

**Climacteric influences for aging in the perception of elderly women: subsidies for nursing\*****Influências do climatério para o envelhecimento na percepção de mulheres idosas: subsídios para a enfermagem**

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**ABSTRACT**

A qualitative, descriptive and exploratory study was conducted to analyze the influence of the climacterium on aging, in the perception of elderly women. The study was developed in the São Francisco de Assis Health Care Institute, Rio de Janeiro, Brazil. Data were collected in individual interviews with 31 women, and processed through thematic content analysis. The results showed that the climacterium, characterized by intense physical and emotional changes, influences and triggers aging, generating fear, especially for its association with approaching death. Participation in groups for the elderly brings benefits to participants, especially for socializing, new friendships, physical activity, leisure, entertainment and encouragement to better live this phase of life. In conclusion, in order to reduce the impact of the climacterium on women's lives, healthcare strategies should prioritize creative actions, based on social values, social harmony and healthy life.

**Descriptors:** Geriatric Nursing; Women's Health; Climacteric; Aging.

**RESUMO**

Pesquisa qualitativa, descritiva e exploratória, com objetivo de analisar a influência do climatério para o envelhecimento na percepção das mulheres idosas. O estudo foi desenvolvido no Instituto de Atenção à Saúde São Francisco de Assis/Rio de Janeiro/Brasil. A coleta de dados foi conduzida por entrevista individual com 31 mulheres, sendo os mesmos processados por meio de análise temática de conteúdo. Os resultados apontaram que o climatério, marcado por intensas mudanças corporais e emocionais, influencia e desencadeia o envelhecimento gerando medo, especialmente por sua associação com proximidade da morte. A participação em grupos para idosos traz benefícios às participantes, especialmente pelo convívio, novas amizades, prática de atividades físicas, lazer, entretenimento e ânimo para melhor vivenciar esta fase da vida. Conclui-se que para diminuir o impacto do climatério na vida das mulheres, as estratégias de atenção a saúde devem priorizar estratégias criativas, fundamentadas nos valores sociais, convivência social e vida saudável.

**Descritores:** Enfermagem Geriátrica; Saúde da Mulher; Climatério; Envelhecimento.

## INTRODUCTION

Population aging is a reality worldwide, and a fact that draws attention is that, in Brazil, almost 90% of this elderly population, who has lived 100 years or more, are women<sup>(1)</sup>. This situation shows an important feature of aging populations, which is their feminization.

In this aging process, women go through the climacterium, a transitional, controversial and critical period. This biological phase in women, comprising the transition between the reproductive and the nonreproductive period, starts around age 35 and ends at age 65. It includes menopause, which corresponds to the last menstrual cycle, recognized after 12 months following its occurrence, and which generally happens around 48 to 50 years of age<sup>(2)</sup>.

This phase is a biological landmark, in which women go through profound existential experiences concerning social relations, and their conjugal, professional and spiritual life, bringing influences on the sociocultural context<sup>(3)</sup>. A progressive decline in hormone production starts, usually permeated by manifestations and symptoms characterizing this experience as unique and singular.

The most frequent symptoms, causing discomfort to the majority of women, include hot flashes, that, depending on the intensity and frequency, can interfere with sleep and daily activities, and cause irritability and even depression. In the cognitive-behavioral sphere, behavioral changes are not uncommon, with greater emotional lability and memory difficulties. The loss of youthfulness and the body changes such as loss of muscle tone, hair loss and the appearance of wrinkles are regarded as the concrete onset of aging; factors that have an impact on women's self-image and can boost psychic suffering to the aging process.

In the daily nursing contact with these patients, it is perceived that the climacteric changes have a strong connection with the feminine way of aging, influencing their way of thinking and acting towards self-care and self-esteem. This circumstance needs to be well

researched in order to deconstruct myths, prejudices and taboos regarding the climacteric phase and the aging process<sup>(3-4)</sup>.

