ORIGINAL ARTICLE

REVISTA ENFERMAGEM ATUAL IN DERME

OPINION OF WOMEN ABOUT CLIMACTERIC AND THE USE OF MEDICINAL PLANTS AS NATURAL THERAPY

CONCEPÇÃO DE MULHERES SOBRE O CLIMATÉRIO E O USO DE PLANTAS MEDICINAIS COMO TERAPÊUTICA NATURAL

Ana Paula Silva dos Anjos[1] * Zulmerinda Meira Oliveira[2] * Octavio Muniz da Costa Vargens[3] * Jane Márcia Progianti[4]

ABSTRACT

Objective: Identifying the opinion of climacteric and which medicinal plants are most used as natural therapy by women who experience it. **Method:** A descriptive, exploratory and qualitative study. Participants were 17 women over 40 who were attending a Basic Health Unit in a municipality of Bahia and who met the exclusion and inclusion criteria. Data were collected through semi-structured interviews. The study was approved by the Research Ethics Committee of the State University of Southwest Bahia, according to Opinion N 2,440,117. The data were analyzed using Bardin's Thematic Content Analysis technique. **Results:** From the application of the analysis method, two thematic categories originated, in accordance with the objective of this study. Category 1 confusing climacteric with menopause and considering it as a disease and Category 2 identifying medicinal plants as natural therapy for the changes inherent to climacteric, the study also pointed out that women confuse climacteric with menopause, consider it as a disease and use medicinal plants as natural therapy. **Conclusion:** The study showed that the participants have a mistaken conception about the climacteric; however, they know how to identify the changes specific to the phase and use strategies of integrative practices as natural therapy to cope with this phase of life.

Keywords: Climacteric; Medicinal Plants; Women's Health; Therapeutics.

RESUMO

Objetivo: Identificar a concepção de climatério e quais as plantas medicinais mais utilizadas como terapêutica natural por mulheres que o vivenciam. **Método:** Estudo qualitativo, descritivo e exploratório. Teve como participantes 17 mulheres maiores de 40 anos que estavam frequentando assiduamente a uma Unidade Básica de Saúde de um município da Bahia e que atenderam aos critérios de exclusão e inclusão. A coleta dos dados se deu por meio da entrevista semiestruturada. O estudo foi aprovado pelo Comitê de Ética em Pesquisa da Universidade Estadual do Sudoeste da Bahia, conforme parecer nº 2.440.117. Os dados foram analisados por meio da técnica de Análise de Conteúdo Temática de Bardin. **Resultados:** A partir da aplicação do método de análise, originaram-se, em conformidade com o objetivo deste estudo, duas categorias temáticas. Categoria 1 confundindo climatério com menopausa e considerando-o como doença e a Categoria 2 identificando as plantas medicinais como terapêutica natural para as mudanças inerentes ao climatério, o estudo ainda apontou que as mulheres confundem o climatério com menopausa, considera-o como doença e recorre ao uso de plantas medicinais como terapêutica natural. **Conclusão:** O estudo evidenciou que as participantes têm uma concepção equivocada a respeito do climatério, todavia sabem identificar as modificações próprias da fase e utilizam estratégias de práticas integrativas como terapêutica natural para o enfrentamento dessa fase da vida.

Palavras-chave: Climatério; Plantas Medicinais; Saúde da Mulher; Terapêutica.

[1] Nurse. Graduated at Universidade Estadual do Sudoeste da Bahia. Bahia, Brazil. E-mail:anapsanjos25@gmail.com. Orcid: https://orcid.org/0000-0002-8051-3687

[2] Nurse Adjunct Professor at Universidade Estadual do Sudoeste da Bahia. Bahia, Brazil. E-mail: zulmerinda.meira@uesb.edu.br. https://orcid.org/0000-0002-6652-2229

[3] Nurse. Full Professor at Universidade do Estado do Rio de Janeiro. Rio de Janeiro, Brazil. E-mail: omcvargens@uol.com.br. Orcid: https://orcid.org/0000-0002-7558-355X

[4] Nurse. PhD in Nursing at Universidade Federal do Rio de Janeiro. Full Professor at Universidade do Estado do Rio de Janeiro, Brazil. E-mail: jmprogi@gmail.com. Orcid: https://orcid.org/0000-0003-3843-5192

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INTRODUCTION

This study addresses the concept of climacteric and the use of medicinal plants as natural therapy by women who experience it and who attend a cervical cancer prevention service in a unit of the Family Health Strategy (ESF).

