

Cultural Coping Practices for Menopause among Korean Middle-Aged Women: An Ethnographic Approach

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Abstract

Purpose: This study aims to explore the cultural patterns of how middle-aged women in South Korea cope with menopause and to provide a holistic understanding of their experiences within the sociocultural context of Korean society. **Method:** Spradley's ethnographic methodology was employed. Data were collected through participant observation and informal interviews with 13 Korean middle-aged women who had experienced menopause. The fieldwork continued until data saturation was reached. The collected data were analyzed according to Spradley's ethnographic analysis framework. **Result:** A central cultural theme, "Reconstructing life with a focus on health," emerged from the experiences of Korean middle-aged women coping with menopause. Their coping strategies went beyond a standardized, medically oriented approach, reflecting cultural practices that aim to realign their lives toward holistic health and well-being. **Conclusion:** This study underscores the need for an integrative approach that supports women in understanding and accepting the transition within the context of their own lives, moving away from pathological and disease-centered perspective. The findings offer practical foundation for the development of educational, counseling, and policy programs to enhance the quality of life for middle-aged women.

Keywords: Menopause, Coping, Culture, Experience, Ethnography

1. Introduction

Women around the age of 50 typically experience menopause, a phenomenon in which menstruation permanently ceases due to the aging of the ovaries, which secrete female hormones (The Study Group for Menopause, 2003). The life expectancy of Korean women in 2024 is projected to be 86.6 years, with the average age of menopause being 49.9 years (Statistics Korea, 2024). This suggests that life after menopause can occupy half of a woman's life. While menopause is a natural part of a woman's developmental cycle, it also represents a major life transition that triggers a developmental crisis (Alblooshi et al., 2023). During menopause, women experience various physical, psychological, and sociocultural changes, which significantly impact their health and quality of life (Argeşanu et al., 2023; Williams et al., 2009). Therefore, how they cope with and manage this transition can be seen as determining their postmenopausal life. Furthermore, in Korea's family-centered society, middle-aged

women facing menopause are at the center of responsibility for the care of all family members, including parents, siblings, children, and spouses. Therefore, the health and quality of life of menopausal women are important not only at the individual level but also at the level of family and social well-being.

Women entering menopause experience a variety of physical symptoms and conditions, including osteoporosis, urinary incontinence, decreased sexual function, headaches, obesity, high blood pressure, diabetes, hyperlipidemia, and cardiovascular disease. Furthermore, they experience psychological changes, including extreme mood swings, anxiety, depression, sleep disturbances, memory loss, dementia, loneliness, and feelings of desolation (Health Insurance Review and Assessment Service, 2023). Furthermore, middle-aged Korean women during this period experience changing roles and conflicts within their families and society, including children's education and employment, spouses' or their own retirement and career changes, and parents' illnesses and caregiving issues (Cho, 2016). This stress further worsens the physical and mental health of menopausal women (Hong, Y.-S., & Han, G.-S. (2021).

Recently, many issues have emerged in Korean society such as depression, suicide, and increased divorce among women in the menopausal transition (Kim, 2025). Depression, a major mental health problem among Korean women, is reported to occur in 40% of women in the menopausal transition, and 66% of these women have considered suicide (National Center for Mental Health, 2022). This reflects the fact that menopausal women are not adequately coping with this life transition. According to a 2003 study (The Study Group for Menopause, 2003) and a 2025 survey (Ang et al., 2025), more than 80% of Korean physicians recommend hormone therapy (HRT) for menopausal women and do not recommend alternative medicines or non-pharmacological interventions. Furthermore, a survey on Koreans' perceptions of menopause reported a strong tendency to perceive the difficulties of menopause as resolving through hormone therapy (Hwang et al., 2025). However, hormonal therapy is gradually decreasing worldwide as distrust increases due to the risk of breast cancer or cardiovascular disease, and other safe complementary and alternative therapies are preferred (Chlebowski, 2020; Collaborative Group on Hormonal Factors in Breast Cancer, 2019; Mehta et al., 2021; Johnson et al., 2019; Mehrnouch et al., 2021; Yuk et al., 2024).

Despite these realities, the fact that both medical and non-medical professionals still perceive hormone replacement therapy as the only viable option for menopausal women demonstrates the severe weakness of the social and medical infrastructure within Korean society to support diverse coping strategies for menopausal women. Furthermore, this can hinder the efforts of menopausal women to explore appropriate coping strategies and engage in various initiatives to improve their health.

Menopause is a universal biological transition for women worldwide, yet perceptions of and coping with it vary across countries and cultures. This is influenced by a variety of factors, including sociocultural values, access to healthcare, family structure, and gender role perceptions (Northrup, 2001). Therefore, effective coping and management for women experiencing menopause requires an integrated approach that encompasses not only physiological and psychological factors, but also sociocultural and medical contexts (Lee et al., 2025). In order to support women facing life crises and transitions through menopause to effectively cope with various changes, it is necessary to understand and grasp their experiences as a whole. This requires qualitative research that engages with the subject population and identifies their lived experiences, rather than quantitative research that examines and verifies expected outcomes within a predefined framework.

Looking at domestic and international studies related to menopause, most of them are quantitative studies that deal with medical approaches based on pre- and postmenopausal symptoms and diseases (Hashimoto et al., 2021; Hong, 2021; Johnson et al., 2019; Ogawa et al.,

2025; Park et al, 2023). A small number of qualitative studies of menopausal women are also only exploring symptom experiences (AlSwayied et al, 2024; Ang et al, 2025; Hwang et al, 2025; Jo & Ahn, 2023; Son et al, 2006; Kim, 2008), so it is limited to understand how middle-aged women cope with menopause from a holistic perspective.

