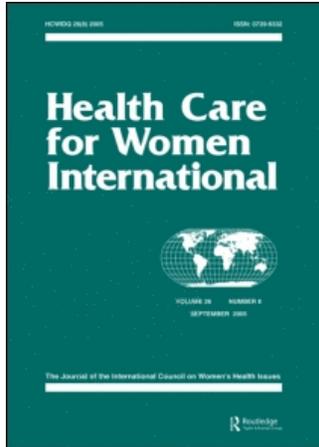


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### A CRITICAL ETHNOGRAPHY OF KOREAN CANADIAN WOMEN'S MENOPAUSE EXPERIENCE

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## A CRITICAL ETHNOGRAPHY OF KOREAN CANADIAN WOMEN'S MENOPAUSE EXPERIENCE

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Many Korean women living in North America interact with the health care system for a variety of reasons. Frequently, lack of understanding regarding cultural health practices results in misunderstandings and the provision of care that may be culturally inappropriate. The purpose of this critical ethnographic study is to examine how menopause is experienced by a sample of Korean–Canadian women. Data were collected through semistructured interviews with a purposive sample of 7 Korean women who have experienced menopause. Interviews were dialogic in nature and meaning was derived through collaboration with the participants. Findings revealed that the women viewed menopause as a natural process and they used facets of both Korean and Western health practices to manage menopause. Knowledge gained from this research has the potential to contribute to the provision of culturally relevant health care for Korean women during menopause.

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Understandings and experiences of health and health care are conditioned by, and transmitted through, the cultural context in which we live. According to Spradley (1979), culture may be viewed as a system of knowledge used by people to interpret experience and generate behavior. Members of a society learn the rules for appropriate behavior and how to interpret the behavior and events they observe (Aamodt, 1991). In essence, culture is embedded in all aspects of one's life.

Consistent with this perspective, culture affects our ideas and beliefs regarding health and the strategies used to maintain and promote health. For Korean women who immigrated to Canada as young adults, the influence of culture is of paramount importance in understanding health practices and attitudes, in general, and those related to menopause in particular. Therefore, the researchers assumed that culture does affect the health care experience and furthermore has an effect on menopause.

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Menopause has been described in many ways. According to Kaufert (1990) and Zita (1993), menopause is best understood as a single event marked by the cessation of menses. Sheehy (1992), on the other hand, conceptualized menopause as a process that occurs over time and is affected by physical, emotional, social, and political factors. In reality, both of these descriptions are useful. Although all women experience the *event* of menopause, typically in their fourth, fifth, or sixth decade, the *process* of menopause is unique for every woman. Although other social, historical, economic, and political factors all contribute to these experiences and understandings, it is through the culture in which women participate, beginning in early childhood, that we learn how to respond to menopause (Flint & Samil, 1990).

My purpose here is to describe a critical ethnographic study designed to examine how menopause is understood and experienced among a sample of Korean women living in Canada. The research was guided by three questions: (a) What are the ideas, beliefs, and understandings of Korean women regarding menopause? (b) How is menopause experienced by Korean women living in Canada? and (c) What health practices related to menopause does this group of women engage in?

Critical ethnography is a relatively new methodology in health care research. Meleis, Arruda, Lane, and Bernal (1994) stated there is a need for innovative methodologies to prompt individuals to speak and provide venues for women to tell their stories. In critical ethnography, the participants are encouraged to tell, critically reflect upon, and analyze their stories. Like other methods within the critical paradigm, the ultimate aim of critical ethnography is to bring about empowerment or change, either at the individual level as in consciousness raising or at a broader structural level through political action (Berman, Ford-Gilboe, & Campbell, 1998). Together, the researcher and participants analyze hidden agendas, power centers, and assumptions that inhibit, repress, or constrain individuals and groups (Thomas, 1993).

In this research, the women were provided an opportunity to examine their ideas and experiences related to menopause. By telling their stories, it was thought that the women might arrive at new understandings and insights. The discovery of the self through the dialogical process is not the end point. Freire defined the next step as "conscientizacao, learning to perceive social, political and economic contradictions and to take action against the opposite elements of reality" (1970, p. 19). Reality in this context is not viewed as static, but as a process. With new understandings and insights comes the capacity for action and change. In the critical paradigm, knowledge that is created has the potential to produce change through personal empowerment (Berman, Ford-Gilboe, & Campbell, 1998). Thus, as used in this article, empowerment is not something that is done to or for people but, rather, is something that people do for themselves.