Climacteric is a term commonly used as a synonym for menopause, but the latter is a retroactively defined phenomenon, representing the permanent cessation of menstruation for a period of 12 months (1). The term climacteric comes from the Greek origin (klimakter), when referring to the top of a ladder, when referring to ascent to a different stage of life (2). The World Health Organization (WHO) defines climacteric as a biological and non-pathological phase of a woman's life, in addition to understanding this process as a transition from the reproductive to the non-reproductive phase (2-3).

The term menopause, on the other hand, also comes from the Greek and refers to mens = month and pausis = pause, however it comprises the interruption of menstruation (2). Menopause is characterized as the final part of the reproductive phase that corresponds to the last menstrual cycle and usually happens between 48 and 50 years of age (1).

However, by understanding that climacteric is not a disease, but a natural phase of a woman's life, and that many of them can go through this phase without complaints or need for medicalization, others can present changes in their organism that vary in their diversity and intensity (1), and this will depend on how each woman will face this aging body process.

From this perspective, aging with quality appears as a hope, even in a society marked by a culture of rejection of old age. The understanding that maturity also includes self-knowledge and acceptance and that in old age there is a greater process of investment in self-knowledge, generating more positive ways of appreciating life, which can result in a transformation of negative stereotypes about aging at the point of social view (2-4).

The taboos related to menopause are due to the way in which this process is approached, which is very widespread with negative connotations, using terms such as bankruptcy, atrophy, loss, among other denominations that characterize something bad. In this sense, women choose to undergo hormone therapy because they believe that menopause is a disease, however they need to realize that menopause is a stage of life and that it is possible to overcome it through complementary integrative practices and therapies , in addition to phytoestrogens and selective estrogen receptor modulators, with no need to introduce “medicalization” as a therapy (1-5).

From this perspective, medicalization involves broader processes that are not limited only to the drug product, in addition to

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having a more subtle and perverse logic of controlling the lives of people and society (5-6). Thus, the term medicalization has been used as the process of transforming aspects of everyday life into objects of medicine, schematizing conformity and social norms.

Thus, medicalization permeates the logic of social norms established by traditional medicine, as a process of change in people's lives. And thinking of breaking with this paradigm, in 2006, after several national health conferences and the recommendations of the World Health Organization (WHO), the National Policy on Integrative and Complementary Practices (PNPIC) was institutionalized in Brazil as an element of the System Health Service (SUS) (7).

Considering that most health services are attended by women, and that this woman can be seen in its global dimension, without losing sight of its uniqueness, its processes of living at any stage of life. In this context, the PNPIC contemplates the integrality of health care for women in the climacteric phase. This phase, which also requires the interaction of other actions existing in the SUS. This interaction contributes to the expansion of women's co-responsibility and autonomy for their health in a demedicalized perspective, during this period, thus increasing the exercise of their citizenship and consequently their quality of life (7) Furthermore, it is necessary to break with the paradigm that climacteric it has to be treated with hormone therapy and promote actions against hegemony and medicalization and place women as protagonists and autonomous in self-care.

In the field of health, the National Policy on Integrative and Complementary Practices contemplates the guidelines and institutional responsibilities for the provision of various services and products, as well as the use of medicinal plants as therapeutic possibilities (6) to face the intrinsic changes of the climacteric, thus ensuring greater comprehensiveness and resoluteness in women's health care during this phase.

It is noteworthy that the PNPIC includes in its structure cross-cutting themes that can be present in all points of the Health Care Network, primarily in Primary Care, with ample potential for action in the actions determined by the SUS. The main approaches in this field permeate the expanded view of prevention and global promotion of human care, especially self-care and autonomy. And when it comes to the woman who experiences the climacteric, this care is based on its multiple biopsychosocial, cultural and spiritual aspects.

