

NURSING CARE TO SEXUALITY WOMAN IN CLIMACTERIC: REFLECTIONS FROM THE PERSPECTIVE OF PHENOMENOLOGY

CUIDADO DE ENFERMAGEM À SEXUALIDADE DA MULHER NO CLIMATÉRIO: REFLEXÕES SOB A ÓTICA DA FENOMENOLOGIA

CUIDADOS DE ENFERMERÍA EN LA SEXUALIDAD DE LA MUJER EN EL CLIMATERIO: REFLEXIONES DESDE LA PERSPECTIVA DE LA FENOMENOLOGÍA

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ABSTRACT

This is reflective study discusses the care provided by nursing professionals to postmenopausal women with the sexuality of them in light of phenomenological perception. The use of the phenomenological method allowed better understand the relationship of the practice of health professionals with women like us fundamental to the understanding of their daily lives, from the knowledge of their experiences and sharing their experiences. They have also discussed questions about the humanization of health care and how this should be done by nursing professionals at this stage of life that is surrounded by myths. It can be observed that the provision of services by qualified and trained professionals, when performed the full mode, that is, considering all the user subjectivity, such as emotional, social and cultural aspects, can provide a better quality of life.

Keywords: Nursing Care; Climacteric; Sexuality; Philosophy.

RESUMO

Trata-se de estudo reflexivo que discute o cuidado oferecido por profissionais de enfermagem às mulheres no climatério em relação à sexualidade das mesmas à luz da percepção fenomenológica. A utilização do método fenomenológico possibilitou compreender melhor a relação da prática de profissionais de saúde com as mulheres, parecendo-nos fundamental para a compreensão do seu cotidiano, a partir do conhecimento de suas vivências e no compartilhamento de suas experiências. São também discutidas questões acerca da humanização do cuidado em saúde e como este deve ser realizado pelos profissionais de enfermagem nessa fase da vida que é rodeada de mitos. Pode-se observar que a prestação de serviços por meio de profissionais qualificados e capacitados, quando realizado do modo integral, isto é, considerando toda a subjetividade do usuário, como os aspectos emocionais, sociais e culturais, podem proporcionar melhoria na qualidade de vida.

Palavras-chave: Cuidados de Enfermagem; Climatério; Sexualidade; Filosofia.

RESUMEN

Se trata de un estudio reflexivo sobre la atención brindada por profesionales de enfermería a mujeres en el climaterio en cuanto a su sexualidad a la luz de la percepción fenomenológica. El método fenomenológico ha permitido comprender mejor la relación entre la práctica de los profesionales de salud y las mujeres, algo fundamental para entender su cotidiano, a partir de sus vivencias y de compartir sus experiencias. También se discute la humanización de la atención de la salud y cómo los profesionales de enfermería deben brindar dicha atención en esta etapa de la vida tan llena de mitos. La prestación de servicios de profesionales cualificados y capacitados puede proporcionar mejor calidad de vida si se efectúa de modo integral, es decir, teniendo en cuenta toda la subjetividad del usuario, que incluye aspectos emocionales, sociales y culturales.

Palabras clave: Atención de Enfermería; Climaterio; Sexualidad; Filosofía.

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INTRODUCTION

Sexuality is a set of human characteristics with different ways to express the vital energy, called as libido by Freud, such as the ability to connect the pleasure/displeasure, wants, needs and life to the people.¹

Even with the scientific and technological advances of recent decades, the evolution of the sexuality understanding is not processed evenly, and the topic is still steeped in myths, prejudices, and unknowns. It is a matter full of contradictions, taboos, and ignorance, and nowadays many people consider this unique theme for adults and defend the idea that this area of knowledge should be excluded from lectures, courses and curricula because they consider it obscene. Negative reviews are made when some erotic scene appears in movies and parents usually use the “technique of silence” or “lie” with their children, especially when there are some questions about it.²

Beyond the body, sexuality involves the feelings, the story of life, customs, affective relationships, and culture. Therefore, it is a fundamental dimension of all stages of the life of men and women, present from birth to death and including physical, psycho-emotional and socio-cultural aspects. According to the WHO definitions, Sexuality is experienced and expressed through thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships.¹

Thus, it is essential to value, promote and encourage the self-knowledge, to seek to know himself, values, way of seeing and living life and relationships with others, get in touch with feelings, knowing the body and identifying the potential difficulties and/locks of different orders. Moreover, it is important to encourage the building of relationships that contribute to personal growth, to strengthen self-esteem and to help overcome difficulties.³

