

48 - RELATIONSHIP BETWEEN SOCIOCULTURAL FACTORS AND SYMPTOMS OF MENOPAUSE: MEANINGS ATTRIBUTED BY WOMEN ASSISTED AT A BASIC HEALTH UNIT

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INTRODUCTION

Climacteric is the process of transition between the reproductive and non-reproductive period of women's lives. Since the last decades, from the observation that different groups of women experience such transition differently, much has been discussed about the influence of demographic, cultural and social aspects in determining climacteric symptoms.

Women at menopause may have little if not any knowledge about most hormonal, physiological and emotional alteration that involves them due to the period of this vital process. This lack of knowledge may be associated with deterioration of their mental and physical state since they are not well informed and have negative and false beliefs concerning the menopause, which increases their anxiety directly (Valencia, 2010).

It was seen that the period of menopause cause a great weakness for women, both physically and emotionally, bringing feelings of insecurity, contempt, sadness, among others. These feelings make the women to keep this period of their lives in anonymity, allowing them to be even more vulnerable and less likely to face this stage of life in a healthy way (SILVA, 2009).

Lorenzi (2005) in his study says that about 60% to 80% of women who are climacteric make reference to some kind of symptom peculiar to the stage, most of which attributed to the state of declining estrogen levels. In general, the most common complaints are related to urinary urgency, vaginal dryness, dyspareunia, vasomotor symptoms, cognitive difficulties, depressed mood and emotional instability.

By observing how these symptoms can affect the women's lives in many ways is how the importance of developing a peculiar attention of the health professional to climacteric women is seen, and it should be based on the perspective of completeness.

Also, according to Lorenzi (2005), there is constant controversy about the result of these symptoms during menopause. Some believe that the symptoms are purely a result of the progressive decrease in estrogen levels, while others believe in the great influence of socio-cultural and psychological factors. However, few studies have these considerations, that is to say, the socio-cultural and emotional perspective.

The social relevance of this research is associated with the significant increase of the female population in this age group who need a health care qualified at all levels, making new reflections about this topic - improving care in that phase of life – favorable to health workers.

The aim is also to use the results of this research for extending references to guide menopausal women, seeking a better quality of life of this population group.

METHODOLOGY

This study is an exploratory-descriptive research, with qualitative approach, developed in a Basic Family Health Unit, in Crato-CE, Brazil.

The subjects of the research were premenopausal women enrolled in a Basic Family Health Unit, of the urban area in Crato - CE. It was decided to interview (guide line form semi-structured interview) such women by the belief they have of knowing about the vital process they are at now, not only by experience, but, because they are assisted by a Basic Health Unit that holds a perspective of a primary health care based on Women's Health. Thirteen interviews were conducted.

It was faithfully followed all ethical observances of Resolution 196/96 of the National Health Council, which refers to research with human beings (BRAZIL, 1996), especially in fulfilling the terms of consent, which deals specifically with voluntary participation, anonymity, confidentiality of data, publication and permission to withdraw at any time of the survey.

Data collecting was done by semi-structured interview, conducted under recording and subsequent transcription.

All questions of the form were subjective in order to follow the method of Discursive Practices (Spink, 2010).

The interpretation was based on a constructionist perspective according to Spink and Lima (1999), which talks about the analysis of production of senses.

With the taped interviews, transcript was proceeded to elaborate the map of idea connection to help in the interpretation and analysis. The map was made after skimming the speeches of each subject. The map was made according to chronological order of the speeches, by following the questions asked.

13 maps were made, one for each participant, on which in the themes that emerged from the talks were put, in agreement with the interview script and work objectives. There are columns in them: the first one is about the "interviewer's" speech and the other on the subjects' speech in response to questions from the researcher-interviewer in the context of the themes raised.

Table 1- Example of map in an excerpt from the interviews:

Interviewer	Sings and symptoms	Emotions	Sociocultural
The climacteric changed some point in your life? Which or what?		<i>Oh, I was in agony</i>	
			<i>when I was to do things</i>
	<i>when I felt the large heat</i>		
		<i>It was very bad.</i>	

RESULTS

This study consisted of 13 women, aged between 40 and 65 years old, for according to the Ministry of Health of Brazil, this is the age that corresponds to the average when climacteric period occurs.

Family income, education and marital status were other variables, besides age. These data were collected in order to understand better the socio-cultural reality where each participant of the present study was from.

It was seen that most women were educated up to primary education, had a family income below two minimum wages, and their marital status was identified as follows: single 5, married 6 and widow 2. Given these data we can have a certain base of what the socio-cultural reality of the study participants is.

Sings and symptoms

It was noticed that most of the participants made a well defined reference to the symptoms identified, but that happened only after each of them understood the concept of menopause, as to ask what each one of them knew about this phase, almost all participants did not know how to answer about it, thus showing the how much knowledge each one had on the subject.

During the interview the main complaints cited were hot flashes and psychological symptoms such as emotional instability and depressed mood.

