

Medicalization, menopausal time and narratives of loss: Iranian Muslim women negotiating gender, sexuality and menopause in Tehran and Karaj

Abstract

Drawing on life-course interviews with 30 Iranian menopausal women, this study examines menopause as an extended period during which women evaluate their lives in the context of the patriarchal culture of Iran. Referring to this period as menopausal time, we document how these women use “loss narratives” to understand the negative impact of the gendered and sexual rules of Iranian culture throughout their lives, including fear of a medicalized menopause which is believed to signify entering old age and the approach of death. Yet, contrasting with Western theories of agency and repression, we document how participants use menopausal time to negotiate different relationships with their husbands—resisting beauty norms, talking about sex for the first time and rejecting intercourse in certain circumstances. As such, we develop an account of these women’s agency that differs from Western notions of both agency and menopause by recognizing the complex and meaningful ways Iranian menopausal women mediate the patriarchal norms of Iranian culture with the realities of their daily lives and sense of autonomous self.

Keywords: health; Iran; menopause; narratives; women; sociology

Introduction

Menopause is a significant time in women's lives. Alongside biological changes that can impact on health and wellbeing, menopause carries great social weight, being both a time for reflection and transition while also imbued with beliefs about aging and loss (Ballard, Kuh & Wadsworth 2001; Bell 1987). Despite a preponderance of research examining the health impacts of the menopause from a biomedical paradigm, the social aspects of menopause have been studied for more than 25 years (see Lock 1994; see Ussher, Perz & Paton 2015). However, this scholarship is biased toward Anglo-American perspectives, meaning that empirical knowledge of the menopause is rooted in Western women's experiences, marginalizing voices from the global south—particularly in patriarchal societies such as Iran (Afary 2009).

In order to address this gap in knowledge, we draw on 30 life-history interviews with Iranian Muslim menopausal women living in Tehran and Karaj. We first document the medicalized accounts of the menopause held by participants, where menopause is treated solely as a bio-medical condition and socio-structural context is ignored. Dominant Iranian discourse erases women's sexuality and forbids open discussion of the menopause. As such, the women view the menopause as a source of sickness and a sign of entering old age and even the approach of death. Their reflections demonstrate regret and emotional turmoil regarding the possible experiences of gender and sexuality for women in Iran. Yet rather than being passive victims, the women use the menopause to negotiate different relationships with their husbands, talking about sex with them for the first time and rejecting intercourse in certain circumstances. Drawing on Frank's (1995) theorizing of the wounded storyteller – defined as “anyone who has suffered and lived to tell the tale” (xi) – we document the presence of chaos and quest narratives and conceptualize these women's stories as “loss narratives” because they combine themes of profound sadness and regret with an active

resistance of dominant Iranian cultural norms of sexuality and gender. By taking account of how the participants make space for new ways of negotiating gender and sexuality, this approach enables a critical understanding of women's agency in Iranian culture (Afary 2009). As such, this study not only provides new empirical research about the menopause in a non-Western setting, it advances sociological and gender theory from a southern perspective that examines Muslim women's experiences as more than an issue of gender versus culture (see Bassel 2010; Connell 2007) and considers understandings of agency within the Iranian context.

The Menopause as a Biological and Social Construct

The World Health Organisation (WHO) defines menopause as the permanent cessation of the menstrual cycle, due to the loss of ovarian follicular activity. If this cessation continues for a full year, the woman is considered post-menopausal (Sievert 2006). From an essentialist biomedical perspective, menopause is an illness caused by hormonal changes, and thus its signs and symptoms need medical intervention. Biomedical studies focus on statistical data concerning aspects of health and well-being, such as anxiety and depression (Deeks & McCabe 2004), links between the menopause and coronary heart disease (Bonithon-Kopp et al. 1990) and changing distribution of fat in the body (Toth et al. 2000). While important, this understanding of menopause as a negative medical event is predominant, at the expense of exploring how women experience and negotiate this time of life in diverse ways (Dickson 1990).

This biomedical approach is criticized from a variety of perspectives. Lock (1994) highlighted that menopause is not universally associated with the end of menstruation, with several comparative studies documenting variations in experiences of menopause cross-culturally (Kowalcek et al. 2005; Melby, Lock and Kaufert 2005). Sociological research on

menopause often focuses on how women in the West navigate their experiences of it as a health condition ([Nosek, Kennedy & Gudmundsdottir, 2010, 2012a; Murtagh & Hepworth, 2003](#)). Ballard, Kuh and Wadsworth (2001) develop a stage model to conceptualize this process, from expectation of symptoms and feelings of a loss of control through to a post-menopausal context where there is a feeling of freedom from menstruation. They highlight that experiencing the menopause also results in changes in relationships with partners, children and parents, arguing that the lay term “change of life” is more helpful than the clinical term “menopause” to recognize the profound interplay of biological and social changes that occur during this time. We use the term “menopausal time” to retain the widespread usage of “menopause” while recognizing that it is a process rather than a singular, biological event.