The care in sexual and reproductive health is one of the priority action areas of primary health care, and it should be offered considering the principle of respect for sexual and reproductive rights.¹ Contextualizing the prioritization of sexual and reproductive health in primary care, it is noteworthy of the eight Millennium Development Goals set at the Millennium Conference held by the United Nations (UN) in September 2000, have direct relationship with sexual and reproductive health: promoting gender equality and empower women; improving maternal health; combating HIV/AIDS, malaria and other diseases; and reducing child mortality.^{1,3}

The Primary Care Notebook – Sexual and Reproductive Health seeks to address sexual health as essential to the quality of life and health of people, highlighting the key role that primary care teams/family health have in promoting sexual and reproductive health.¹

With advancing age, the women realize that their bodily features are modified, and the senility process associated with

the imposition of society begin to send them to myths and beliefs about their sexuality. When “escaping” of the social beauty standards, there are insecurities that may be aggravated when climacteric symptoms appear (sweating, hot flashes, dyspareunia, decreased sex drive, insomnia, suspension loss and supported the pelvic and low vaginal lubrication organs, etc.). The genitalia suffers from hormone deficit that leads to progressive atrophy of the vulva and vagina (thinner walls with less elasticity and less lubricated), that may cause dyspareunia, but it is perfectly preventable using lubricating creams.⁴⁻⁶

It is important to note that sexual response suffers some changes, but does not disappear. It is slower and less intense. The excitement phase is even more dependent on the level of stimulation, and the satisfactory sexual response needs more “complicity” of the sexual partnership to help relaxation by the women.¹

METHOD

This is a reflection study based on a philosophical, theoretical reference, being the phenomenology, beyond the perception of the authors about the subject. Phenomenology is the study of the essence of things. The word has two Greek roots: *phainesthai* that means what is shown, and *logos* that means study. The concept and the term were created by a mathematician, scientist, researcher, and professor of Gottingen and Freiburg Colleges im Breisgau Edmund Husserl (1859-1938). The first time that phenomenology appeared was in the article “Ideas for a pure phenomenology and to a phenomenological philosophy,” published in 1906. This method has as a phenomenon as the investigation object, as the main instrument of knowledge and the method adopted is the intuition. This intuition can be understood as an intellectual view of the object of knowledge, in which vision means a form of consciousness in which something originally happens – it is the ultimate foundation of all rational statements.

It was attempted to discuss studies in the nursing field that addressed the theme focused on nursing care in sexuality in the climacteric.

Given this complex context, it is appropriate to reflect on nursing care sexuality of women in menopause and primary care. From the Social Phenomenology of Alfred Schütz, the study seeks to understand the action of caring for the senior woman, from the nursing perspective.²

Phenomenology is a philosophical method used widely as reference in nursing studies, especially those that are linked to the women’s health area and even analysis related to care.⁷

The text is organized into two parts with the following thematic approach: humanization for women’s care experiencing climacteric and caring integrally going beyond the biological.

HUMANIZATION ON WOMEN'S CARE EXPERIENCING THE CLIMACTERIC

Sexuality is one of the factors often cited as a source of distress for women and men who begin their process of aging, mainly due to the devaluation of the most mature individuals, including women after menopause.¹ Although there is a growing demand for information in this area, the developed scientific research in this area is still incipient. This context provides an opportunity for work space for nursing researchers that can support the important contribution of nurses in training and guidance of people, mainly at the level of promotion and health education.⁸

Humanization in nursing care to women who experience difficulties related to their sexuality, as the essence of "being" woman, and sexual practice by the specific physiological changes of the lived phase, requires the host of this woman for a resoluteness in the answers to their needs. This is a field where more progress is needed since sexuality in the climacteric is not a very comfortable area to nurses who work directly with primary care. Studies show that lack of preparation in academic education requires reformulation of the curriculum and better basis of nurses in sexuality health care.

COMPREHENSIVE BEYOND THE BIOLOGICAL CARE

Based on the preceding, it is necessary to mention that the care itself can interfere with the achievement of success in the patients. Any spoken word or improperly silenced can reinforce the myths and concerns of the patient.⁹

Regarding the nursing actions provided to the patient, specifically for women experiencing the menopause, it is important to note that interventions in sexuality may interfere with their security of "being a woman." Phenomenological philosophical thoughts are directly intertwined with a view that phenomenology furthers the understanding of the phenomena related to the health and disease care, identified through everyday human experiences.¹⁰

It is noteworthy that the nursing care to women in the menopause, specifically through gynecological consultations and health education should include general guidance on this stage and how to overcome possible difficulties, especially changes in sex such as dyspareunia, decreased desire and low self-esteem. They form the basis of the hosting, leading to comprehensive care, permeated by a complicity between the caregiver and the patient, confirming the formation of the bond and trust between the parties. It is valid to use reflections on the aspects that permeate the minds of nursing professionals for the care of women, legitimizing for possible interventions

that go beyond the disease, surpassing biologist thinking tests and control paradigm of clinical situations.¹¹

