ABSTRACT

Objective: to identify women’s perceptions and experiences of climacteric. Method: this field study had a descriptive, exploratory, qualitative design. It was conducted from September to November 2012 at a Basic Health Unit. Ten climacteric women were interviewed using semi-structured interviews. The data analysis was thematic in nature. It was presented in the form of topics. The research project was approved by the Research Ethics Committee, Opinion No. 74907. Results: women’s perceptions of climacteric were associated with the symptoms experienced by them. This period is still customarily classified by women who have lived with its manifestations as a phase of the life cycle. Relief of symptoms occurred with drug therapy and/or through the performance of physical exercises, as well as through family support to cope with the changes. Conclusion: the role of a nurse in the development of health interventions to menopausal women is of paramount importance in order to help them experience this phase qualitatively. Descriptors: Climacteric; Nursing; Women´s Health.

RESUMO

Objetivo: conhecer as percepções e vivências das mulheres no climatério. Método: estudo de campo, descritivo, exploratório, de abordagem qualitativa, realizado de setembro a novembro de 2012. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, parecer nº 74907. Resultados: as percepções das mulheres sobre o climatério foram associadas à sintomatologia apresentada. Esse período é ainda costumeiramente classificado pelas mulheres que já conviveram com suas manifestações como uma fase do ciclo vital. Aspectos relacionados ao alívio dos sintomas ocorreram com terapia medicamentosa e/ou realização de exercícios físicos, bem como apoio familiar para enfrentar as alterações. Conclusão: é fundamental a atuação do enfermeiro no desenvolvimento de ações de saúde às mulheres climatéricas para que estes vivenciem esta fase qualitativamente. Descriptors: Climatério; Enfermagem; Saúde da Mulher.

ORIGINAL ARTICLE

WOMEN´S PERCEPTIONS AND EXPERIENCES OF CLIMACTERIC

PERCEPÇÕES E VIVÊNCIAS DAS MULHERES ACERCA DO CLIMATÉRIO

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Objective: to identify women’s perceptions and experiences of climacteric. Method: this field study had a descriptive, exploratory, qualitative design. It was conducted from September to November 2012 at a Basic Health Unit. Ten climacteric women were interviewed using semi-structured interviews. The data analysis was thematic in nature. It was presented in the form of topics. The research project was approved by the Research Ethics Committee, Opinion No. 74907. Results: women’s perceptions of climacteric were associated with the symptoms experienced by them. This period is still customarily classified by women who have lived with its manifestations as a phase of the life cycle. Relief of symptoms occurred with drug therapy and/or through the performance of physical exercises, as well as through family support to cope with the changes. Conclusion: the role of a nurse in the development of health interventions to menopausal women is of paramount importance in order to help them experience this phase qualitatively. Descriptors: Climacteric; Nursing; Women’s Health.

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INTRODUCTION

The attention paid to women’s health has changed over time - more intensely from the 80s on - especially with regard to public policies. The advances that occurred as a result of broad and complex discussions accompanied society’s transformation and are, therefore, not exhausted.¹

In the early twentieth century women were seen only in the context of their reproductive life, i.e., in their roles of mother and housewife. Thus, gender relations were not valued, nor problems associated with their sexuality such as issues related to contraception and prevention of sexually transmitted diseases (STDs).¹

In the 1970s, an integral health care approach, not restricted to pregnancy and postpartum, was tried to be implemented. From the 1980s on - more specifically, in 1984 - the Program of Integral Assistance to Women’s Health (PAISM) was introduced by the Ministry of Health. This program sought to incorporate educational, preventive, health promotion, diagnosis, treatment and recovery measures in the areas of gynecology, prenatal care, childbirth, postpartum, climacteric, family planning, STDs, breast and cervical cancer.¹

Even though it covered several women’s health care areas, this Program proposal led to suspicions and angry accusations from women’s movements claiming for their rights. These suspicions were linked to the idea that the program would actually be a governmental birth control program. However, some people showed their approval of the PAISM, because they believed that the measures implemented by the program would meet women’s health needs, going beyond the maternal and child care and the reproductive perspectives. Despite major changes in women’s health care process and in the creation of new sectors, the PAISM was instituted, although with gaps.¹

