

Women's insights about the climacteric period

Percepções de mulheres acerca do climatério

Percepciones de mujeres acerca del climaterio

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ABSTRACT

Objective: Our goal herein has been to gain further insights regarding the climacteric period. **Methods:** It is a qualitative research having 18 participating women undergoing the climacteric period, who belong to a Family Health Strategy Program from a municipality in the South region of Brazil. Data were collected through a semi-structured interview performed in September 2016. Data analysis was based on the Minayo Thematic Content Analysis. **Results:** The elements derived from the women's understanding about the climacteric period have shown the following tendencies: negative perception trends, body aging, emotional imbalance and manifested symptomatology during this period. **Conclusion:** Therefore, it is necessary to implement actions that offer these women a better knowledge and understanding about the climacteric period, as it will be reflected in a positive way, thus allowing women to experience such an important life period with harmony and have a better life quality.

Descriptors: Women's health, climacteric period, nursing.

RESUMO

Objetivo: Conhecer as percepções de mulheres acerca do climatério. **Métodos:** Pesquisa qualitativa com 18 mulheres que vivenciam o período do climatério, que pertencem a uma Estratégia em Saúde da Família de um município da região Sul do Brasil. Os dados foram coletados por meio de entrevista semiestruturada em setembro de 2016. A análise dos dados foi a partir da Análise de Conteúdo Temática de Minayo. **Resultados:** Os elementos emergidos das compreensões das mulheres acerca do climatério demonstram percepções voltadas à negatividade, ao envelhecimento do corpo, ao desequilíbrio emocional e à sintomatologia manifestada nesse período. **Conclusão:** Portanto, é preciso implementar medidas que ofereçam a essas mulheres um maior conhecimento e entendimento sobre o climatério, pois refletirá de maneira positiva, de modo que a mulher vivencie esse período com tranquilidade e qualidade de vida.

Descritores: Saúde da Mulher, Climatério, Enfermagem.

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RESUMEN

Objetivo: conocer las percepciones de mujeres acerca del climaterio. **Métodos:** pesquisa cualitativa con 18 mujeres que vivencian el periodo de climaterio, que pertenecen a una Estrategia en Salud de la Familia de una ciudad de la región sur de Brasil. Los datos fueron recolectados por medio de entrevista semiestructurada en septiembre de 2016. El análisis de datos fue a partir del análisis de contenido temático de Minayo. **Resultados:** los elementos emergidos de las comprensiones de las mujeres acerca del climaterio demuestran percepciones enfocadas en la negatividad, envejecimiento del cuerpo, desequilibrio emocional y sintomatología manifestada en ese periodo. **Conclusión:** de esta manera, es preciso implementar medidas que ofrezcan a esas mujeres un mayor conocimiento y entendimiento sobre el climaterio, pues reflejará de manera positiva, de manera que la mujer vivencie ese periodo con tranquilidad y calidad de vida. **Descriptores:** Salud de la Mujer; Climaterio; Enfermería.

INTRODUCTION

According to data from the Instituto *Brasileiro de Geografia e Estatística (IBGE)* [Brazilian Institute of Geography and Statistics], women represent the majority of the Brazilian population (51.70%) and the main users of the *Sistema Único de Saúde (SUS)* [Unified Health System]. Considering health in an extended way, several aspects are related to the quality of life of people, among them, food, leisure, working conditions, housing, education, and income. Moreover, social and family relationships, self-esteem and the environment are part of this context. In this perspective, health is beyond simple access to health services or disease absence.¹

Additionally, other variables related to the differences between the female and male gender also make up the health-disease process and increase the vulnerability of women. These transcend beyond biological factors and reach the female population significantly.¹

The woman goes through several reproductive periods throughout her life, from adolescence to adulthood. The climacteric period is defined by the World Health Organization (WHO) as a biological phase, the transition from the reproductive to the non-reproductive period of women's lives. Menopause is a milestone in this phase, corresponding to the last menstrual cycle, only recognized after 12 months after its occurrence and usually happens around 48 to 50 years old.² It is an evolutionary phase of life, entails physical, psycho-emotional and social changes. The climacteric period is an inevitable period of a woman's life; it must be regarded as a natural process, not as a disease. Many women go through this stage without complaints or need for medications. Signs and symptoms vary from mild to intense, may be transitory, represented by alterations in the menstrual cycle and acute symptoms, rather than transient, represented by atrophic and genitourinary phenomena, as well as disorders in lipid and bone metabolism.^{3,4}

