

Understanding the Life Stages of Women to Enhance Your Practice

JMAJ 53(5): 273–278, 2010

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Abstract

The continuum of an individual's life can be divided into several life stages, each characterized by certain features. Accompanied by considerable hormonal changes, the life stages of women are generally divided into infancy, puberty, reproductive age, climacteric period, and elderly years, in addition to pregnancy and delivery that are generally included as the life events unique to women. Health status in a particular stage then influences the next stage. Japanese society has changed greatly over the past half century, and a woman's life at present is much different from what it was in the previous generation. It is important to pay attention to the psychosocial aspect of women's health and reflect such understanding in clinical practice, incorporating a comprehensive view that goes beyond biomedical issues. For this purpose, it is necessary to understand the role of women in the context of sociocultural factors as well as the physical features characteristic of each age stage, and to examine the patient's mental and social background. Knowledge of the more complex framework of life stages deepens empathic understanding and serves as a clue to the discovery of potential problems and unexpected solutions. A supportive, understanding attitude from a physician may lead to improved wellness of female patients.

Key words Life stages, Wellness, Sociocultural expectations, Gender roles, Mental health

How Understanding Life Stage Helps You

The continuum of an individual's life can be divided into several life stages with certain features characteristic of each stage. Developmental psychology recognizes themes characteristic to each stage that change with age.¹ For instance, one of the developmental themes for the elderly include "adaptation to declining status of physical strength and health" and "adaptation to the death of one's spouse." Capturing the concepts of life stages is useful in understanding the status and position of other people. But, what does it mean for a clinician to understand the life stages of women?

Biologically, life stages of a typical woman are divided into infancy, puberty (adolescence), sexual maturation (reproductive age), climacteric period,

and post-climacteric (elderly) years. Some stages include fluctuations in the hormonal milieu as well as the life events specific to women, namely pregnancy and delivery (**Fig. 1**).¹ Hormones interact with each other and control ovulatory cycles within the short-spanned temporal axis of menstrual cycles, and it is not unusual for such hormonal changes to induce certain signs and symptoms associated with menstruation.

Clinicians are already well informed of medical conditions that are common in women and provide differential diagnosis and treatment, always bearing in mind the gender difference in the frequency and pattern of diseases. In addition, it is not unusual for clinicians to consider the life stages of each patient while following chronic disease. Points of concern in clinical practice naturally vary among female patients depending

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This article is a revised English version of a paper originally published in the Journal of the Japan Medical Association (Vol.138, No.5, 2009, pages 895–899).