In Korean society, married women experiencing menopause form a subcultural group by sharing their unique coping experiences. Culture significantly influences health behaviors throughout life. Therefore, to deeply understand the menopausal coping experiences of Korean married women, it is crucial to focus on the cultural context of the society they belong to and to identify the cultural patterns of experiences they share in their daily lives (Yoo, 2005; Kim, 2015). To this end, ethnographic research methods, which describe and analyze the beliefs, values, norms, thoughts, and behaviors of a cultural group, are considered appropriate.

Therefore, this study aims to explore cultural patterns of coping strategies shared by married women experiencing menopause within the cultural context of Korean society and analyze their meaning using ethnographic research methods. The main research question is, "What are the coping experiences of Korean middle-aged women during menopause?"

2. Research method

2.1. Research design

This study employs an ethnographic research method. It describes the lived experiences of middle-aged women coping with menopause within the sociocultural context of Korea, from their perspectives, and analyzes their meaning to foster understanding of cultural groups.

2.2. Research participant

The subjects of this study were middle-aged postmenopausal women residing in Seoul and Gyeonggi Province in Korea. The participants were women who visited the Department of Gynecology at G Hospital in Seoul and the Department of Obstetrics and Gynecology at B Women's Hospital in Gyeonggi Province. Maximum variation purposive sampling (also known as heterogeneous sampling) was used to account for the diverse sociocultural backgrounds of these women, including their occupation, religion, education level, and number of children. This researcher believed that married women's experiences of menopause may differ from those of unmarried women, as well as those of women who underwent induced menopause due to hysterectomy, oophorectomy, or breast cancer treatment. Therefore, unmarried women and women with prematurely induced menopause were excluded. Furthermore, those who had been postmenopausal for more than 10 years were excluded due to their limited ability to vividly describe their experiences of the menopausal transition and the difficulty in distinguishing between aging and menopausal symptoms. A total of 13 informants reached saturation. The participants' ages ranged from 51 to 62 years, with a mean of 56.1 years. The age of menopause ranged from 45 to 56 years, with a mean of 50.7 years. Six participants had experience with hormone therapy. Specific participant characteristics are presented in Table 1.

2.3. Data collection

The data collection and analysis for this study followed Spradley's ethnographic research method, and were conducted from November 2024 to December 2024. The researcher explained the purpose of the study, interviews and recordings, participant observation, field note taking, and confidentiality of interview content and interview data to the subjects, and obtained their consent to participate. Data collection was terminated when no new data emerged and saturation was reached through field research techniques such as participant observation and informal in-depth interviews. Interviews were conducted in a hospital conference room and

a quiet café. Open-ended, informal interviews were conducted using descriptive, structured, and contrastive questions. The interview began with empathy for the difficult circumstances of menopause, gradually building on the informant's responses and guiding the interview toward a natural approach to the research question.

Table 1. General Characteristics of Participants

ID	Age	Menopause Age	Occupation	Religion	Education	Children son/ daughter	HRT Experience
1	52	45	Office worker	Buddhist	University	1/ 2	Yes
2	54	52	Self-employed	Christian	High school	1/ 2	Yes
3	53	52	Housewife	None	High school	2/0	Yes
4	55	50	Self-employed	Catholic	University	1/ 1	No
5	57	48	Professional	None	University	1/1	No
6	58	55	Housewife	Christian	University	3/0	Yes
7	55	51	Professional	Christian	University	2/1	No
8	55	49	Self-employed	Buddhist	High school	0/1	No
9	59	51	Office worker	None	University	1/3	No
10	60	52	Housewife	Christian	University	1/1	Yes
11	51	49	Professional	Christian	University	2/0	No
12	62	53	Housewife	None	High school	0/2	Yes
13	58	51	Housewife	Catholic	High school	1/1	No

Interviews were recorded using a smartphone with the informant's consent. Immediately after the interview, the interviewee's notes were transcribed, and these notes, along with those taken during the interview, were used for data analysis. The recordings were transcribed verbatim, and any unclear or ambiguous information was highlighted for further questioning or phone calls. Each informant was interviewed twice, each lasting approximately two to three hours.

Participant observation was conducted at the hospitals and cultural centers visited by informants, as well as at the homes of two informants. This observation encompassed the informants' behaviors, attitudes, and even their surroundings.

2.4. Data analysis

Data analysis was conducted using Spradley's ethnographic analysis method, which included domain analysis, classification analysis, component analysis, and thematic analysis. Through analysis of the collected interview and participant observation data, the study aimed to uncover cultural patterns and implications regarding how middle-aged women cope with menopausal symptoms. At first, it was a developmental research stage that started wide and shallow and gradually went narrow and deep, and it was conducted simultaneously with data collection.

2.5 Ethical consideration

The researcher explained the purpose of the study, the research procedures (including interviews, recordings, and participant observation), potential problems arising from participation, confidentiality of interview content and data, and the participants' voluntarily withdrawing or refusing to participate. After obtaining their consent, the study began. Informant information was identified by a number from 1 to 13, indicating their anonymity.

2.6 Rigor of the research

To ensure the rigor of qualitative research, we adhered to the evaluation criteria proposed by Lincoln and Guba. First, to ensure credibility, the researcher presented the collected data and analysis results to the informants to confirm that they accurately reflected their experiences and meanings. Second, to ensure applicability, the interviews were conducted with sufficient time, and data collection and analysis continued until saturation was reached. Third, to ensure auditability, Spradley's ethnographic research stages were followed and the research methods and analysis process were described in detail. Fourth, in order to secure confirmability, the researcher tried to maintain objectivity by suspending judgment and bracketing with the recognition that the researcher's existing knowledge or preconceived notions could affect the data collection and analysis process throughout the process.