In 2003, with the goal of achieving health promotion objectives and in order to complement the gaps of the PAISM, the National Policy for Comprehensive Women’s Healthcare (PNAISM). The principles and guidelines of this new proposal were discussed in partnership with various segments of society, especially with the women’s movement, the black movement, the rural workers’ movement, with scientific societies, researchers, scholars, non-governmental organizations and with managers of the Unified Health System (SUS).³

Among the principles and guidelines covered by this policy, there was the provision of humanized and comprehensive healthcare to women, meeting their real needs. Among its specific objectives, the PNAISM proposed to organise and implement the provision of healthcare services to climacteric women, improving access to the SUS and the quality of care delivered to these women in this context. However, comprehensive healthcare has not been effectively addressed by the PNAISM, given that the health care system, even today, faces difficulties in providing qualified healthcare to women when dealing with specific areas such as climacteric, infertility and mental health.¹

According to the World Health Organization (WHO), the climacteric is characterized as a biological stage of life and not a pathological process. It comprises the transition between the reproductive and non-reproductive periods of women’s life. This transition can be seen as a natural phase that varies from woman to woman, according to its diversity and intensity. It starts around age 40 and extends until 65 years of age.⁴

How women experience the climacteric will depend on how they lived, on their existing expectations, as well as on associated cultural factors. The climacteric is perceived as an existential issue within social relationships, marital, professional and spiritual life. It is influenced by sociocultural and family aspects and it is seen by a large part of the population as an unknown and mysterious period, representing aging, loss and threats.³

Physiologically, the changes caused by declining levels of the hormone estrogen affect most women, because they are part of their life cycle. Along with this hormonal manifestation, they may suffer social, emotional, cultural influences, as well as influences of the environment where they are inserted. Therefore, they may or may not suffer with the symptoms and changes of the climacteric. In case they do, the latter become an obstacle to their quality of life.⁵

With regard to female sexuality, it is fraught with taboos, myths and prejudices. During the climacteric period, it becomes stigmatized and is seen by most women as unnecessary. In this sense, the full exercise of sexuality may be compromised in the climacteric period, due to lack of dialogue spaces on the subject within the marital relationship. Sexuality remains veiled and is kept in silence.⁷,⁸

Given the experiences lived by climacteric women, there is the need for health professional to prepare them for and guide
them through the changes and symptoms that may manifest during this phase, promoting opportunities for the exchange of experiences and reflections on the difficulties faced by these group of women. Thus, the healthcare team needs to act according to the reality of each woman, using innovative actions aimed at user embracement and active listening. Thus, these women will have the guidance and emotional support needed to achieve improvements and greater well-being during and after this period.7,9

Thus and in view of women’s great demand for healthcare services, as well as the need to be prepared to provide adequate professional support to these women, a humanized and comprehensive Nursing care should be achieved. This care should take into consideration how each woman experiences the climacteric, as well as the transformations that this period brings to their lives.

OBJECTIVE

● To identify women’s perceptions and experiences of climacteric.

METHOD

This field study had a descriptive, exploratory, qualitative design. It was conducted at a Basic Health Unit (BHU) in Uruguaiana/RS, where women at different life stages are weekly seen. The site of this study was chosen because several health actions involving climacteric women are implemented in this specific BHU, such as: nursing consultations, groups of hypertensive and diabetic patients, physical activity groups, home visits, among others.

Ten women cared for at the studied BHU were selected to participate in this study. In this research, the number of subjects was defined according to the data saturation criterion. Data saturation is characterized when no new information is added to the research process. This criterion denotes the knowledge formed by the researcher in the field, evidencing that he/she could understand the internal logic of the group or collectivity under study.10

Women were contacted and invited to participate in the study before or after their Nursing consultations, during their participation in groups of hypertensive and diabetic women and physical activities groups or at other times when they sought care at the studied unit. The purpose of the study was explained to the women and after they agreed to participate in it, the interviews were scheduled according to the availability of each woman. The onus of choice regarding location and time of the interview was mainly with the respondents.

Inclusion criteria were: women between 40 and 65 years of age who, according to the WHO, were in the climacteric period; women experiencing menopause; women linked to studied Unit; regardless of marital status, number of children, diseases and treatments. The subjects who did not respond to the aforementioned criteria, as well as those who gave up to participate, were excluded from the study.

In order to preserve the identity of the participants included in the study, they were identified with the letter “C” for climacteric, followed by a number from one to ten.