The use of medicinal plants in the art of healing is a form of therapy with a very ancient origin, related to the beginnings of medicine and based on the accumulation of information over generations. Over the centuries, products of plant origin formed the

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basis for the treatment of different alterations in the organism (7).

In this context, the use of teas with medicinal plants influences the improvement of various bodily changes presented by many women during the climacteric phase. And it was shown in this study that the participants sought this therapeutic alternative in complementary integrative practices. Medicinal plants are those capable of alleviating or curing illnesses and/or characteristics peculiar to a given situation and have a tradition of use as a medicine in a population or community (8) While the WHO defines a medicinal plant as being any and all plants that it has, in one or more organs, substances that can be used for therapeutic purposes (2).

Brazil has great potential for the development of this therapy, with the greatest plant diversity in the world, wide socio-diversity in the use of medicinal plants linked to traditional knowledge and technology to scientifically validate this knowledge.

Therefore, this study is justified by the need to disclose the use of medicinal plants by women experiencing menopause, in addition to bringing significant social relevance and contributing not only to health professionals and academics, but also with women who are experiencing the climacteric phase. Considering that there is a shortage of studies on the subject, this can contribute to changes in habits and lifestyles of several women in the climacteric process by adding part of the complementary integrative practices in health, such as medicinal plants.

From this perspective, the guiding question was elaborated as a concern that refers to a significant understanding of answers through the objective of the study. What is the conception of climacteric for women who experience it and which medicinal plants do they use as a natural therapy for this process?

Such questioning led to the construction of the following objective: To identify the conception of climacteric by women who experience it and which medicinal plants use as natural therapeutics for this process.

METHOD

This is a qualitative, descriptive and exploratory study whose sample was randomly composed of 17 women who attended the cervical cancer prevention service of a Family Health Strategy (ESF) unit located in the interior of Bahia. Participants met the following inclusion criteria: being over 40 years old and attending the unit assiduously. And as exclusion criteria, presenting cognitive deficit that implied the collection of information and hearing impairment that impeded or hindered verbal communication. Data collection was interrupted when information was repeated, which was characterized as a data saturation process.

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The study setting was the ESF unit. The collection of information took place after approval by the Research Ethics Committee (CEP) of the State University of Southwest Bahia, according to opinion number 2,440,117 in 2019. A semi-structured interview script, previously elaborated with questions, was used as an instrument. objective and subjective containing sociodemographic data and leaving the participants free to answer the questions.

The interviews lasted an average of 30 minutes and were carried out individually in the waiting room of the (USF), after clarification about the objective and procedures of the study, according to the availability of the participants and signing the Informed Consent Form (TCLE). As this is a study involving human beings, the guidelines and regulatory standards established by Resolution No. 466/12 of the National Health Council (CNS) were respected (9).

Data processing and analysis were carried out using Bardin's thematic content analysis technique (10). In view of the diversification and also the terminological approximation, it was decided to list the steps in three phases: 1) Pre-analysis; 2) Exploitation of the material; and 3) Treatment of results, inference and interpretation. Thus, this study culminated with the phases recommended by Bardin (10). The first phase began with pre-analysis, in which all the material analyzed was organized with the aim of making it operational, systematizing the initial ideas. Later, there was the exploration of the material that constituted the second phase, the analysis of the data, seeking to identify the registration units and, consequently, the definition of categories. In the third phase, there was the treatment of results, inference and interpretation. In this stage, the information was condensed and highlighted for analysis, culminating in inferential interpretations, in addition to being the moment of intuition, reflective and critical analysis for theoretical and programmatic purposes.

RESULTS

Initially, the sociodemographic characteristics of the participants will be presented and then the categories.

As for the sociodemographic characteristics, it was observed that of the 17 participants, the age ranged between 40 and an average of 50 years, eight considered themselves black, and six declared themselves brown. With regard to marital status, ten reported being married. As for the profession, twelve were home secretaries. As for religion, nine reported being Protestant and eight Catholic. The level of education, eleven mentioned incomplete primary education.