3. Results

To identify cultural patterns and meanings regarding the coping mechanisms of middle-aged women experiencing menopause, we analyzed the collected data using ethnographic research methods. The resulting analysis revealed the cultural theme of "Reconstructing life with a focus on health". This resulted in 3 categories and 12 attributes (Table 2). The following attributes were identified for each category: "Actively engaging in health-promoting behaviors", "Accepting menopause as a providence of nature", "Buried menopause, remaining pain".

Table 2. Meaning structure of Korean middle-aged women's coping with menopause

Cultural theme	Categories	Properties
Reconstructing life with a focus on health	Actively engaging in health-promoting behaviors	Relying on modern health care
		Pursuing good food
		Dedicating myself to exercise
		Relying on complementary and alternative therapies
	Accepting menopause as a providence of nature	Accepting aging
		Having a positive mindset
		Careful and protective living patterns
		Enjoying leisure activities
	Buried menopause, remaining pain	Unrecognized menopause
		Hiding and ignoring menopause
		Living with the aftereffects of disease
		Leaning on surrounding resources

3.1 Actively engaging in health-promoting behaviors

The category of 'Actively engaging in health-promoting behaviors' included the following attributes: 'Relying on modern health care', 'Pursuing good food', 'Dedicating myself to exercise', and 'Relying on complementary and alternative therapies.'

This category encompasses the proactive behaviors and lifestyle changes participants undertake to overcome menopausal symptoms as they personally experience them.

3.1.1 Relying on modern health care

This attribute is one of the most common coping mechanisms among married women experiencing menopause. Women experienced various discomforts due to menopausal symptoms and sought medical treatment, most of whom reported that they began treatment at the recommendation of medical professionals or those around them. Many of these women relied on modern medical treatments, including pharmacological treatments such as female hormones, sleeping pills, hyperlipidemia medications, osteoporosis medications, and joint injections; surgical procedures such as incontinence surgery or joint surgery; physical therapy; and psychological treatments such as depression treatment and psychiatric counseling.

"At one point, my panties weren't soaking wet and I felt dehydrated... I didn't have any vaginal discharge at all... It felt like my entire body was drained of water and drying out... My body was turning into a desert... The doctor prescribed hormone medication, which I took immediately."

"I used to always have trouble sleeping. But the insomnia was worse than the sleepiness... I took sleeping pills and antidepressants... I didn't think it was a waste of money to go to the hospital, and I went whenever I had symptoms."

"I couldn't even laugh out loud because I was leaking urine, and I woke up several times a night to urinate, so it always felt like I hadn't slept at all. I was hesitant to travel. After incontinence surgery, things got a little better."

3.1.2 Pursuing good food

These attributes represent efforts to alleviate and prevent the worsening of physical symptoms such as hyperlipidemia, osteoporosis, abdominal obesity, insomnia, and hyperglycemia through diet. Meanwhile, these efforts have been shown to be a more common coping strategy among those who experience side effects from hormone therapy, are unable to take it, or have negative views about it.

"I never thought someone as skinny as me could develop hyperlipidemia. I've never been picky about what I eat, but since menopause, my fat levels have been rising... I used to love pork belly, but I rarely eat it anymore and try to eat fish more often."

"I started taking hormone therapy, but I keep getting vaginal bleeding... So, eating is the best thing I can do... I'm focusing on fruits and vegetables like strawberries, beans, and peaches, which are rich in phytoestrogens... I'm cutting down on carbohydrates as much as possible... Now, I'm more interested in healthy options than delicious options..."

"My older sister has breast cancer, so I'm at a higher risk for it too... She told me not to take hormone therapy... My mother has weak bones, so I'm most worried about osteoporosis... So I eat milk and anchovies every day."

3.1.3 Dedicating myself to exercise

This attribute encompasses the lifestyle changes that participants made to overcome the physical changes and mental challenges associated with the menopausal transition. Specifically, most participants experienced weight gain, body shape changes, and functional decline due to a decreased basal metabolism and fat redistribution, leading them to recognize exercise as essential for postmenopausal life. The primary forms of exercise that participants in this study began after menopause included Pilates, swimming, water aerobics, yoga, walking, trekking, and golf.

"I eat a lot less than before (menopause), but my body sticks out like this (patting her stomach), and my legs are thinner... When I shower and look at my naked body, I look like E.T. (an alien)... The only way for housewives to exercise is under the moonlight..."

"Now that I feel like exercise is the only answer... The doctor said I should lose weight to address my back pain and incontinence... He said not exercising at my age would be suicide... Not many people don't have diabetes or high blood pressure... We all do it to survive..."

"I started taking medication for depression, but my children insisted I exercise with them... My daughter signed me up for Zumba because she said I should listen to upbeat music while exercising."

3.1.4 Relying on complementary and alternative therapies

This attribute demonstrates that, in addition to active modern medical practices, subjects rely on various alternative therapies and dietary supplements to overcome the menopausal transition. Alternative therapies used by subjects included herbal medicine, acupuncture, and moxibustion, massage, meridian therapy, Chuna therapy, sauna therapy, auricular therapy, and aromatherapy. Supplements included calcium supplements, vitamin D, omega-3s, red ginseng extracts, phytoestrogens such as pomegranate and soybean extracts, and black goat extract. These coping methods were often chosen when subjects were reluctant to engage with active modern medical practices, found them difficult to access, or found them ineffective.

