51 - THE FAMILY HEALTH STRATEGY BY ASSISTING WOMEN IN THE CLIMACTERIC PHASE

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INTRODUCTION

Climacteric is defined by the World Health Organization as the transition process between the reproductive and non-reproductive period of a woman's lifetime. Menopause is the event which marks this stage, by representing the episode of the last menstrual cycle, recognized after 12 months of its occurrence (BRASIL, 2008).

According to Brazilian Society of Menopause, menopause is characterized by morphological changes (breast and urogenital atrophy); functional changes (menstrual and neurovegetative disorders); hormonal changes (decrease of estrogen levels and increasing of gonadotropins); and changes in target tissues, thus, negatively affecting women's health (SOBRAC, 2004).

It is a universal stage, part of women evolution, which is the transition between the reproductive and non-reproductive period including the steps of pre-menopause, menopause and post-menopause. This phase is often seen, as common sense, as a disease, since climacteric symptoms are set in physical and emotional changes, sometimes limiting the women productive activities.

However, menopause is not a disease but a natural phase of a woman's life and many women go through it with no complaints or medicine intervention. Others show variation in symptom type and intensity of manifestation. It is necessary to follow up systematically in all cases, seeking health promotion, early diagnosis, prompt treatment of injuries and damage prevention (BRASIL, 2008).

Most of the twentieth century in Brazil, national policies on women's health were directed to the reproductive period. Since 1984, a proposal for comprehensive care gained momentum with the publication of the Program of Comprehensive Care to Women's Health (PAISM), including climacteric as a priority, and in 2004, it emerged through the National Policy on the Comprehensive Care for Women's Health (PNAISM) a plan of action concerning to climacteric in order to establish and implement the health care of women during that period, at the national extent, which is detailed in the strategy to expand access and qualify care with definite actions and indicators (BRASIL, 2004).

EFS offers cities implementation of primary health care - following a new concept of health, no longer focusing on assistance to the disease only, but especially in health promotion prevention and comprehensive care for people. ESF proposal follows the same way of the PNAISM and shows up as an important tool for taking care of climacteric women, since it seeks to humanization, quality of care, strengthening for admission , the bond and listening within an ethical framework to ensure the overall health and well-being, incorporating integrity and health promotion as guiding principles(BRASIL,2008).

Nursing shows up as an important vehicle in the execution of welfare policies for women's health in the climacteric stage in the ESF, in view of its direct contact with the woman at all stages of life in the Family Health Unit (FHU). To do so, seeing the effectiveness of actions of attention to the woman at that stage is crucial that the team of family health, especially nurses, avoid occasions where women come into contact with the services of the ESF without receiving guidance or actions of promotion, prevention or recovery, according to the epidemiological profile of this population group.

Thus, the aim of this study was to analyze the assistance offered to climacteric women by the ESF nursing professionals from the city of Cajazeiras-PB/BRAZIL.

METHODOLOGY

This study deals with an exploratory-descriptive, with qualitative approach, developed in Basic Family Health units, located in the municipality of Cajazeiras-PB/Brazil.

The population was composed of 14 professionals working in the units from the city above mentioned, according to the following inclusion criteria:

a) accept participate in the survey as volunteers,

b) signing a term of free informed consent by the participants,

c) have working experience exceeding six months.

Constitute factors for exclusion: not signing the consent form and who voluntarily wished to depart during the collection period.

After authorization from the Municipal Health Secretary and project approval by the Ethics Committee for Research with Humans from Santa Maria College, under no. 507042010, the process of data collecting was started in May 2010.

As data collecting tool an interview guide with semi-structured questions was used.

The interviews were recorded and later literally transcribed and grouped into categories that emerged from the speech, following content analysis of BARDIN (2002).

RESULTS AND DISCUSSIONS

Results will be presented considering the characterization of respondents and analysis of the interviews with categories related to the questions asked.

As characteristics of the 14 interviewed professionals, it was identified that they are predominantly female, 13 women, and 01 man.

It was noticed that all staff board had not studied any training course in assisting women in climacteric period.

The training time of the professionals varied from 1 to 29 years, with an average of 9 years, and their ages varied from 24 to 55 years, with a mean age of 30 years, that somehow allows us to infer the life and professional experience of the respondents.

After the contextualization, the categories that emerged from the discourse of the respondents were as follows: The shortcomings of nursing actions to assist in the climacteric women in the ESF and Understanding of climacteric symptoms, and

behaviors of assistance.