From the application of the method of analysis, in accordance with the objective of

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this study, two thematic categories that follow were originated.

Category 1- Confusing climacteric with menopause and considering it as a disease

The category above originated from the questioning of the participants about their conception of menopause. However, several of the participants in this study reported not knowing or not knowing anything about this phase of a woman's life. Look at your testimonials.

> *Ah! Climacteric is. I do not know. I don't understand that (laughs). I don't know much about it. (P3)*

> *That's what I told you, I don't understand any of that [laughs]. (P4)*

> *Never heard of it. (P6*

> *Boy, I [laughs]... the climacteric? I've heard it, but I'm wandering now. (P11)*

> *Climacteric? No. (P13)*

> *Probably nothing, right [laughs]. I have no knowledge. (P15)*

> *I want to learn now because I don't know [laughs]. Good thing I learn right? (P16)*

However, although they report that they do not know or do not know what climacteric is, they recognize and describe in detail the peculiar characteristics of this phase they are experiencing, but they still see it as symptoms, and report that they have sweating, heat, cold hot flushes, insomnia, nervousness, forgetfulness, among other characteristics and/or confused with menopause, highlighting the difficulties in understanding the phenomenon.

> *But there is the symptom of menopause that speaks, right? I just know, that myself, I say about myself, I felt very hot, my period went away when I was 47 years old, then I went to the doctor, he said it was normal because it was menopause, then I started the treatment and I got well. (P1)*

> *The climacteric is when you determine that menstruation no longer exists, that you also sometimes feel some complaints, such as heat, insomnia, sweating a lot at night as sometimes, I felt nervous myself, I felt insomnia, worry, forgetfulness. (P9)*

> *I know little, right, but during this period the woman starts to have those hot flashes, right, I'm already starting to feel it, I already feel a strange heat. And that this menopause has women who are later, there are women who are earlier. (P14)*

> *I also know how menstruation decreases, but in my case it was different that it increased. And so, I don't know if it's because of the blood loss or if it's because of the menopause that I'm feeling so weak, I don't know if it's the hormone I'm losing, I don't know, what I know is that I'm like this. And what I understand about this climacteric is this, is that women lose hormones, right, they say they lose a lot of hormones. There are some who need to take hormones, right? I know very little about it there. (P14)*

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I knew about menopause, but that's what you said now, I didn't know. (P16)

And heat, cold, heat... If I took the cover off it was cold, then it's covered, it's a blouse. oh I remember. (P17)

Category 2- Identifying medicinal plants as natural therapeutics for changes inherent to the climacteric

Category 2 indicates which medicinal plants the participants sought as a natural therapy to help cope with the changes inherent to the climacteric. In their statements, it is clear the use of various teas such as blackberry tea, coriander, parsley, mint, lemon balm, capim santo, espinheira santa and other herbs that are included in the Complementary Integrative Practices in Health. were used with the purpose of alleviating and/or minimizing the changes inherent to this stage of life.

I cured more with tea. (P1)

I use blackberry leaf, then I cook and drink. (P3)

I drink cilantro with parsley, thick mint, lemon balm, lemongrass. I mix it all together and take it... There's also one that my mother always taught me, it's a kind of seed, "mulungu" seems to be. (P5)

Oh my daughter, it was so much tea. Blackberry tea, tea from espinheira santa, so much tea that I drink that you can't even imagine. (P8)

I drank a lot of tea, you know, blackberry tea, espinheira santa, capim santo, so, we always drank tea, there in the countryside we drank a lot of tea, and then I always drink it, until today. (P9)

Just tea. Blackberry tea, these teas like that. Homeopathic stuff, herbal more natural things, you know? (P11)

I drink a lot of blackberry tea, such as oats, soy, then I started researching, I found this blackberry tea and several other teas that have, right, chamomile, but what I really drink is blackberry tea (P14)

Yes, I used a lot of tea like this, lemongrass, capim santo, lemongrass. (P17).