The experience of menopause for women from different cultures has been the focus of a number of studies. However, this study is unique because of the focus on the experience of Korean women in Canada from a critical ethnographic perspective. Critical ethnography as an approach for nursing research has much potential for the development of nursing knowledge. In critical ethnography, the researcher shares the research process with the participants. Although not directly involved in the study design of this research, the participants were actively involved in the data analysis and identified strategies for the dissemination of research findings. Through reflection of the participants' stories, new knowledge may be gained and this new

knowledge may be used for action and change at the individual level and also in a broader context at the social and political levels.

## REVIEW OF THE LITERATURE

A review of the literature from nursing, psychology, anthropology, and sociology revealed few studies related to menopause among Korean women. Therefore, this review includes studies concerning the experience of immigration and menopause among women from various cultural backgrounds, including Korean.

The influence of culture on menopause has been demonstrated in ethnographic studies with Greek and Mayan (Beyene, 1986), Newfoundland (Davis, 1986), Japanese (Lock, 1986), and Indian South African women (du Toit, 1990). In one study with women from seven Southeast Asian countries, Boulet, Oddens, Lehert, Vemer, and Visser (1994) focused on the physiological and psychological aspects of menopause. The Korean women in this study had the highest frequency of hot "flushes," sweating, palpitations, dizziness, and incontinence. Hot flushes were experienced by 39% of the 400 Korean women. When compared with women from Western countries, Southeast Asian women experienced vasomotor symptoms less often. Oldenhave, Jaszmann, Haspels, and Everaerd (1993 cited by Oddens, 1994) reported up to 85% of Western women experience vasomotor symptoms. Boulet and colleagues (1994) suggested that there may be many factors that affect Southeast Asian women's reporting of symptoms, including the climate, cultural stoicism, diet, improved social status, and lack of time to devote to oneself.

In a review of the literature, Im and Lipson (1997) reported that research on menopause in South Korea has developed from the biomedical perspective with emphasis on physiological aspects of menopause. Menopause was not viewed as a normal process, but rather as a medical problem with the focus on hormonal imbalance (the following were cited in Im & Lipson, 1997: Cheung, Yu, & Woo, 1989; Hwang, Lee, Yu, & Woo, 1989; Min & Ku, 1985; Shin & Change, 1985). Im and Lipson reported that recent studies in Korea have been broadened to include other life events that occur in the middle years such as retirement, children leaving home, and changes in marital relationships (the following were cited in Im & Lipson, 1997: Im, 1994; Lee, 1994; Lee & Change, 1992; Yoon, 1989). Studies suggested that Korean women sacrifice themselves for their children and may experience loss, depression, anxiety, and sadness when their children leave (the following were cited by Im & Lipson, 1997: Park, 1982; Yu & Chi, 1986). Im and Lipson suggested that although the studies included life events during midlife, the studies did not include the women's stories.

Im and Lipson (1997) also observed that studies concerning the meaning of menopause for Korean women living in North America, or among women still living in South Korea, remain scarce. This study is an attempt to understand the meaning of menopause for Korean women living in Canada. With the use of open-ended questions, the women were encouraged to tell their stories and to reflect upon and understand their experiences. Through reflection it was hoped that the women would become more empowered and understand the factors and the pervasiveness of culture on menopause.

Immigrant women have special concerns that are not frequently studied (Anderson, 1985; Meleis et al., 1994). The transition of immigration occurs over many years

and immigrant women face many obstacles. They attempt to make sense of two cultural patterns and try to make their values understood within two cultures (Meleis, 1991). Immigrant women may be at high risk for physical and mental distress.

In Anderson's study (1985), Indo-Canadian women perceived Canadians as unapproachable and believed health care professionals did not understand the women's problems and perspectives. Researchers have described difficulties with communication, including the challenge of having to learn a new language, among Korean immigrant women (Miller, 1990; Nah, 1993). Other aspects of immigration that have been reported as challenges to Korean women include changes related to gender, including different expectations in their roles and relationships (Miller, 1990; Nah, 1993). As Hurh and Kim (1990) observed, Korean women do not traditionally work outside of the home. Upon arrival in North America, however, employment outside the home, while maintaining the household standards of the home country, is often an expectation and an economic necessity. The multiple and unfamiliar demands contribute to enormous turmoil for the women.