Feminist perspectives have been crucial to advancing knowledge of menopausal time, with the medicalization model replaced by a focus on women’s experiences and knowledge (see Dillaway 2005; [Nosek, Kennedy & Gudmundsdottir, 2012b](#); Parry and Shaw 1999). By adopting a contextual and biographical approach, research has demonstrated that the particularities of individual women’s lives directly influence experience of menopausal time. For example, Winterich (2003) emphasizes that socio-cultural issues are more important than physical changes in determining how sex after menopausal time is experienced. Yet research in this paradigm still highlights significant issues for women. [Menopause can be a symbol of sterility and, for some women, it marks the end of femininity \(Nosek, Kennedy & Gudmundsdottir, 2010\)](#). Christoforou (2018) shows how Greek Cypriot women interpret the menopausal body as uncontrollable—with this lack of control a distressing focal point of their menopausal process. Highlighting the symbolic association between women’s bodies and social order in Greek culture, Christoforou argues that menopausal time is challenging for Greek Cypriot women because of cultural norms. While this study provides insight into

how women outside of Anglo-American cultures experience it, research remains rooted in Western contexts and rarely investigates sociologically how the menopause is experienced in other cultures (see Mahadeen, Halabi and Callister 2008 for a rare exception).

Even fewer studies on menopausal time exist in Iran and the Middle East and the great majority adopt a biomedical framework to report on the rate of menopausal symptoms or the mean age of natural menopause (e.g. Ashrafi et al. 2010; Ayatollahi, Ghaem and Ayatollahi 2005). The limited research on menopausal time in Iran highlights poor experiences due to the importance of fertility in traditional Iranian culture, with rural women having particularly negative perspectives (Khademi and Cooke 2003; Yazdkhasti et al. 2012). The social science research is exploratory in scope and does not connect data with broader theories about gender, power or the authoritarian social structure of Iran (e.g. Hakimi et al. 2016). Underlying this cultural framing, in Iran, menopausal time is called یانسگی (Yaesegi) in Farsi, from the root یأس (Yaas), which means disappointment. Accordingly, menopausal time, in Farsi, literally means the time of despair and disappointment. This patriarchal culture has significant negative impact on women's lives, not least related to the silencing of their sexualities and restricted discussion of sexual health (Afary 2009).

The Iranian Context

The Islamic revolution (1979) is a particularly momentous time in recent Iranian history (Golkar 2016). Prior to these events, in 1963, the family protection law raised the legal age for marriage to 18 for women and 20 for men; but this was lowered to 13 and 15 respectively following the revolution. A strict ban on pre-marital sex was installed and is enforced by the Islamic morality police¹ (Mahdavi 2009). This also significantly limits the knowledge Iranian women have about sexual health, including contraception, in a context where rates of HIV/AIDS are rising in the heterosexual population (Lofti et al. 2013). Mahdavi (2009)

argues that the lack of sexual knowledge and freedoms also results in increasing rates of illegal abortions and drug use.

Examining the influence of Islamisation on gender roles in the aftermath of the 1979 revolution, Shaditalab (2006) argues it strengthened sexist notions of men's and women's duties: for example, male guardianship versus women's motherhood role and the sexual gratification of their husbands. These roles also include male control over condom use and sexual decision making, male pleasure predominating in sexual activities, sexual double standards, and women being economically dependent on their husbands (Lofti et al. 2013). Khoei (2005) identifies this gendered separation regarding sexuality, where men's sexuality is seen as a natural and inevitable urge that should be satisfied, while women's sexuality is defined as an honorable and valuable feature of femininity, subject to regulation and protection with one, "holy," aim – of becoming a mother.

The overwhelming majority of Iranian people (99.3%) are Muslim and 90-95 % of them are Shiite (Nasr, 2007). Shiite Islam therefore provides a basis for notions of sexuality and gender in Iran, including a concept of sexual obedience within marriage and women's sexuality being controlled by the state (Sedigh, 2007, 210). Yet, there is also evidence of a shift in gender relations in Iran among younger generations. Women currently constitute over 60 percent of university students, and these women postpone marriage to complete their higher education. This also extends to shifting attitudes related to sexuality. For example, Khalajabadi-Farahani, Mansson and Cleland (2018) interviewed 30 young Iranian women about engaging in premarital sex. With interviews dated from 2005-2006, they still found that several young women had engaged in pre-marital sex or had actively considered it. The women's considerations for whether to engage in premarital sex revolved around issues of marriage and family values, differing levels of religiosity, sexual knowledge and sexual

efficacy. These perspectives mark a significant challenge to the gender and sexual norms and are part of clear generational divides within the country (Afary 2009).

Theoretical Approach to Menopausal Time

In this study we understand menopausal time to be an embodied practice dependent on time, space and social context (Gambaudo 2015). Thus, a theoretical and methodological framework needs to link not only life experiences of sexuality both before and after menopausal time, but also connect the micro and macro levels of society in order to move beyond the notion of women in patriarchal societies as passive victims of dominating social structures (Bassel 2010; Duits & Van Zoonen 2006). While we focus on women's experiences of the menopause, discussing the experiences of childhood and early adulthood for these women elsewhere (author citation), the life history approach ensures we connect our participants' narratives across time and situate it within their social context ([see also Nosek, Kennedy & Gudmundsdottir, 2012b](#)).