DISCUSSION

The first category leads us to the understanding that the participants in this study still have a wrong conception of menopause. However, more than half of users who attend Primary Care are women (1-3). This makes us reflect that there may be a lack of knowledge and practices, especially on the part of professionals who work in different health services. In this sense, to meet their felt needs, women seek the care of health professionals inserted in this context. Thus, the women's health policy offers them the right to see themselves in their entirety as an autonomous and participative subject in the decision-making process for self-care. Thus, as they are included in this process, there is a guarantee of meeting their needs and the

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quality of care, especially in health services (11).

In this perspective, the need for health professionals who work in these spaces, such as nurses, doctors, social workers, psychologists and the Community Health Agent-ACS and other professionals, to be open to welcome and assist the felt needs of women experiencing menopause, thus aiming to provide them with knowledge of their own body in relation to the changes inherent in this phase: insomnia, sweating, hot flashes, loss of libido, hair loss, dryness of the skin, among others , in order to show that these changes are part of this process and that each woman can experience this in the most natural way possible, thus contributing to a better quality of life (12).

Thus, it is essential that women in menopause have expanded and global assistance to this process, paying attention to the specificities of this phase. This assistance must take ownership of health professionals and make them able to work the subjectivity of women at this stage of life, in addition to using appropriate and more attractive tools for the moment, in which the health professional assumes the role of facilitator and contemplate integrative and complementary practices in health in order to broaden the view of care in this process and the global promotion of human care,(13-14) especially with an emphasis on the autonomy of self-care, based on naturalness.

In this sense, the units of analysis in category 1 of this study represent their conceptions and reveal the scarcity of information about this phase of women's lives. Perhaps, the fact that many participants have a low level of education may have contributed to the lack of knowledge of the term climacteric. Although most users regularly attend health services, it still seems that menopause is rarely addressed by professionals during consultations. Therefore, the term menopause is more common among them, being confused with the climacteric.

In line with what was described in a study according to which women showed difficulty in discerning the meaning of menopause, referring to this as being the same as menopause. The distinction of terms has its importance in the sense of identifying characteristics inherent to the phases of the human life cycle (3).

Thus, "health professionals need to take ownership of the multiple issues that encompass the climacteric to identify, listen to and welcome these women in a comprehensive way (3)". It is noteworthy that the non-distinguishment of the terms climacteric/menopause leads us to think that there is a lack of information, especially in relation to scientific terminology and its characteristics on the part of health professionals when assisting women in this stage of life. Thus, health professionals should promote with greater involvement a

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focus on women in menopause/menopause knowing that these actions are recommended by the National Policy for Comprehensive Care for Women's Health (PNAISM) (14). This fact becomes worrying in most Brazilian cities where health services are not yet prepared to contemplate this policy in its entirety. Likewise, there seem to be few health professionals engaged and committed to valuing this phase of women's lives.

In this context, the World Health Organization shows us that menopause is not a disease, but a physiological phase of women's lives and that many of them go through this phase without complaints and without the need for drug therapy (1-2) . This condition leads us to the reflection that the medicalization of the female body in the name of science and an improbable well-being has always been a practice in the field of medicine and that it will only be transformed when women empower themselves and create strategies for autonomy and freedom as protagonists of self-care. Thus, they will be able to define and recognize their rights, preventive possibilities and implementation of natural practices, as well as the consequences of different medical practices imposed on their own body.

Thus, we live in a society where consumption and beauty standards are marked by the media, while the enhancement of image and appearance transforms the female body into the most beautiful and desirable of objects. It can even be said that we live in the paradigm of corporeality and that there are many aspects that are illustrated and, with the evolution of new technologies, new horizons emerge that highlight the dimension of the female body (13). After all, the body is not just an evidence, but the essence of existence in our era is focused on it. In it is all the beauty, which seems to make itself available to those who lust after it, transforming or disfiguring the original and creating another “product”, an ideal model that overshadows human incompetence (15).

