THE UNCERTAINTIES OF WOMEN IN EXPERIENCING SEXUALITY IN THE CLIMACTERIC PERIOD

AS INCERTIDUMBRES DE LAS MUJERES AL EXPERIMENTAR LA SEXUALIDAD EN EL CLIMATÉRIO

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ABSTRACT

Objectives: to comprehend how women aged between 40 to 55 years live their sexuality in the climacteric period and how the local health system is organized to ensure comprehensive care. Method: this is a descriptive and exploratory study with a qualitative approach. In order to hold the data production, we employed semi-structured interviews with 25 women living in the urban area of the Municipality of Major Sales/RN/Brazil Northeast and eight professionals that comprise the Family Health Strategy (FHU). During the process of analysis and interpretation of the produced material, we made use of the technique of analysis of content in the thematic modulation. The project of this study was approved by the Research Ethics Committee, under the CAAE nº 0015.0.428.000-09. Results: the contents of the speeches of women highlight the significant fear of losing joviality and beauty, besides anguishs in relation to no longer sexually satisfy their partners. Conclusion: it was evidenced an increase discomfort during sexual intercourses, decreased desire and, consequently, reduced frequency of sexual activity. Descriptors: Climacteric Period; Sexuality; Women’s Health; Menopause.

RESUMO

Objetivos: compreender como mulheres na faixa etária de 40 a 55 anos vivenciam a sexualidade no climatério e como o sistema de saúde local está organizado para garantir à assistência integral. Método: estudo descritivo e exploratório de abordagem qualitativa. Para a produção dos dados, foram empregadas entrevistas semiestruturadas com 25 mulheres residentes da zona urbana do Município de Major Sales/RN/Nordeste do Brasil e oito profissionais que compõem a Estratégia de Saúde da Família (ESF). No processo de análise e interpretação do material produzido, utilizou-se a técnica de análise de conteúdo na modalidade temática. O estudo teve a aprovação do projeto pelo Comitê de Ética em Pesquisa, sob o CAAE nº 0015.0.428.000-09. Resultados: os conteúdos das fala das mulheres deixam transparecer o significativo medo de perda da jovialidade e da beleza, além das angústias em não satisfazerem mais o parceiro sexualmente. Conclusão: ficou claro o aumento de desconfortos durante as relações sexuais, diminuição do desejo e, consequentemente, a redução da frequência da atividade sexual. Descriptors: Climatério; Sexualidade; Saúde da Mulher; Menopausa.

RESUMEN

Objetivos: comprender cómo las mujeres de edades comprendidas entre los 40 y los 55 años experimentan la sexualidad en el climaterio y cómo se organiza el sistema de salud local para garantizar la asistencia integral. Método: estudio descriptivo y exploratorio con enfoque cualitativo. Para desarrollar la producción de los datos, realizamos entrevistas semiestructuradas con 25 mujeres que viven en la zona urbana del municipio de Major Sales/RN/Nordeste del Brasil y con ocho profesionales que componen la Estrategia de Salud de la Familia (ESF). En el proceso de análisis e interpretación del material producido, se utilizó la técnica de análisis de contenido en su modalidad temática. El proyecto del estudio fue aprobado por el Comité Ético de Investigación, bajo el CAAE nº 0015.0.428.000-09. Resultados: el contenido del discurso de las mujeres dejan entrever el miedo significativo de perder la juventud y la belleza, además de las angustias por no lograr satisfacer sexualmente sus compañeros como antes. Conclusión: quedó claro el aumento de incomodidades durante las relaciones sexuales, disminución del deseo y, consecuentemente, la reducción de la frecuencia de la actividad sexual. Descriptores: Climatério; Sexualidad; Salud de la Mujer; Menopausia.

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English/Portuguese

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INTRODUCTION

In the middle of the XX century, from the increase in life expectancy of women, it emerges the climacteric period, considered a crucial factor for women aged 40 or more, thereby pointing to the necessity of directing effective policies to ensure the quality of life of women. Over the years, the climacteric has always been surrounded by myths and uncertainties, which ended up winning contradictory concepts, most often coming to be regarded as an illness, always addressing social and cultural issues.

During the climacteric period, women experience sensations that end up affecting their daily and married lives; such sensations are closely related to the fear of loss of youth, the decay of body, the insecurity and the loneliness, which makes them raise questions about their sexuality. It becomes necessary to break taboos and demystify uncertainties, fears and anguishes experienced by women in the climacteric period, especially with regard to sexuality. Thus, one should offer health care actions for women, by contemplating the whole, and not only is limited to isolated actions.