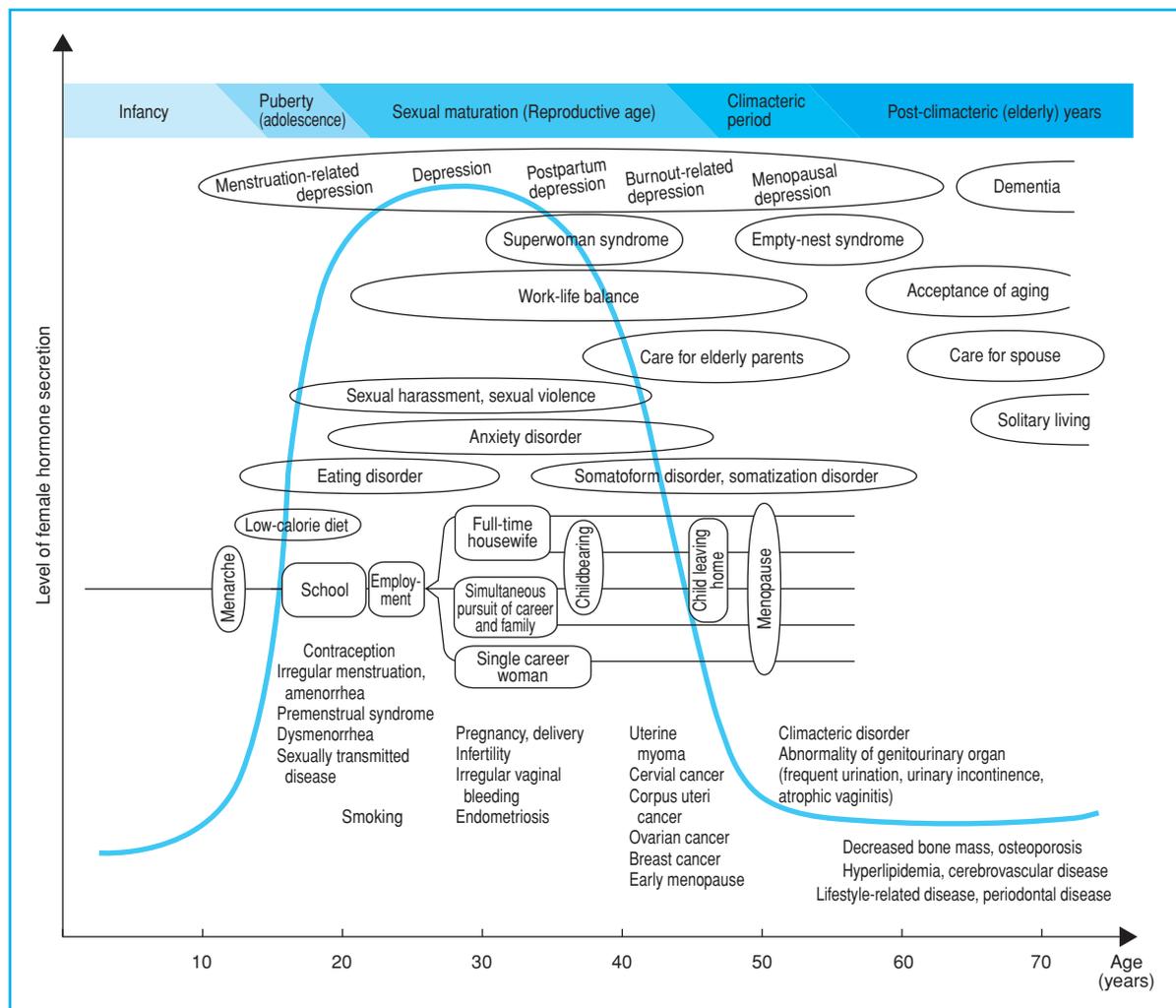


Fig. 1 Life stage related mental health issues and diseases unique to women

on which stages they are in (i.e., in puberty, at reproductive age and wishing to have a child, or the elderly). General establishment of the term “gender differences in medicine” is facilitating the research in female subjects, including the accumulation of clinical findings, development of relevant guidelines, and drug treatments based on gender differences.

On the other hand, to consider women’s health issues from a wide point of view beyond biomedical problems and psychosocial and social aspects, it is necessary to obtain insight into the physical characteristics of women in each life stage and their roles in the sociocultural context

in order to understand their mental and social background. Different health issues may arise from the livelihood of each stage, some manifest as physical symptoms. Because health status in one stage influences the next stage, having knowledge of the framework of life stages can bring deeper empathic understanding in a clinician and lead to the discovery of potential problems and/or solutions. For a physician who wishes to take care of female patients in accordance with their needs, an understanding of the position and role of women at each life stage would be helpful in daily practice and in providing support to patients.

Changes in the Life Stages of Women in Japanese Society

Major changes have occurred in society during the past half-century, and women's lives have changed greatly compared to the previous generation. Longevity has increased in both males and females. The popularity of higher education and changes in the concepts of marriage have given rise to increasing numbers of people not marrying or marrying later in life, often causing delays in events in life stages.³ On the other hand, the onset of puberty and the timing of first sexual intercourse are occurring at increasingly lower ages. Along with the declining birthrate, the trend away from multigenerational household has caused changes in the role of family. The divorce rate is on the rise, but it is still difficult for women who have been full-time housewives to find jobs with good employment conditions. Consequently, many households with single female parents often suffer from poor economic status.

The recent socioeconomic situation, which has been characterized by stagnant wage growth, corporate downsizing, and increasing numbers of temporary or part-time workers, has fostered positive views towards employing women. However, the number of women with temporary jobs has increased rapidly, and there remains a large gap in earned income between male and female employees. The idea of fixed gender roles remains tenaciously in Japan, placing the burden of household duties and child-rearing tasks more heavily on women. In the area of in-home caregiving for elderly parents, 80% of the cases are reported to be done by females. In general, women spend large portions of their lives caring for others, first aging parents and subsequently spouses.⁴

In Japan, the Equal Employment Opportunity Act was enacted in 1985 and amended in 1997, and along with the Basic Law for a Gender-equal Society that was enacted in 1999. A basic framework for gender equality was prepared in Japanese society. Generally, women now have more options in the way of living compared to the past. However, in actuality, gender equality has not been fully established in the fields of politics and public administration, work environment, and in households. Rather, considering the current society that allows females to have higher education more easily and a greater variety of choices than

before, some women tend to feel it is their fault if they are unsatisfied.⁵

It has been pointed out that, at each life stage throughout their lives, a woman is expected to have certain sociocultural qualities such as, interest in others, attentiveness, cooperative and non-violent attitudes, gentleness, and kindness—such gender issues related to multiple roles affect “the degree of satisfaction and freedom to make major life choices in a woman's life” when making decisions concerning her career, daily living within her family, and care for other family members.⁵ Looking back at scenes of clinical practice, many physicians may have noticed that unintentional comments or positive consideration increased wellness* of female patients. The supportive attitudes of physicians—to understand the variety of lifestyles of women, realize difficulties they face, and offer support—are indispensable in the diagnosis and treatment of female patients who visit medical facilities.

