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WOMAN IN MENOPAUSE: INFORMATION AND KNOWLEDGE ABOUT THE QUALITY OF CARE

MULHER NO CLIMATÉRIO: INFORMAÇÃO E CONHECIMENTOS ACERCA DA QUALIDADE DA ASSISTÊNCIA

LA MUJER EN LA MENOPAUSIA: INFORMACIÓN Y CONOCIMIENTO SOBRE LA CALIDAD DE LA ATENCIÓN

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ABSTRACT

Objective: to assess women's knowledge about the changes in menopause. **Method:** exploratory, descriptive study with a quantitative approach, conducted with postmenopausal women, aged 40 to 60 years, enrolled in a Family Health Unit in Patos/PB/Brazil. The instrument for data collection was a structured set of interviews and then the data were stored in Microsoft Excel spreadsheet, statistically analyzed according to the quantitative variable and the results are presented in table and figures. The study was approved by the Research Ethics Committee of the Faculty of Integrated Ducks, n. 577/2010. **Results:** we identified that 94% of the participants did not perform any treatment and did not receive any information about menopause; most do not have knowledge on this topic and did not perform any tests. **Conclusion:** it is important that professionals disseminate health education and develop educational practices appropriate to the real needs of menopausal women. **Descriptors:** Climacteric; Women's Health; Nursing Care.

RESUMO

Objetivo: avaliar o conhecimento das mulheres acerca das mudanças ocorridas no climatério. **Método:** estudo exploratório, descritivo com abordagem quantitativa, realizado com mulheres no climatério, na faixa etária entre 40 a 60 anos, cadastradas numa Unidade de Saúde da Família em Patos/PB/Brasil. O instrumento para coleta de dados foi um roteiro de entrevistas estruturado e, em seguida, os dados foram armazenados na planilha eletrônica do *Microsoft Excel*, analisados estatisticamente de acordo com a variável quantitativa e os resultados foram apresentados em tabela e figuras. O estudo foi aprovado no Comitê de Ética e Pesquisa das Faculdades Integradas de Patos, n. 577/2010. **Resultados:** identificou-se que 94% das participantes não realizam nenhum tipo de tratamento e não receberam informações a respeito do climatério, a maioria não possui conhecimento sobre esta temática e não realizaram nenhum tipo de exames. **Conclusão:** é importante que os profissionais disseminem a educação em saúde e desenvolvam práticas educativas adequadas às reais necessidades das mulheres climatéricas. **Descritores:** Climatério; Saúde da Mulher; Assistência de Enfermagem.

RESUMEN

Objetivo: evaluar el conocimiento de las mujeres acerca de los cambios en la menopausia. **Método:** Estudio exploratorio, descriptivo, con abordaje cuantitativo, realizado con mujeres posmenopáusicas, con edades entre 40 y 60 años, matriculados en una Unidad de Salud de la Familia en Patos / PB / Brasil. El instrumento para la recogida de datos fue un conjunto estructurado de entrevistas y, a continuación, los datos se almacenan en hoja de cálculo *Microsoft Excel*, estadísticamente analizados de acuerdo a la variable cuantitativa y los resultados se presentan en la tabla y figuras. El estudio fue aprobado por el Comité de Ética en Investigación de la Facultad de patos integrados, n. 577/2010. **Resultados:** se identificó que el 94% de los participantes no realizaron ningún tipo de tratamiento y no ha recibido información acerca de la menopausia, la mayoría no tienen conocimiento sobre este tema y no realizó ningún examen. **Conclusión:** es importante que los profesionales de difundir la educación sanitaria y el desarrollo de las prácticas educativas adecuadas a las necesidades reales de las mujeres menopáusicas. **Descriptores:** Climaterio; Salud de la Mujer; Cuidado de Enfermería.