In Im and Meleis's study (1999), Korean immigrant women were more concerned about current immigration and work transitions than the menopause transition. Cultural, physiopsychosocial, and work transitions may have influenced the women to devote more of their energy to day-to-day events and ignore or normalize the menopause experience. The women experienced menopause alone because women-only experiences were rarely talked about, and menopause was a taboo subject even within families.

Changes in the health care practices to a pluralistic approach with a combination of Korean and Western medicine (Miller, 1990; Pang, 1989) provides an additional source of stress. Although research related to immigration among Korean men and women has been conducted, there are few studies involving the women's menopause stories.

## METHODS

A nonrandom purposeful sample of seven Korean women, ages 39 to 52 years, living in a midsized city in Southwestern Ontario, participated in this research. All participants were either experiencing or had experienced menopause. The age range of the participants is younger compared with other women experiencing menopause. However, because the woman who was the main contact in the Korean community was younger, she approached her peers and social group, resulting in younger participants. The length of time in Canada ranged from 12 to 25 years. All spoke Korean and English and all were married except one. All of the women had at least two children whose ages ranged from 5 to 24 years. All were employed outside the home, would be considered middle-income families, and had received postsecondary education in Korea. Both education and socioeconomic levels may have influenced the experiences of the women. Im and Meleis (1999) identified that menopausal symptoms were more influenced by socioeconomic status than menopausal states and that the low-income Korean American women were indifferent to their menopausal symptoms due to other pressures such as work and family responsibilities. Reasons given for coming to Canada included starting a new life, looking for a change, or joining other family members already in the United States or Canada.

A leader within the Korean community agreed to identify and contact potential participants. The researchers contacted women who were interested in the study.

A letter of information was mailed and informed consent was obtained at the time of the interview. All participants took part in a face-to-face interview that was structured to encourage dialogue regarding the women's stories about their experiences of menopause. The interview guide was composed of four broad open-ended questions. The questions addressed the women's ideas, beliefs, and experiences related to menopause. For example, open-ended questions included the following: (1) Tell me about your experiences with menopause. (2) What are your feelings about menopause? (3) What experiences have you had with the health care system during menopause? The interviews were audiotaped and transcribed verbatim. Three interviews took place in the home of one of the researchers, and four took place in the participants' homes. Throughout the study, field notes and reflective memos were recorded in a journal.

Data collection resulted in the women's personal stories. The analysis of the stories began at the onset of data collection. The tapes were listened to numerous times to gain early insight into meaning and understanding of the essence of the whole before determination of themes could occur. This checking of tape to transcription was important when there were language difficulties. A process of "narrative reduction" was carried out with the verbatim transcripts. Narrative reduction involves retranscribing selected portions to determine narrative forms for detailed analysis (Riessman, 1993). The edited transcripts were coded by content areas and condensed into themes after analysis. Consistent with critical ethnography, analysis of the narratives focused on the stories that the women told about menopause and how culture embedded their experiences.

In this study, the role of researcher was one of subjectivity rather than objectivity. In critical ethnography, the contributions of the researcher are incorporated into the research process through reflexivity. In this manner, the researcher becomes a part of, not separate from, the data. Throughout, the researcher remains self-aware of his or her role and internal state (Lipson, 1991). Because the researchers and the participants were from different cultural groups, the researchers had to reflect upon and acknowledge their values and position of power in relation to the participants.

Follow-up interviews or phone calls occurred after all of the initial interviews were completed. The purpose of these was to share emerging themes with the participants and to make modifications based on their thoughts and suggestions.

## FINDINGS AND DISCUSSION

The participants' experiences with menopause were affected by the way Korean culture permeated their lives. The participants' culture encompassed all aspects of their lives, including their roles and relationships and their perceived ability to express themselves. The influence of culture was insidious, however, and was not always recognized by the women. When the women were asked if culture affected menopause, they typically answered that culture did not affect it and asserted that menopause was affected more by individual characteristics. However, the women told many stories that were permeated with cultural meanings and experiences. The pervasive nature of culture was evident in (a) how the women expressed their feelings about menopause, (b) how they sought and gained knowledge, (c) who the women talked to about menopause, (d) how the women perceived and managed menopause, and (e) their health seeking behaviors. Although not always recognized consciously or articulated by the participants, the effects of culture on the experience

of menopause were embedded in their personal experiences and in the stories they told.

