portant sur des sujets médicaux aussi bien que non médicaux. L'approche de recherche consistait à combiner le mot clé « menopause » avec chacun des termes suivants : Aboriginals, Native Americans, Natives, Indians, Métis, Inuit, Eskimo, et Indigenous people.

Résultats : On a trouvé un total de 29 documents, dont 13 présentaient des résultats pertinents pour notre étude. Ces articles indiquent que la ménopause pourrait avoir un effet favorable sur la vie des femmes aborigènes, du point de vue de la liberté accrue dont elles jouissent dans leur communauté. Ces femmes semblent moins souffrir de symptômes vasomoteurs que les autres femmes ménopausées d'Amérique du Nord.

Conclusion : Il faudrait mener plus de recherches pour définir l'effet de la ménopause sur les Aborigènes canadiennes et sur les maladies survenant durant cette période, notamment les maladies cardiovasculaires, l'hypertension et le diabète sucré. De tels résultats permettraient aux professionnels de la santé de prendre des décisions plus éclairées sur la prise en charge de la ménopause chez les femmes aborigènes, particulièrement en matière d'hormonothérapie substitutive.

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INTRODUCTION

According to the Society of Obstetricians and Gynaecologists of Canada Canadian Consensus on Menopause and Osteoporosis, the average age of menopause is 51 years.[1] In 2000, approximately 5 million Canadian women (17% of the population) were over 50 years of age.[1] Aboriginal people account for approximately 2.8% of the Canadian population. In 1995, the life expectancy for a "registered Indian" woman was 75.7 years compared to 81.4 years for a non-Aboriginal Canadian woman.[2] In addition, Aboriginal women are 2 times more likely to suffer from hypertension or cardiovascular disease and 5 times more likely to be afflicted with diabetes mellitus compared to their non-Aboriginal Canadian cohorts.[3]

The transition into and through menopause is a key point in a woman's life. Health care providers can offer Aboriginal women information with which to make decisions with respect to menopausal symptoms, osteoporosis, cardiovascular disease, sexual dysfunction, urogenital conditions, cancer, and information regarding how menopause will affect pre-existing medical conditions such as diabetes mellitus.

A large number of Aboriginal women in Canada will make the transition through menopause over the next few years, and based on the increased rate of chronic diseases and increased life expectancy, menopause is likely to have a significant impact on their lives. Little is known about menopause in Aboriginal women. The purpose of this review is to determine the characteristics of menopause in Aboriginal women, in particular Canadian Aboriginal women.

METHODS

An extensive review of medical and non-medical databases was undertaken. For each database, the search strategy combined the key word "menopause" with at least one of the following terms: Aboriginals, Native Americans, Natives, Indians, Métis, Inuit,

Eskimo, and Indigenous people. Eleven databases were searched: CINAHL, eHRAF Collection of Ethnography, First Nations Periodical Index, MEDLINE, Native Health History Database, Native Health Research Database, AgeLine, POPLINE, Periodical Contents Index (PCI), Social Science Abstracts Full Text, and the Cochrane Library. All articles were reviewed, and those that provided information with respect to the study objective were summarized and the key points recorded.

RESULTS

The First Nations Periodical Index, Native Health History Database, Social Science Abstracts Full Text, and Cochrane Library did not contain articles relevant to the search criteria. The remaining 7 databases yielded the following number of records: CINAHL, 6; eHRAF Collection of Ethnography, 2; MEDLINE, 8; Native Health Research Database, 2; AgeLine, 4; POPLINE, 3; and PCI, 5.

A total of 7 articles from the non-MEDLINE databases contained information on menopause and Aboriginal women, while MEDLINE yielded 8 articles. Many articles yielded multiple observations regarding symptoms, age of menopause, adverse health effects, endocrinology, information sharing, and women's role in the community. This article presents these chronologically.

The earliest study on menopause in Aboriginal women was published in 1891 and involved physicians working at approximately 30 Indian agencies in the United States.[4] Researchers were required to ask Aboriginal women numerous questions about their reproductive status, including menopause; but, unfortunately, the total number of women interviewed was not recorded. It was reported that menopause had almost no effect on these women's lives and that the symptoms of menopause affected Aboriginal women less than Caucasian women.[4] At that time, the age of menopause of American Indian women varied from 40 to 57 years of age, and the duration of the transition into menopause ranged from an abrupt onset to up to 8 years.

The earliest study of menopause in Canadian Aboriginal women, conducted between 1935 and 1936, in the Ojibwa community of Berens River, Manitoba, reported that menopause did not change a woman's role in the community.[5] A study conducted on an unknown number of Blackfoot women in Alberta during 1939 found that women gained most of their information about menstruation from peers, and only a small part of their knowledge was gained from elders.[6]

In 1961 a study[7] involving the Iroquois people living in the Six Nations Reserve in Ontario mentioned treatment of symptoms associated with menopause. It was found that the Iroquois women used camomile tea to prevent excessive bleeding during the transition to menopause.[7] In addition, menopause was described to have had minimal impact on their way of life.[7] A study[8] of the Aboriginal people in the community of Snowdrift, Northwest Territories, in 1963 also found that menopause had no impact on women's lives. A 1972 study[9] on the Tlingit people of Yakutat Bay, Alaska, found that societal restrictions that had been imposed on women, such as the ability to fish, were lifted after menopause.