The woman in the climacteric phase and in search for information that can help her in facing the best experience of sexuality must rely on the care of health professionals who are able to meet her and be prepared to give the essential answers that she hopes to receive. In light of the foregoing, there is the Family Health Strategy (FHS) to operate as a preferential gateway of this target audience in basic health care, composed of a multiprofessional team that aims at meeting users by following the principles of the Brazilian Unified Health System (SUS), thereby seeing the subject both in its particularity and in its family context.

It is worth mentioning that, when we talk about health care of women during the climacteric, little has been done, which leaves the things on the dependence on actions practiced in an individual, restricted and disjointed manner. The lack of information and actions in relation to climacteric further increases the anguishes, which makes the women regard themselves as negative beings, by feeding the feeling of loneliness and thereby fostering the emergence of factors that hinder the harmonious coexistence with a partner, mainly with regard to the exercise of sexuality.

The present study has the following objectives:

- To comprehend how women aged between 40 to 55 years live their sexuality in the climacteric period.
- To understand how the local health system is organized to ensure comprehensive care.

METHOD

This is an exploratory and descriptive study based on a qualitative approach, because it works with the universe of meanings, reasons, aspirations, beliefs, values and attitudes, which corresponds to a deeper space of relationships, of processes and of phenomena that cannot be reduced to the operationalization of variables.

The data production was conducted from semi-structured interviews with 25 women living in the urban area of the municipality of Major Sales/RN, who were in the age group from 40 to 55 years, and eight professionals who comprise the Family Health Strategy of the above mentioned municipality, with a physician, a nurse, a nursing assistant and five community health workers.

The women involved in the research were selected through a documentary survey along with the Medical Forms A (Registration of Families) of community health workers. Next, there was the accomplishment of random draw, thereby forming the desired amount of interviewees.

The interviews with women were individually developed through home visits; regarding the health professionals, we conducted the interviews at the Health Unit, always taking care to avoid interferences in the course of activities of this service. The interviews of health professionals took place in an individual manner in the medical office during the visits, always following the ethical and legal principles. These professionals previously agreed to participate in this study by collaborating in a participatory way.

The study subjects were identified according to their category “Woman” and “Professional” (participants), followed by a number corresponding to the order of accomplishment of the interviews (Woman 1, Woman 2, Professional 2...).

All the actions performed during the research were guided in the rules that govern the CNS Resolution no 196/96, which regulates the guidelines and statements that involve the completion of researches with human beings. To that end, we made use of the Free and Informed Consent Form (FICF). The research project was approved by the Research Ethics Committee from the State University of Rio
women, where they believe that, with advancing age, one starts to stop being a woman.

It’s a very difficult phase, we feel many different things. (Woman 4)

At this age, I’m already feeling some change in my way of living, thinking and doing, that is to say, I don’t have the courage and willingness of the old times to face obstacles that life offers us. The fear has let me very frustrated. (Woman 5)

We know that, while age biologically increases, there are several transformations both in body and in the organism of the human being, the problem is that such changes are still full of stereotypes, they are not seen in their normality; in fact, there are both social and cultural representations that feed the negative feelings emphasized by women when one reaches the age of 40.3

It is natural that women begin to fear for the metamorphosis that their bodies start to go through, since there are many thoughts that afflict their emotional system.4 The woman begins to see the body changes in a different manner. Thus, the act of looking at herself in the mirror is no longer as easy as it once was; it is a process that requires courage and willpower for most of them, which hampers the comprehension that such presented characteristics are part of the aging process.1,5

The speeches show how much pessimism and fear of aging become frustrating in the lives of the surveyed women, by highlighting the physical manifestations that are becoming more pronounced over the years.5,14 This entire context has led women to reflect on how they feel about their “selves”, and the stigmas endowed by society have predominated, which tabulate the woman over 40 as holder of a worn body, with an image that overshadows the will to live.15

I feel totally different, with no forces, with anguish, always agitated and depressed. (Woman 4)

I really don’t like the mirror; I prefer the image that I make of myself. (Women 6)

I find myself with some decays: onset of wrinkles, spots on the skin and changes in hair color. I experience the passage of time in a much accommodated manner, by leaving the practice of experiences and care actions that are meaningful to the physical and body appearance. (Woman 5)

The interviewees also include in their reports the positive considerations about the bodily changes that they experience. When recognizing themselves as young and balanced women, they develop a model of woman who...
reaches this stage of life with much determination and health.