Given this study's focus on Iranian women's experiences of menopausal time and given sociology has been critiqued for colonial tendencies (Bhambra 2014), the feminist requirement to enable participants to narrate their stories must occur alongside the placing of these voices with their cultural context (Connell 2007). Connell and Pearse (2015) contend that women in the global south have been homogenized into a single category of victimhood by northern theories, erasing the variety and complexity of ways of being a woman across the world. We share this skepticism that northern theory can be applied without qualification to societies of the global south - especially insofar as such theory fails to adequately account for women's subjectivity and their exercise of critical agency in constrained milieus (Bassel 2010).

It is also important to develop conceptual tools to understand how woman experience negative impacts of the menopause and show their agency in this regard. While research in the West documents a diverse range of experiences, including positive ones, the Iranian context is one of a patriarchal society where women are denied a range of rights and in which discourses, norms and laws related to gender and sexuality are conservative and restrictive.

As we document later, menopausal time is seen as a time of significant medical suffering in Iran. In order to understand women's experiences of this, we turn to Frank's (1995) research on how people with life-threatening illnesses make sense of their predicament (see also de Salis et al. 2018; Nosek, Kennedy & Gudmundsdottir 2012b). Emphasizing that experiences of ill-health are framed by socio-cultural structure and norms, Frank (1995) identifies three narrative forms in how people understand their predicament: "the chaos narrative", "the restitution narrative", and "the quest narrative". Chaos narratives represent the illness as never-ending with no beneficial features or redeeming insights; Restitution narratives involve a belief that the person will return to their previous state of good health, with a focus on the process of a cure; while quest narratives see the illness as transformative so that the person can become someone new as a result. People who experience the chaos narrative will often use quest narrative at a later stage. While menopausal time in Iran is markedly different from life-threatening illnesses in America, the methodological and theoretical resonances are significant: both groups are experiencing a period of transition and crisis and those experiences are not given voice more generally.

Methods

This study draws on biographical life course interviews with 30 Iranian Muslim menopausal women living in Iran, lasting between one and two hours. Participants were all aged 45 or older and were either: post-menopausal (menstruation had ceased for more than a year), had

experienced the termination of their menstruation cycle, but for less than a year; or had experienced menopause due to undergoing hysterectomy surgery as the result of menorrhagia. While research in the West often differentiates between these groups, all women in this research identified themselves as menopausal and the bio-medical distinctions present in the literature were not used or discussed by participants in any form. Congruent with our aim of foregrounding participant voices, we included all women who identified as being menopausal.

Purposive and snowball sampling were adopted to access potential participants. Recruitment occurred via religious and Quran classes in the major Iranian settlements of Tehran and Karaj, recruiting participants from the women who attended these classes regularly. Tehran is the capital and largest city of Iran with a population of 11 million. It has socio-cultural diversity, although it is geographically divided by socio-economic class. 'Upper class' people live in the north of the city, while mostly 'lower class' people live in the south or south east. Therefore, to access participants from different socio-economic classes and ensure a diverse sample, the first author found five different Quran classes from different geographical areas - in the north, north center, south east, 'downtown', and north east of Tehran. Thus, there was a wide range of educational level and profession from illiterate to medical practitioner, from farmer to teacher. Additionally, one Quran class was located in Karaj. Karaj has a population of 1.6 million and is located 20 kilometers west of Tehran. As it is very close to Tehran, people who cannot afford to live in Tehran relocate to Karaj. It has become known as a 'Tehran extension', and is the fourth largest city in Iran.

After finding the Quran classes with help from religious friends who were already attendees, the first author attended all their sessions for four months. All classes were free and consisted of one session per week, which meant she was able to attend every class during any given week and regularly meet the women during fieldwork. Permission was gained from

the teachers for attending classes, including informed consent related to research recruitment. All teachers agreed, except one teacher who asked for payment whose class was not used in the study.

Recruitment in Religious Classes

The classes included between 10 and 20 students each and were held in one of the students' houses. At the first session, in all six cases, the teacher would start by introducing the first author to the other women, giving her five minutes to talk about the study. She introduced herself as a midwife who had continued her studies in the sociology of health and gender. A good relationship with the women at the classes was developed in order to gain their trust—crucial given the sensitive nature of the research topic, particularly in Iran. Regular attendance at the Quran classes, involving prolonged contact with the women, was important to building trust, as was the assurance of confidentiality and anonymity. The first author is also an Iranian woman, which meant she was seen as an insider by many participants.

Ethical Considerations

This study was approved by the ethics sub-committee of the authors' university at the time of data collection. We considered ethics to be a continual process, following the ethical guidelines during the study and reflecting on issues of consent and risk for women in taking part. All participants signed a consent form before interviews commenced. Both confidentiality and anonymity are guaranteed. All data, including interview files, transcripts and the research diary, were kept securely on a password protected computer. Most of the participants declared that the interviewer was the first person they had ever narrated these stories to, and they felt "peaceful" after their interviews. However, when interviews were

intensely emotional or the participant suggested she may benefit from counselling, they were referred to a counsellor—which occurred in six cases.

Interviews and Data Analysis

After arranging to meet with a participant at a place of her choosing, the first author opened each interview with a brief explanation about herself and an outline of the research. Although interviews were semi-structured, they were free-flowing to give participants control of the interview process and took a biographical, life-course approach (O'Neill, Roberts & Sparkes 2015). The interview schedule concerned various aspects of participants' gendered and sexual lives, starting with general questions and then progressing to questions about the division of labor, power dynamics, emotional relations, menopause, the body and sexual life.