## Experiencing Menopause

Experiencing menopause encompassed the women's feelings and physical responses to menopause and their awareness of menopause. The women described uncomfortable symptoms associated with menopause, most often identified as hot flashes, headaches, and lack of energy.

### *The Effects of Culture on the Women's Expression of Their Feelings*

Accompanying the physical symptoms of menopause was a cascade of strong feelings. The women viewed menopause positively once they felt they were in control. Initially, however, the women shared their negative feelings about menopause. When asked what the participants heard from other people about menopause, one participant said she believed that negative feelings were experienced by many Korean women. Mia described how other Korean women experienced depression and she attempted to explain and give meaning to the experience of depression for older Korean women from her generation's viewpoint:

We just thought it was when we get old there is a time you get depressed and maybe that's . . . they used to say after, you know, just the Korean women are very devoted to family affairs so they don't work outside of the home but they take care of the children and they take care of the husband and the relationship with family members and they get these all kinds of things, cooking and everything. So they said that because after children grow up they don't need the mother so much. And they have not much to do and suddenly they have so much time on hand and they don't know what to do. They thought that's why the people got depressed and now I'm thinking that is about the time they are having menopause and they misunderstood it maybe.

Even though women may not have experienced the strong feelings themselves, they shared their stories of other women's experiences. Depression was consistently one of the strongest emotions expressed by the women. Young was married and had three children. Her husband had been ill for many years, necessitating that she manage the family business and care for her husband and children. Young expressed how difficult menopause was for her and how important it was for her roles and responsibilities to change. She needed her husband and her children to assume some of the responsibility for running the business and the household:

About two months ago, I was so upset. I was depressed, you know, and everything can make me upset, mood swings, I was so unhappy. For a whole month I was so upset, crying, and I didn't even go to church. I always—I'm a church goer. I have lots of things to do, too, in church, but I didn't go for four weeks in a row. I was that upset. . . . I went through a lot lately and upset and crying all the time, wanted to die. I was rather I died than alive. I was like death.

Two of the participants felt that other factors, in addition to menopause, contributed to their depression. In particular, they spoke about their children leaving home and a perceived lack of family support. Thus, according to these women, their depression was the result of a complex interplay of multiple factors, including the cultural effects on their roles and relationships rather than solely attributable to menopause.

The women also expressed anger. As Soonee described, she thought she was “going crazy” because of her emotional mood swings:

I'm crying and I forget everything and it doesn't matter if people are thinking about me being crazy or not, I can't think about that at the moment, you know, I am just kind of torn like a child or children, you know, I'm just crying and my tears are coming down and it looks mess and it looks ugly.

The effects of culture, not unlike the taboos of menopause for North Americans, prevented her from expressing her feelings. She needed the opportunity to share and talk to someone who would listen, but she was unable to talk to her husband. The pervasive nature of culture, not necessarily unique to Korean culture, was evident in the way the women expressed their feelings about menopause. The women told of many negative feelings and symptoms, including their reluctance to share with their husbands, but as discussed below, the negative consequences did not affect their ability to manage menopause.

### Managing Menopause

The women shared a variety of methods they used to cope with menopause. A recurring theme was the importance of control: control of the menopause experience, emotions, knowledge, choices, and their lives.

#### *Effects of Culture on the Participants' Perceived Ability to Obtain Knowledge*

Several of the women believed in the power of knowledge. Soonee articulated her belief that knowledge of menopause enhanced her sense of control:

We didn't have any information before, and so it is kind of a shock, you know, but Canadian women maybe they got information, so like everything is ready and if something happened they can manage better than us. I feel like, but maybe it's wrong, but I feel like if I knew then I can control myself a little bit easier . . . the first time I am kind of really really wondering and then it is a kind of a shock for me because I never heard those things and I never talk with old people and never heard it before when something happened to me. I feel like I am getting crazy maybe.

There was a perception by some of the Korean women that Canadian women are better prepared and manage more effectively because they have more information. This viewpoint was borne out by one participant who stated that she would not seek information from other Korean women because she did not feel that they had any more information than she did.

