

## WOMEN'S PERCEPTIONS OF THE SIGNS AND SYMPTOMS OF CLIMACTERIC ASSOCIATED WITH SEXUAL ACTIVITY

### PERCEPÇÕES DE MULHERES SOBRE OS SINAIS E SINTOMAS DO CLIMATÉRIO ASSOCIADOS À ATIVIDADE SEXUAL

### PERCEPCIONES DE LAS MUJERES SOBRE LOS SIGNOS Y SÍNTOMAS DEL CLIMATERIO ASOCIADOS CON LA ACTIVIDAD SEXUAL



<https://doi.org/10.56238/sevenced2026.020-040>

Camila Vitória Viana Silva<sup>1</sup>, Layana Santos do Nascimento<sup>2</sup>, Arlete Rodrigues Chagas da Costa<sup>3</sup>, Ingridy Fátima Alves Rodrigues<sup>4</sup>, Solange de Paiva Pinto<sup>5</sup>, Ageu Procópio Almeida de Albuquerque<sup>6</sup>, Domitília Bonfim de Macêdo Mihaliuc<sup>7</sup>, Leila Barbosa Rezende Teixeira<sup>8</sup>

#### ABSTRACT

**Objective:** To investigate women's perceptions of climacteric signs and symptoms associated with sexual activity at a Basic Health Unit in the Federal District.

**Method:** This is a descriptive-exploratory study with a qualitative approach, conducted at a Basic Health Unit in the Federal District. Participants were 30 women aged 40 to 65 years, interviewed between February and April 2025. A semi-structured questionnaire containing sociodemographic data and open-ended questions about the physical and psychological changes of climacteric, sexuality, and the impact of symptoms on sex life was used. The interviews were analyzed using Bardin's Content Analysis.

**Results:** Three categories emerged: physical and psychological aspects related to menopause; difficulties and challenges in the area of sexuality; and social repercussions and coping strategies adopted by women. Participants reported symptoms such as hot flashes, irritability, anxiety, vaginal dryness, and weight gain, which directly affected self-esteem, well-being, and sexuality. In the social sphere, changes in family and marital relationships were observed. As coping strategies, spiritual support, dialogue, and the use of herbal teas were highlighted.

<sup>1</sup> Undergraduate Student in Nursing. Escola Superior de Ciências da Saúde (ESCS).  
E-mail: camilavitoria011577@gmail.com

<sup>2</sup> Undergraduate Student in Nursing. Escola Superior de Ciências da Saúde (ESCS).  
E-mail: santoslayana221@gmail.com

<sup>3</sup> Master's degree in Health Sciences. Escola Superior de Ciências da Saúde (ESCS).  
E-mail: arlete.rodrigues43@gmail.com

<sup>4</sup> Dr. in Gerontology. Universidade Católica de Brasília (UCB). E-mail: dra.enfermeira.ingridy@gmail.com

<sup>5</sup> Specialist in Obstetric Nursing – Rede Cegonha. Universidade Federal de Minas Gerais (UFMG).  
E-mail: solangedpp@gmail.com

<sup>6</sup> Master's degree in Health Sciences. Escola Superior de Ciências da Saúde (ESCS).  
E-mail: ageu.albuquerque@escs.edu.br

<sup>7</sup> Master's degree in Nursing. Universidade de Brasília (UNB). E-mail: domi.bonfim@gmail.com

<sup>8</sup> Specialist in Family Health. Universidade Federal de Pelotas (UFP). E-mail: leilarezendebrt@gmail.com

**Final considerations:** the findings demonstrated that menopause is experienced in a complex way, with profound repercussions on sexual activity, and the need for a more sensitive and comprehensive approach in Primary Health Care.

**Keywords:** Climacteric. Women. Sexuality. Signs and Symptoms. Perception.

## RESUMO

**Objetivo:** Investigar as percepções das mulheres sobre os sinais e sintomas do climatério associados à atividade sexual, em uma Unidade Básica de Saúde do Distrito Federal.

**Metodologia:** Estudo descritivo-exploratório, com abordagem qualitativa, realizado em uma Unidade Básica de Saúde do Distrito Federal. Participaram 30 mulheres na faixa etária de 40 e 65 anos, entrevistadas entre fevereiro e abril de 2025. Utilizou-se um roteiro semi estruturado contendo dados sociodemográficos e questões abertas sobre as alterações corporais e psicológicas do climatério, sexualidade e impacto dos sintomas na vida sexual. As entrevistas foram analisadas por meio da Análise de Conteúdo de Bardin.