Contact was maintained with each participant after the interview had finished. This made the relationship more trustful, which alongside being based in a concern for each participant's welfare, also facilitated further participant recruitment. Several women subsequently introduced some of their friends or classmates for interview, explicitly mentioning how the interview process had been valuable to them. This was an important point of ethical research practice; we wanted to give our participants a voice and offer them the opportunity to feel empowered through speaking freely about taboo matters and, in the process, exercise agency.

The recordings of interviews conducted in Farsi were transcribed and translated into English. Systematic analysis of the data then occurred through two processes: thematic analysis, focusing on the content of the text, and structural analysis, emphasizing the way a story is told and how narratives are constructed (Riessman 2008). Thematic analysis was used to identify similarities and differences across participants' stories. Here, we constructed a typology of themes to enhance our analytic interpretation. The structural analysis, focusing

on language, highlighted the process through which a story was told and highlighted the meanings of the stories – doing so by employing our analytic theoretical framework.

A key component of our analytic theoretical framework was Frank's (1995) theorizing of narrative stories related to how people with life-threatening illnesses make sense of their predicament. We identified the key characteristics of each narrative type (chaos, restitution, and quest) and then systematically analyzed each interview to see which components were present in the data. This is a form of mid-range coding where data is combined with existing theories to create new understanding of the subject at hand. Early coding found elements of both chaos and quest narratives present in participants' narratives, yet given the pervading sense of loss alongside a reflective understanding of suffering in participants' narratives, we introduced the concept of "loss narrative" to further understanding of how menopausal time is experienced by participants.

Findings

The Iranian women experienced menopausal time as a profound moment in their lives that greatly impacted on their self-identity. In the following sections we first document the medicalized understanding participants had of menopausal time, even as they recognized the constraints imposed on them by Iranian culture. Participants' accounts had many elements of chaos narratives. We then focus on the direct experiences of menopausal time for the women, characterizing our data as loss narratives that combine elements of both chaos and quest narratives. In the final section, we examine how women find agency in their new position, resisting elements of Iranian patriarchal culture in new ways even as they remain located within the restrictive norms and laws of Iran.

Medicalized Accounts of Menopausal Time and Chaos Narratives

Despite the medicalization perspective facing increasing critique and contestation in the West (Utz, 2011), all participants narrated strongly medicalized accounts of menopausal time, understanding it as a serious sickness. This perspective conforms with how the Iranian state view the menopause. It was espoused by medical staff and communicated by friends. For example, Zohreh, aged 47, explained that her knowledge came from “My friends who have been to a doctor and the doctor gave them hormonal pills or pills for depression.” Similarly, Masomeh, aged 60, discussed how her friends’ perspectives influenced her own:

When they saw my laboratory test, they said “Oh, my God, you have the menopause?” It’s as if they were talking about cancer... Maybe this type of reaction, beliefs and words make us upset, and when I talk to my colleagues about my bone pain and my body pain, they say " Oh, it is because of the menopause.

Accessing reliable information about the menopause was difficult, and women avoided seeing medical professionals if possible. Similar to the medicalization of virginity in Iran (Ahmadi 2016), this medical discourse endorsed by the state can be understood as a subtle form of social control over women’s bodies (see Ahmadi 2016).

Menstruation is also regulated by the religious state in Iran. During menstruation, women are considered “polluted” and so are not required to say their prayers. When menstruation blood stops flowing each month, women then have to do “Ghusl” and say their prayers. Ghusl is a ritual, or religious, bathing. Women are obliged to perform this ritual after menstruation, sexual relations, childbirth and touching a dead body. Given that bleeding from other parts of the body does not need a ritual cleansing, it is the presence of women’s sex organs that mean cleaning is deemed to be required.

Ghusl complicates menopausal time because of how the state defines menopause. After the The Islamic revolution (1979) under the Shi’a clerics authority, the state started a

process of Islamisation of law and society (Mir-Hosseini and Hamzić, 2010). This included limiting menopause time to a particular biological age: 50 for ‘ordinary’ women and 60 for Sayyid women (from the progeny of Prophet Mohammad). Biomedically premenopausal Sayyid women aged under 60 are not considered as premenopausal, and if they see blood spots (typical during premenopause), they must consider it as menstrual bleeding. This then means that a Ghusl must be performed for every blood spot, irrespective of the number or time of day. Several women found this to be difficult, including Samin, aged 54 and Sayyid, who said:

I can remember clearly the day that I said my morning prayers and I saw blood spotting, I did Ghusl for noon prayer and then again I saw blood spotting and I had to do Ghusl for my Maghreb (sunset) prayer, and I had to do this for 10 days, it was terrible. There were times I had to do ghusl three times in a day.....”

By delimiting the menopause to biological age, religious discourse displays its power in generating menopausal identity and practices, for example in praying and Ghusl.