I see myself very well, I love myself just the way I am, accept my appearance as an example of life, since every different detail that appears on my body is one more experience meaning that I’m alive and wonderful, and only ask God health, because the bodily experiences: I only see the wrinkles and spots because of my childhood friends and the mirror, if it were not so I would not see aging. (Woman 7)

In terms of physical appearance, I see myself in good conditions. I Work, use bicycles, run and practice sports. I deal with my body experience in a normal form, and these are the special care actions of my body. (Woman 8)

The investigated women also reveal that this whole process has produced little interferences in their form of living and coexist with people. Actually, the acquired experience has favored the appreciation of the body, thereby providing more care actions than the presented before, by including physical activities, aesthetic care and healthy eating in the daily routine.

Mysteries surrounding the experience of sexuality in the climacteric period

Among the bodily changes that took place during the climacteric, the most frequently mentioned are related to the experience of sexuality.9 The concepts about sex and sexual intercourse were always associated with the source of reproduction and the continuity of life, but, in the reports, we have noted some advances to the degree that women, due to the acquired maturity over the years, indicate relevant aspects about the importance that the sexual act provides them.4

From the point of view of the interviewees, sex is good for health and improves quality of life, provided that the act is practiced with love and fondness, by satisfying the partner in order to satisfy the pleasure and the tesão (lust), and, consequently, they will be keeping the strengthening of the relationship with their spouses.

In my understanding, sex is considered something healthy and natural, it does not mean only reproduction and pleasure; however, it is essential to maintain a balanced relationship, both in the emotional sense and in the structural sense. Every sexual intercourse is a time of new discoveries and every moment is always a first time and a type of learning. Thus, it is necessary to exercise our sexuality with fullness. (Woman 9)

For me, the importance of sex is to promote my bodily pleasure, I feel more feminine. (Woman 10)

When we addressed the interviewees with questions involving sex, they showed themselves somewhat repressive and timid to openly express their feelings. Under this perspective, despite all the struggles of feminist movements, we realized that the male hegemony is prevalent in the face of sexual relationships, which advocates that female sexuality should be seen as an immoral, indecent and profane attribute.

For me, not only now, sex and the sexual intercourse itself never meant anything, absolutely nothing. (Woman 11)

I just had sex to satisfy my husband, because external and even psychological factors contributed to the reduction in my sexual desire. (Woman 12)

Addressing the way in which the sexual intimacy of women is conducted was one of the main barriers faced during the research, because there were moments in which they highlighted the will to hide their feelings, thereby expressing the denial to their bodies and sexuality by means of words. For these women, sex starts to be understood as an unconscious and insignificant act. In light of this fact, one should understand sexuality as an process under construction, thereby highlighting the cultural, psychological and social factors in which the woman is inserted.3,8,9

In the interviews, we have observed differences about the concept of climacteric. A parcel of women expresses a formed concept, distanced from the idea that climacteric is pathology, thereby recognizing it as a period that presents situations different from normality, with the presence of symptoms and sensations that modify the normal rhythm of life.

Climacteric is a set of alterations that can be observed in women at the time of menopause. In addition, menopause is the physiological cessation of menstrual flow. (Woman 13)

Climacteric begins before menopause, and it is characterized by irregular menstruation, hot flushes, changes in memory, insomnia, etc. As for menopause, it is the stopping of menstruation. (Woman 1)

Climacteric is the set of signs indicating that the reproductive phase is ending. And menopause is the lack of menstruation (Woman 14)

The climacteric is the program that aims at improving the conditions of women’s health, reducing maternal mortality rates. (Woman 15)

We have identified women who are unaware of the term climacteric, most often associating it with menopause or even
The uncertainties of women in experiencing...