Next, an outline of mental and physical features and social status in each life stage of women are discussed, as well as the involvement of physicians.

Health Issues in Various Life Stages

Puberty (adolescence)

Puberty (adolescence) roughly corresponds to ages of students from junior high school through college. The first half of this period may specifically be called puberty, and the second half adolescence. One's sense of values is developed during this period. The psychologist Erick Erikson stated in his life-cycle theory that a human being establishes his or her identity during this period through repeated conflicts between pursuit of ideals and various disappointments.⁷ The changes in recent society, including rapid development of the internet society, the spread of mobile phones, excessive information, increased stress, and changes in the role of family—all have exerted various unforeseen influences on young individuals in this period and on how they build relationships with others.

The age of first menstruation, which had been on the decline, is fluctuating around 12 to 13 years of age. On the other hand, the increasing trend of early first intercourse has caused a marked rise in sexually transmitted diseases. Cases of pregnancy and induced abortion in teens and unmarried single mothers are becoming

more and more common.⁸ Mental issues during this unstable period filled with conflicts and confusion may be expressed by acting out or somatization, which can manifest as anthropophobia, obsessive-compulsive disorder, psychosomatic disorder, or eating disorders. Individuals in puberty are often not fully capable of accurately describing their physical symptoms or verbalizing their emotions and affections. They are also less likely to open up to authority figures, including physicians, which is characteristic of this particular period.

In general, individuals in puberty visit medical facilities only for transient medical conditions such as the common cold or injury, and therefore, it is not easy to form a sustainable relationship in outpatient care. Since the consultation time is rather limited, it would be very difficult for a physician to address their psychosocial aspects and to convey the correct sexual information necessary for health promotion at this age. However, physicians should endeavor to make full use of the limited occasions to communicate with patients in puberty.⁹

Sexual maturation (reproductive age)

From the late teens to premenopause in the late 40s is a period of sexual maturation, also called the reproductive age. The first half of this period is to build long-term relationships with others following the establishment of identity, and thus being involved in society is important. An individual in this period takes on a job that one can become involved in and is required to make various decisions in her career and personal life. Women in this period may have to fulfill a number of roles that relate to the well-being of family, personal relationships, education of their children, and care for other family members. While seeking perfection, some become exhausted and fall into the “superwoman syndrome.” Although it is a meaningful period filled with creativity in life the most, and it is also a period in which one’s identity begins to be redefined.

In this maturation period, the physiological changes unique to women are menstruation-related disorders and uterine or ovarian diseases. An increase in the lifetime frequency of menstruation due to recent changes in women’s lifestyle (a decrease in pregnancy-related amenorrheic periods) is reported to be a risk factor for endometriosis, uterine corpus cancer, and

ovarian cancer.^{10,11} Menorrhagia due to uterine myoma may lead to anemia, requiring a visit to an internist.

Premenstrual syndrome, dysmenorrhea, and issues of contraception are subjects that may be difficult for female patients to speak about. A physician as a primary care provider should assume a supportive attitude to such patients and refer them to specialists as needed. Health hazards due to addiction to smoking or drinking also require attention. Advice and referral regarding available resources for child rearing and care of others may be helpful.

Climacteric period

Here, the 5 years before and after menopause is defined as the climacteric period, and a woman is said to have reached menopause when no menstruation occurs for 12 consecutive months. This usually occurs in the mid-40s to mid-50s. This period often overlaps with the timing of children leaving home, the need to care for elderly parents, changes in relationship with a husband owing to a loss of common goals as a couple, or disease of the husband. Consequently, loss of motivation in life, mental depression, and physical fatigue may accumulate, influencing wellness in a woman. Some even become clinically depressed, faced with their physical limitations and sense of running out of time.⁷

The average life expectancy of women has increased rapidly, and, consequently, incidence of medical diseases specific to postmenopausal women have increased. Decreased estrogen secretion from the ovaries induces vasomotor symptoms including hot flashes (flushes), abnormal sweating, and vertigo. Psychiatric symptoms like mood changes may also occur, as well as urinary incontinence and migraine. Though the severity varies, some develop morbid conditions called menopausal (climacteric) disorders depending on personality factors and social environmental features, which may require medical treatment.