In asking about the perceived symptoms, the women described the symptoms of hot flashes as an intense warm that suddenly appeared, accompanied by sweating. That is noticed in the following lines:

"I started feeling it scorching. It was suddenly. When I least expected it happened." (Participant 01)

"there was such a heat that no fan could cool it." (Participant 03)

"It's hot! Sometimes it makes you sweat!" (Participant 10)

By observing other statements of the participants it was realized that insomnia is a very present symptom and that it tends to cause more symptoms arise. In some cases, it was verify that these women become more vulnerable to develop nervous crises due to sleepless nights, directly affecting their quality of life.

Emotions

Emotions experienced by women participating in the study about menopause were quite noticeable. Each woman showed kind of emotion in their speech, and it is considered essential that an analysis was made upon that issue, which has become one sort of the themes of this study.

Concerning about this theme - the emotions experienced by the participants - what could most prevalent be perceived was that such women reported experiencing a feeling of "agony" because of the symptoms or situations of stress at work or with family.

"I think it affects lots of areas. It causes agony for many tasks." (Participant 02)

"I think I got worse when they agonized my mind (disturbed me)." (Participant 04)

All the feeling mentioned by the women affected even their interpersonal relationships. Some of them ended up revealing that all the "agony" and stress they felt, were transferred directly to people in their family circle or friends, as is evident in the statements below:

"I unreasonably got back at others." (Participant 07)

"Hmm, I think I'm not as patient with the boys at home or with my husband as I used to be." (Participant 13)

Given that we realize how important it is that all the people - who surround the women who are at the stage of menopause - develop a greater understanding.

The way every woman faces this particular moment, can directly influence their emotional reactions. Most of them may face the menopause negatively because they are inserted in a culture where people don't give the elderly the value they deserve, as it is the case in Western culture. This was expressed during the speech of women - aversion to old age experienced by most Western women.

"I was feeling as I was older. It's not good for you to feel old." (Participant 06)

All this bad feeling clearly affects women's self-esteem, bringing as a consequence an ineffective cope at this phase of life process.

Sociocultural

Having a superficial explanation of what climacteric is, some of them fought it had the same definition of menopause, or wondered if it would be the same phase.

When asked if they had received guidance on climacteric, and having already received, by whom these instructions were given, the lines significantly considered the lack of guidance received. Few women said they had received, and that was done by the physician or through the media.

Therefore, it can be inferred that the understanding these women have about menopause and climacteric was flawed. Or rather, the knowledge about the concept of climacteric is practically nonexistent.

It was noticed that during speeches, some of them said the stress experienced in daily life caused by work and the housework, somehow intensified the symptoms of climacteric. But despite this fact, the participants emphasized the awareness that even the work causing boredom, it was also a pastime, as seen it in the statements below:

"It's uncomfortable for doing most things, but I think getting inactive is worse. We have to work, right? I think when I stop I get worse, that's why I work even when I have a backache or am stressed out." (Participant 02)

"I know working is good, it's a pastime for that." (Participant 03)

It can be consider these women are deprived of activities that cause them pleasure, such as leisure activities. This deprivation is related to socioeconomic conditions that each one is included - conditions cause them to be involved in an exhaustive routine. So it is important to suggest leisure activities that are accessible to their economic conditions.

Conclusion

In order to affirm the need to develop a better qualified and holistic care for climacteric women, it was sought to identify how they noticed the relationship between the symptoms of menopause and the women's socio-cultural reality.

The subjects of this study were women from in a peculiar socio-cultural reality - it can be clearly seen that the socio-cultural factors direct and indirect have influence on the symptoms by intensifying the ones the participants already feel.

It was shown that most women did not have enough knowledge about this phase, for they confused it with the menopause itself. The lack of information concerning to this phase is clear, what makes those women go through this period without the comprehension needed to face it.

We suggest the development on practices of health education by health professionals in order to provide information to the population, and also make an active search for these women to attend to appointments specific to this growing part of the population.

In order to the assistance be qualified, it is necessary to alert all health professionals and science that attention can not be unidirectional - that is, caring for the woman only as a biological being - but as a complex being, bio-psycho-cultural.

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RELATIONSHIP BETWEEN SOCIOCULTURAL FACTORS AND SYMPTOMS OF MENOPAUSE: MEANINGS ATTRIBUTED BY WOMEN ASSISTED AT A BASIC HEALTH UNIT

ABSTRACT

From the observation that distinct groups of women experience menopause differently, much has been discussed about the influence of demographic, cultural and social aspects in determining the symptoms of this phase. From this, this study sought to characterize meaningful issues on the symptoms of menopause and its relationship with the socio-cultural reality of women attended in a Basic Health Unit for the Family. It is a descriptive and exploratory study with qualitative approach. The participants in the study were 14 women with age that corresponds to climacteric process period. Data were collected through semi-structured interviews and analyzed by the use of Spink idea association method. It was noticed that most women did not have enough knowledge on this particular period, confusing it with menopause itself, as was also seen that there is a relationship between socio-cultural factors and symptoms felt. Therefore, the development of practices of health education by health professionals to provide information to the population is necessary in order to provide a holistic health care practice, considering the patient as a bio-psychosocial one.