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INTRODUCTION

Climacteric is defined by the World Health Organization as a biological stage of life and not a pathological process, comprising the transition between the reproductive period and the reproductive life of women not. At that stage there are many physical, psychological and social changes shaped by changes in hormone production, in addition to the influence of individual factors, socio-economic and cultural level.¹

Climacteric is a term commonly used as a synonym for menopause, but the latter is a phenomenon that is backwards, because it represents the permanent cessation of menses for a period of 12 months of amenorrhea, being the result of the loss of follicular function of the ovaries. Now the term is used to define the climacteric period of women's reproductive life during which menopause occurs.²

The climacteric is divided into pre-menopause, perimenopause and postmenopause. The pre-menopause begins, in General, after 40 years, with the decrease in fertility in women with regular menstrual cycles or with menstrual pattern similar to that occurred during reproductive life; Perimenopause begin two years before the last menstruation and goes until one year after (with irregular menstrual cycles and endocrine changes); The post-menopausal begins one year after the last menstrual period.³

Over the past few decades, are experiencing gradual increase of life expectancy of the general population. In Brazil, life expectancy increased from 43.2 years old (in 1950), for 64 years old (in 1990), with an estimate of up to 70 years old by 2025. Since the life expectancy of women generally exceeds that of men, it is the expressive growth of women experiencing the climacteric phase, which makes this increasingly significant issue in terms of public health, by cover large contingent of women.

The clinical signs and symptoms of climacteric can still be divided into transient, represented by changes of the menstrual cycle and the most acute symptoms, and non-transient represented by atrophic genitourinary phenomena, disorders in lipid and bone metabolism.¹

With respect to assistance of women in climacteric stage, the creation of the program of integral attention to women's health (WOMAN INTEGRAL HEALTH ASSISTANCE PROGRAM) in 1983 he evoked the concept of

integrality in assistance to women's health, which involves the offer of actions directed to the health of all women. However, with regard to assistance to women in the climacteric, realizes that specific actions are dependent on individual initiatives and the sensitivity of each professional.²

On the basis of this is that the commitment of health professionals with regard to women's orientation on the climacteric, takes vital role in anticipation of a better quality of life in middle age, as the patient-healthcare professional interaction and the influence of mass media are of relevance with regard to the guarantee of correct information about the climacteric and, consequently, the motivation of women to seek health care at that stage of life.²

Among the activities of nursing assistance to women in the climacteric, the nursing consultation is of great importance to identification of psychosocial problems referred to by women, which may corroborate with the medical and nursing conduct, aimed at improving adherence to guidelines and conduct.⁵

Front of the above, it appears that, with the increase in life expectancy of women, she will spend a third of your life in climacteric. This data reinforces the need to discuss on the subject with women, allowing them to express their perceptions about this stage of life, you know your body and the cultural aspects surrounding the theme, revealing their health needs and seek avenues allowing satisfy them.

This is recognition of the need to seek a broader paradigm, not only plain but the interpretive issues related to women's health in the climacteric phase.

Understanding that the thematic proposal is of great importance to women's health, and for science, for health professionals and for the population in general, because of the current perception is that the health phenomenon in all stages of life is connected to a specific social reality, being influenced by political, economic and cultural factors, not restricting the biological factors. Were the questions that guided the study: did women know the changes that occurred in the climacteric? Will women recognize postmenopausal modifications? Does nursing is giving due assists women in climacteric?

OBJECTIVES

- To assess women's knowledge about the changes in menopause.

- To identify the modifications post-menopausal.
- To investigate the quality of nursing care provided to these women.

METHOD

Descriptive, exploratory character, with a quantitative approach, conducted in the homes of women in climacteric, enrolled in a basic health Unit in the city of Patos-Paraíba/Northeast of Brazil, in the period from March to December 2010.

The population was made up of women in climacteric and the sample of women who accepted to participate in this study by signing an informed consent (TFCC). Were used as criteria of inclusion the sample the following: women aged between 40 and 65 years old. Exclusion criteria: women who were in this age group; and women who are not enrolled in their Health Unit.

For the data collection was made a prior survey in the basic health unit records; next were the scheduled home visits from May to June 2010 that were performed in the company of the Community Health Agent (ACS), clarifying the objectives of the survey and was made to request the signature of

informed consent (TFCC) allowing the start of the interview.

The data collection instrument were a screenplay from interviews, it consists of two parts: the first were considered the demographic data and the second interest of the objectives proposed. After collecting the data, they were stored in Microsoft Excel worksheet, statistically analyzed according to a quantitative variable and the results were presented in a table and four figures.

The study followed the guidelines and a standard of research that involves human beings established in resolution No. 196/96 of the National Council of Saúde⁶ and was approved by the ethics and Research Committee of the Integrated Faculties from Patos, no. 577/2010.