The state also exerts control through television and radio, which are nationalized and state-controlled monopolies. Article 175 of the Iranian constitution stated that radio and television were to be “aligned with the course of perfection of the Islamic Revolution and served the promotion of Islamic culture” (refworld, 2019). Menopausal time was framed as a sickness in media representations in Iran, when it was represented at all. Menopausal time is frequently erased in Iranian media, especially national television. As Anis, aged 50, explained, there is a “big silence” about menopause:

On TV or in films, they can talk very formally, they can't say everything clearly. In Iran, the only thing that they can talk about clearly on TV is pregnancy... And it is very vague and there is a big silence. And in programs in which doctors are invited to

Speak, they just answer particular questions like how to prevent the bone pain, or other pain during menopausal time, but not more than that.

Several participants highlighted that alongside a silence on national TV and media, representations of the menopausal time in movies were also medicalized, with the menopausal woman presented as an old woman in pain. Zohreh explained: “They don’t say directly that she is a menopausal woman, or they don’t even talk about hot flashes, but they always show an old, inactive woman with back pain and leg pain as a classic elderly female, and you can guess she is a menopausal woman.”

These representations mirror the general understanding of the menopause as a source of illness and depression. Indeed, aspects of Frank’s (1995) chaos narratives were present in participants’ responses. Because participants viewed menstruation as the excretion of “polluted” blood, menopausal time was seen as a source of illness because it keeps pollution in the body. As Samin, a 54-year old woman who had experienced menopause for nine years, explained:

When you have your menstruation, your dirty blood comes out of your body every month, but when this ceases, the dirty blood remains in your body. Therefore, menopause can’t be good and healthy, as it’s the resource of all pains that we have, such as this terrible bone pain.

Chaos narratives were found with most participants, who had similar perspectives. For example, Anis describing it as a “monster and it is the reason of [my] depression”. Habibeh, aged 69, also believed that the reason for her depression was her menopause, saying “When I had my irregular menstruation, before it stopped completely and I became menopausal, my depression started. I went to see a doctor. She told me it’s because of the changes in my hormones.” Here, the medical discourse shaped Habibeh’s understanding of the menopause even before it had started (see also Murtagh & Hepworth 2005). Douglas (2003) articulates

that the idea of 'dirt' or 'pollution' is not related to hygiene, though, as it is a symbolic system by which norms and structure become institutionalized. In the Iranian context, it is part of a gender order in which women's sexuality is cast as dirty and something to be silenced.

The menopause was also interpreted as a sign of entering old age for most of the participants. Pooran, aged 48, reached the menopause five years earlier and felt guilt for attending beauty salons because she felt "too old to do these things". She added:

I considered myself a retired person...The first years especially, bothered me very much...I continuously told myself, "Oh, I am old, and I am an old woman now, I should not do this and that, because it is not suitable for my age.

Zohreh also explained that she did not like the menopause, since she perceived menopause as being "weak, bad tempered and inactive like old ladies". Some participants even hid their menopause from their husbands so as not to appear old: Shokooh aged 60 said "I tried hard to hide my becoming menopausal from my husband as it showed I'm old." These chaos narrations reveal the gendered power of medical discourse which imposes itself through culture and its symbolisms on the women's bodies. Women perceive the meaning of femininity, youth, of being a 'good girl' and a 'good woman' as a woman who accepts her gender role and identifies herself as a sexual agent for her husband.

While some participants consider their menopause to be a sign of old age, a few regarded it as a harbinger of death. Bitra, aged 64 and who became menopausal when she was 48, said:

I had a very bad feeling at that time, as I felt that everything was finished, and I am now old, and I had to wait for the time of my death...I was very depressed and I told my son to find someone else to be his friend. I told him to talk with his aunts instead of me, as they were younger than me. I made him worried, and he thought that his

mother was dying... you know why I said that, it was because I thought I had to make him ready for my death.

The fear of death connects with the menopause as a biomedical condition that has significant negative effects on women's bodies and health and thus impacts on how women viewed their own bodies.

This medicalized view of the menopause was also embodied by most of the women's belief that menopause has a negative effect on their appearance. Mahdieh aged 51, firstly stated that she thought having wrinkles made a woman "a little ugly", adding that "you are not beautiful anymore when you are getting old." Participants primarily worried about wrinkles on the face – the most visible sign of beauty given clothing restrictions in Iran – and putting on weight.

Mahdieh also worried, for example, about growing "a fat belly", after seeing her friends gain weight after the menopause. As Anis explained:

You can't find beautiful dresses in bigger sizes, so you have to make yourself thinner to reach those small sizes. Or, when a young lady wears foundation make-up, it's absorbed completely into her skin, but for me, it goes into my wrinkles and when you sweat, which you do frequently during menopause, all of your make-up will be destroyed. Menopause makes your face skin fall and misshapes your face.

Several participants discussed how these beauty expectations were also policed by their husbands. Nahid, aged 51, described how a friend never smiled to reduce the build-up of wrinkles because her husband had instructed her to do this. Indeed, many participants spoke about how family and friends would police their bodies and presentation. Bitu, for example, said that her friends encouraged her to "take care of herself more", which included using anti-ageing creams, dieting and doing regular Botox. She added "I don't do these things, so they say I am negligent about myself." In a similar situation, Tahereh, aged 48, felt shame: "For a

long time, I didn't take care of myself properly, and then gained weight. I rejected all the party invitations because I felt ashamed, until I returned to my previous weight. It happens to me a lot these days." Thus, patriarchal norms of Iranian culture coincided with the interactions between friends and family to both reproduce the notion of the menopausal woman as unattractive in a context where the menopause is understood as an inescapable biomedical reality—and participants' stories map onto the chaos narrative genre (Frank 1995).