In the process of appropriation of the female body throughout history, it is necessary to highlight the movement of autonomous and defiant women who made the subordinate position assigned to the female world in relation to medicine to be rethought (16). From this perspective, our society still sees the female body exposed in a context of medicalization, in addition to understanding a body that was built in its multiple forms of expression. Thus, due to the scope of the phenomenon of medicalization, it is understood as indispensable and necessary to broaden the discussions around this theme, given that there is still a shortage of studies dealing with this phenomenon and regarding a condition that must be confronted and modified (16).

It is assumed that medicalization also produces different consequences for women who experience menopause, a fact that has

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been little explored. In this sense, it is understood as important to enter this theme in order to contribute to the construction of new research, as well as new critical reflections on the condition of these women who also permeate the aging process (17).

Identifying that the women in this study did not differentiate between menopause and menopause, it is extremely relevant that health professionals are aware of these aspects and place women as protagonists of their own care and empower themselves with autonomy to live this phase of life, considering it as a natural process of female aging and which can be based on integrative practices for a healthier and more natural life.

The second category leads us to think that medicinal plants as a therapeutic option for the intrinsic changes of the climacteric were elements that the participants of this study used, and that the Ministry of Health points out that the expansion of therapeutic options offered to users of the Unified Health System Health (SUS), involves a guarantee of access to various medicinal plants and services related to phytotherapy, with safety, efficacy and quality, from the perspective of comprehensive health care (18). This is important with a view to improving health care for the female population, especially at this stage of life. Thus, the use of medicinal plants by the participants in this study proved to be an important option of choice to improve or minimize the bodily changes associated with this stage of women's life, and certainly those that were more accessible and supported by sources cited for the changes inherent to the climacteric.

Therefore, the use of medicinal plants as complementary integrative practices in health during the climacteric phase has become a widely accepted practice, in addition to involving many health professionals (17). There is a growing interest, both popular and institutional, regarding the use of these practices in the SUS. In addition to the existence of several documents emphasizing the introduction of medicinal and herbal plants in the Unified Health System (18). Among the main documents of primary care in SUS, Ciplan Resolution No. 8/88 stands out, which regulates the implementation of herbal medicine in health services and creates procedures and routines related to its implementation (16).

In this perspective, the Ministry of Health, on March 21, 2018, amends Consolidation Ordinance No. 2/GM/MS, of September 28, 2017, to include new practices in the National Policy on Integrative and Complementary Practices (PNPIC) with the intention to standardize its use in the SUS and expand the possibilities to guarantee comprehensiveness in health care. Complementary integrative practices in the SUS are resources, involving approaches that seek to stimulate the natural mechanisms of

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health recovery through effective technologies, with an emphasis on qualified and welcoming listening, developing the therapeutic bond and the integration of the human being with the environment and their social relationships (16). In this sense, the expansion of the global view of the health-disease process generates the appreciation of self-care (19-20).

It is observed that the population uses medicinal plant therapy due to the popular idea that the natural does not bring harm, further reinforcing the issue of the rise in the use of medicinal plants as a therapeutic in the climacteric (17-20). This fact is evident in the results of this study, when it is noticed that of the 17 participants, 10 used medicinal plants as a natural therapeutic practice aiming to alleviate or improve the alterations inherent to this stage of life.

The Ministry of Health points out that many of the complementary integrative practices are covered by an interdisciplinary approach to care, and in the different therapeutic resources offered, which involve substances such as medicinal teas, plant emulsions, metal or vegetable ointments, essential oils and plant roots , medicinal bath, poultice, compress, bandaging, footbath, among others (18).

Climacteric women do not suffer from a disease that requires hormone deficiency or treatment. Hormone therapy should be understood as a therapeutic option only for cases where there are specific indications. Thus, the medicalization of the female body, with the continuous use of hormones during menopause, has been a common practice in medicine (1). Thus, it is essential that health professionals are scientific and updated to proceed with an approach in the field of integrative practices, where they are recognized as one of the approaches that have an expanded view of the natural process, since the medicalized practice, in the future, may generate other health problems for women.