FAILURES OF NURSING ACTIONS IN ASSISTING CLIMACTERIC WOMEN

From the organizing and analyzing the speeches about the actions that are performed by nurses in the care of climacteric women, it was identified that the sending to the care with specialists, instructions about symptoms, food in that stage, anamnesis, lecture, debates and clarification of individual or group doubts on the USF were the conducts affirmed by the sample subjects, as the highlighted statements:

"[...] we gave guidelines through lectures and activities for the understanding of women's health during climacteric. " (Interview 4)

"[...] I give guidance about diet and menopausal symptoms." (Interview 6)

"[..] I make use of the moment of gynecological consultations, to advise on the subject, sometimes in groups, sometimes individually. "(Interview 7)

"[...] we clarify the patient's doubts about climacteric, menopause, and if needed we send them to a specialist, anamnesis and examinations." (Interview 8)

Raising awareness of the particularities of this population group is essential and the fact that primary care through the ESF is the entrance door and the appropriate level of attention to the supply of part of the health care needs faced by women at that stage. It is necessary that the network is organized to provide care and make partnerships with specialists in the areas of STD / AIDS, non-transmissible chronic diseases, including cancer, mental health, dental, nutrition, orthopedics, among others (BRASIL, 2008).

Despite reports of the presence of recommended care for climacteric period in some USF, the nurses' speech reflected the deficiency of care routine practice during climacteric, as the mother-child model has not been broken yet, not even been part of the service programming of some USF.

Comprehensive care to women indicated by PNAISM applicable to women in all stages of life is so broken up, including non-reproductive period as a priority. It was found that such preconization is not applied by some nurses in the ESF units where they work. The following statements suggest such a characterization:

"[...] it is, according to the demand of women. In fact our calendar of health care for women includes family planning, prenatal and postpartum home visits; not having much time for that kind of care that is not much in demand as those we attend." (Interview 5)

"[...] we do not have this assistance in our schedule, it depends on the demand" (Interview 7)

"[...] Despite the program is directed to women's health care we don't' apply care toward a woman during climacteric within our program of activities, only when women seek such assistance specifically. (Interview 9)

"[...] since I've started working in this unit I haven't developed any actions for the care of women during menopause." (Interview 2)

"[...] there is no action directed to that particular group." (Interview 1)

"[...] No action in this sense has been developed. When women in this phase come to the unit, we always seek to reassure them about the fact that these are natural symptoms; there is no need for major concerns." (Interview10)

Regarding the difficulties in adopting and implementing strategies for attention to climacteric women, all subjects that are part of the sample reported to be limited by difficulties such as: motivation, time availability, unit structure, convenience for creating groups, lack of interest of climacteric women and priority of other programs. This reality is present in the following reports:

"[...] The problems are basically the same as any other health care strategy, that is, motivation, the bureaucracy in assisting in the ESF, which ends up taking the professional off the assistance itself and leads him or her to a more administrative field, to the lack of structure and convenience for creating groups. " (Interview 1)

"[...] the women themselves feel symptoms to be normal and few of them fell like seeking the Unity."(I 5)" Many women do not seek a health unit and end up taking advice from neighbors because of shyness, despite us making active searching. "(Interview 8)

"[...] The ESF is focused on prenatal care, prevention of cervix among other programs, however, there is no program focused on woman's health during climacteric." (Interview 6)

There are failures in the ESF's attention to non-reproductive period of the woman who urges changes, having as an objective getting treated of a phase present in all women's lives, with a need of as much care as in their reproductive years. It is essential that primary care services detect women undergoing climacteric period to better assist them, in order to its relevance become greater, if considering that statistics show a considerable increase in life expectancy after menopause. This fact forces us to "look" women beyond reproductive phase, allowing their visibility in the health services (Silva 2009).

CONCEPTS OF CLIMACTERIC, SYMPTOMATOLOGY AND CONDUCT OF ASSISTANCE

The notion of climacteric is mostly confused with the pre-menopause, from what could be perceived in the speeches, which according to Almeida (2003) corresponds to the period before the advent of the menopause. As it can be seen in the following reports:

"[...] it's the life cycle stage of the woman which materializes with menopause." (Interview 1)

"[...] Climacteric anticipates menopause, when the first symptoms occur mostly in young age." (Interview 6)

"[...] Climacteric is the period before the final phase of menstrual cycles, it's the phase when the cessation of menstruation will occur, there will be irregularities in menstrual cycles until they cease altogether." (Interview 2)

"[...] it's the transition stage of women into menopause." (Interview 9)

As we could notice in previous reports, climacteric is still misdialed by a considerable portion of society, including professionals participating in this study. This phase is, mistakenly, only related to the transition to menopause and all the changes occurred because of this event. However, climacteric, according to Almeida (2003), refers to a broader spectrum of events, including from pre-menopause to post-menopause.