RESULTS

Initially the sociodemographic profile of women from climatic variables: age, education and marital status, data on the knowledge of the climacteric.

• Socio-demographic data

Table 1. Numerical and percentage distribution of sample according to age, educational level and marital status. João Pessoa, 2010

Variables	Participants (n=15)	
	n	%
Age		
Between 40 and 49 years old	06	40
Between 50 and 59 years old	05	33
Over 60 years old	04	27
Education		
Illiterate	01	06
Incomplete Basic	06	40
Complete Basic	02	15
Incomplete Secondary	01	06
Complete Secondary	04	27
Complete 3rd Education	01	06
Marital Status		
Single	01	06
Marriage	11	73
Divorced	01	06
Other	02	15

Source: Research data, 2010.

According to the given data in the table above, it is observed that 6 (40%) of the sample are between ages of 40 and 49 years old, 5 (33%) are between ages of 50 and 59 years old and 4 (27%) are 60 years old or older; these data show that all participants have good conditions, and are experiencing the climacteric, because present age respect to this period, as well as menopause, examined for most women to have a bit more advanced ages, proving that these already may be showing the physical and psychological changes from that stage; but the occurrence

of both climaterium and menopause varies from woman to woman.

Regarding the schooling of the sample, 6 (40%) of the participants have incomplete elementary school, 4 (27%) complete high school, 2 (15%) with the complete elementary school, 1 (6%) have incomplete secondary education, 1 (6%) higher education complete and even 1 percentage (6%) are classified as not literate. Through these data, one can see that the vast majority of the sample does not provide a satisfactory level for the understanding of the climacteric because your

education degree and may hinder the understanding or the absorption of information/guidance on the casualties that will contribute to the healthy development of their situation.

The marital status of participants shows us that, 11 (73%) are married, 2 (15%) claim to have other types of relationship, 1 (6%) is

separated and also with the same 1 percentage (6%). It was observed that the vast majority of the sample has fixed companions, in this case, the husbands, this positive factor for women who experience the climacteric, where partners have important role as: the support, understanding and incentives.

• Data on the knowledge of climacteric

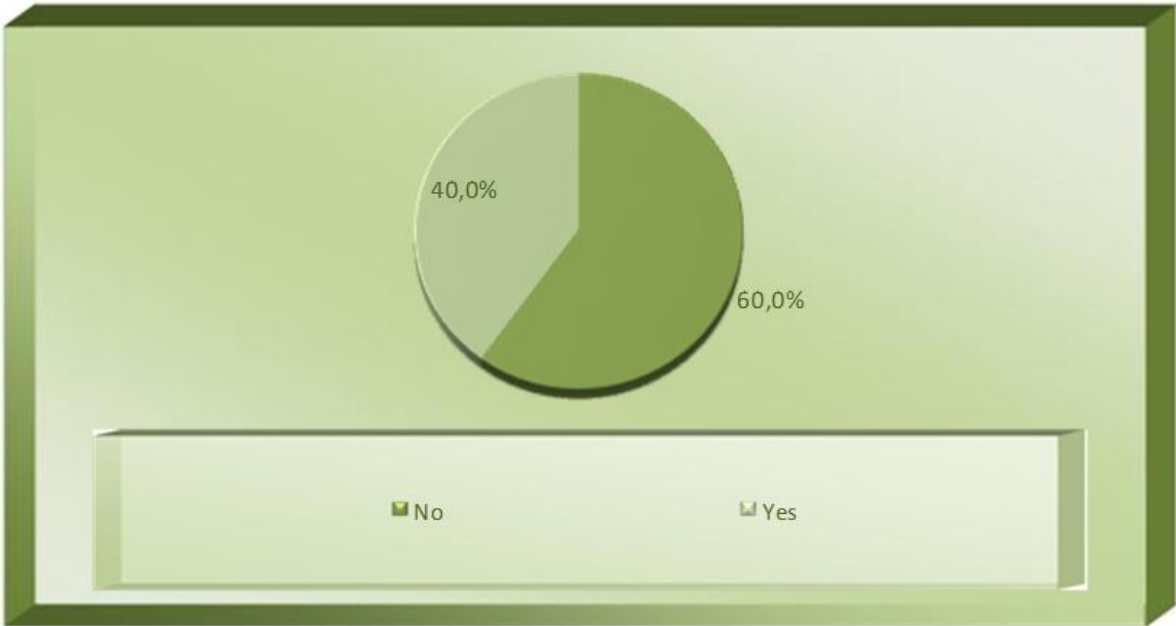


Figure1. Numerical and percentage distribution of the sample related to the knowledge of the climacteric.