Data production was carried out between September and November 2012 and occurred in different days of the week. As a technique of data collection, we used the semi-structured interview, which included the use of a previously defined script, with guiding questions. The latter served as a guideline to prevent the interview from diverting from the study objective. The interviews had an average duration of 20 minutes. They were conducted at the BHU, recorded with a digital MP3 recorder and transcribed by the author of this study.

With regard to the data analysis technique used in this study, we used the thematic analysis proposed by Minayo, which consists of the following phases: pre-analysis, material exploration and processing of results and interpretation. This analysis resulted in two topics that will be presented in the results and discussion sections.

This study followed the ethical guidelines of Resolution No. 196/96 of the National Council of Health of the Ministry of Health, which regulates research involving human subjects.11 It was approved by the Research Ethics Committee of the Federal University of Pampa, under Opinion number 74907. All study subjects agreed to participate in the study by signing the informed consent form.

RESULTS AND DISCUSSION

The ten women interviewed were aged between 44 and 60 years. Regarding their marital status, the majority reported being married, one was separated, one was single and one was a widow. All participants had more than two children. As for their educational levels, most of the subjects had incomplete elementary school education, one woman had completed high school and one had incomplete higher education. Regarding their professional lives, most of the interviewees worked and had a family income...
of up to one Brazilian minimum wage. With regard to their religious beliefs, five women reported being Catholic, four reported being Evangelic and one claimed to be an atheist.

Two themes emerged from the thematic analysis of the data, namely: women’s perceptions of climacteric and women’s experiences of climacteric.

● Women’s perceptions of climacteric

The climacteric is an important phase in a woman’s life. It can result in enormous changes, which may impact each woman differently, influencing their feelings and their quality of life. Thus, women’s perceptions of the climacteric are directly related to the symptoms experienced by them. The symptoms reported were: irritability, anxiety and hot flashes, as it can be seen in the statements that follow:

- It is a heat that we feel, is that nervous state, we get annoyed by anything. (C6)
- I find it difficult to sleep, and as can’t sleep does I get anxious, I get this awful feeling. (C1)

During the transition from the reproductive to non reproductive phase of climacteric, women start having irregular menstrual cycles, which may contribute to the development of various symptoms, such as hot flashes, night sweats, loss of sleep quality, palpitations, headaches. All these changes may enhance health problems such as anxiety and even depression.12

Hoet flashes can come followed by flushing, sweating and chills, which are more unpleasant at night and result in restlessness and insomnia.13 We highlight the importance of the role of Nursing in this context. The Nursing team may contribute to the improvement of women’s quality of life through the development of individualized actions and the promotion of self-knowledge.

According to the reports of the interviewees in this study, feelings of irritability and anxiety often arise from physical symptoms suffered by them.7

We could observe that the symptoms reported commonly influence the emotional state of these women. They are overtaken by a feeling of insecurity which ends up interfering with their family relationships and their social integration.

In this context, it is noted that the physical changes caused by climate phase may influence their social and family relationships and affect their daily productivity. Women may retract from social interaction. Therefore, it is important to expand their interactions at this stage, in order to provide greater security and care so that they can cope with the physiological changes resulting from the climacteric.7

Moreover, in relation to women’s perceptions of climacteric, we found that some women have resigned themselves to the signs and symptoms of this period, stating that such manifestations are expected and normal in their lives. They understand the climacteric as a phase of the life cycle which must be experienced and accepted, as can be seen in the statements below:

- Because I also did not follow a treatment people used to tell me that that was the reason why I was going through all that, then I felt better and better and then it was over. (C1)
- I think it’s a phase that will pass, it will not last forever. (C4)
- For me it is something that is normal for all women, we have to go through this phase. (C6)

Because it is a period when women begin to undergo changes and symptoms that are often unavoidable, it is essential that this process is easened by actions taken by health professionals. They may contribute to improve women’s knowledge about this phase and help her face it as a natural cycle, not interfering with her relationships.14

It is important to emphasize that changes that occur during the climacteric period are not associated with a disease, but are rather part of a natural process, since only some women have complaints or need to be medicated, while others experience less intense changes. Both the amount and the intensity of the symptoms may be related to the personal, emotional, and professional quality of life, as well as to the greater availability of healthcare services.4

According to the personal understanding of the interviewees, we could observe that some of them believe that it is necessary to live all stages of human development, and accept the novelties, conflicts and changes that each stage of life may offer. Thus, the climacteric is just one of these stages and being able to understand this may be a good way to accept the changes that may happen.