In this perspective, when dealing with menopausal women, nursing professionals should keep in mind that regardless of the disease or complaints, it is necessary to promote a humane and holistic care. This is already demonstrated by several studies in the area. The awareness that health is not just the absence of a disease but a physical emotional and social well-being is of fundamental importance to the quality of life of these women. It should never be forgotten that they are the people who are trying hard to cross barriers that society imposes on them by the stigmas created around this time of transition in their lives, the climacteric. It is worth remembering that sexuality is one of the pillars of the quality of life and indispensable factor for maintaining social interaction and the creation of links. Therefore it is necessary to help them, strengthen them, empowering them to pass through this phase of their lives as naturally as possible.

The phenomenological research is to the understanding of the experience and not definitions or concepts; it is a focused understanding of the meaning of realizing the confrontation with the world and its values, beliefs, joint actions, in which the human being is in the middle.

Based on the principles of phenomenology, it is possible to know and better understand the trajectory of climacteric women and the various changes that occur in their lives at this moment of transition. Phenomenology helps to base interventions that encourage a lifestyle focused on self-care and appreciation of life.

In the authors' opinion, the nursing professional must interact with these women not only in the context of health promotion and disease prevention, but they should create links, be available, welcome women, empower them with respect and be the reference person in this so specific care, helping to take more care of themselves and to face this stage of the cycle of life with more security and tranquility.

REFERENCES

1. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Caderno de Atenção Básica nº 26. Saúde sexual e saúde reprodutiva. Brasília: Ministério da Saúde; 2013.
2. Schutz A. Estudios sobre teoria social: escrito II. Buenos Aires: Amorrortu; 2003.
3. Almeida Filho N, Barreto ML. Epidemiologia e saúde: fundamentos, métodos, aplicações. Rio de Janeiro: Guanabara Koogan; 2011.
4. Almeida LHRB, Luz MHBA, Monteiro CFS. Ser mulher no climatério: uma análise compreensiva pela enfermagem. Rev Enferm UERJ. 2007[cited 2016 June 12];15(3): 370-5. Available from: <http://www.facenf.uerj.br/v15n3/v15n3a08.pdf>
5. Coelho DNP, Daher DV, Santana RF, Santo FHE. Percepção de mulheres idosas sobre sexualidade: implicações de gênero e no cuidado de enfermagem. Rev Rene. 2010[cited 2016 June 12];11(4):163-73. Available from: http://www.revistarene.ufc.br/vol11n4_pdf/a18v11n4.pdf
6. Oliveira DC, Gomes AMT, Salgado LPP. A Representação Social da sexualidade entre adolescentes. Esc Anna Nery Rev Enferm. 2009[cited 2016

- June 12];13(4):817-23. Available from: <http://www.scielo.br/pdf/ean/v13n4/v13n4a18>
7. Silva JMO, Lopes RLM, Diniz NMF. Fenomenologia. *Rev Bras Enferm.* 2008[cited 2016 June 12];61(2):254-7. Available from: http://www.scielo.br/scielo.php?script=sci_nlinks&ref=000113&pid=S0104-0707201000020000700010&lng=pt
 8. Lorenzi DRS, Catan LB, Moreira K, Ártico GR. Assistência à mulher climatérica: novos paradigmas. *Rev Bras Enferm.* 2009[cited 2016 June 15];62(2):287-93. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672009000200019&lng=en.
 9. Zigelli GOR, Silva LLC. Consulta de enfermagem em sexualidade: um instrumento para assistência de enfermagem à saúde da mulher, em nível de atenção primária. *Texto Contexto Enferm.* 2012[cited 2016 June 12];21(3):708-16. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072012000300028&lng=en.
 10. Borges MS, Santos DS. O campo de cuidar: uma abordagem quântica e transpessoal do cuidado de enfermagem. *Ciênc Cuid Saúde.* 2013[cited 2016 June 12]; 12(3):606-11. Available from: <http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/17159>.
 11. Carraro TE, Kempfer SS, Sebold LF, Oliveira MFV, Zeferino MT, Ramos DJS, et al. Cuidado de saúde: uma aproximação teórico-filosófica com a fenomenologia. *Cultura de los Cuidados.* 2011[cited 2016 June 12];29(1):89-96. Available from: https://rua.ua.es/dspace/bitstream/10045/17457/1/Cultura_Cuidados_29_10.pdf
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