With estrogen deficiency, osteoporosis due to increased bone resorption, hypercholesterolemia due to decreased LDL receptors, and atherosclerosis may progress. These diseases are also associated with lifestyle habits and call for active intervention. The health issues that should be addressed for women in the climacteric period change to screening for breast cancer and uterine cancer along with prevention and early detection

of latent diseases. In order to help patients prepare for their next life stage, for women of this age, it might be helpful to advise them to enjoy hobbies and help them find opportunities to contribute to the community. It is also important for patients to maintain their appropriate level of exercise, establish a network in the community, and secure the access to necessary medical care.

Post-climacteric (elderly) years

In this period, ovarian function is almost at its end, and issues associated with aging begin to grow. People in this age experience the loss of others they are close to and become aware of a decline in their own physical strength and memory. Financial issues as well as social factors such as need of care or solitary living pose considerable problems, too. Feeling anxious about their physical symptoms and diseases and concerned about what is to come in old age, acceptance of one's own aging and death and conquering one's mental issues are important subjects in this period. People look back over their own life and accept the past or try to fill the gaps.

Elderly patients often have more than one medical condition and regularly visit medical facilities. The risk of cardiac and cerebral vascular diseases for women and men are about the same, and the chance of developing malignant neoplasm increases. In outpatient care, attention should also be paid to their nutritional status, presence/absence of sensory organ disorders such as reduced visual or hearing acuity, dysphagia, and risk of falls, in addition to the signs and symptoms of illness that brought them to seek medical consultation. Prevention of falls is critical. Conditions such as urinary incontinence, increased frequency of urination, uterine prolapse, and pain or discomfort from atrophic vaginitis can greatly affect the quality of life. But such problems are difficult for patients to voice, so physicians have to actively ask them. Screening for dementia and depression on a regular basis is also important.

Healthcare providers should show respect for the patient's life, and have ears to listen to his or her memories.⁷ It is also desirable to talk with patients while they are capable of making decisions by themselves as to what extent they wish to receive invasive treatment if they develop a serious condition. In recent years in Japan, we are seeing more situations in which an elderly person is taking care of her/his spouse (elderly-

to-elderly care) or a patient with dementia is taking care of a demented family member. To deal with the anxiety and difficulty associated with solitary old people, various social support including community cooperation and active use of welfare services is necessary, and physicians are advised to become fully familiar with the knowledge of available social resources. At the same time, support to maintain the well-being of the family members who bear the burden of continuous care of the elderly is another important factor to consider for the senior patient's wellness.

Violence Toward Women and the Well-being of Women: Abuse and domestic violence (DV)

Violence toward women can occur at any life stage. According to a survey by Japanese Cabinet Office,¹² 24.9% of women who had ever married have suffered physical violence from their spouses (including ex-husbands). In addition, 7.3% had experienced forced sex. Incidences of forced sex occurred most frequently (38.2%) in the 20s, however, they also occurred at even younger ages; before the age of 6 years (3.3%), during 6 to 11 years (12.2%), during 12 to 15 years (4.9%), and during 16 to 19 years of age (12.2%).

It is reported that victims of violence including sexual assault and child abuse often suffer from serious long-term manifestation of depressive symptoms and diverse physical symptoms. If an adult patient who has chronic pain or indefinable physical symptoms complains of such symptoms and does not respond to treatment or patients who have severe symptoms that exceed expectations, the possibility of some form of abuse in the past must be considered.¹³ Physicians should take the presence of symptoms seriously, send the message that they understand its seriousness to the patient, and inquire about the facts openly with an unbiased attitude. Even if the abuse was a past event, the physician's attention may help the patient restore her own strength and well-being.

Domestic violence and sexual abuse are not unusual troubles unique to certain people. In addition, the issue of elder abuse has surfaced in recent years. These problems are closely related to the well-being of women. Healthcare facilities are asked to play a significant role in the detection and treatment of victims and in providing

relevant information to the authority.

Being aware of different life stages and paying attention to the situations and circumstances of women can enable physicians to recognize prob-

lems that would have been easily left unnoticed. A helpful remark and kind affirmation from a physician may lead to improved wellness of female patients.

* Wellness: the particular state of well-being that each person wishes to be, which consists of various factors including physical status, environment, levels of stress, view of health, and personal connections with others, etc.⁶

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