It is noticed that the indexes of women who are in the climacteric period is high, this causes to increase even more the concern about the need for attention to health. The life expectancy of the Brazilian population has increased, the current average age is about 74.6 years old, but for

women it reaches 78.3 years. With increasing longevity, there are more and more women living in the climacteric period and, consequently, the demand for strategies aimed at improving the quality of life of this population also increases.⁵ Thus, it is evident the need to train and qualify health professionals, as they are closer to the main population, as well as to sensitize them to the peculiarities inherent to this population group.

Each woman lives this phase in a unique way, influenced by social, cultural and socioeconomic issues, and this is often not valued by health professionals, who need to have a global view of women, not only based on body medicalization, but also in its totality and complexity.³

It is understood that women in the climacteric period need detailed information on the various facets of this new stage of life, it is pertinent to encourage women to live more energetically the aging process, thus covering the transformations that occur during that period.¹ It is noted that health professionals play an important role in this first moment, since health services need to adopt strategies that prevent women from leaving health services without guidelines or actions to promote, prevent or recover health services.

Thus, it is justified to carry out this study project, as evidencing the need of health professionals, to reflect on their professional practice. In this sense, it is necessary that the health services aimed at the climacteric woman must be of an integral form, and not only destined to the gravidic-puerperal cycle. This way, the assistance to the woman contemplates all the life cycles.

Given the above, the question that guided this study was as follows: "What are the perceptions of women experiencing the climacteric period?" The central objective is to know the women's insights about the climacteric period.

METHODS

It is an exploratory and descriptive research having a qualitative approach. Data were collected through a semi-structured interview, which in turn should be considered as a guide, a facilitator of opening, expanding and deepening communication. In this mode of interview a script is obeyed that is physically appropriate and is used by the researcher. By having clear support following the issues, the semi-open interview facilitates the approach and ensures dialogue.⁶

We have had 18 participating women undergoing the climacteric period, in other words, women who are between the age group of 40 to 65 years old. The participants belong to a Family Health Strategy Program from a municipality in the South region of Brazil. Regarding the number of participants, the repetition of the data began in the sixteenth interview, however for security it was decided to finalize the interviews. In addition, other authors working on this approach are based on these parameters.

Regarding the inclusion criteria, it was women between 40 and 65 years old, who showed an interest in participating in the study. As for the exclusion criteria, it was women who did not belong to the municipality of origin and women

who presented cognitive difficulties. The selection of the women was by lot, in other words, by the simple random sampling method. In this way, the sample is selected so that the choice of one member of the population does not affect the probability of selection of any other member; in other words, each member of the population has equal chances to be selected for the sample.⁷

The interviewee picking process was carried out contemplating the six micro areas of the Family Health Strategy Program. Thus, with the assistance of the Community Health Agents, 10 women from each micro area were randomly selected, totaling 60 participants. After the inclusion and exclusion criteria were applied, 41 women were excluded because they did not meet the inclusion criteria, 19 women were left to participate in the study, but one of the selected women refused to participate, which resulted in 18 participants of this study. After the selection was contacted by phone and scheduled date and time at home as per individual availability.

In order to carry out this interview, a pilot instrument was elaborated, which in the course of the interviews was modified in view of the need to readjust it to make it more comprehensive according to the needs that arose. Thus, two interviews were conducted and the need to adapt it to the participants' understanding was then perceived. It should be noted that ethical issues have always been respected and preserved, in view of the Resolution No. 466/128 from the National Health Council, as well as the Resolution No. 510/2016. The research was approved by the Research Ethics Committee, under the CAAE number: 57489516.0.0000.5353.

In order to preserve the anonymity of the deponents, a free and informed consent form was given, which included information about the project, the names of the authors and contact telephones and, principally, a guarantee that the woman would not have her name revealed, using the letter W in order to identify the Woman, followed by the number in the sequence (W1, W2) which guaranteed their confidentiality. The study complied with the formal requirements contained in national and international standards for research involving human subjects.