I have no pleasure in life, much anguish, much joint pains, insomnia and headaches. (Woman 4)

The perception of illness understood by some interviewees is due to the lack of guidelines on climacteric and its consequences, associated to health actions targeted to fully serve this audience.\textsuperscript{14,16} In light of the foregoing, it is essential to deconstruct the contradictory concepts that show the climacteric as a disease, since we must consider it as a normal period of the woman’s life that deserves to be experienced with quality of life.\textsuperscript{5}

For me, the climacteric is a disease and the menopause is an awful and horrible stage of age. (Woman 4)

Until today I did not feel differences. (Woman 3)

I felt with more health, more willing to solve all the problems. (Woman 18)

Some women did not present significant changes during the climacteric, by reporting that their lives remain in the same way as before, and live them in the best possible way. In the speeches, it is highlighted that, among the most frequent symptoms during the climacteric period, there is a prevalence of those with psychological nature, with emphasis to depression and anxiety. Accordingly, we understand the importance of a particular work targeted to climacteric women, with a view to promoting actions for health promotion, thereby seeking to prevent more serious complications.\textsuperscript{8}

For women, the perceived changes in sexual behavior during the climacteric period expose the relationship of the couple to the point of leading them to repress sexuality, desires and pleasure. The cultural and psychological aspects faced in this phase are directly related to myths imposed by society, prejudice with regard to aging, denial of the right to be sexually active and loss of virility, which provides the couple with emotional conflicts in relation to the exercise of the sexual act.\textsuperscript{9} Therefore, it is common to note that these no longer feel free to keep an open dialogue with their partners and, mostly, have a sense of shame and shyness due to imagining that they are not sexually satisfying the male gender.

When questioning about how their sexual life was before climacteric, a parcel of the interviewees said that, before climacteric, sexual life was more active, exciting and full of vitality. Among the interviewees, we have also perceived those who associate the changes with the advent of climacteric as being responsible for the noticeable...
interferences during the sexual intercourse. Thus, these reports were stressed:

[...] with the climacteric, the body goes through modifications and the sexuality also is modified, the desire is not the same. In this period of life, the frequency of sexual activities is muddling, although we dynamically act with creativity in this phase and remain active in accordance with the new sexual identity. (Woman 17)

The only change or interference that I noticed was associated to rhythm and frequency. (Woman 16)

The influences exerted by taboos and prejudices that accompany the woman’s history for centuries are decisive factors that prevent the redefinition of the social, cultural and psychological concepts associated to the experience of the sexuality of women in the climacteric period. 9,15 This was evidenced during the research, when we addressed the issues related to intimacy and sexual experience of the respondents, because, as expected, some obstacles were raised, among them: they did not answer these questions, due to the fact of not feeling free to do so; not liking to talk about their intimate lives with others and, even, with the partners themselves, since they feel ashamed and still consider it as an obstacle to be exceeded.

We recognize that the climacteric woman has many necessities, and one of them is the intensification of attention and understanding on the part of the partner. In this phase full of psychological conflicts, it is essential that the partner has a greater time available, besides offering more affection and love for the strengthening of this relationship. Communication and dialogue must be conducted with greater emphasis, in which they can view their partners as a supportive point to cope with difficulties.14

Even recognizing that there are numerous limitations presented in the experience of climacteric, we have realized, through the words of the interviewees, that most of them do not consider climacteric as a disease, but make clear the necessity for interventions that provide them the suitable guidance at this stage, in order to make them able to receive the desired attention, by extolling at cal service, but what really that their own health policies for difficulty

verify how the local health service is women require. Nevertheless, one should make clear the necessity for interventions that are being given to climacteric women.8

Based on the interviews, health professionals have emphasized that the main anguishes of these women are exposed when it comes to talking about climacteric and sexuality. The fact that these women presented themselves as reserved and shy makes them repress their feelings and prevents them from talking and express what they really are experiencing and the things that are bothering their normal life routine.8

Professionals highlight that the majority of women do not seek health service for obtaining information about the climacteric period and that the referral of these users to the unit takes place through the help of community health workers, who previously advised them to search for the health service to obtain the information that they need.

The search for the health service by this audience is still reduced and, in most cases, takes place through investigations, conducted by health professionals from the Family Health Strategy (FHU) and Community Health Agents Program (known as PACS). (Professional 1)

There are no specific actions targeted to the care of women during the climacteric period. Hence, the pursuit for the health service takes place by means of spontaneous demand linked to the presence of the most apparent symptoms and complaints, with the expectation to soften the sensations and the physical and psychological discomfort.