A 1986 study[10] revealed that the Mayan Indian women of Yucatan, Mexico, enjoyed their transition to menopause because it provided "relief from child-bearing, acceptance as a respected elder, and a surrendering of many household chores to the wives of married sons." In addition, this study[10] reported that women experienced little in the way of vasomotor symptoms and that menopause occurs between the ages of 41 and 45.[6] A follow-up, cross-sectional study[11,12] on 52 postmenopausal women who did not report menopausal symptoms such as hot flushes, found that the Mayan women's endocrinology was similar to other women with menopausal symptoms, with respect to follicle-stimulating hormone, estradiol, estrone, testosterone, and androstenedione levels. In 1991, 8 Mohawk women, aged 45 to 54, living on a reservation outside of Montreal, Quebec, were interviewed in an exploratory-descriptive study design.[13] These women stated that menopause affected their lives in a positive way: children were expected to leave home and a woman's own needs became her primary concern.[13] In a study released in 1995 about Copper Inuit women, a total of 17 women stated that the majority of their information about reproductive health, including menopause, was passed down verbally from elders, usually their mothers and grandmothers.[14] A cross-sectional study, involving 77 women of the Sac and Fox Nation in rural Oklahoma, found that these women lost bone density postmenopausally at a faster rate than Caucasian women, but had higher bone density prior to menopause.[15] The ENDOW (Ethnicity, Needs, and Decisions of Women) project, carried out in New Mexico, was a large multicentre study that included the issues of menopause and hormone replacement therapy. Using 20 focus groups with an enrolment of over 140 women, this study contained 3 major groups: Navajo, Hispanic, and non-Hispanic white women.[16] The ENDOW project, using the definition of menopause as the absence of menses for 12 consecutive months, found that most women, regardless of their background, did not feel they could openly discuss menopause in everyday life.[16] Navajo women from rural areas and recently immigrated Hispanic women reported few menopausal symptoms such as hot flushes. In contrast, non-Hispanic white women reported that vasomotor symptoms were very common.[16]

DISCUSSION

The literature reviewed[4-16] has numerous limitations. First, all the studies, with the exception of the ENDOW study, failed to define menopause. Thus, it is unknown what definition was being used and whether the term was applied correctly and consistently. Another limitation is the study sample sizes. The early

studies are vague with regard to the exact number of women surveyed, and, where the sample sizes are reported, these are small, yielding limited power. In addition, many of the studies were conducted at a time when very little information about the pathophysiology of menopause was known.

The studies reviewed suggest the transition through menopause seems to have little effect on Aboriginal women's lives,[4-10,13,16] and that if there is an effect, it seems to be a positive one in that it increases freedom to do activities the women deem important. In addition, while it appears that Aboriginal women experience fewer vasomotor symptoms than their Caucasian counterparts (level II-2 in rural New Mexico[16]), it is not known if they experience other symptoms of menopause, such as those related to the urogenital tract or psychological issues. The fact that the difference between Aboriginal and non-Aboriginal women in symptoms such as hot flushes does not appear to be biologically caused suggests culture, tradition, and ethnicity play a role in the reporting of vasomotor symptoms. With respect to the age of menopause in Aboriginal women, there is little evidence to suggest a difference from non-Aboriginal women.

It is important for Canadian physicians to determine if Canadian Aboriginal women do suffer from menopausal symptoms, and, if so, whether it is to a lesser degree than their non-Aboriginal counterparts. If Aboriginal women are troubled by their menopausal symptoms, health care providers need to understand how their symptoms are managed, and whether there is any role for hormone replacement therapy. Additionally, based on the fact that Canadian Aboriginal women have increased rates of cardiovascular disease,[3] hypertension,[3] and diabetes mellitus[3] compared to their non-Aboriginal Canadian cohorts, it is important for health care providers to know what impact menopause has on these conditions; that is, whether or not it is an aggravating factor to these conditions and part of the reason why their prevalence is increased. Further, if hormone replacement therapy is to be considered, the benefit-to-risk ratio needs to be quantified to justify it as a wise choice.

These are but a few of the compelling reasons why health care providers and policy makers need to better study Canadian Aboriginal women and the effect that menopause has on them personally as well as on their overall health. Further studies need to be pursued in either the form of focus groups or questionnaires, to accurately describe postmenopausal symptoms or lack thereof, and determine Aboriginal women's views on menopause in general. Once this is accomplished, physicians and other health professionals will be better able to decide on further research questions and, most importantly, to manage and appreciate the uniqueness of Aboriginal women with respect to menopause and its effect on their health. This review shows the limitations in our current knowledge about menopause in Aboriginal women and indicates the need for further study of Canadian Aboriginal women with respect to symptoms of menopause and the health consequences seen postmenopausally.

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