**Resultados:** Emergiram três categorias: aspectos físicos e psicológicos relacionados ao climatério; dificuldades e desafios no campo da sexualidade; e repercussões sociais e estratégias de enfrentamento adotadas pelas mulheres. As participantes relataram sintomas como fogachos, irritabilidade, ansiedade e ressecamento vaginal, além do aumento de peso, que afetaram diretamente a autoestima, o bem-estar e a sexualidade. No campo social, observaram-se alterações nas relações familiares e conjugais. Como estratégias de enfrentamento, destacaram-se o apoio espiritual, o diálogo e uso de chás.

**Considerações finais:** Os achados demonstraram que o climatério é vivenciado de forma complexa, com profundas repercussões na atividade sexual, e a necessidade de uma abordagem mais sensível e integral na Atenção Primária à Saúde.

**Palavras-chave:** Climatério. Mulheres. Sexualidade. Sinais e Sintomas. Percepção.

## RESUMEN

**Objetivo:** Investigar las percepciones de las mujeres sobre los signos y síntomas climatéricos asociados con la actividad sexual en una Unidad Básica de Salud del Distrito Federal.

**Método:** Estudio descriptivo-exploratorio con enfoque cualitativo, realizado en una Unidad Básica de Salud del Distrito Federal. Participaron 30 mujeres de 40 a 65 años, entrevistadas entre febrero y abril de 2025. Se utilizó un cuestionario semiestructurado con datos sociodemográficos y preguntas abiertas sobre los cambios físicos y psicológicos del climatério, la sexualidad y el impacto de los síntomas en la vida sexual. Las entrevistas se analizaron mediante el Análisis de Contenido de Bardin.

**Resultados:** Surgieron tres categorías: aspectos físicos y psicológicos relacionados con la menopausia; dificultades y retos en el ámbito de la sexualidad; y repercusiones sociales y estrategias de afrontamiento adoptadas por las mujeres. Las participantes reportaron síntomas como sofocos, irritabilidad, ansiedad, sequedad vaginal y aumento de peso, que afectaron directamente su autoestima, bienestar y sexualidad. En el ámbito social, se observaron cambios en las relaciones familiares y de pareja. Como estrategias de afrontamiento, se destacaron el apoyo espiritual, el diálogo y el uso de infusiones.



**Consideraciones finales:** los resultados demostraron que la menopausia se experimenta de forma compleja, con profundas repercusiones en la actividad sexual, y la necesidad de un enfoque más sensible e integral en la atención primaria de salud.

**Palabras clave:** Climaterio. Mujeres. Sexualidad. Signos y Síntomas. Percepción.

## 1 INTRODUCTION

Over the decades, Brazil has been undergoing significant changes in its demographic transition, which directly impacts an aging population. Therefore, the health area has also undergone changes to serve this specific population, which has age-related pathologies and particular health issues (Santos *et al.*, 2021).

Regarding women's health, such a change in society reflects a greater number of women who face the climacteric/menopause phase. In this context, nursing consultations are a key element in health care, offering a better quality of life for climacteric women (Santos *et al.*, 2022).

Climacteric in the female population occurs during aging, in the age group of 40 to 65 years, being a phase that is characterized by the transition between the reproductive and non-reproductive period with a drop in steroidal hormones (Gonçalves *et al.*, 2023).

This hormonal transition phase encompasses the stages of premenopause, perimenopause, the phase closest to menopause, and menopause itself. During pre- and perimenopause, there is a progressive reduction in ovarian function, which causes changes in the menstrual cycle, making it irregular until its complete interruption. The absence of menstruation for 12 consecutive months characterizes the diagnosis of menopause, followed by the postmenopausal period. Generally, the climacteric begins around the age of 40 and can extend until approximately 65 years of age, with most women reaching menopause between the ages of 45 and 54 (Namazi *et al.*, 2019; Brazil, 2020; Santoro *et al.*, 2021).

In this phase, women have health promotion and prevention needs, since climacteric syndrome brings with it a set of associated signs and symptoms that affect daily life. These changes manifest as hot flashes (hot flushes), sweating, genital atrophy, vasomotor symptoms, vaginal dryness, decreased libido, insomnia, fatigue, and joint pain (Baccaro *et al.*, 2022; Silveira *et al.*, 2023).