The expression “medicalization” has been used to designate the process of transforming aspects of daily life into objects of medicine, in order to ensure compliance with social norms (3). Medicalization can also be defined as the ability of medical knowledge to appropriate everyday problems, thus covering medicine's meanings and explanations (3).

Therefore, the PICS expand the vision of this process and the global promotion of human care, especially self-care and the autonomy of women who experience menopause, considering it in its various biopsychosocial aspects in the search for a change of paradigm, of logic from intervention focused on symptoms to care based on complementary integrative practices. These practices contribute to the expansion of the health care model, as they serve women in their entirety, uniqueness and complexity, sociocultural strengthening the relationship

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between user/professional for the humanization of health care.

FINAL CONSIDERATIONS

The study shows that the participants have a misconception about the climacteric, but they know how to identify the changes inherent to the phase and use strategies of integrative practices as therapeutics to cope with this phase of life.

The contribution and suggestions of this study are based on the dissemination of the use of medicinal plants by women who are experiencing the climacteric as they contribute to alleviate the changes inherent in this phase. In addition to encouraging the implementation/implementation of PIC protocols in the health care network, considering that integrative practices contribute to the specifics and particularities of this stage of life, and that health services have professionals prepared and sensitized to promote care for women during the climacteric.

As a limitation of the study, most of the times the difficulty of collecting information was highlighted, considering the place of collection and the time between the interview and the consultation with the nurse of the health unit, in addition to the difficulty of these participants to understand the meaning of the climacteric term.

REFERENCES

1. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde - Departamento de Ações Programáticas Estratégicas. Manual de Atenção à Mulher no Climatério/Menopausa. Brasília: Editora do Ministério da Saúde [internet]. 2008 [Accessed on Aug 18 2018]; 1(9):1-192. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/manual_atencao_mulher_climaterio.pdf.

2. World Health Organization [homepage na internet]. Research on the menopause in the 1990s: report of a WHO scientific group. WHO technical report series. [Accessed on Jul 20 2020]. Available from: http://apps.who.int/iris/bitstream/10665/41841/1/WHO_TRS_866.pdf.

3. Bisognin P, Alves CN, Wilhelm LA, Prates LA, Scarton J, Resse LB. El climatério em la perspectiva de las mujeres [internet]. Enferm. glob. Jul 2015 [accessed on Jul 15 2018]; 14(39): 155-167. ISSN 1695-6141. Available from: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1695-61412015000300008&lng=es

4. De Oliveira S, Santiago F, Correia A. Da velhice estigmatizada à dignidade na existência madura: novas perspectivas do envelhecer na contemporaneidade. Estudos e Pesquisas em Psicologia [Internet]. 2016 [Accessed on Jul 23 2020]; 16(2): 469-87. Available from: http://www.redalyc.org/articulo.oa?id=451851666010.

5. Nakaoka VYES, Pereira AMO, Pereira IMO, et al. Climatério e terapia de reposição hormonal: uma revisão de literatura. Rev. Uningá.,2013; 16(1): 5-8 [Accessed on Sep 25 2021]. Available from: http://revista.uninga.br/index.php/uningareviews/article/view/1450/1066.

6. Brasil. Ministério da Saúde. Secretaria de Ciência, Tecnologia e Insumos Estratégicos. Departamento de Assistência Farmacêutica e

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Insumos Estratégicos. Uso de Medicamentos e Medicalização da Vida: recomendações e estratégias. [homepage on Internet] 2019; [Accessed on Sep 25 2021]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/medicamentos_medicalizacao_recomendacoes_estrategia_1ed.pdf.

7. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Política Nacional de Práticas Integrativas e Complementares no SUS: atitude de ampliação de acesso. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. 2015. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_praticas_integrativas_complementares_2ed.pdf

8. Marques MAA, Lima DA, Andreotti CE, Junior AG, Lourenço ELB. Caracterização das plantas Medicinais e Medicamentos Fitoterápicos para tratamento da osteoporose utilizados no Brasil. Plantas medicinais e medicamentos fitoterápicos. Rev. Arq. Ciênc. Saúde UNIPAR, Umuarama. 2016. [Accessed on September 25 2021]; 20(3): 183-188. Available from: file:///C:/Users/Pontocom%20Informatica/Downloads/5870-18973-2-PB%20(1).pdf

9. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Comissão Nacional de Ética em Pesquisa (CONEP). Resolução nº 466, de 12 de dezembro de 2012b. Estabelece diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Brasília 2013. [Accessed on Mar 20 2020] Available from: http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf.