Studies<sup>(3,5-6)</sup> point to the need to deepen the knowledge about the climacterium, rather than approaching it in a biologist or medicalized perspective, as it has been in international studies<sup>(7)</sup> that emphasize hormonal and/or metabolic factors.

Psychosociocultural issues also have significant influence on the life of any human being, particularly of aging women<sup>(4)</sup>. Despite government efforts to implement humanization strategies and qualification in climacteric care, incorporated into the Unified Health System and supported by the principle of equity and comprehensiveness, many existing services in the current scenario still do not manage to deal with the complexity related to women's health<sup>(2)</sup>.

From the assumption that many women experience conflicts in this phase and associate it with aging, the aim of this study was to understand the relationship between climacterium and female aging, and contribute to health professionals, especially nurses, to analyze the influence of climacterium and aging from the perception of elderly women.

## METHOD

This qualitative, descriptive and exploratory study was developed in the city of Rio de Janeiro, Brazil. The study participants were 31 elderly women treated at the São Francisco de Assis Health Care Institute from the Federal University of Rio de Janeiro. Women assisted in a program called Comprehensive Health Care Program for the Elderly (IAPE, as per its acronym in Portuguese) and aged between 60 and 65 years were included; considering that this is an older age group, and aged up to 65 years for being in the climacteric phase, namely, the third phase known as postmenopausal.

The IAPE has a community center and offers outpatient activities focused on the health of the elderly, with socio-educational practices in health promotion and

prevention, encouraging self-care and social reintegration. In this scenario, educational programs, and conceptual, theoretical and practical foundations in different fields of geriatrics are developed<sup>(1)</sup>.

Data were collected between April and August 2013 by means of individual semi-structured interviews, and the amount of interviews was determined by saturation of results<sup>(8)</sup>. The aim of the instrument was to characterize the participants by the variables: age, marital status, self-reported race, schooling, housing, work and family income, followed by the experience during climacterium and the perception of the elderly about its influence on the aging process.

Interviews were conducted in a reserved place in the institution and recorded after the permission of the deponents. Their anonymity was preserved using the letter I (Interviewee), followed by the numerical sequence (I1, I2, I3 ...) in the quotes from the speeches.

After the transcription, there was a thematic content analysis<sup>(9)</sup> following the concepts of analysis, with thorough reading of the empirical material, seeking the main ideas, content exploration. The thematic categories of the testimonial fragments were defined and, finally, there was the confrontation of the four categories that emerged, being analyzed and supported on the framework.

The research was approved by the Research Ethics Committee of the Anna Nery Nursing School and the São Francisco de Assis Health Care Institute from the Federal University of Rio de Janeiro (REC/EEAN/HESFA/UFRJ), under protocol no. 260.187. It was developed in compliance with Brazilian resolution 466/12 for research involving human subjects.

## RESULTS AND DISCUSSION

Regarding the characterization of the 31 participants, most were 60 years old (11/35.5%); married or lived in consensual union with a partner (12/38.7%); referred to their skin color as "pardo" (20/64.5%); had incomplete elementary education (11/35.5%); were retired

(13/41.9%); had a family income between one and two minimum wages (20/64.5%); and lived with their children (9/29%).

This profile points to marital interaction contributing to the emotional relationship, low family income, and education levels from regular to good, compared to the national mean of years studied by women considered adults (7.7 years)<sup>(10)</sup>.

Menopause occurred between 35 and 57 years of age, with the highest incidence in the age group between 50 and 54 years and the lowest between 55 and 57, being this period in late menopause. The substantial variations in the age of occurrence of the natural menopause are attributed to genetic factors that represent a trait predominantly determined by the interaction of multiple genes, whose identity and cause of genetic variations remain unknown<sup>(11)</sup>.

Four categories emerged from the analysis of the results, as follows.

### **Climacterium: starting point and onset of aging**

Many women go through the climacteric phase unaware of what happens in their body, without noticing the presence of signs or symptoms particular to this phase. This period of transformation is marked by physical, emotional, psychological or environmental changes, influenced by cultural factors, lifestyle, personal and family history.