The study participants also spoke about perceived taboos surrounding discussions of menopause. They suggested that Canadian women might manage this phase of life more effectively than Korean women because, in Canadian culture, there is greater openness and willingness to engage in discussions on this topic. As several participants indicated, in Korean culture menopause is viewed as an unacceptable topic of discussion. One potential participant who declined to take part in the study stated that Korean women would not discuss private matters like menopause with other people. Even within their own families, discussions about menopause were rare, in part because they typically lived long distances from their mothers and other family members.

The participants also felt that the Canadian women had more information because they didn't face the same language barriers and lack of time or opportunity due to work and family obligations as the Korean women, and they had greater access to resources. Still, the women who participated in this research sought information on their own from a variety of sources, including health food stores, medical dictionaries, home medical books, women-oriented magazines, and library books.

### ***Being Dependent and Controlled: The Insidiousness of Culture***

Korean women live in a patriarchal society. A woman's mission is to be a "good wife and mother." Some of the participants were frustrated with this arrangement and stated that the rules for roles and relationships put them in a dependent situation where they were controlled. They further believed that this situation contributed to their vulnerability. The participants spoke about having to accept whatever happened and the importance of remaining silent.

One participant, Mia, had left an abusive relationship. She believed that Korean women were taught to accept what happens in life. She felt that Korean women do not know how to express their anger or their feelings. Soonee felt that she was protecting herself by not expressing her feelings about menopause to her husband. She explained that Korean men and women are proud, and it is not acceptable to ask for help. Instead of talking directly to her husband, she asked a mediator who was an older woman to explain to her husband the experiences of menopause. Soonee felt she had made progress in expressing her feelings, because now instead of holding her feelings inside she often went to the bathroom to cry or yell when her husband upset her. Like Soonee, Young had hidden her feelings for a long time but found it increasingly more difficult to conceal her true self; now she wanted people to know how she felt.

Menopause also brought about an understanding of the lack of control in their lives, which was seen as a turning point. The women stated that menopause was a time to take control. It was a phase of life marked by the transition from looking after others to looking after themselves. The women in this study were taking time for themselves by participating in new hobbies and taking courses and informing others how they felt so that family members would take on more of the business and household duties. As well, it was a time to take control of their health care choices and options. Menopause for the women in this study went beyond the physical event. It involved reflection of the cultural, political, social, gender, physical, and psychological factors affecting menopause. For some of the women in the study, it was also time for change.

### ***Menopause as a Natural Occurrence***

Despite the fact that the women expressed many strong and often painful emotions about their menopause experiences, they viewed menopause as a natural process, a stage of growth. In particular, menopause was conceptualized as a time to grow older. Women were expected to accept what was occurring; to not accept it would be tampering with the natural order of events. Since menopause was viewed as a normal and natural state of affairs, the women believed natural remedies were warranted.

In particular, herbs and diet were considered acceptable approaches for dealing with the effects of menopause. One participant described the use of dandelion tea to combat headaches. Black cohosh was used for hot flashes. Passion flower was

suggested for its sedative effects, and royal jelly peel was thought to give increased energy, although its use was limited due to associated weight gain. Dong quai, which has the benefits of estrogen-like effects, was used to strengthen the uterus. Soybean products were thought to be especially useful in making menopause “easier.” In addition, exercise and the ability of the body to heal itself through the use of *qi* (pronounced “chee”), or energy, were incorporated into management regimes. As well as using herbs and maintaining healthy diets, the women turned to Western medicine to deal with menopause.

## Encountering the Health Care System

The women used aspects of both Western and Korean medicine to deal with menopause. Five participants were on hormone replacement therapy (HRT) despite their stated concerns about HRT and cancer. Efforts to balance the use of Western and Korean medicine, or hanbang (Pang, 1989), often resulted in incongruities and tensions. For example, one participant on HRT reported having trouble accepting medications because she believed that the body had the ability to heal itself without medications. She believed in the power of *qi*:

Mostly in Korean word it is *qi*. That is energy. Like an animal, when they get sick they go to a certain kind of grass to eat to heal it, like that. Nobody teach them. Nobody give them medicine, right? It's a natural thing. And I read a book about energy. It's author was Japanese. And I read it and read it and I agree with him about the healing natural power.

Wolfe (1993) described *qi* as energy, influences, or information responsible for all movement, warmth, protection against the invasion of disease, transformation of raw materials, and holding the body organs, tissues, and fluids in place. *Qi* does not have an equivalent in Western medicine, so the differences in the two systems may make it difficult for the women in dealing with menopause.