10. Bardin, L. Análise de conteúdo. São Paulo: Edições 70; 2011.

11. Oliveira ZM, Vargens, OMC, Acioli, S, Silva SR. Nursing care in the climateric: demedicalizing perspective in primary healthcare. Journal of Nursing. 2017 [Accessed on Sep 27 2020]; 11-2. 1032-1043. Available from: https://doi.org/10.5205/1981-8963-v11i2a13474p1032-1043-2017.

12.Vieira TMM, Araujo CR, Souza ECS, Costa MAR, Teston ÉF, Benedetti GMS, Marquete VF. Vivenciando o climatério: percepções e vivencias de mulheres atendidas na atenção básica. Enferm. Foco 2018 [Accessed on Sep 24 2020]; 9 (2): 40-45. Available from: http://revista.cofen.gov.br/index.php/enfermagem/article/view/1084.

13. Silva SB, Nery IS, Carvalho AMC. Representações sociais elaboradas por enfermeiras acerca da assistência à mulher climatérica na atenção primária. Rev Rene. 2016 [Accessed on Sep 24 2020]; 17(3):363-7. Available from: http://www.periodicos.ufc.br/rene/article/view/3469/2712.

14. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Política Nacional de Atenção Integral à Saúde da Mulher: Princípios e Diretrizes. Brasília: Editora do Ministério da Saúde; 2011.

15. Santos MH, Cerqueira C, Cruz RV. Abrindo a Caixa de Pandora - a Participação Política das Mulheres, as Desigualdades de Género e a Ação Positiva. Journal of Studies on Citizenship and Sustainability. 2017 [Accessed on May 22 2020]; (3): 18-40. Available from: https://repositorio.iscte-iul.pt/bitstream/10071/15487/5/Santos_Cerqueira_%26_Cruz_p_18_40_JSCS_3.pdf.

16. Vendreschi, LA, Ferrazza DA. Medicalização do corpo da mulher: um estudo bibliográfico sobre as estratégias de controle do feminino. 27º Encontro Anual da Iniciação Cientifica 2018 [Accessed on Sep 23 2020]. Available from: http://www.eaic.uem.br/eaic2018/anais/artigos/2724.pdf.

17. Souza NLSA, Araújo CLO. Marco do envelhecimento feminino, a menopausa: sua vivência, em uma revisão de literatura. Revista Kairós Gerontologia 2015 [Accessed

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on Jun 03 2020];18(2):149165. Available from: https://revistas.pucsp.br/index.php/kairos/article/viewFile/26430/18952.

18. Brasil. Ministério da Saúde. Protocolos da Atenção Básica: Saúde das Mulheres / Ministério da Saúde, Instituto Sírio-Libanês de Ensino e Pesquisa – Brasília: Ministério da Saúde, 2016. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/protocolos_atencao_basica_saude_mulheres.pdf.

19. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Manual de implantação de serviços de práticas integrativas e complementares no SUS / Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Atenção Básica 2018. Available from: http://189.28.128.100/dab/docs/portaldab/publicacoes/manual_implantacao_servicos_pics.pdf

20. Rocha BM de A, Pereira M do SV, Carneiro JQ. Terapias complementares: fitoterapia como opção terapêutica no climatério e menopausa. Rev. de Ciências da Saúde Nova Esperança. João Pessoa. 2018 [Accessed on Sep 23 2020]; 16(1): 16-25. Available from: http://www.facene.com.br/wp-content/uploads/2018/05/2.-terapias-complementares-fitoterapia-como-op%c3%87%c3%83o-terap%c3%8autica-no-climat%c3%89rio-e-menopausa.pdf.

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