"My back, shoulders, knees, feet... there's no joint that doesn't hurt... If I go to the hospital, they all have to be treated separately... and I can't operate on every painful area... If I take herbal medicine, it spreads throughout my body... I have to get a massage and go to a sauna and get hot steaming hot to last a few days."

"I don't want to take hormone replacement therapy because it's artificial... I've been taking pomegranates regularly because they're said to be rich in female hormones. Since they're natural hormones, there are no side effects, so I think it's even better."

"I have to work to make a living, so I can't even think about going to the hospital... If my osteoporosis is severe enough, I can't even work at this restaurant, so I just buy calcium supplements at the pharmacy and take them."

3.2 Accepting menopause as a providence of nature

This category identified the following attributes: 'Accepting aging', 'Having a positive mindset', 'Careful and protective living patterns', and 'Enjoying leisure activities'. This demonstrates that participants do not perceive the menopausal symptoms they experience

as a disease, but rather as a natural cycle and process of life, and attempt to positively cope with the changes of menopause.

3.2.1 Accepting aging

This attribute represents the process by which subjects accept the changes in their bodies and minds while recognizing menopause as a natural aging phenomenon rather than a deficiency.

"Not having menstruation isn't a disease, is it? Not menstruating doesn't mean I'm going to die... My face started flushing, so I figured I was getting menopause. I just accepted it as normal, thinking I was at that age."

"I figured it was pointless to force myself to take medication to prolong my menstruation. But it doesn't make me any older... Wrinkles are natural when you get older... Why go against nature?"

3.2.2 Having a positive mindset

This attribute shows that subjects experience various emotions due to menopause, but instead emphasize positive changes rather than negative aspects, and exert a coping mechanism to control their own minds. Specifically, subjects highlighted changes such as fear of pregnancy turning into relief and discomfort from menstruation turning into a sense of liberation, rather than feelings of loss due to menopause, comforting themselves and coping positively. Furthermore, religious participants sought to discover the meaning of menopause and embraced it positively.

"It felt strange to no longer have the symbol of femininity... but actually, I had a miscarriage once due to a failed contraception, and that was a huge trauma... Not having to worry about pregnancy anymore felt so liberating... So I thought, let's overcome (menopause) well..."

"I felt a little lonely, as if my body wasn't what it used to be... but I tried to think positively, thinking, 'Ah, the bothersome thing is finally over. I feel relieved.' I used to feel the cold a lot, but it's gone, so it's nice."

"I need to control my mind... I'll find peace of mind through prayer, and I'll read the Bible to calm my anger... I'll accept menopause, because it's God's will."

3.2.3 Careful and protective living patterns

This attribute demonstrates the positive changes that the subjects experienced as they adjusted their existing lifestyle patterns to better navigate the menopause they faced. Middle-aged women began to manage stress by being mindful of their daily activities and promoting natural healing to prevent potential problems. Furthermore, they were seen making lifestyle changes based on the belief that self-protection was more important than the opinions of others.

"I don't even wear high heels to work, and now I even wear sneakers to weddings. I couldn't even dream of that before... but now, all those formalities don't matter. My comfort and safety come first... I completely understand the middle-aged woman who covets seats on the subway (laughs)."

"I used to be fearless and did everything. I went skiing and did aerobics... but now I've switched to golf and yoga to avoid overdoing it. You have to be mindful of your surroundings (laughs).... I even stopped going for early morning workouts for fear

of slipping and falling. I have to be careful, considering my age." "I don't think you should just start taking sleeping pills just because you have insomnia. Exercise during the day, drink milk at night... Menopause is a natural process... You should try to get better naturally. It's a bit disheartening to see women who say they're having trouble sleeping but then take naps, drink coffee, and drink alcohol (with a pitiful expression)... I used to like coffee, but I also have insomnia and it's bad for osteoporosis, so instead, I drink a lot of water and chamomile tea."

3.2.4. Enjoying leisure activities

This attribute shows that women who have accepted menopause as a natural life change actively participate in leisure activities to promote their physical and emotional recovery and improve the quality of life. Some participants expressed satisfaction with being able to practice activities that were not possible due to lack of time and economic margin in the past, which led to the process of discovering a new meaning in life after menopause.

"I'm trying to do things I couldn't do because I didn't have time before... I go to movies with my friends and go to concerts of my favorite singers in the past. I also travel every season... As I get older, I feel relaxed."

"When I was young, I was most envious of my friends who went to piano academies. My family couldn't afford it. These days, I don't have to spend money on my children. That's why I go to a welfare center to learn how to play piano. I have achieved my long dream."

3.3 Buried menopause, remaining pain

This category identified the attributes of 'unrecognized menopause', 'hiding and ignoring menopause', 'living with the aftereffects of disease', and 'Leaning on surrounding resources'. This reveals the negative experiences of those who experience the menopausal transition inappropriately or passively, due to various reasons such as financial hardship, family issues, and cultural factors, resulting in health problems.

3.3.1 Unrecognized menopause

This attribute represents the experience of married women going through the menopausal transition who focus on the practical problems that arise in their lives and fail to recognize menopause and neglect health management.

"My husband suddenly quit his job... the kids were in school... I was so busy running a restaurant and running a business that I didn't even realize how I was going through (menopause)."

"My eldest daughter suddenly got pregnant and had to get married. She was 22... That was the hardest time of my life. I was so emotionally distressed that menopause took a backseat."