In view of this, the changes that occur in a woman's body have a significant impact on her adaptation process, and sexuality is an aspect that must be taken into account in the quality of life of the climacteric period, considering that the symptomatology impairs their general well-being. Sexuality is not limited to sexual activity, it involves different ways of expressing vital energy, such as pleasure/displeasure, desires, needs, the ability to connect with people and even life itself, deserving your due attention (Freitas *et al.*, 2024).

In addition, all the changes faced during this period are of great importance, as they affect not only the physical, but also the psychological and social aspects of women, in order to impact their social relationships, marital life, which consequently negatively impacts their integral health (Silveira *et al.*, 2023).

During the climacteric, many of the physiological and emotional changes experienced by women are not fully understood by their social circle, including friends, family and partners, which can generate feelings of insecurity and isolation. The lack of support during this period can negatively impact self-esteem, adaptation, and communication about one's own feelings (Magüida *et al.*, 2024). Thus, the support of health professionals becomes essential.

Primary Health Care (PHC) plays a fundamental role as the gateway for these women to the Health System, offering welcoming, active and qualified listening, and also health promotion. All these actions contribute to the integrality of care, meeting the demands of women beyond their physical signs and symptoms, by providing support, guidance, and health education (Luz and Frutuoso, 2021).

This study is relevant to explore aspects that are still poorly understood about the signs and symptoms of the climacteric and its relationship with female sexuality. The scarcity of recent research on the subject reinforces the importance of the investigation, which may generate results capable of supporting both women and health professionals, in Brazil and in other countries.

In this scenario, a gap in knowledge is evidenced, associated with a theme that deserves greater attention, considering its direct impact on women's health and quality of life. In this context, a qualitative study was developed guided by the following guiding question: What are women's perceptions about the signs and symptoms of the climacteric associated with sexual activity? The objective of this study was to investigate women's perceptions of the signs and symptoms of climacteric associated with sexual activity, in a Basic Health Unit (BHU) in the Federal District (DF).

## 2 METHODOLOGY

This is a descriptive and exploratory study with a qualitative approach, developed in a Basic Health Unit (BHU) in an administrative region of the Federal District (DF). To carry it out, 30 women assisted by this UBS were interviewed.

The inclusion criteria consisted of: heterosexual women aged 40 to 65 years, in the climacteric. The exclusion criteria were: Women who had a mental disorder or health problems that prevented them from communicating or understanding the study instructions and/or who refused to participate in the research.

Data collection was carried out from February to April 2025. After the approval of the research project, a semi-structured script was applied with two parts: the first referred to sociodemographic profile data and included the following variables: age, education, salary

income, marital status and climacteric period in which they were: pre-menopause or post-menopause, sexual frequency and whether they used hormone replacement therapy.

The second involved five subjective and unstructured questions about the body and psychological changes of the climacteric, the difficulties and challenges in the field of sexuality and the impact of the signs and symptoms of the climacteric on women's sexual activity.

After agreeing and signing the Informed Consent Form, as well as the Authorization Term for the Use of Voice Sound for research purposes, data collection was carried out. The interviews, conducted by the field researchers in a single meeting, lasted an average of 30 minutes. Participants were invited to join the study before or after medical and gynecological nursing consultations. The conversations took place individually, in an office with closed doors, in order to ensure greater privacy and comfort for the women.

To ensure the anonymity of the participants, the letter "M" was adopted followed by sequential numbering in numerical digits. Qualitative data were obtained through recordings, fully transcribed and analyzed according to the content analysis technique proposed by Bardin (2016), which includes the interpretation and categorization of narratives, considering the subjectivity present in them. In addition, a field diary was used to record impressions about the context and the participants. For the treatment of data referring to the sociodemographic profile, simple descriptive statistics were applied.

The ethical principles established by Law No. 14,874 of 05/28/2024 were respected, with the approval of the Ethics Committee for Research with Human Beings in Health of the Foundation for Teaching and Research in Health Sciences – CEP/FEPECS under opinion 7.318.647 and CAAE: 84870424.0.0000.5553.

### 3 RESULTS

Regarding the sociodemographic profile, of the 30 climacteric women interviewed, eight (n=8) were between 40 and 49 years of age, eleven (n=11) women were between 50 and 55 years old, four (n=4) between 56 and 60 years old and seven (n=7) between 61 and 65 years old, respectively. The mean age was 53.86 years.