The women’s statements also showed that the climacteric has always been a subject that was mentioned and spoken of by their grandmothers and mothers, as well as by women with whom they lived. This could be seen in the following statements:

- I learned from my mom, you know, she taught me, because my mom even started to follow a treatment for it, for when she entered into the menopause. She followed a treatment and took care of herself then. But I always hear what she and my grandmother told. (C1)
When you live with other older people, you hear them talk and listen to their conversation here and there, then you have all that in your mind. My mother would talk a lot about it with our neighbors [...] And I would seat near them with my ears tuned. (C9)

Popular and familiar learning is also considered a means of sharing information about the climacteric period. This is done through conversations between women who experienced or are experiencing similar changes. Thus, through its understanding, the experience becomes easier, and its manifestations are interpreted in a more pleasant way.6

Culture as a factor influencing the climacteric varies according to the environment in which the woman lives. It is shaped by various aspects, both physical and/or emotional. These aspects are based on each woman’s body perception and how she perceives herself in her environment. The woman may often she does not fit in the standards imposed by society, which may result in low self-esteem during this period.8

Regarding the understanding of the climacteric, some women highlighted that they were able to understand the phase they were going through when they received medical information. Drug therapy was sometimes necessary to help women more comfortably experience this phase, as the following statements show:

I learned so much this way... The physician explained the treatment, what would happen when O got the menopause, so that I would be prepared. (C5)

I had to learn on my own, and then from the doctor, I sought help from a person who could explain it better to me. (C10)

Most women seek medical care, especially in order to get treatment to relieve the symptoms of the climacteric. This confirms the need for health services and actions to be appropriately structured to provide comprehensive healthcare services to women. To do so, it becomes important to use strategies aimed at the prevention and health promotion of this important portion of the population.6

Actions implemented by healthcare professionals to help women who are experiencing the climacteric need to be based on health promotion, early diagnosis, immediate treatment of affections and damage prevention. In order for this to happen, these strategies need to be as effective as possible. In addition, women experiencing the climacteric should be provided with comprehensive care, because the lack of understanding may cause suffering and further compromise women’s quality of life.4

Such health strategies are important in this stage of life in order to avoid that the climacteric is experienced by women only as a period of suffering, distress and negative repercussions. Therefore, it is essential that a multidisciplinary healthcare team unveils the doubts and anxieties of these women, fostering the fulfillment of actions that promote their autonomy.

Given the above, we highlight the role of the nurse in the care provided to climacteric women. This professional may develop several initiatives to provide a better understanding of the context created by the changes that occur during this period. Some of the actions may include Nursing consultations, spaces for group talks (waiting rooms and health education groups) and home visits in order to ease the process that women experience during this stage. However, we stress that, the development of the aforementioned actions should be based on ethical principles, and encompass confidentiality, respect and user embracement. Additionally, the nurse should invest in technical competence and skills aiming at promoting and protecting women’s health. Moreover, it is necessary that health services are structured to meet the needs of these clients and that the nurses are trained to provide differentiated care.15

Women’s experiences of climacteric

Regarding this topic, we found that, when viewed in a natural way, the climacteric can be experienced in a healthier and more enjoyable way, and have its symptoms alleviated. The practice of physical activity may minimize the changes caused by the physiological process. In this context, this practice is adopted by some of the interviewees, as can be seen the statement that follows:

The woman has to take great care of herself. Now, currently, I'm doing exercise, doing gymnastics. It does me very well, it's something essential to me. I miss it when I can’t do it and those warm-up and relaxation moments do our body good and it helped me a lot, even with regard to sleeping, you know, some nights I can’t sleep, I have difficulty sleeping and when I do gymnastics during the day, I can sleep well at night. (C9)

Corroborating the above discussion, a study aiming at identifying women’s perceptions of climacteric and menopause found that all 50 respondents considered physical activity to be important for the improvement of quality of life in the climacteric period. Of these, half reported practicing some kind of physical...
exercise, but only ten women reported regularly engaging in physical activity.\textsuperscript{16}