"That was when my mother was diagnosed with stomach cancer and receiving treatment... I was so busy commuting between home, work, and the hospital that I didn't have time to feel or worry about (those symptoms)."

3.3.2 Hiding and ignoring menopause

This attribute reveals the experiences of middle-aged women who, while aware of the changes brought on by menopause, inappropriately cope by hiding and ignoring them.

Specifically, the subjects perceived menopause as a "stigma" and felt they had to hide it, and they felt ashamed of their physical and psychological changes. Furthermore, rather than feeling liberated from menstrual pain or contraception, they focused more on feelings of "growing old" and "being socially excluded," leading to feelings of depression, helplessness, and social alienation. Underlying these experiences was a negative perspective that perceived menopause as a "loss of femininity" and "the end of being a woman."

"When someone start menstruation, people celebrate it like a birthday. But when women go through menopause, they don't. As a woman, your life is over, so why would you brag about it?"

"Going to my menopause checkup was scary. Because I was going through (menopause) earlier than most, I hid it. I even hid it from my husband and secretly took (hormone) medication... I was worried the medication wasn't working for me, and I kept bleeding frequently, but I couldn't stop... I was afraid he'd cheat on me... (laughs)"

"Besides that, I hated going to public bathhouses because my (pubic) hair would fall out... I didn't even go to jjimjilbangs with people I knew for a while. I was so embarrassed and ashamed of my appearance back then... It was so bad that I noticed the many hair growth products advertised in women's restrooms."

3.3.3 Living with the aftereffects of disease

This attribute encompasses the situation in which middle-aged women live their entire lives with the unhealthy aftereffects of menopause due to their failure to adequately address the actual and potential problems that arise, and the subjects' feelings of regret and remorse about this.

"I'd been living so recklessly that my body was already in shambles. ...need to be more careful and cherish bones during menopause... While others were taking medication and getting treatment, I was even more reckless. Working at a restaurant, I stood all day and lifted heavy earthenware pots... My knees, shoulders, and back were always sore. But with financial concerns like housing, rent, and children's tuition fees looming before me, I worried about the bills and couldn't go to the hospital. They say women need to take care of their bodies during pregnancy and menopause to last a lifetime... But I was going to have to live with this pain until I died."

"Back then, I couldn't even hope to resolve my feelings (of disappointment, resentment, and injustice from my daughter). Even now, when I think about it, tears stream down my face, and I often wake up from sleep with a heavy heart and pounding chest. The doctor said I had menopausal depression and anxiety disorder... It was like adding insult to injury... If I had treated it sooner, I wouldn't have suffered these long-term aftereffects..."

3.3.4. Leaning on surrounding resources

This attribute shows the life pattern of middle-aged women relying on and coping with people around them due to physical pain, emotional anxiety, and functional decline during menopause. There was a tendency. In particular, people who routinely contact, such as husbands, children, parents, brothers, friends, and co-workers, become dependent

in crisis situations, which is an important resource for middle-aged women's adaptation and recovery process, but also contributed to internal conflict.

"My knees hurt and I couldn't even walk... My husband did all the housework. I got side dishes and kimchi from my mom who is over 80. Menopause itself is a nuisance."

"I'm having a hard time with depression... I don't have anything to complain about... I called my friend every day and I was comforted. How annoying would she have been? I had no choice but to lean on her then."

"Since menopause, my memory has been so low that my work ability has deteriorated. I solved the problem by asking my young colleagues. I had no choice but to endure like that. I had nothing to do with pride."

4. Discussion

This study employed ethnographic research methods to explore how middle-aged women perceive and cope with the life transition of menopause within the sociocultural context of Korea. Through the women's daily lives and oral accounts, the researcher deeply described the cultural meanings embedded in their menopausal experiences and health behaviors. This led to the identification of a cultural theme, 'Reconstructing life with a focus on health'. This theme encompasses the cultural implications of three categories—'actively engaging in health-promoting behaviors', 'accepting menopause as a providence of nature', and 'buried menopause, remaining pain'—and twelve subcategories. Korean middle-aged women exhibit varying attitudes and coping strategies toward menopause, depending on factors such as their social status, economic resources, family roles, and access to health information. Amidst these diverse coping experiences, a cultural pattern emerged: transcending the simple acceptance of menopause as a physiological change and transforming it into an opportunity to reshape life for holistic health.

The category of 'actively engaging in health-promoting behaviors' identified in this study encompasses behaviors that postmenopausal middle-aged women engage in to proactively manage their health as they face various physical and psychological symptoms. It consists of four subcategories: 'relying on modern healthcare', 'pursuing good food', 'dedicating myself to exercise', and 'relying on complementary and alternative therapies'. Among these, 'relying on modern healthcare' emerged as the most common and immediate response to managing menopausal symptoms.

Women chose to visit hospitals when they experienced symptoms that interfered with their daily lives, such as hot flashes, insomnia, urinary incontinence, and depression, and actively utilized various medications and medical interventions, such as female hormone therapy (HRT), sleeping pills, antidepressants, osteoporosis medications, joint injections, and surgical procedures. This is consistent with the results of a study by Kim et al. (2012), which also reported that approximately 60% of postmenopausal women had visited a medical institution, and that the tendency to accept medical intervention was higher depending on the severity of their symptoms.

However, HRT has been suggested as an effective treatment for alleviating menopause symptoms, but it is in line with this study that social anxiety about the possibility of cancer and side effects still coexists and shows an ambivalent attitude in continuing use (Clebowski et al., 2020). While our study participants experienced symptom relief after taking hormone replacement therapy, some discontinued it or switched to alternative

therapies due to side effects such as vaginal bleeding. These results suggest that menopausal health behaviors are not uniform and unfold differently depending on factors such as access to medical information, experience, and risk perception.