The interviews were recorded with MP3 recorder with authorization of the participants, and later they were transcribed. Still on the transcripts, it is emphasized that a careful twice-reading process of the participants' speeches was carried out in order to make a grammatical correction of the sentences, but without changing their meaning.

For the analysis of the qualitative data a thematic type Content Analysis was followed. The analysis can be decomposed into three stages; the first one is the Pre-analysis, in which the researcher chooses the documents to be searched. This step can also be divided into some tasks, namely: Floating reading, in which the researcher takes direct and intense contact with the material; Constitution of the *corpus*, in which the universe studied in its totality must respond to norms of validity as: Exhaustiveness, Representativeness, Homogeneity and Pertinence.⁶

Thus, the formulation and reformulation of hypotheses and objectives is made, a process that consists in the resumption of the exploratory stage, being made an exhaustive reading, which means that at that moment a correction of directions and interpretations can be made. In this way, a picture was constructed with key words or phrases, which emerged from the statements of the deponents.

The second stage consists of the exploration of the material and the third step in the treatment of the obtained results and interpretation. Regarding the treatment of the results obtained and interpretation: the themes were put in evidence and the information obtained in the interviews were organized, being proceeded from the twice-reading process of the categorized material and critical reflection of the results, in order to articulate the results obtained with the theoretical reference on climacteric period, in order to base and theoretically discuss the research results aiming to answer the research question.

RESULTS AND DISCUSSION

For the presentation of the results of this research, the socioeconomic data of the participating women will initially be briefly outlined. The following will be presented to the women's understandings about the climacteric period. In relation to the brief profile of the group of 18 women participating in the study, their age ranged from 42 to 63 years old. As for marital status, the majority reported being married, being three unmarried, three divorced and/or divorced and three widows. Most have children, only three claim not having them. As for schooling, four have completed tertiary education, six complete high school, two have completed elementary school and five have incomplete elementary school. In relation to professional life, only two women work, most are retired or pensioners, the average family income ranges from two to three minimum wages. As for religiosity, ten women claimed to follow Catholicism and eight Evangelicals. From the thematic data analysis, three categories emerged: "Climacteric period as a psycho-physiological phase of life", "Climacteric period: Influences of the biomedical model and challenges for nursing professionals" and "Alternative methods of facing the climacteric period". It is emphasized that herein we have chosen to present and discuss the first two categories.

Climacteric period as a psycho-physiological phase of life

The body of women throughout the reproductive life goes through several modifications, each with different characteristics and singularities. The climacteric period is an important period in the life of the woman, beginning at the age of 40 and extending to the 65 years old, brings diverse changes of physical, emotional and social order.⁹

The period of the climacteric period, defined as a biological phase in the life of the woman and not a pathological process, in which it is accompanied by several

transformations that occur in the body due to the estrogenic decrease.¹⁰ These manifestations are influenced by social, cultural and psychological factors And that interfere in the quality of life of the women who are witnessing this phase.⁵ During the interviews can be seen in the statements of the deponents the various changes related to emotional issues during this phase, as follows in the statements below:

This discomfort we feel, the changes in the body, I get more stressed, nervous, because we get very stressed, it seems that nothing is good (W5).

I get irritated, anything irritates me, I want to cry, I'm more sensitive, it seems that from time to time, this is much more outlined (W4).

It gives me that will to cry, that anger, then it goes away (W10).

I'm not sleepy, now I have to take sleeping pills and I do not feel like exercising. I walked before, now I do not do it anymore (W9).