The data in Figure 1 shows that 9 (60%) of the sample have no knowledge about climacteric and 6 (40%) understand the meaning of that period. Note that most of the participants don't have knowledge on climacteric/menopause, therefore, they can

suffer from physiological changes and especially psychological, providing an emotional state weakened, bringing insecurities and lack of motivation for the new period of transformations in their lives making this moment quite unpleasant.

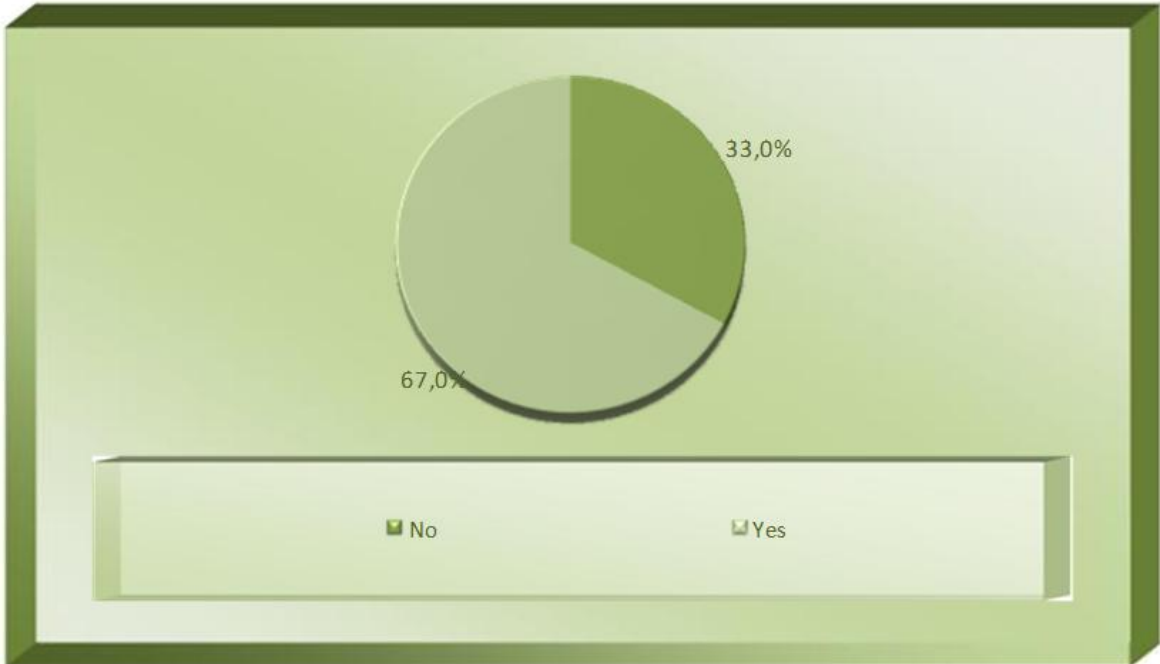


Figure2. Numerical and percentage distribution of the sample due to demonstrations in your body, in your feelings or for family inherent in the climacteric.

Figure 2 shows that 10 (67%) of the participants realized the physical, emotional and behavioral changes on the part of their families due to menopause, and 5 (33%) of the sample showed no suffered with none of these factors. After the observation of these data, it is evident that the sample of this study had its integrity shaken by the modifications offered

by the climacteric, and may trigger diseases in their current situation both physical and emotional, as in intra-familiar, this last is of utmost importance during this period, the issue of support, affection, understanding, strength among other factors.