Furthermore, the participants in this study tended to regard the onset of menopausal symptoms as a crisis akin to a disease and to rely on experts for solutions. This response pattern is interpreted as stemming from the characteristics of Korean society and medical culture, which perceives menopause as a pathological condition requiring medical intervention rather than accepting it as a physiological and natural change. As a country with high accessibility to healthcare and a developed health insurance system, medical treatment tends to be viewed as a routine response and a practical solution for symptom relief for middle-aged women. This context is supported by a study by Kim & Lee (2020). According to this study, Korean women perceived menopausal symptoms as a disease and relied heavily on medical intervention, particularly obstetrics and gynecology clinics, as a key coping resource. This provides important implications, emphasizing that women's health behaviors are not simply responses to biological phenomena but are shaped by sociocultural health discourses.

According to previous domestic and international studies, a significant number of postmenopausal women use HRT or pharmacological interventions at the recommendation of their physicians, and complementary and alternative therapies (CATs) tend to be relatively discouraged (Avis et al., 2005; The Study Group for Menopause, 2003). HRT was once widely used in the United States, Canada, and Europe to relieve menopausal symptoms and prevent osteoporosis. However, its use has been declining since then due to concerns about its association with breast cancer, endometrial cancer, and cardiovascular disease (Tempfer et al., 2020; Ugras & Layeequr, 2021; Chlebowski & Manson, 2022). Nevertheless, in Korea, there is still a high reliance on hormone therapy and pharmacological interventions as a means of managing menopausal symptoms, and the participants in this study showed a similar pattern. This demonstrates a tendency to rely heavily on the advice of medical professionals rather than independently manage menopause, and can be interpreted as a phenomenon known as the "medicalization of menopause," where menopause is viewed as a disease and addressed through medical intervention. Lock (1993) criticized this discourse for pathologizing women's aging and for allowing the medical system to function as a tool for commercializing and controlling women's bodies.

Meanwhile, many women preferred non-medical coping strategies due to perceived limitations of existing medical services, concerns about side effects, psychological resistance, and financial burden. Diet, exercise, and complementary and alternative therapies were typically utilized as health management tools, reflecting an attitude toward embracing menopause as a natural form of self-care. For example, it is consistent with research results (Mehrnoush et al., 2021) that show that food intake rich in vegetable estrogen is effective in relieving psychological symptoms, and middle-aged women were expanding their self-efficacy and health decision-making rights by adjusting their diet according to their physical constitution and family history.

Exercise not only responds to physical changes but also serves as an integrated health-promoting behavior that contributes to stress relief and emotional stability. This is in line with the results of Lee and Park(2015) and Sydora et al(2020) who reported that regular exercise is effective in improving the quality of life of postmenopausal women, relieving depression, and preventing weight gain. Participants in this study actively engaged in various exercises, such as walking, yoga, and swimming, not only to restore their physical health but also to reconstruct and strengthen their identities. These practices embody the

cultural significance of recognizing menopause not as a period of disconnection, but as a turning point for new self-care and life reconstruction.

In this study, various forms of CATs, including acupuncture, moxibustion, herbal medicine, saunas, aromatherapy, auricular pressure therapy, and dietary supplements, were practiced, which can be interpreted as part of the participants' practical efforts to autonomously manage their health. In a similar vein, Hyun(2025) found that approximately 70% of middle-aged Korean women use at least one CAT, primarily due to their preference for approaches based on natural healing and fewer side effects. The phenomenon of Korean women actively utilizing traditional constitution-centered healing methods in conjunction with or as an alternative to modern medical care is closely related to the culture of 'constitutional medicine' inherent in Korean society and the integrated perception of health of body and mind. This cultural background significantly influences the way women understand and care for their bodies during the life transition of menopause.

A recent Gallup poll conducted in North America found that 54% of postmenopausal women prioritize natural methods, such as exercise and diet, over hormone therapy (Utian & Schiff, 2018). Similarly, a recent survey by the Korean Menopause Society found that only 24.6% of respondents preferred hormone therapy (Ang et al., 2025). This can be interpreted as reflecting a tendency among Korean women to prefer more natural and safer approaches over drug-based interventions. This study also confirmed that when women judged that the benefits of hormone replacement therapy did not outweigh the risks, they tended to more actively engage in these non-medical health-promoting behaviors.

Numerous previous studies have emphasized the effectiveness and necessity of non-pharmacological approaches, such as regular physical activity, a balanced diet, traditional Korean medicine, and CATs, to improve the quality of life of postmenopausal women (Jo & Ahn, 2023; Taebi et al., 2018; Argeşanu et al., 2023; Barati et al., 2021; Pingali et al., 2025). Similar trends have recently emerged in the United States, Canada, and some European countries. Nutritional supplements, including dietary supplements such as phytoestrogens, vitamin D, and calcium, exercise, and psychosocial support (e.g., counseling, menopause workshops, online communities) are actively utilized (Mehnoush et al., 2021). In addition, the use of various CATs, such as aromatherapy, yoga, meditation, and biofeedback, is effective in alleviating physical and psychological symptoms in menopausal women, and its safety and benefits have been proven (Hyun, 2025; Johnson et al., 2019; Mehnoush et al., 2021).