The neuropsychic symptoms that occur in the climacteric period most often are emotional instability, anxiety, nervousness, irritability, melancholy, low self-esteem, sadness and depression and can be presented singly or together. But there is nothing proven that these factors occur because of lack of the hormone or psychosocial factors related to the aging of the body. Thus, care during this life span should extend beyond biological aspects to hypoestrogenism, and consideration must also be given to the cultural and psychosocial factors of women.¹² According to the literature, 60-80% of women report feeling any symptoms during the period. Climacteric period, most of these symptoms are related to hormonal changes.¹¹ Climacteric symptoms and quality of life are directly influenced by the woman's perception about menopause and aging, in other words, the way the woman perceives this period reflects directly in their quality of life can be considered by many as a myth, while for others it means unrecoverable losses.^{11,12,13}

Women in the climacteric period are faced with new situations that may coincide with changes in their sexual status, the perception of the climacteric period within the culture where the woman is inserted, the leaving of the children from the house, sickness of the parents, and in some occasions decrease of the agility at work. He also can not fail to mention the issues of body aging and the cessation of his reproductive life that end up influencing self-esteem.² The results of this study indicate that the climacteric period is viewed negatively by the majority of women who are experiencing this period. Regarding this fact, it was evident that women are not prepared to experience this period. The corporal and aesthetic changes

are perceived in a negative way by the deponents, as it can be observed in the following statements:

To realize that your agility is diminishing, I am losing practicality and usefulness! I look at my face and it's getting different. Oh, when I was younger it was so beautiful! Realize that the skin is changing, everything changes. (W3).

The body becomes more flaccid; the muscles of the body become softer (W1).

It is noted that bodily changes generally act negatively on female self-image and potentiate psychic suffering, especially in Western countries, which value health, beauty and youth. Where the body is worshiped, the youth valued by various means of communication and the aesthetic pattern of the beautiful is encouraged to be preserved at any price by society, creates a frightening and painful image for women who, supposedly, begin their journey of aging process.¹⁴ It is known that the elderly population is increasing in Brazil, and the climacteric period corresponds to 1/3 of women's lives.¹⁴ Thus, it is necessary to have trained and attentive professionals, to provide integral assistance, to work the promotion of health, to cause women to demystify that period; in other words, they do not understand the period of the climacteric period negatively but rather as a phase of new discoveries, as this period is part of the life cycle. Therefore, it is pertinent that this phase be experienced with quality and in the best possible way.

In addition to the psycho-emotional changes that were mentioned previously by the women, also, the majority revealed the appearance of discomforts like sweating and hot flashes as it can be observed in the following statements:

These heat bursts make people embarrassed, because at times we are very well and suddenly we start feeling really bad, that thing, plenty of sweat, that's what I feel most the most (W5).

Everything hurts, as if it were menstruating, then give me that heat burst and sweating! (W10).

You see, it looks like it swells and disintegrates! The feeling is that he is always sweating and anything irritates us (W16).

Wow! I sweated and then gave me a heat burst (W15).

Calories and menstruation came when they wanted to. Well, only what I felt was heat throughout my menopause (W12).

With regard to hot flushes or heat waves are the most common, and can arise at any stage of the climacteric period. They are characterized by a transient and intense

sensation of heat in the skin, especially in the thorax, neck and face, most often accompanied by sweating, palpitation and headache may occur, and these discomforts end up interfering in their daily routine and causing a certain stress for not being able perform their activities.¹⁵

Also on the etiology of these symptoms, the cause may be related to the reduction of the estrogen that can cause alteration in the thermoregulatory center of the organism.¹² But it is worth to emphasize that each woman experiences the period with different signs and symptoms, depends on its degree of knowledge about the mentioned life stage, their preparation for the changes that will arise, because the intensity with which they occur are related to the social, cultural and psychological factors; in other words, the more unprepared and denied on the said stage the symptoms may occur in proportions larger than the women who are better prepared for the climacteric period.

Regarding the interpersonal relationship, it was noticed in the statements of the deponents, that in relation to the relatives, the irritability, the anxiety and the nervousness interfere in the familiar life. On the other hand, the family life is important in the support during this phase, but for this to happen to the family needs to be aware of this step to understand it and help the woman in relation to irritability, as follows the statements of the deponents:

No, with my family I never had a quarrel. Never! You know, my kids love me, they are understanding this situation, I live with them a lot, we have had a very good life together (W17).

The young son probably with little knowledge about the climacteric period phase does not provide support and dialogue with his/her mother, which generates anxiety and nervousness, on the other hand when the family is supportive and open to dialogue and has knowledge about the implications that the climacteric period brings, the relationship changes as can be evidenced in the following speech:

My son is very annoying to me, he gets his attention to annoy me, today I told him: do you want me to stop smoking? So stop irritating me! Why, because you make me more and more nervous! (W7).

