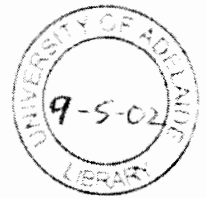


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**Intersections of Feminist and Medical
Constructions of Menopause in Primary
Medical Care and Mass Media:
Risk, Choice and Agency**

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Abstract

In this thesis I critically examine the intersection of feminist and medical constructions of menopause. I examine language used by general practitioners and in mass media to ask 'what are the implications of constructions of menopause for health care practice and public health for women at menopause?' I present the findings of qualitative analysis of semi-structured interviews with nine general practitioners' working in rural South Australia and qualitative and quantitative analyses of 345 South Australian newspaper articles from 1986 to 1998.

Women's 'choice', 'informed decision-making' and 'empowerment' are key ways in which menopause is described in the general practitioner interviews and newspaper articles. I argue that an 'ethic of autonomy' is constructed in these general practitioner and media accounts and that an 'offer of choice' in relation to health care for women at menopause, far from being emancipatory, serves to intensify power relations. The singularity of choice, to take or not to take hormone replacement therapy, is *required to be* a choice and is embedded in relations of power and knowledge that produce menopause in medical and popular discourse.

While this 'offer of choice' is problematic, I nevertheless argue that in the discursive shift towards women as active decision-makers there has evolved the potential for reconceptualising health care practice for women at menopause by medicine. I argue that conceptions of agency provide a framework for such a reconfiguration. 'Choice' based on agency is not an individual act of the woman pursuing her rights and using her will but is a choice predicated on an active engagement with the relations of power that hitherto were integral to the limitation of her choice. Hormone replacement therapy is not excluded but is no longer the primary issue around which choice is exercised.

A reconfigured health care for women at menopause and beyond would, therefore, see health care practitioners, public health researchers and policy makers actively engage with the multiplicity of menopause, negotiating health care beyond narrowly physiological parameters of traditional discursive constructions of menopause: it would see health policy regarding women's long term health take account of power relations, and the social and discursive context of health.