In the course of the interviews we performed, it became evident that some women considered the use of measures to prevent signs and symptoms of the climacteric through the adoption of physical activity and to follow a balanced diet to be essential. However, they also believed that, in order to successfully experience the climacteric, it is important to have high self-esteem, good family relationships and family support. This should help climacteric women face difficulties which may arise during this period, learn how to cope with frustrations and keep themselves emotionally balanced. This assertion stems from the importance of a healthy lifestyle, family support and well-being, which promote emotional balance and ensure quality of life. In contrast, another group of interviewees believed that hormone therapy had a major impact on relieving their symptoms. It gave them more energy to perform their daily activities, which can be seen in the statements below:

I keep working normally, you know, of course when I started taking the medication I felt too bad even to go to work, you know, now this month I am feeling the difference. (C4)

This phase is very difficult. It is very difficult to live with it. I took the medication and followed a treatment given by a doctor and that's what cured me. (C5)

In this context, it is important to stress that, due to the current contraindications and disagreements around hormone replacement therapy, the percentage of women who usually uses such therapy is often not significant. In the aforementioned study, only 13 (26\%) of the 50 women interviewed reported using this treatment option.\textsuperscript{16}

A good family relationship and support was also found to be of great value when coping with changes experienced during this period. We could observed the above in the following reports:

They think it's a phase that will pass, you know, they give support, help, take care of me, then they tell 'mom you should not eat that, should not do that', they look after me. (C4)

They helped me a lot, because I was always sick, was just like that, this way, menstruating a lot and very very irritated, so my family helped me a lot, at that time I still had my husband, so he understood. (C5)

I had enough problems and complications at this phase, but my husband and my children supported me and guided me, because we often have no idea. (C5)

Conversely, we could also identify that some respondents did not receive family support, a fact that caused negative feelings in many of them, besides the symptoms already suffered due to the manifestations of this phase.

It was not very good, you know, I did not have much help, especially from my husband. He never helped me, he always thought that I was pretending, that I was exaggerating, that it was not all that, that I was trying to get his and people's attention. (C2)

Given the statements presented above, we found that family support is very important during the climacteric period, since this is a natural phase in the life of every woman. The symptoms it may cause, when not understood, may bring about feelings of inferiority and depression.

A reflective study addressing the issue in question considered the family as an institution of social support, an important component which may determine how a woman will experience the climacteric period.\textsuperscript{14}

Therefore, it is up to professional health services to focus on a more attentive, welcoming and prioritary care the climacteric women, including her family, whenever possible, in the care provided during this period of women's life.

\textbf{CONCLUSION}

In the first topic addressed by this study, women's perceptions of climacteric were associated with symptoms manifested during this phase. These are often a major cause of emotional imbalances. Other participants expressed feelings of conformity in relation to the changes that occur during the climacteric period.

Most of the interviewees emphasized that they were able to cope with this phase due to the support and information received from family members. This helped them overcome the changes, especially when they were more intense. Thus, we found that the knowledge gained in relation to the climacteric derives from the cultural construction of each woman.

With regard to women's understanding of the climacteric, we observed that some of them believe that they were able to understand this phase with the help of a physician. This fact shows that nurses need to get more involved with health promotion and the prevention of diseases that may affect women during this phase of their lives. They should no longer only help with drug treatment but rather start acting effectively in women's care.
The second topic addressed, women`s experience of climacteric, emerged from changes that occur in women`s everyday lives, combined with physical exercise and the coexistence with their families, which were considered as ways to alleviate symptoms. Besides the adoption of non-pharmacological methods for the relief of climacteric symptoms, some women also needed hormone therapy, and justified its use because of the improvement of the manifestations experienced by them.

Thus, in addition to the findings already mentioned in this study, we highlight the important contribution that nurses may have for the care of climacteric women. It is imperative that this professional uses light healthcare technologies such as bonding, active and qualified listening, and user embracement to approach these women. In order to do so, this professional should reassess his/her care strategies to promote adequate health care for women in the climacteric, a phase that is full of transformations.

We believe that this study has contributed to the deepening of the studied subject, and generated important knowledge about the experiences, perceptions, feelings, expectations, doubts and difficulties faced by climacteric women in their daily lives.

We hope that the results of this study may contribute to improve the healthcare provided by nurses to the women who seek the basic healthcare network in search of help to cope with their health-disease processes, especially those related to the climacteric. The nurse can play an important role in facilitating, stimulating and performing Nursing care actions aimed at disease prevention and health promotion, as well as in making proper diagnosis and treatment of affections related to the changes that may occur during this period.

REFERENCES


Women`s perceptions and experiences...