Family support during this phase of life becomes a coping alternative, because marital relationships generate anxieties and anxieties, so women wait when they experience the climacteric period, find respect, companionship and love of their partner and other relatives.¹⁵

The deponents also express the need to dialogue, share their experiences, whether or not related to this stage of life. Regarding this fact, the statements of the deponents express such questions:

My mother always tries to help me, but they understood well, they had to understand that I was in this period, that I needed to talk (W14).

Given the above, it is noticed that the woman really experiences many discomforts during the climacteric period, besides the irritability, the physical and aesthetic changes, the question of the increase of the body weight and the appearance of metabolic interurrences as evidence is also present, as in the following speech:

I fattened too much, I had no belly before, now I'm with a big one (W8).

I gained a little more, and changed a little yes, because it attacked me several things together, I gained weight, I became more sensitive (W2).

Among the physiological and metabolic changes that occur in the climacteric period, the increase in body weight had relevance in the statements of the deponents. It occurs as a consequence of lower energy expenditure, a fall in metabolic activity and a sedentary lifestyle, that is, women stop practicing physical activities and settle for the fact that they either think they are old or that they no longer need to take care of themselves because of the aging natural process.¹²

Hormonal fluctuations favor not only increased body weight but also increased abdominal adiposity due to the redistribution of fat tissue and lean mass, obesity is among the major problems of public health, since it entails several risks, among them are the following diseases: cardiovascular diseases, osteoporosis, degenerative diseases of the brain and diabetes mellitus.¹⁴ Thus, trained and qualified professionals are needed to provide comprehensive assistance to women in the climacteric period, it is necessary to train health professionals to deal with women experiencing menopause and feel fragile to face the physical and psychic transformations it causes, which usually compromises their life quality and social life.

In this context, the nursing professional plays a fundamental role in promoting and educating in health, especially in educational groups as a way of socializing about the main symptoms and non-drug and healthy alternatives for a harmonious living in this stage.

Climacteric period: Influences of the biomedical model and challenges for nursing professionals

Climacteric period is not synonymous with menopause. However, many women are not clear with regard to definition. According to the WHO, the menopause corresponds to the last menstrual cycle, established only after twelve months of its occurrence, usually between the ages of 48 and 50 years old.² The installation of menopause is a foreseeable and expected fact, since the climacteric period, occurs naturally, accompanied by signs, symptoms and endocrine events that require the woman to be oriented towards a better confrontation.

During the installation of menopause, several physiological changes occur due to the reduction of estrogen,

being responsible for the appearance of physical and psychic changes, characteristics of the period climacteric period.⁸ It is worth noting that the climacteric period, because it is a long period, makes it critical and complex, since the woman experiences several transformations including in her body image, and this can bring insecurity and anxiety, causing other types of feelings like fear, the idea of infertility, loss of youth and the feeling of getting older.

The climacteric period can be divided into three stages. The period before the menopause is characterized by decreased fertility usually begins after age of 40 years old. The perimenopause started two years before the last menstruation, and goes up to a year later, also irregular menstrual cycles and hormonal changes more intense. And finally the postmenopause, which begins one year after the last menstruation.¹⁶ As far as the findings of the research are concerned, many women still live the climacteric period in silence for not being aware of this new phase, and this causes them to have an erroneous perception about such period and most of the time seek medical and medical care at the expense of little information. As can be seen in the statements of the deponents when questioned about the assistance they sought when they felt the need for care:

I looked for the gynecologist at the time, he who accompanies me to this day (W11).

I looked for the doctor, he told me to take it, until I reached my limit, because I would not be able to take the medicine because I'm diabetic (W14).

I looked for the doctor to take a medicine, he told me that if I had no symptom, I should not take anything (W18).

Yes, I did hormonal treatment; I gained a little weight because of the hormone (W1).

Menstruation is still normal, but I went to the doctor and he said that there is another year for the changes to take place (W13).