The one area in which restitution narratives were present related to use of body regimes. Several participants discussed their use of cosmetic products and plastic surgery as an attempt to regain youth and beauty (norm). For example, Mahdieh, 51 years old, stated that she thought having wrinkles made a woman "a little ugly" (out of norm), and then she explained her reason for having Botox injections is "to get back her youth" (norm). Yet these restitution narratives were very limited and restricted to this topic.

Menopausal Time and Loss Narratives

Present across the women's narratives were feelings of loss. These feelings were intense, and related to their past, their potential futures and their family. Drawing on Frank's (1995) notions of the chaos and quest narratives, participants re-tell their experiences of medicalized suffering through narratives of loss that recognize suffering within a coherent life narrative while also finding space to challenge some elements of their suffering. In this section we focus on the components of suffering in these women's narratives before turning to aspects of agency in the following section.

For many participants, menopausal time was a time for self-reflection and sadness, where feelings of loss came into focus. The first form of loss centered on sacrifices made in the past. For example, Anis explained that menopausal time caused her to reflect on her life,

where she realized that she had “sacrificed” herself, becoming depressed as a result.

Similarly, Farnaz, aged 50, stated:

When I found that I had the menopause, I started to think about my past. Maybe the reason is that I think I’m now old, and that I did nothing for myself when I was young, and now I can’t do it because I’m old.

The sacrifice to family was apparent in Zeinab’s story. Aged 62, Zeinab described herself as a selfless woman, saying:

From the time that I was young, I always put my children and my husband first, and I even put my sisters and brothers first as well. I can remember my mother once told me to do something for myself, but I didn’t. All my life can be summarized in two words: ‘my family’. Thank God, now I have good and successful children. But to tell the truth, I myself felt I had lost my soul [crying], especially after my menopause.

Alongside this loss of possibilities in the past, participants also discussed the closing down of opportunities in the future. Rahimeh, aged 56, considered her life to be over, expressing this through a Farsi proverb *Ardam ro rikhteham va alakam ro avikhteam* (“I poured my flour and now I hang up my sieve”). This translates as *she did what she could, and now the time has finished for her*. Similarly, Maryam, aged 50, stated that entering menopausal time was a reminder of how close her death was. She said, “I keep thinking I’m reaching the end of my life... I always look at the future and think about how I’m near to the end...I mostly think about the future in the other world and what's going to happen there.”

Some participants’ narratives combined elements of sacrifice and future loss. For example, Anis stated:

I would have liked to study more, but I couldn’t, as I got married when I was 19 and then, a year later, I became pregnant. Then I had my two children. I told myself when the children grew up, I would continue my studies, but my mind is so busy now that I

forget everything very easily. I think my menopause has made it worse...Now with this situation I can't study, it's too late. I waited, hoping that the situation would get better, but now it's too late. I have lost the time, and now it is too late.

Given the sacrifice made to family, another key form of loss concerned children leaving the family home. As Samin said regarding her family:

Usually, when I think about my menopause, it reminds me of my loneliness [wells up] especially after the marriage of my children. I am happy for them, but I think about it a lot. Sometimes, I think for me, it's as if I lost my femininity and I'm getting closer to death. All of my life was always for my children, and taking care of them, and now I feel the home is empty without them. Sometimes, I don't even like to cook food for my husband and myself. It becomes very difficult for me to do domestic labour as I think my body doesn't have energy for these things anymore. Before, I made different kinds of pickles and jams every year, but now, I'm not in the mood to even cook dinner.

Several participants connected their feelings of a lack of energy and depression with the absence of their children from their lives. These feelings of loss were emotionally intense, and all participants broke into tears during their interviews. When talking about her feelings of loss, Mahdieh, aged 51, not only cried but picked at her cuticles to an extent that, at the end of the interview, two of her fingers were bleeding. These narrations are no longer characterized by chaos as in the previous section, yet the pervasive sense of loss and unhappiness at their cultural context does not neatly map onto restitution or quest narratives either—as such, we call these loss narratives in order to recognize how medicalized menopausal time has a sustained negative impact upon participants in the study.

Finding Agency in Menopausal Time

While loss narratives focused on suffering and regret with a great deal of emotional intensity (Frank 1995), participants also used menopausal time to contest some of their positioning and find agency within their restricted context. For some participants, this was partly through expressing feelings of anger and rejecting social expectations. For example, Zeinab, who had also narrated intense feelings of loss, expressed anger at her situation and challenged her social positioning. She said “Now, these days I’m not in the mood to serve, or do anything, even for my children”. Several other participants also expressed anger at their position, including when men did not have the same policing of their body as women. This anger involved the women critiquing the gender regime of Iranian culture and stating their displeasure at their social context—an act that can be considered subversive and thus agentic in Iran (Ahmadi 2016).