Despite of this, climacteric care is not limited to the restricted period and incorrectly conceptualized by the sample subjects, but the whole transition process between reproductive and non-reproductive period, by urging actions of promotion, prevention and health recovery in the course of the whole process.

Short term and more prevalent symptoms are vasomotor symptoms such as hot flushes and excessive sweating. It is noteworthy individual variability in tolerance to them. In medium term, the low estrogen results in urogenital atrophy and produces symptoms such as vulvar pruritus, dyspareunia and algopareunia, sensation of vaginal dryness, urinary frequency, urinary incontinence, increased incidence of urinary tract infections, vulvovaginitis and genital dystopias. As for long-term, the most

frequent changes are bone and cardiovascular disorders (Spritzer, 1999).

The notions of symptoms present in the speeches are coherent. They refer to short and medium term symptoms. However, impairment of nurses' knowledge with regard to climacteric symptoms was observed, since from most of the nurses' reports no long term symptoms were inferred such as cardiovascular and bone disorders, symptoms that require monitoring at the EFS. The following statements suggest such a characterization:

"[...] Objective symptoms such as warm, sweating, cold and clammy skin and subjective symptoms such as loss of libido, irritability and lack of affection." (Interview 1)

"[...] menstrual changes, feelings of intense heat, night sweats, palpitations, sleep disturbances, emotional fragility, depression, vaginal atrophy, dryness. (Interview 4)

"[...] intense heat, sweating, stress, anxiety and insomnia." (Interview 6)

"[...] Hot warmth, vaginal dryness and irregular periods." (Interview 7)

"[...] Body heat, sweating, mood changes and changes in the menstrual cycle." (Interview 9)

In the account of some subjects noticed the absence of applicable concepts of prevention, promotion and restoration of health during menopause, as can be seen in the following reports:

"[...] I'm not aware about these practices in my professional reality. " (Interview 1)

"[...] I didn't take specialized training course in this area; I do not apply these behaviors in my health unit." (Interview10)

"[...] Hormonal therapy is used in treating menopausal symptoms, however, as its indication is medical, I don't know about nursing care for health promotion in climacteric " (Interview 3)

Prevention in health care of women during climacteric occurs through the incorporation of healthy habits, seeking the immediate improvement in quality of life by preventing the emergence of diseases; promotion to health through adopting healthy food, encouraging physical activity, antismoking measures and control of alcoholic drink consumption, sleep quality, healthy mouth, and recommendations for self care; health recovery refers to adoption of diets, exercise and medicine therapy when necessary and in the management of osteoporosis, cardiovascular disease and other diseases typical of this period (BRAZIL, 2008).

The knowledge about conduits of assistance to climacteric is endangered, in this study scenario. The reality requires public actions on nurses training for improving knowledge and awareness for attention to climacteric. Such measures constitute an initial step towards the establishment of such assistance inclusion in the routine of USF.

CONCLUSION

The routine practice of climacteric assisting is deficient, as the hegemony of maternal-infant care model has not been broken yet and the lack of qualified nurses is prevalent, attention to women in non-reproductive period does not receive the emphasis that women of childbearing age are given.

Thus, comprehensive care applicable to women in all stages of life, indicated by PNAISM, including non-reproductive period as a priority is broken. As a consequence, the ESF can be seen as a wasted tool for prevention, health promotion and recovery of the climacteric woman. For it was checked by means of this study that the PNAISM, which includes women in the climacteric period, does not seem to be understood or taken over.

It is conclude that, in the ESF of the surveyed city, nursing care to women in climacteric stage has failures that urge changes in order to treat climacteric as a period present in the lives of all women, and that it requires as much attention as in the reproductive period, aiming to promote quality of life of women at all stages of life.

It is needed the care network is organized and that offers leading to specialized care when necessary. The procedures to climacteric women should include guidance and clarification regarding the changes in the body and the most common symptoms at that stage, healthy dietary habits, ideal weight, physical activity, smoking and alcohol avoidance, diseases prevention such as osteoporosis and cardiovascular disease, investigation of tumors (breast, endometrium and cervix), exams and criteria assessment for the indication of hormone therapy.