These results suggest that health promotion behaviors in postmenopausal women are not simply biological responses; they are integrative practices involving a complex interplay of factors such as emotional stability, cultural beliefs, and living conditions. Therefore, they suggest the need for an integrated approach that allows various health management strategies, such as diet, exercise, CATs, and modern medicine, to work in a complementary manner. In particular, cultural sensitivity and personalized design are essential, reflecting each woman's individual context, including family history, disease history, cultural values, and economic circumstances.

The category of 'accepting menopause as a providence of natural' identified in this study demonstrates the healthy adaptation experiences of women who accept menopause as a natural transition in life, rather than perceiving it as a disease or crisis, and who maintain a positive mindset and adjust their lifestyle accordingly. This category consists of the sub-attributes of 'acknowledging aging', 'having a positive mindset', 'careful and protective living patterns', and 'enjoying leisure activities'. This reflects the

psychological changes and coping strategies of middle-aged women who seek to approach menopause from a perspective of self-acceptance and self-care rather than a negative one.

Participants perceived menopause as part of the biological aging process and attempted to accept it naturally rather than forcibly delay or avoid it. Contrary to the traditional discourse that views menopause as a loss of femininity, the participants in this study shifted their perspectives to positive emotions, such as a sense of liberation following the end of menstruation and a sense of relief from the disappearance of the possibility of pregnancy, and pursued psychological autonomy and peace. This is part of a psychological regulation strategy to change the perception of life after menopause, and it has been reported in previous studies that the attitude of pursuing emotional stability through religious beliefs or spirituality plays a positive role in relieving stress and restoring the meaning of life in middle-aged women (Mehrnoush et al., 2021; Kim & Lee, 2025).

Furthermore, the 'careful and protective living patterns' identified in this study is interpreted as a healthy self-management strategy that prioritizes one's health and safety and adjusts one's lifestyle in response to physical changes, rather than simply passively enduring menopause. Participants attempted to manage menopausal symptoms by reducing exercise intensity, adjusting their dietary habits, avoiding medication dependence, and promoting natural recovery. This attitude is consistent with the findings of Barati et al. (2021) and Argeşanu et al. (2023), which emphasized the benefits of non-pharmacological interventions, and reaffirms the importance of preventive health management and autonomous coping strategies.

The attribute of 'enjoying leisure activities' demonstrates an active coping strategy that goes beyond simply adapting to biological changes in menopausal women. It restores a suppressed sense of self and promotes self-care and self-actualization. Participants in this study sought to fulfill personal needs that had been postponed due to long-term constraints through leisure activities and to restore emotional stability and vitality. This can be understood as an experience that reframes menopause as a turning point for a new life, rather than a period of loss. This trend has been similarly confirmed in previous studies. Taebi et al. (2018) reported that regular leisure activities and self-development significantly improved life satisfaction and health-related quality of life in menopausal women, while Argeşanu et al. (2023) emphasized that cultural and leisure activities reduce depression and feelings of isolation and positively impact self-esteem. Mehrnoush et al. (2021) also reported that various forms of leisure activities—e.g., hobbies, art, and travel—lead to relief of menopausal symptoms, emotional stability, and even health promotion effects.

It is noteworthy that the participants in this study perceived menopause as a turning point, transitioning from a period of isolation to a new chapter in life. This suggests practical implications for menopausal women, suggesting that coping strategies should not be limited to simple health management interventions but require an integrated approach encompassing identity restoration, psychosocial well-being, and quality of life improvement.

The category of 'buried menopause, remaining pain' identified in this study suggests that menopause is a life experience often suppressed or ignored within sociocultural contexts. Participants' accounts repeatedly revealed that menopause is not a respected personal experience, but rather hidden due to social stigma, and that family and livelihood priorities take precedence over personal care.

In Korean society, middle-aged women are often faced with the complex challenges of simultaneously juggling family tasks, such as spouse retirement, children's academic advancement and marriage, and parents' declining health and caregiving responsibilities. These life tasks overlap with the physical and psychological transition of menopause, leaving women with little time to adequately recognize or respond to their own changes. This study reveals that women's preoccupation with practical matters such as making a living, family affairs, and caregiving led to a neglect of their own health, leading to the 'unconscious passage' of menopause, a life transition. This can be interpreted as reflecting the medical and sociocultural silence on the female life cycle, as pointed out by Lock (1993).

'Hiding and ignoring menopause' stems from negative perceptions of menopause as a loss of femininity, aging, and social exclusion. Participants in this study perceived menopause as shameful and embarrassing, and even tended to ignore or conceal it themselves. This was also confirmed in a study by Yoon & Han (2013), and the cultural context that equates menopause with social stigma significantly impacts women's identity and self-esteem. In particular, negative self-perceptions of menopause lead to depression, isolation, and body image distortion, which exacerbates psychological distress. A meta-analysis by Alblooshi et al. (2023) also reported that depression and anxiety in menopausal women are closely related to the discrepancy between cultural expectations and self-acceptance.

These sociocultural pressures lead to delayed self-care, which in turn leads to chronic menopausal symptoms and the accumulation of health problems. This suggests that women's vulnerability to health care and the absence of preventive interventions can lead to a decline in quality of life after menopause. In particular, Barati et al. (2021) and Taebi et al. (2018) emphasized the importance of psychosocial interventions in maintaining quality of life in menopausal women, emphasizing the need for early recognition and intervention.

This phenomenon suggests that menopause should be understood as a holistic life process experienced within the familial and social structures. In particular, the experiences of women who are disconnected from self-care, coupled with the accumulated patterns of health inequalities, can pose a threat to their lifelong health. This study demonstrates that negative experiences of menopause are primarily linked to complex issues such as economic vulnerability, family stress, and the burden of caregiving. Therefore, health monitoring, counseling services, and financial support should be provided for women in need of social support.