Some transformations involve negative conditions and are interpreted as a bad moment, of discomfort and sadness. This represents growth potential or not, opportunities or threats, depending on how women experience and face these circumstances. The participants expressed changes indicating this phase as the onset of aging:

*When the climacteric phase comes, it's the beginning of aging. It starts from there, the rules disappear. I don't feel like doing things anymore. I used to like walking, wandering, going to parties; I had more courage when I*

*had my period. It seems like our lives are ending, and, when we're alone, it's even worse! We get depressed and that makes us older. (I17, 62 years old)*

*Climacterium influences a lot on aging. Hormones are everything. Without them, we get older. Climacterium is the first step to getting older. I turned 60 now and I look old for my age. I think climacterium influenced it a lot, got me stressed, depressed, worried, and that triggered my aging. (I26, 60 years old)*

Aging occurs individually and needs to be rethought in society because it has various representations, configurations and values, despite being poorly inserted in the practices and common sense knowledge. Biological changes that culminate in some climacteric symptoms and signs end up requiring a readaptation from women in order to understand how their body starts to function at this stage<sup>(12)</sup>.

Women associated some of the moments experienced during the climacterium as influences for aging, such as feelings of loneliness, isolation, stress and depression. This stage is associated with a series of events contributing to precipitate a depressive context, leading women to believe that the climacteric triggers the onset of aging.

Studies<sup>(13)</sup> support the need for health professionals to have a better understanding about climacteric women, recognizing that there is a close relationship between the social and cultural context and how women see climacterium.

### **Women's body during climacterium: the aging body**

The aging process can mean, for women, losing body beauty, youth, adulthood, losing charm and the ability to exercise their sexuality, attraction and desire, impregnated by prejudice and the aging myth. This can lead women to feel that they have already done their share and no longer have conditions to remake their lives, ceasing to exist and ceasing to assume their identity as a woman<sup>(3)</sup>.

This climacteric period involves numerous hormonal changes causing bodily changes that may affect the biopsicosociocultural behavior of women. These changes should be considered, not as an isolated event, but as a biological stage accompanied by health professionals, as an awakening for seniors. Thus, climacterium is seen as an important milestone in women's lives, involving personal and psychological transformations that are considered as body signals and its aging<sup>(12)</sup>. For most interviewees, this perception was visible to the aging process in the body:

*After I stopped menstruating I had skin problems, it became drier and wrinkled, which is something that condemns age. My hair also changed, it became dry and white. I look in the mirror and I'm scared of how I got old. The skin starts to get loose and saggy. We feel weaker. I stopped wanting to do things, and that's bad, because we stop living. I used to like music and dancing, and now I prefer to stay quiet. (I19, 61 years old)*

*I was skinny and put on weight after menopause. When menstruation ceases, we no longer produce hormones and get older. Bones get weaker. Climacterium influenced a lot on my aging. My skin got wrinkled, it was more velvety and is now dry. These body changes were the ones I felt the most. (I5, 65 years old)*

In a country where the body is worshiped, youth is valued by various media and the beauty standard is encouraged to be preserved at all costs, a frightening and painful image is created for women who supposedly start their trajectory of decay and aging.

The skin as wrapping of the human body reflects the signs of aging and undermines self-esteem and quality of life. Changes in the skin, dryness and change in hair color were noticeable physical changes in women's bodies during climacterium, which demarcated the aging process from the participants' perspective. Given these expressions, it becomes coherent to associate the body changes caused by menopausal hypoestrogenism leading to skin aging and bodily changes.

The association of weight gain is a worrying factor due to the consequences of the diseases not characteristic of the climacteric phase, but triggered by other causes such as physical inactivity, cardiovascular problems, and diabetes. The ovarian hormonal changes during this period involve alterations in the central distribution of body fat, besides the increased risk of cardiovascular disease, osteoporosis, degenerative brain diseases and type 2 diabetes mellitus<sup>(14)</sup>.