On the other hand, it is evident that nursing has an important role and is present in the nursing consultation, with guidelines and clarifying doubts what contributes to a healthy experience in the phase of the climacteric period. Therefore, the performance of nursing was also present, in the context of nursing consultation, as follows in the following speech:

During a preventive visit the nurse at the unit asked me if I felt some heat burst or anything like that, since I did not feel anything, she advised me that I would not need to use any medication (W7).

However, only one interviewer referred to nursing, which makes us reflect and rethink about the need to strengthen the nurse's role in this context, taking into account social and cultural aspects, based on the needs and individualities of each woman. Because the climacteric period is experiencing in a unique way for each woman. Otherwise, the biomedical model is very present in the health care of women during the climacteric period, it was observed in the statements of the deponents that some women when they needed care and/or clarifications sought the medical professional to solve their doubts. This is because they associate this phase as disease, to understand it as a pathological process and not as a stage of life. Given this reality, it is important the health professionals, especially nurses, to act, considering holistic care, which can guide them to deal with the period experienced, in order to deal more naturally, as a change physiological, seeking different strategies for a better life quality.²

In this context, many women seek hormonal treatment in the first choice, without experimenting with healthier alternative methods such as feeding and practicing physical exercises to minimize signs and symptoms. Hormonal Replacement Therapy seems to have been the first alternative solution found by women to eliminate undesirable symptoms of the climacteric period, cease influences that accelerate the signs of aging and provide more vitality. This strategy can be understood by the representation of the climacteric period by the woman as a disease, when they seek medication as a solution.¹⁴

On the other hand, currently there are several possibilities for intervention in the climacteric period, which go beyond the fragmented and reductionist approach that is marked by the medicalization of the female body given the systematic use of hormone replacement therapy.¹²

It is worth noting that the climacteric period is not a disease and hormonal treatment is a therapeutic option for cases in which the symptomatology is aggravated and not ameliorated by alternative methods that must be first choice, so the importance of a qualified nursing consultation with a sensitive listening and a care plan permeated by less invasive and more complementary methods involving different activities for the woman.

The interventions in the climacteric period should be guided by actions that promote the quality of life, in which the emotional, social and cultural issues of each woman are valued, since they experience the climacteric period of singular form, in other words, each subject with its specificities.^{12,17} Thus, it is pertinent to plan qualified assistance, promoting health through groups and activities through workshops, identifying the needs of women and collecting information, planning and implementing measures that meet the needs.¹²

In order to get around this situation, it is imperative that the climacteric woman be perceived in its entirety, so that, in addition to being heard in her complaints, she can have access in a particularized and individualized manner, to both health promotion and prevention actions, and also rehabilitation aiming a better life quality.¹⁶

In the light of the foregoing, it is evident the need for searching new ways of following up the women undergoing the climacteric period. The handling of the women aging process in a clear way is a primordial condition to overcome the obstacles and myths that hamper the healthy living and the women protagonism.

CONCLUSION

This study provided insights of the climacteric period in its different perspectives. The climacteric period is a singular life phase, which is a significant stage since the women spend to third of their lives in that period. Also linked to this period, there are several changes that occur in women, physical or emotional and are influenced by social, cultural and psychological factors. The elements derived from the women's understanding about the climacteric period have shown the following tendencies: negative perception trends, body aging, emotional imbalance and manifested symptomatology during this period. Therefore, it is necessary to implement measures that offer these women a greater knowledge and understanding about the climacteric period, because it will reflect in a positive way making the woman experience this period with harmony.

Regarding the biomedical model, it influences the medicalization of the woman's body, since the climacteric period is understood as a pathological process and associated with signs and symptoms.

On the other hand, nursing also appears even though in a subtle way, but with an important role, especially regarding the nursing consultation of women in the climacteric period. However, this action can be strengthened through the understanding of the climacteric period as a step that involves biopsychosocial issues. Finally, with regard to the conclusions of the current study, it has pointed out limits and possibilities, with the understanding of the unfinished ones that occur in the researches, since the subjects are in daily construction.

Concerning the study's contributions, it is believed that it will bring significant contributions to the service, mainly in the promotion, prevention and rehabilitation of the patient health. Regarding teaching and research, it is hoped that the reflections from the data will boost nursing training and, consequently, qualify the teaching in women's health, especially, in the climacteric period framework.

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