Finally, it is hoped that this issue discussion will contribute to a better understanding of the context in which involves family health strategy in climacteric nursing care and, that stimulates the reorientation of local policies to move care behavioral changes and training of nurses, thus, reflecting, on the quality of life of that population group with increasingly significance, towards the increasing of the female population in this age group.

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THE FAMILY HEALTH STRATEGY BY ASSISTING WOMEN IN THE CLIMACTERIC PHASE

ABSTRACT

The climacteric is understood as the transition between the reproductive and non reproductive womens' life. It is characterized physiologically by the depletion of ovarian follicles, which may cause morphological changes, functional, hormonal, in target tissues, adversely affecting women's health. The Family Health Strategy is shown as an important instrument in the care of women in climacteric and its proposal meets the National Policy for Integral Attention to Women's Health. This study sought to analyse the assistance offered to women's in the climacteric of nurses on Family Health Strategy. This is a exploratory and descriptive study, with qualitative observation. The study subjects were fourteen nurses working on the units of Family Health in Cajazeiras-PB/BRAZIL. The data were collect through by interview half-structured and analyzed using content analysis in their mode of thematic analysis. Was identified the referral of the care with specialists, instructions on sintomatology, alimentation, history, lectures, discussions and answering questions individually or in group, care were offered by some nurses in attention to women in climacteric at the Family Health Strategy, but with a strong deficiency in routine practice. It was found that notions about the climacteric, symptomatology and yet assistance of nurses know ledge are deficient. It was noticed that the study subjects keeps its assistance guided in the model maternal and child, care model still hegemonic in the nursing actions developed in the Family Health Strategy. This compromises the effectiveness of attention at the non-reproductive period. Therefore, it is necessary to the implementation of municipal policies to promote training and awareness regarding the inclusion of nursing routine application on attention to women in climacteric.

KEY-WORDS: Climacteric. Nursing Care. Family Health

STRATÉGIE DE LA SANTÉ FAMILIALE EN ASSISTANCE DES FEMMES DANS LA PHASE CLIMACTERIQUE

RÉSUMÉ

Le climatère est entendu comme le processus de transition, dans la vie d'une femme, entre la période reproductive et non reproductive. Physiologiquement, le climatère se caractérise par l'épuisement des follicules ovariens, causant des altérations morphologiques, fonctionnelles et hormonales et dans les tissus cibles, affectant négativement la santé de la femme. La Stratégie de la Santé Familiale se présente comme étant un instrument important dans la prise en charge des femmes en plein climatère et sa proposition va à la rencontre de la Politique Nationale de la Attention Intégrale donné à la Santé de la Femme. L'objectif de analiser l'assistance offerte aux femmes pendant le climatère par les infirmiers de la Stratégie de la Santé Familiale. Cet article est une étude explorative et descriptive, avec approche qualitative. Le groupe d'étude était formé par 14 infirmiers travaillant dans les Unités de Santé Familiale de la ville de Cajazeiras – PB/Brasil. Les données ont été recueillies lors d'entrevues semi-structurées et analysées en utilisant l'analyse de contenu, dans leur mode d'analyse thématique. Il a pu être déterminé que le renvoi à la prise en charge avec des spécialistes, des instructions sur les symptômes, le régime alimentaire, les antécédents médicaux, les conférences, les discussions et éclaircir les zones d'ombre individuelles ou en groupe sont des soins offerts par certains infirmiers dans la prise en charge des femmes climatériques dans la Stratégie de la Santé Familiale, mais avec une forte carence dans la pratique de routine. Tout comme les notions sur le climatère, la symptômatologie et les comportements des infirmiers dans l'exercice de leur profession sont déficients. Constaté que le groupe d'étude maintient leur aide basée sur le modèle de soins à la mère et le modèle de soins aux enfants, toujours hégémonique dans les actions de soins mis au point par les infirmiers dans la Stratégie de la Santé Familiale. Cela compromet l'efficacité des soins pour la période non reproductive. Par conséquent, il devient nécessaire de mettre en œuvre des politiques publiques municipales qui favorisent la capacitation et la sensibilisation de la profession d'infirmier à l'application des soins de routine pour les femmes pendant le climatère,

MOTS-CLÉS: climatère. Soins infirmiers. Santé familiale.