On the other hand, research<sup>(15)</sup> has shown that excessive weight gain after menopause reaches 0.8 kg/year and may have a 20% increase in body fat. However, the role of hypoestrogenism in this process is uncertain and appears to be related to inadequate dieting considering the energy needs of climacteric women.

Women also perceived, as an influence to aging, decreased sexual desire and activity. In addition, they considered sexual intercourse to be a synonym of vitality and healthy living.

*Climacterium brings influences because everything changes. Sexually, it decreases desire, and that makes us older. I used to have more desire to have sex, and after menopause, not so much, and I think from both sides. We feel less desire and attraction. (I14, 62 years old)*  
*I think it influences aging a lot. This whole not making love thing, gosh! That depressed me and aged me both psychologically and physically. (I12, 63 years old)*

Women associated sexual health with a healthier life, with pleasure and well-being; this absence may depress women, age their mind and body, make them less attractive due to lack of hormone, decrease sexuality and push away their partner. Anchored at predetermined values, they fear aging because this process causes shameful feelings about the desire to be loved, desired and recognized as a person in its entirety<sup>(12)</sup>.

However, the organic changes that occur in women during climacterium do not necessarily imply a decrease in pleasure, but can influence the sexual response, which

may be slower. The physiological changes that occur have little influence on sexuality, but may limit the erotic response<sup>(4)</sup>.

Sexual health in climacterium needs to be considered and coated with growing valuation due to the increasing longevity of women and the prevalence of sexual dysfunctions after menopause<sup>(4)</sup>. According to this thought, it is important to seek quality of life and better health conditions in this cycle, comprising climacterium as a natural event that should be accompanied by nurses and other professionals.

### **Fear of aging: illness and finitude**

Climacteric experiences were demarcated uniquely by each interviewee, however, some women referred to this phase as a period characterized by discomfort and suffering. As a result, a mixture of fear and anxieties crosses both the process of becoming ill and the proximity to the end of life.

*Climacterium influences aging a lot. And you die soon. This indisposition to do things depresses, isolates and makes you old faster. Menstruation is life. When it ends, we also end a little. This fear and anxiety boosts the aging process; I need to cheer up, otherwise I'm through. (I18, 65 years old)*  
*Climacterium is bad, it brought hypertension and diabetes. Three diseases I hate the most: cancer, diabetes and hypertension. I never had high blood pressure, but I did after I stopped menstruating, and with increasing pressure came other problems. (I29, 64 years old)*

This association between climacterium and aging in women generated feelings of discouragement, fear and anxiety, expressing negative feelings. The cessation of menses was deemed a major factor in reducing the vitality, considering more life and femininity, while the weight of age is felt by hormonal decline.

In these expressions, climacterium can be seen as a phase of changes, reinforced by social imagination as a

primary episode for aging and unproductivity; considered a stage near finitude, related to the old and to the proximity of death. The aging process was associated with negative aspects such as chronic diseases, dependence, frailty, disability and death<sup>(16)</sup>.

This attitude of fear and insecurity is understandable when we link life stage to disease and aging processes, by emphasizing the biological aspects of climacterium, and seeing menopause as an endocrine disease or as a symptom of aging<sup>(17)</sup>.

Understanding the climacteric phase as a stage near the end of life is showing dissatisfaction with the process of this cycle, making it difficult to recognize it as a natural factor in women's life. Therefore, aging should be the recognition of the biological transition under the influence of life experiences and maturity. Faced with this conception of fear and insecurity, it is necessary to assist women, showing them that this phase can be tackled as natural, impeding negative factors from hindering an experience with quality of life. Thus, understanding the climacteric phase as natural is essential, seeking attention among professionals and services in order to address the lack of existing care<sup>(13)</sup>.