Furthermore, a shift in social perception is needed, recognizing that menopause is not the end of a woman's existence, but rather a turning point where she gains new autonomy and freedom. One participant's statement, "These days, people celebrate menarche, but they don't congratulate menopause," clearly demonstrates how menopause is still internalized as a negative event, often downplayed and concealed within Korean society. As a country with the world's lowest fertility rate (total fertility rate of 0.72, as of 2024), national policy and media attention are focused on women's fertility and childbearing potential.

Within this framework, menopause tends to be interpreted as 'a state in which pregnancy is no longer possible' and 'a point at which productivity and social value cease'. This context leads menopausal women to be viewed as 'useless beings' and 'a population group that does not require investment', ultimately leading women to perceive their menopause as shameful. This reinforces the tendency to avoid revealing menopause to the outside world, and hinders access to health counseling, information, and active

health promotion behaviors. In fact, a study by Lee & Lee(2025) reported that in Korea, perceptions of menopause were most negative among women in the menopausal transition, which in turn led to a lack of coping strategies and passivity, negatively impacting health management. This suggests that beyond simple individual psychological issues, the sociocultural context exerts structural constraints on women's health behaviors.

This study confirmed that coping with menopause goes beyond simple physiological responses and is determined by multilayered sociocultural factors, including each society's cultural value system, healthcare system, gender role expectations for women, and family structure. International comparisons also strongly support the importance of this cultural context. In Japan and China, there is a strong tendency to accept menopause as a natural part of human development, and non-medical approaches such as traditional diets, qigong, and meditation are generally preferred (Hashimoto et al., 2021; Lock, 1993). This approach reflects a cultural attitude that seeks to positively integrate menopause into the life cycle rather than pathologize it. In contrast, in South Asia and the Middle East, mentioning menopause remains a social taboo, and religious and traditional values lead women to perceive menopause as a loss of femininity or a decline in social value, leading to cultural barriers that keep women from hiding their menopausal experiences and limiting access to appropriate health care and information (Nagaraj et al., 2021; Yerra, et al., 2021; AlSwayiedet al., 2024; Pereira., 2024; Sharma., 2024).

This cultural diversity suggests that perceptions and responses to menopause cannot be explained solely by individual biological factors, but rather clearly demonstrate a deep connection to sociocultural structures. This study also confirmed that Korean women's experiences of menopause vary depending on factors such as their cultural background, societal expectations of femininity, and access to healthcare.

Therefore, to foster a more positive menopausal experience for Korean married women, a multi-layered and integrated approach is required, comprehensively considering women's life cycle characteristics, changing family roles, and the degree of internalization of traditional gender roles. In particular, health policies and health promotion programs should support a reinterpretation of menopause not simply as a target for disease prevention and treatment, but as a turning point in women's identity and autonomous lives. This requires health and social welfare interventions that reflect cultural sensitivity and social diversity. These interventions should be accompanied by practical strategies, such as education, counseling, and building social support networks, to transform menopause into a life-changing opportunity. This approach can be a key strategy for moving beyond simple symptom management to ensuring women's health throughout their lives and improving their quality of life.

Furthermore, this study applied a qualitative research approach to gain a deeper understanding of how married women cope with menopause. The results demonstrated the validity and utility of qualitative research in interpreting coping behaviors within a sociocultural context. This methodological choice contributes to revealing the diversity and complexity of menopausal experiences, providing a theoretical and practical foundation for future research on similar topics.

5. Conclusion

This study conducted an in-depth exploration of the coping experiences of middle-aged women undergoing menopause within the sociocultural context of South Korea, using an ethnographic research approach. The findings revealed that women's strategies

for coping with menopause go beyond uniform, medically centered approaches and instead represent cultural practices aimed at reorganizing their lives in pursuit of holistic health. These coping behaviors are shaped by a complex interplay of factors, including biological attributes, sociocultural status, perceptions of traditional womanhood, economic resources, family structures, and characteristics of the healthcare system.

This study underscores the need to move beyond a pathologized, disease-oriented view of menopause and advocates for an integrated approach that enables women to understand and accept menopause within the context of their own lives. Based on the findings, the following practical recommendations are proposed:

First, since coping with menopause involves an intricate mix of biological, emotional, and cultural factors, an integrative health management program is needed—one that organically connects dietary interventions, physical exercise, complementary and alternative therapies (CATs), and conventional medicine.

Second, given that women's approaches to coping vary depending on their family medical history, cultural values, and economic conditions, health promotion programs related to menopause must be designed not as one-size-fits-all interventions, but rather with personalized strategies that reflect cultural sensitivity.

Third, menopause should be recognized as the starting point of new self-care, not disconnection, and for this, it is urgent to develop a prevention-oriented program including emotional preparation and information provision. In addition, menopause should not be regarded as a simple individual problem, but should be recognized as a social problem that must be actively managed on the line of women's and family health.

Fourth, considering the ongoing lack of trust and limited access to information regarding hormone therapy and alternative treatments, menopause-related education for women and the expansion of community-based information-sharing systems are necessary. These efforts are essential to ensure that women can exercise autonomous decision-making about their health.

This study, grounded in the lived experiences of women navigating menopause in the unique sociocultural landscape of Korea, enhances our comprehensive understanding of menopausal coping. It offers multi-layered intervention strategies to help not only women but also their families and communities respond to menopause in a healthier manner. The findings serve as foundational data for the development of educational, counseling, and policy programs aimed at improving the quality of life for women in midlife and beyond.

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