ESTRATEGIA DE SALUD FAMILIAR AL AYUDAR A LAS MUJERES EN CLIMATERIO

RESUMEN

El climaterio se comprende como un proceso de transición entre el período reproductivo y no reproductiva de las vidas de las mujeres. Caracterizado fisiológicamente por el esgotamiento de los folículos ovarianos, pudiendo acarrear alteraciones morfológicas, funcionales, homonales y en los tejillos albos, afectando negativamente la salud de la mujer. La Estratégia de Salud Familiar muestra a sí misma como un instrumento importante en atención a las mujeres climateria y su propuesta va al encuentro de la Política Nacional de Atención Completo la Salud de La Mujer. Este estudio tuvo como objetivo analizar la asistencia oferecida a las mujer en el climaterio por los enfermeros da la Estrategia de Salud Familiar. Se trata de un estudio de carácter exploratorio-descriptivo, con la, manera en que se aborda cualitativamente. Los individuos del estudio fueron 14 enfermeros actuantes en las Unidades de Salud de La Familia del municipio de Cajazeiras–PB/Brasil. Los datos fueron colectados por medio de entrevistas semiestructurada y analizados por el método de análisis de contenido, en su modalidad de

análisis temático. Se identifico que el encaminamiento al atendimiento con el especialista, nstrucciones acerca de los síntomas, la dieta, historial médico, charla debate y la aclaración de dudas individuales o en grupo son los ciudadanos ofrecidos por algunos enfermeros en la atención a la mujer climatérica en la Estratégia de Salud Familiar, pero con fuente deficiencia en la práctica rutinaria. Así como, las concepciones sobre el climaterio, sintomatología y conductos de asistencia de conocimiento de los enfermeros encentran-sí en imperfección. Observó que los sujetos del estudió mantiene su ayuda en el modelo de la madre y el niño, atendimiento modelo todavia hegemónico en las acciones de enfermería realizados en el Estrategia de Salud Familiar. Esto pone en peligro la eficacia de la atención durante el período no reproductivo. Por lo tando, se hace necesario implementación de políticas públicas municipales que promuevan la formación y sensibilización de la enfermería en cuanto a la aplicación de los cuidados rutinaria de la atención las mujeres en el climaterio.

PALABRAS CLAVE: Climaterio. Cuidados de enfermera. Salud de la familia.

ESTRATÉGIA DE SAÚDE DA FAMÍLIA NA ASSISTÊNCIA À MULHER NA FASE DO CLIMATÉRIO

RESUMO

O climatério compreende-se como o processo de transição entre o período reprodutivo e não reprodutivo da vida das mulheres. Caracteriza-se fisiologicamente pelo esgotamento dos folículos ovarianos, podendo acarretar alterações morfológicas, funcionais, hormonais e nos tecidos alvos, afetando negativamente a saúde da mulher. A Estratégia de Saúde da Família mostra-se como importante instrumento na atenção à mulher climatérica e sua proposta vai ao encontro da Política Nacional de Atenção Integral à Saúde da Mulher. Este estudo buscou analisar a assistência oferecida às mulheres climatéricas pelos enfermeiros da Estratégia de Saúde da Família. Trata-se de um estudo de caráter exploratório-descritivo, com abordagem qualitativa. Os sujeitos do estudo foram 14 enfermeiros atuantes nas Unidades de Saúde da Família do município de Cajazeiras - PB. Os dados foram coletados por meio de entrevista semi-estruturada e analisados pelo método de Análise de Conteúdo, modalidade de análise temática. Identificou-se que o encaminhamento ao atendimento com especialistas, instruções acerca da sintomatologia, alimentação, anamnese, palestras, debates e esclarecimento de dúvidas individuais ou em grupo são cuidados oferecidos por alguns enfermeiros na atenção à mulher climatérica na Estratégia de Saúde da Família, porém com deficiência na prática rotineira. Assim como, as concepções sobre o climatério, sintomatologia e condutas de assistência de conhecimento dos enfermeiros encontram-se deficitárias. Observou-se que os sujeitos mantêm sua assistência pautada no modelo materno-infantil, modelo ainda hegemônico nas ações de enfermagem desenvolvidas na Estratégia de Saúde da Família. Isto compromete a efetivação da atenção ao período não reprodutivo. Por conseguinte, torna-se necessário implementar políticas públicas municipais que promovam a capacitação e sensibilização da enfermagem quanto à aplicação rotineira da atenção à mulher climatérica.

PALAVRAS-CHAVE: Climatério. Cuidados de Enfermagem. Saúde da Família.