KEYWORDS: Menopause, Symptoms, Socio-cultural factors

RELATION ENTRE LES FACTEURS SOCIOCULTURELS E LA SYMPTOMATOLOGIE DU CLIMATÈRE: LES SENS ATTRIBUÉS PAR LES FEMMES ACCOMPAGNÉES DANS UNE UNITÉ BASIQUE DE SANTÉ (UBS)

RÉSUMÉ

À partir de l'observation que des groupes distincts de femmes expérimentent le climatère de différente forme, l'influence des aspects démographiques, culturels e sociaux dans la détermination de la symptomatologie de cette phase s'est mis au centre des discussions. En partant de ce point de vue, cette étude cherche à caractériser des sens sur la symptomatologie du climatère et sa relation avec la réalité socioculturelle des femmes accompagnées dans une Unité Basique de Santé de la Famille. Nous avons à voir à une étude de caractère descripto – exploratif avec un abordage qualitatif. Comme participantes, nous avons eu 14 femmes encadrées dont la zone d'âge qu'englobe le processus du climatère. Les données ont été collectées au moyen d'entrevue semi – structurée e analysées à travers la méthode du plan d'association des idées de Spink. Il a été mis en évidence qu'une grande partie des femmes ne détenaient pas un savoir suffisant sur cette phase, car elles confondaient cette phase avec la ménopause en soi, comme il a aussi été constaté l'existence d'une relation entre les facteurs socioculturels e la symptomatologie. En conséquence, il devient impérieux le développement des pratiques d'éducation en santé par les professionnels de santé a fin de éclaircir la population, au – delà de fournir une pratique assistanciel holistique, en percevant la patiente comme un être biopsychosocial.

MOTS – CLÉS: Climatère. Symptomatologie. Acteurs socioculturels.

RELACIÓN ENTRE LOS FACTORES SOCIOCULTURALES Y LA SINTOMALOGÍA DEL CLIMATERIO: SENTIDOS ATRIBUIDOS POR MUJERES EN UNA UNIDAD BÁSICA DE SALUD (UBS)

RESUMEN

A partir de la observación de que grupos distintos de mujeres vivencian el climaterio de una forma diferente, mucho se há discutido sobre la influencia de los aspectos demográficos, culturales y sociales en La determinación de la sintomatología de esa fase. A partir de eso, ese estudio procuro caracterizar sentidos sobre la sintomatología del climaterio y su relación con la

realidad sociocultural de mujeres atendidas en una Unidad Básica de Salud de la familia. Se trata de un estudio de carácter descriptivo-explorativo con abordage cualitativa. Los sujetos participanles del estudio fuerón 14 mujeres encuadradas en éteria que comprende al proceso climaterio. Los datos fuerón colectados por medio de intrevista semiestructurada y analizados del método del mapa de asociación de ideas de Spink. Fue evidente que gran parte de las mujeres no poseian conocinuento satisfatório sobre ese dada fase, confundiendo la misma con la menopausa, así como también fue vista la existencia de una relación entre los factores socioculturales y la sintomatología sentida. Por consiguiente se torna necesario el desenvolvimiento de prácticas de educación en salud por los profecionales de salud a fin de prestar esclarecimientos a la población, demas del fornecimento de una practica asistencial holística, percibiendo la paciente como ser biosicosocial.

PALABRAS-CLAVE: climatério, sintomatología, factores socioculturales.

RELAÇÃO ENTRE OS FATORES SOCIOCULTURAIS E A SINTOMATOLOGIA DO CLIMATÉRIO: SENTIDOS ATRIBUÍDOS POR MULHERES ASSISTIDAS EM UMA UNIDADE BÁSICA DE SAÚDE (UBS)

RESUMO

A partir da observação de que grupos distintos de mulheres vivenciam o climatério de forma diferenciada, muito se tem discutido sobre a influência dos aspectos demográficos, culturais e sociais na determinação da sintomatologia dessa fase. A partir disso, esse estudo procurou caracterizar sentidos sobre a sintomatologia do climatério e sua relação com a realidade sociocultural de mulheres assistidas em uma Unidade Básica de Saúde da Família. Trata-se de um estudo de caráter descritivo-exploratório com abordagem qualitativa. Os sujeitos participantes do estudo foram 14 mulheres enquadradas na faixa etária que compreende ao processo climatérico. Os dados foram coletados por meio de entrevista semi-estruturada e analisados através do método do mapa de associação de idéias de Spink. Foi evidenciado que grande parte das mulheres não possuíam conhecimento satisfatório sobre essa dada fase, confundindo a mesma com a menopausa em si, assim como também foi vista a existência de uma relação entre os fatores socioculturais e a sintomatologia sentida. Por conseguinte, torna-se necessário o desenvolvimiento de práticas de educação em saúde pelos profissionais de saúde a fim de prestar esclarecimentos à população, além do fornecimento de uma prática assistencial holística, percebendo a paciente como ser biopsicossocial.

PALAVRAS-CHAVE: Climatério, Sintomatologia, Fatores socioculturais