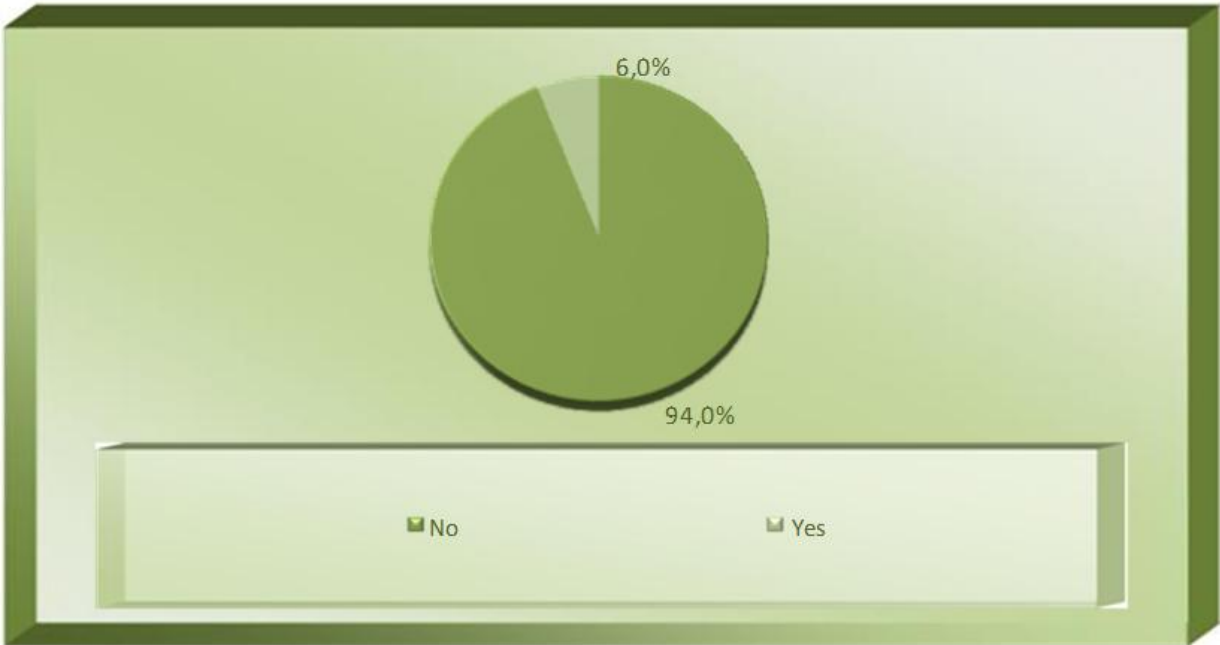


Figure 3. Numerical and percentage distribution of the sample related to the realization to the use of medicines.

According to the Figure above 14 (94%) realizes that the sample does not perform or use any type of drug treatment with the climacteric and only 1 (6%) are both medication and treatment. By analyzing these data one can draw the conclusion that the

vast majority of the target population may not be targeted or smartening up, since in this troubled period of their lives, full of changes, it is important that women receive some kind of monitoring and appropriate drug treatment.