The gaps visualized in health care of women during the climacteric period lead us to reflect that their own health policies for climacteric women in Brazil are theoretically very well elaborated, but what really concerns us is to know that such policies are not put into practice to meet those ones who really need a quality care.6,7 This difficulty becomes clear when we cope with the testimonies of some health professionals who are aware in relation to the necessity for a new gaze towards the care of women in the climacteric, but they are fair by admitting the shortage of resources that the local service has to meet this demand.6,7 The women in climacteric composes a specific population group, and the health care of women in this period presupposes the existence of health professionals properly trained and aware of the particularities inherent in this group.13

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Although many policies and laws for the women’s health have been implemented, unfortunately their legitimacy is passing through a slow and immature process, including when we talk about the care actions that are being given to climacteric women.4

The local health service and the climacteric woman

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Therefore, by considering these primary requirements, one can say that the organization of the Local Health System has yet to overcome some barriers to better serve this audience. (Professional 1)

The Local Health System provides care for the climacteric woman through medical and nursing consultations. (Professional 2)

Through the speeches of the respondents, one can perceive that the local FHS has qualified and skilled professionals to work in this area, but the only problem is that the developed actions are still focused on the medical-assistential context, in particular with prevalence of specialized consultations.7

When addressing how women make complaints about sexuality in the climacteric period, professionals presented relevant positioning that show that the changes reported by women during this phase are responsible for the emotional conflicts and for the denial of their bodies, thereby hampering the experience of sexuality, which is directly related to the conception of the sexual act.

Women in consultations complain of pain during the sexual intercourse, lack of pleasure, fear of the husband is losing interest in her person, of becoming cold. (Professional 3)

Women with high educational level are more comfortable to speak in consultations; those with low education levels generally do not bring this matter. But, of the addressed complaints, we should include: sensation of burning during intercourses, decreased libido, dried vagina, the shame of their own bodies, depression, emotional problems, low self-esteem, the lack of sureness with regard the question of achievement of the moment of pleasure and, mainly, shyness to talk about sex with their partners. (Professional 2)

Women think that, when they arrive in menopause, women have already turned into men. (Professional 4)

Throughout this study, the lack of knowledge about the climacteric has been the main factor to consider it as one of the obstacles for the improvement of the quality of life of climacteric women. These women do not necessarily require clinical care and should not be treated as sick people. To that end, health professionals need to recognize the importance of developing actions to socialize information and share critical knowledge, along with women, in order to finally enable them to break the stigmas pursuing the experience of sexuality in the climacteric period.16

Under this perspective, it emerges the health education that is configured as an instrument capable to provide knowledge necessary for that women, during the climacteric phase, can experience their sexuality with no restrictions and complications, because the aim of health education in this context is to qualify climacteric women so that they can improve self-care.4

The activities of health education exclusively focused on women in climacteric are not performed, but guidelines are made by health professionals during the consultations. (Professional 5)

Despite multiple health education activities promoted by the municipal health system, I’m unaware of the existence of specific health education activities to this audience. (Professional 1)

Thus, we clearly realize that the health care provided to climacteric women has a series of deficiencies, which raises the necessity for rethinking it, through the implementation of health actions that completely meet the demands presented by women.

**FINAL REMARKS**

The majority of women considered the climacteric period as a phase of changes, transformations and alterations, both physical and psychological, which influence in the habits and in the lifestyle of each one, thereby drawing attention to the emotional side in a strong manner, because they treat this phase as the beginning of aging and of loss of sexuality. The contents of the speeches highlight the significant fear of losing joviality and beauty, besides anguishs in relation to no longer sexually satisfy their partners.

Even having presented well-formed concepts about climacteric, some women are still unaware of the term, but, in return, they know to surely define the sensations, complaints and symptoms that affect them, especially with regard to sexuality. From the reports, it becomes clear that there is a large increase of discomorts during the sexual intercourses, decreased desire and, consequently, reduced frequency of sexual activity.

The perception presented by health professionals in relation to the attendance provided to women during the climacteric was worrisome, showed us clearly that the assistance takes place in deficient and individualized circumstances, with a priority focus on clinical care, in which, in most cases, the women seek treatment for something that they regard as a health problem. Therefore, there is a lack of commitment and awareness on the part of these professionals, who do not

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provide women with information and guidelines that encourage them to give a new meaning to the appreciation of their bodies, which would enhance the self-esteem and, consequently, would foster the promotion of a better quality of life.

We believe that, from the presented reflections, we can help the local health service to trace new strategies and actions with educational nature, with the aim at providing women in the climacteric period with the information that might subsidize the experience of this phase of life in a fair, comprehensive and humanized way.

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