However, the most significant assertion of agency was through the participants negotiating their sexual activities. We have documented elsewhere that these women’s sexual agency was severely restricted, with sex often being a place of hurt rather than pleasure, and that participants engaged in sex with their husbands sometimes because they felt obliged to and feared not doing so (author citation; see also Lofti et al. 2012). In this research, we focus on how these women asserted agency through menopausal time to challenge the harmful sexual practices they encountered, particularly through using menopausal time as an excuse for rejecting unwanted sex. This is significant given that Civil Procedure law, part 1105, compels wives to fulfil the sexual needs of their husbands. Even so, eight participants stated that menopausal time enabled them to talk to their husbands about their sexual feelings. This was often because sex had become increasingly painful for them. Eftekhar, aged 54, explained that she had not had sexual conversations with her husband until recently when she became menopausal. When asked if she spoke about sexual matters with her husband, Eftekhar said:

No, not until recently! Recently he has implied that as I am reaching menopause, I am not sexually attractive and can't do it well. But you know, I never let him win the game! I pretend everything is OK for me. [Smiles] I always tell him that I still have my sexual desire and it is he who has sexual impotency as he has some prostate problems [Laughing].

Eftekhar, who had spoken of a lack of sexual desire for her husband earlier in the interview, pretends she still has sexual desires while seeking to avoid too much sexual intercourse. Significantly, not only is the topic of sex broached by her husband because of the menopause, but Eftekhar is able to challenge her husband's sexual potency in response. This conversation about sex – which includes humor and negotiations of power – would most likely not have been possible without Eftekhar's being in menopausal time.

Other participants spoke more explicitly about gaining sexual agency through the menopause. Zeinab stated “Since starting the menopause, I can say no to my husband [smiling]. He's going to get less upset over it, because it's not in my hands, it's because of my menopause”. Molood, aged 62, had a similar view regarding relations in old age “

Yes, it's shameful in this age, but [smiling] men want it. Whenever he asks me, I remind him that it's a shame for our age, we have grown up children at home, it's a shame to do it. He nags, but I think now, after my menopause, it's probably acceptable for him, and I feel more comfortable.

Here, agency is rooted less in traditional notions of free will but through negotiating space and freedom within patriarchal cultural parameters (Bassel 2010).

However, sexual discussions with husbands were not always successful. For example, Rahimeh felt she “destroyed” her husband's self-esteem:

Before, I never talked about these things because from the time I started the menopause, it got very difficult and painful for me to do it... I wanted to tell him to

be gentler and give me more time, but he became very upset, and from that day he started to fail in his career and, finally, it ended in bankruptcy. I always feel his bankruptcy was my fault. What I told him ruined his self-esteem.

Similarly, despite sex being “torture” for her during menopausal time, Pooran, aged 48, spoke to her husband about this issue. His response, Pooran, said, was “he said that if he lost all of his hair, and became bald, and lost all of his teeth and couldn’t even hear anything, he would still do this [laughing].” This highlights the complexity of these women’s experiences, which might not be understood from a traditional Western perspective. Pooran’s request for less sex was denied, and they still had sex, yet Pooran was pleased that she now discusses sex with her husband on occasion—viewing this as gaining power in their relationship.

The third way agency was negotiated during menopausal time was through faking sexual satisfaction in order to attain other aspects of married life that they desired. Maryam, aged 50, felt a decline in sexual desire over this time, but feigned the same level of desire for her husband. Reihaneh felt similarly, saying:

At first I had a very low desire, but now it’s less than that. But I never let him know it. If he knows it, he will use it against me. I like the hugging and these things, but not the other part. But, you know, I’m his wife and it’s my responsibility to do it, so I’ve learnt to play along. You know, I’m a good actress [laughing].

Participants in this group spoke of sex as a transaction to secure things they desired.

Alongside keeping their husband’s happy, this included other more intimate components. For example, Mahdieh, aged 51, said:

I like the times that he sat near me and holding my hands or hugging me, you know, I think for most of the women the sex act is not important. They enjoy being supported by their husbands and their affection. But I have to pretend to have the same desire for the other one as well, as I want to keep my marriage safe.

Here, some participants are making choices with a patriarchal socio-cultural structure that limits the behaviors of these women in profound ways. The women's choices are not absolute, or a sign of their freedom, but they are assertions of agency in the context of their possibilities and constraints which have been defined by a gendered socio-cultural structure.

Discussion

Drawing on life history interviews with 30 Muslim women in Tehran and Karaj, this research documents the importance of menopausal time for women in Iran. Located within a patriarchal culture with a medical discourse that frames menopausal time as an illness that makes women old and weak, participants viewed it as a period of great loss and sadness. The women reflected on sacrifices they had made throughout their lives at the same time as they considered the loss of the future, viewing menopausal time as the entry to old age and even the approach of death. The women were provided very little medicinal or health information about menopausal time, and there is scant discussion in the media and public sphere. And where participants spoke about learning information from friends, this remained focused on negative effects and how best to hide negative biological changes. In documenting these experiences of women in Iran, this study makes a significant contribution to the social science literature on menopausal time which focuses almost exclusively on Western perspectives. Supporting the contention that experiences of menopausal time vary cross-culturally (Kowalcek et al. 2005), we have documented significant problems that Iranian women encounter as they experience menopausal time that are notably different from Western experiences (e.g. Ussher, Perz & Parton 2015), even when menopausal time is experienced as traumatic (Nosek, Kennedy & Gudmundsdottir, 2012b).-