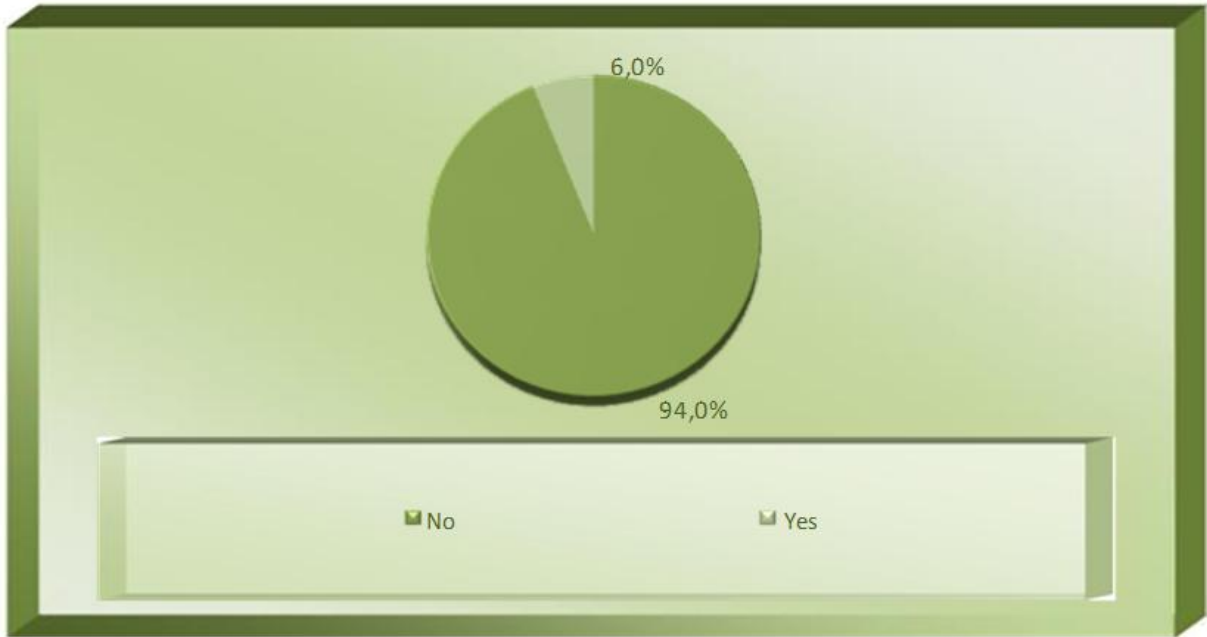


Figure 4. Numerical and percentage distribution of the sample inherent to information about climacteric received at a Health Unit.

In Figure 4 you can see that 14 (94%) of the participants did not receive information about climacteric health unit in question and only 1 (6%) of the sample claims to have received guidelines on its unity; thus this result shall be deemed as a negative point, once the orientation is the basis to start any kind of providence on this casualty, because when properly oriented women have the knowledge that will give them the awareness of what they are experiencing, the events that occur in this period, as well as becoming capable, encouraged the search for accession by some more specific treatment if applicable.

The data collected show that 100% of the sample did not receive information inherent in

any health care professional climacteric as: doctor, nurse, Community Health Agent and nursing its Technical Unit, showing that health professionals are not giving emphasis to this important period of women's life cycle. Therefore, the rulers, managers need to invest more and more in education and health promotion in order to achieve better results in this kind of questioning, thereby improving the health conditions of the female population since, have knowledge from these professionals, so that they can overcome the quirky happenings to climaterium.



Figure 5. Numerical and percentage distribution of the sample related to conducting any examination.

The data expressed in Figure 5 allow 12 (80%) understand that not realized until then any kind of examination and only 3 (20%) were found to have conducted some kind of examination such as: prevention against cervical cancer, mammography, transvaginal ultrasound, urinalysis, blood test and electrocardiogram.

DISCUSSION

In view of the information submitted, with respect to age, the data from a study conducted in Rio Grande do Sul showed similarity to this research, whereas 42.7% are ages between 40 and 49 years old, 36.4% are ages between 50 and 59 years old, and 20.9% were 60 years old or older. Therefore, the importance of proper planning and management of health services to meet satisfactorily the weather women aged 40 to 69 years comprised of or more, by symptoms related to menopause.

As for the level of training, in a study in 2006 showed that schooling interferes with the quality of life of women, since women weather with higher education presented more self-care and symptoms less intense weather. In addition, he concluded that the higher education enables better access to information on the climacteric and anxiety formed during this period.⁸

Since both the age factor as the school can interfere with understanding of women in climacteric, which refer to its changes and possible treatments. This reflects the level of anxiety and self-care, and may interfere with your healthy lifestyle.

As a result, the majority of women live with their mates. This is positive because it is important the presence of fellow at that

moment in the life of the woman, because the way this couple relates determines how this phase will be experienced by the woman, if with difficulty due to misunderstanding of the partner before symptoms, such as decreased libido, irritability, insomnia, among others, or improving the quality of life on the understanding of the partner in the face of these same symptoms.

In addition, in another survey, conducted by Adarsh Agrawal, and concluded that during physiologic changes happen climacteric of menopause can alter the standard women's sexuality; therefore it is important that health professionals seek to promote sexual health in order to break myths and taboos.

Therefore, it is imperative that the companion is more comprehensive on the symptoms that a woman may develop during the climacteric and that health professionals promote the sexual health of the couple so that the woman can face this phase with less difficulty.