### **Strategies to cope with the relationship between climacterium and aging**

For the elderly women who regularly frequented the IAPE, the climacteric experience was perceived with negative feelings and was directly associated with aging. However, participation in community groups brought benefits for socialization and stimulation of functional capacity and autonomy in the promotion of health, improving quality of life, health and well being:

*What changed my depression at climacterium was the medical referral to come here (IAPE). I was too closed and now I have friends. We need a hand in this phase, otherwise we surrender and age faster. (I25, 63 years old)*  
*I have always been cheerful and with me it was the opposite. When I was on my period I was more willing, it*

*seemed like I had a better life. When I stopped having it, things changed a lot and I was discouraged. I am divorced, childless and getting old. Now, coming to the IAPE, I'm finding myself again, participating in activities and exercising. (I23, 64 years old)*

*To tell you the truth, I'm at my best age. Today I am more independent; coming to the IAPE was very good. I think that if we don't always try to improve, with the depression that comes in this phase, we do age faster. (I22, 65 years old)*

The process of understanding climacterium and aging as life phases generates psychological conflicts, equally challenging compared to its biological symptoms. However, the equipment and the institutions of social support, such as family, friends and the social environment are important coping possibilities for healthier living and better quality of life.

The value that participants attributed to relationships with others is noticeable, especially with friends, stressing that participation in the elderly group brought changes in their lives. Social interaction constitutes a primary factor in the construction of everyday life, being a central part in the process of socialization, identity formation and belonging to a social group<sup>(3)</sup>.

Health education in health institutions is essential in self-care contributions and changes in negative positions on the female aging. It must include answering questions about the climacteric phase and menopause, reducing anxiety in these women<sup>(15)</sup>.

Another strategy that participants reported as important to cope with this moment was the use of hormone replacement therapy:

*I think that if you don't take the hormones, a lot changes. When I ran out of it, I felt like a hopeless old lady, and when I returned, wow! I had more vitality, more courage. I see my friends and they are not like me, because they don't take hormones. The skin starts to dry out. We lose*

*lubrication, and what about your partner? (116, 65 years old)*

*Hormone-free skin ages, and I think the lack of hormone anticipates it. It dries out the skin, the vagina, it's very bad; I am starting to feel it again because I stopped using hormones. (12, 60 years old)*

Hormone replacement therapy for these women seemed to have been the solution found to eliminate unwanted climacteric symptoms, ceasing the influences that accelerate the signs of aging and providing more vitality. This strategy can be understood by the representation of climacterium as a disease-aging process when they seek medication as the solution and reversal.

Even though women feel the benefits of hormone replacement therapy, research<sup>(18)</sup> points out that its security depends on the right indication, monitoring and individualization. Women over 60 years of age should not begin therapy and the decision to keep the replacement should be individualized, based on the symptoms, monitored and kept under medical supervision, as long as the benefits outweigh the risks.

However, since it is a socially legitimized knowledge, women reproduce that possibility as the only solution for the resumption of their lives, for it is through the experiences in the community circle or social environment, and the very medical discourse, that thoughts are multiplied and recreated, producing similar decision making. This refers to how much the biomedical model is still strongly influenced not only in the everyday life of health services and professional conduct, but as a social dominant ideological archetype.

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## CONCLUSION

The findings of this study showed that the influence of climacterium for feminine aging permeates the physical, psychological and emotional transformations from this phase of life, seen as a preliminary stage of aging. It generates repercussions such as low self-esteem, due to body changes experienced in the process of aging, decreased sexual activity and fear of getting old, besides the association with the proximity of death. However, some women feel that social interaction, in the participation in groups, is a reference to minimize the influences of the climacteric phase, through socialization and stimulation of healthy activities, with emphasis on drug practice of hormone replacement therapy.

Nurses need to prioritize care for this segment of the population, valuing and encouraging these women to understand climacterium as a natural stage of the life cycle. The attention given to women should be focused on health promotion, with new perspectives, enabling creativity and leading to social values, using strategies for entertainment, sociability and healthy life.

Facing the limits of a local study performed with only the age range of the third climacteric phase, there is a contribution to the analysis and possibilities of care intervention with this population. It also contributes to the qualification of health professionals, reporting the relationship between climacterium and aging, in order to highlight strategies to reach these women, as defined by the National Agenda of Health Priorities for the Elderly.

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