This research extends beyond these empirical findings to think conceptually about how menopausal time is structured by a complex interweaving of profound cultural constraint

and the exertion of individual agency. Women's agency is severely constrained in multiple forms: from laws and social norms that limit women's freedoms to the control the husband maintains in social, sexual and economic decisions within the family (author citation; Lofit et al. 2013). Women's intensely emotional reflections on their past also highlighted ways they have been harmed by the gender regime in Iran. And yet to adopt a Western perspective of agency and suggest that these women are only victims of their context would be to mischaracterize their experiences and lives (Bassel 2010; Duits an Van Zoonen 2006). The act of reflecting on their lives and menopausal time served as a mechanism to critically reflect on their social position. The rejection of particular gender norms – not attending parties, “growing a fat belly” and resisting other beauty regimes – can be interpreted as acts of resistance, as can the act of participating in the research study. More significantly, participants used menopausal time to broach issues of sex and sexuality with their husbands. While not always successful in this endeavor, participants were able to talk about sex with their husbands, and even joke on occasion; some felt able to resist sexual intercourse in a manner not possible before; and faking sexual satisfaction to gain emotional intimacy. This may not align with Western ideals of agency and gender equality, yet a southern perspective enables recognition of these women negotiating space to live their lives in new ways in their particular cultural context.

This study also enhances theory on the narratives people use to negotiate social problems. Drawing on Frank's (1995) conceptualization of three narrative forms that people with serious illnesses use to understand their poor health (see also de Salis et al. 2018; Nosek, Kennedy & Gudmundsdottir, 2012b), we document the presence of both chaos narratives, particularly when participants recall their early experiences with menopause, and quest narratives, when the women spoke of agency and resistance. Yet the profound sense of loss that participants discussed did not map neatly onto Frank's (1995) typology, and so we

introduce the term “loss narratives” to describe the character of these women’s stories. We found only a few aspects of restitution narratives, and this is likely the result of the patriarchal context of Iranian culture.

Participants took a stance at a distance from their suffering and, by analyzing it, they displayed their reflective understanding of their position. These women were conscious storytellers of their hurt. In this way, the data was congruent with quest narratives because, at the end of telling their stories, participants gained insight about their suffering through re-evaluating it: a kind of reflexive analysis of their loss. Even so, the narrations lacked the transformative perspective of quest narratives and participants remained deeply affected by menopausal time and their position within the patriarchal culture of Iran. As such, we define loss narratives as a type of story that combines the hurt of chaos narratives with the reflexivity of quest narratives, while still challenging their predicament through their stories. Whether loss narratives constitute a new form of narrative or can be understood as a particularly traumatic form of quest narrative deserves further attention and future research could investigate the applicability of Frank’s typology of narratives in cultures with markedly different power structures (de Salis et al. 2018). We are skeptical that they are a traumatic quest narrative because participants’ overarching narratives are not those of transformation, even as they locate resistance and agency in their stories.

This research also has implications for feminist gender theory. In the socio-cultural context of Iran, where women’s silence, virginity and sexual “purity” are highly valued, our approach has provided empirical data on how Muslim Iranian women make sense of menopausal time and understand how women’s agency can be exerted even in patriarchal contexts—through subtle negotiations of power rather than explicit or overt resistance. Furthermore, we also highlight how this research can be understood as a form of feminist activism: by providing a space for participants to reflect on their lives and narrate their

experiences, this not only placed these women in a position of control and authority (however briefly), it also provided them a space to re-evaluate their life history.

We also highlight the methodological benefits of conducting life course interviews as for studies on menopausal time. The biographical, life course approach of these interviews enabled a holistic, longitudinal understanding of how menopausal time both shapes and is shaped by significant events over participants' entire lives. While we examine these women's understanding of childhood and early marriage elsewhere (author citation), the biographical approach enabled appreciation of the forms of loss and sacrifice these women felt both historically and in the present.

There are, of course, limitations to this study. Given its qualitative nature, it is important to acknowledge that the sample is drawn from six religious classes in two cities in Iran. This necessarily limits claims to generalizability and, although effort were made to recruit participants from different socioeconomic classes and geographical areas, the sample is still relatively homogenous compared to Iran (Khademi & Cook 2003). Furthermore, we recruited the participants through volunteer sampling. It is possible that the women participating in this study thus may have more courage to speak up about menopausal time and challenge the hegemony of silence than might others. At the same time, while the first author's insider perspective enabled important disclosures by these women, it is possible they did not share narratives on particularly sensitive issues. There are some issues, like sex outside of marriage, that we are near-certain no participant would have mentioned even if they had ever engaged in the act (a likelihood we consider to be near zero).

Overall, we argued that their narratives provide examples of how the power relations of the gender order and medicalization are signified and regulate women's bodies and their understanding of menopause; this is control of women without recourse to physical violence (in the case of my participants at least) and based on cultural consent. We addressed

menopause as a gendered, embodied and lived phenomenon by which we can view individuals' engagements with cultural meanings concerning sexuality and the ageing body, and women's understanding of it as a significant life event.

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Endnotes

1. Iran has had a morality police since the 1979 Islamic Revolution who enforce a range of moral norms and laws, including observance of hijab and discouraging cosmetics.