## *Language and Cultural Differences with the Health Care Professional*

There were difficulties with communication between the women and the health care professionals as a result of language. The women felt that the health care professionals did not explain procedures, surgeries, and illnesses to their satisfaction. One participant felt that her questions were ignored and that she would have preferred to go to a Korean doctor who would have a shared language and culture. Another concern was that the women felt uncomfortable talking to a male doctor and would have preferred an older female doctor who had experienced menopause.

## Implications for Health Care Professionals

Health care professionals have numerous opportunities to be involved in the experience of menopause and to provide culturally sensitive, relevant, and appropriate knowledge and care to Korean immigrant women. The women in this research did not mention health care professionals other than doctors in their stories of menopause. In some ways, this omission is not surprising. Health care professionals likely play a very different role in Korea than they do in North America. Still, it suggests that health care professionals other than doctors may not be perceived by this group as significant health care providers.

Education about menopause was identified by the women in this study as a major priority. Information sessions on this topic, or more broadly about women and the aging process, should be held in a variety of community settings where women are likely to gather and feel at ease. Educational materials that combine information about Western remedies with traditional approaches should be made available in traditional languages. Establishing a liaison in the community with a key person such as a Korean health care professional or a leader of Korean women's group would foster acceptance and enhance the likelihood of participation among Korean women.

In this research, women were encouraged to tell their stories, to name their experiences, and to critically reflect upon these experiences. Through reflection, the participants were involved in the decision making regarding the use and application of the new knowledge in their lives (Maguire, 1987). The Korean women in this study provided input on the direction to take with the results of this research and how it will be used to benefit their own lives or other women's lives. In an ideal situation, there is emancipation from the hidden rules and structures of the participants' lives. However, in reality, the participants may have been unable to uncover the hidden rules of society because the structure of one's life may be so embedded in the culture. Yet even if there is some uncovering of the hidden rules, there may be new understanding. This new understanding is not the end point. For empowerment to occur, the women must take action. The women need to learn to perceive the social, political, and economic contradictions and take action against these contradictions (Freire, 1970). It is unclear and unlikely that the women became empowered through participation in this study; however, they may have begun to feel empowered.

By listening to the women's experiences, the researchers further understood their culture. Despite the researchers' concerns regarding cultural taboos and a perceived reluctance to discuss sensitive issues such as menopause, the women who came forward to participate in this study welcomed the opportunity to share their experiences and to have their voices heard. In the process, through dialogue, reflection, and critique, the participants gained new insights while, at the same time, we as researchers learned a great deal, not only about the women, but also about ourselves.

Health care research related to the needs of women at midlife from diverse populations has been limited. Additional studies are important to identify the needs of Korean women during menopause. Greater understanding regarding the benefits of Korean medicine would also contribute to the current knowledge.

Meleis and colleagues (1994) have urged researchers to become more sensitive to the emerging focus on diversity and internationalization. Through narrative research methods, women may tell stories from their perspective, thereby capturing the everyday context of women's lives. In critical, action-oriented research, the stories provide an opportunity for women to reflect upon and critically examine their experiences, resulting in greater understanding of the cultural and political influences in their lives.

One limitation of the present study is noteworthy. Because of difficulties inherent in conducting interviews through translators, it was decided to limit participation to women who spoke English. Therefore, older women in the Korean community who spoke Korean were unable to participate, precluding the possibility of hearing potentially important voices.

## CONCLUSION

As outsiders from the Korean culture, the primary researchers struggled with how this fact would influence, and possibly disadvantage, the research and the willingness of the women to speak openly about their experiences. Therefore, it was especially important to identify a respected leader in the community and work closely with this individual. It was difficult to recruit participants. However, the reluctance of Korean women to discuss menopause went beyond the fact that the primary researchers were outsiders, as learned over the process of the study. In fact, not belonging to the Korean community may have contributed to a perception of the researchers as safe people with whom to discuss personal experiences.

One cannot fully understand what life is like for an immigrant woman without sharing the "immigrant experience." However, this research represents an attempt to understand one aspect of the lives of Korean women. Health care professionals have many opportunities to learn and share with these women and with women from other cultures. In the process, we can learn how to make changes in our own culture, ultimately contributing to improved health for all.

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