Most of the sample showed to be unaware about the climacteric. Against point, it is essential that these women have access to information on health, an approach that is meaningful to them, to understand the changes of menopause and are able to aim this phase as part of their life cycles, and not as synonyms of disease, old age, lack of productivity and order of sexuality. In this way, the health education in climacteric appears as a strategy that may involve health professionals, women and even the partners.

In the climacteric, it was realized that there is manifestation of various signs and symptoms. In one study, it has been reported that there is an increase in the incidence of depressive symptoms in perimenopause. Such events bring discomfort to the woman,

including affecting your sex life and marital and family relationships.

With respect to treatment, also that the medicalization of women's body, with the systematic use of hormones during the climacteric, has been a common practice in medicine. Women in the climacteric do not suffer from a disease and hormonal treatment should be seen as a therapeutic option for cases where there are indications. It is essential that health professionals are informed and up to date for proceeding with a less aggressive and invasive approach.

With reference to the results obtained, showed that most are not guided by nursing professionals on climacteric symptoms or adequate treatment. However, it is of utmost importance that the nursing care in the climacteric is individualized and integral, avoiding reductionist and mechanistic approaches, involving a practice that bring the wonder of the sensitivity, providing the meeting of science with humans, since the nursing has as one of its main premises human care.¹³

In this sense, also the importance of health services promote psychoeducative listening spaces, groups that help women to understand and to live more healthy the climacteric. Issues such as the meaning of menopause, the experience of sexuality, the depressive States, the experience of aging and other topics suggested by women themselves, can feed the discussions of these groups under the coordination of health professionals sensitized and qualified for this action. It is also these professionals to stimulate women's participation in community activities that enhance healthier lifestyles.¹⁴

Health education has been very important in the mean, as has contributed to the self-care, rescuing measures to promote health and quality of life in climacteric. 15 the work of health professionals, especially nurses, is to educate this woman in climacteric so that it becomes able to care and that the change in lifestyle that needs doing be held successfully and thus enjoy a healthier life. In addition, one can take the educational information that is of great importance to awareness of these women, resulting in practices that improve the quality of life.

A search concluded that women are not aware that nurses could develop work as educators in health and benefit them with information, with varying methods performed seeking to experience some physiological changes in a more healthy so that they can

face the changes of the body with a positive Outlook.

Another study looked at the impact of educational activities in a group of weather resulting in women, after 15 months, the reduction of negative beliefs about the climacteric and also reducing the physical symptoms by women participants of the study.

One can see that they are not offered the information prevention and health promotion, however, target them would be one of the most important tasks of nursing in basic health Unit. Therefore, you need professional commitment on the part of nurses to promote health education and awareness of women who are experiencing the climacteric.

It was also found that a significant proportion of women were checkups, not being a negative, given enough because only a small proportion of the participants bother to carry out surveys which should be routine, mostly due to age presented by sample.

The complementary examinations are essential for monitoring the climacteric are: laboratory assessment, mammography and breast ultrasound (according to trace guidelines for breast cancer), preventive examination of cervical cancer, transvaginal ultrasound and bone densitometry, whose indication and periodicity of achievement should follow the guidelines laid down in accordance with the clinical protocols adopted by the Health Ministry following each specific character.¹

The lab tests are: blood count, TSH, glucose, glucose tolerance test (GTT), total cholesterol, HDL, triglycerides, SGOT-TGP, contents of urine (urine culture), faeces, occult blood (PSO). Examination requests relating to more specific investigations must follow the indications proposed for each case and its possibility of realization.¹

In addition, there should be more interest in conducting laboratory examinations and complementary, because it would contribute to a healthy development of their health, since the same when performed frequently and adequate indication contribute to early detection and treatment of problems that affects the female population, among them the climacteric/menopause.

CONCLUSION

Most of the sample showed that does not have any knowledge on the subject of the study as well as has not received any information about what means the climacteric, psychological and physical

changes that the body can suffer and, especially, what is the best treatment to be followed on these amendments.

In this way, to educate in health becomes one of the assignments that health professionals, especially nurses should play in any area that is able to develop appropriate educational practices to the real needs of women in the climacteric, permitting trespass the difficulties that they have, and so contribute to a course of healthier life. So, we highlight the importance of the guidance, the greeting, the appreciation of women, humanized by nursing care in that he can use his scientific knowledge and ability of observation and perception, to make a plan of your actions, based on full and individualized care.

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