Regarding marital status, eleven (n=11) were married, one (n=1) had a stable union, four (n=4) divorced, three (n=3) widowed and eleven (n=11) single.

Regarding the level of education, seven (n=7) had incomplete elementary school, four (n=4) had incomplete high school, fifteen (n=15) had completed high school, one (n=1) had incomplete higher education, and three (n=3) had completed higher education.



challenges in the field of sexuality and Social repercussions and coping strategies adopted by women in the climacteric.

### 3.1 PHYSICAL AND PSYCHOLOGICAL ASPECTS RELATED TO THE CLIMACTERIC

In the interviews, one of the initial questions addressed what the women were experiencing at that moment in their lives. It was noticed that many did not know the term "climacteric", and it was necessary to explain its meaning. In addition, the indistinct use of the words "menopause" and "climacteric" was common. The participants mentioned different symptoms, such as hot flushes, insomnia, fatigue, urinary incontinence and memory lapses, with hot flushes standing out as the most recurrent.

In this scenario, self-esteem is particularly vulnerable, being affected not only by physical transformations, but also by the effects of aging and social constructions linked to femininity and beauty standards. Among the body changes most mentioned by the participants are weight gain, skin dryness and changes in hair, nails and the skin itself. Weight gain was pointed out as the main factor in the reduction of self-esteem, in addition to other changes that, in a unique way, interfere in the perception, sensations and relationship that each woman maintains with her own body during the climacteric.

In addition to all these changes, the climacteric can cause significant emotional impacts, evidenced by reports of sadness, irritability, anxiety, and insecurity. Hormonal changes, added to the demands of adult life and the aging process, favor variations in mood, compromising the well-being and quality of life of these women. The testimonies of the participants on the subject strongly reinforce this reality.

About these manifestations, they expressed themselves as follows:

"Oh, I already feel that heat, a lot of headaches, everything I already feel [...] It's a heat like that, that suddenly hits us, it's really a strong heat, you get in a moment of stress, as soon as you are... well agonized [...] Sometimes it gets in the way because you feel that heat, you can't sleep and it disturbs sleep a lot." **M13**

"The worst: irritability. There are days when I want to hit my husband. It irritates me very easily. So the worst symptom is irritability. [...] My husband says it's freshness. [...] Sometimes I run to the bathroom and there's almost no time [...] Woman when my bladder is full, just by looking at the bathroom the pee already wants to come out. Sometimes I already start doing it in my panties." **M24**

"Yes, I put on weight. I created bucho. The skin became dry. Just today I was thinking "my skin is looking like a map, all dry". [...] Her nails were weak, very weak. It breaks just by me doing it like this (bends the nail). [...] Another thing, I'm breeding hair. Growing a beard. You can braid it. After veil appears every thing. If only we could be forever young, right?" **M4**

We think: when menopause comes, old age arrives, right? And I'm not liking it. And we know we're old, because when we go through, menopause ends, everything happens, right? Everything changes, the skin, everything dries out. Everything, the hair, I don't like. I had big hair, everything everything changes. Even to grow eyebrow hair, do you understand? It's more difficult." **M27**

"[...] It gives a lot of pressure, a lot of sadness, you get depressed. The woman gets very depressed, so the emotional part, you feel like crying. [...] There are certain subjects that you don't want to talk about, because you feel like crying. So it's difficult, menopause is just really feeling it, your head is racing, you don't know what you do." **M28**

"In the climacteric, at the beginning of everything we start with that feeling that we are going to die, feeling unwell and not knowing where we are going, right. He doesn't know if it's climacteric, depression or anxiety. So it was at the very beginning... I cried for nonsense [...] one day you're fine and another day you're bad. You go to the doctor and the doctor tells you: "No, you don't have anything". **M20**

### 3.2 DIFFICULTIES AND CHALLENGES IN THE FIELD OF SEXUALITY

Sex life can be affected in different ways, according to the individual experience of each woman. The hormonal changes typical of the climacteric have a direct influence on female sexuality, resulting, above all, in the reduction of sexual desire and discomfort during intercourse. Such changes have repercussions on marital dynamics, and can bring challenges to the couple's intimacy and satisfaction. In this scenario, the participants' reports show how the transformations of this period directly impact their sex life and their affective bonds.

"I was still in the trenches. Then later, when it ends (menopause), it's over at 50, when menopause is over. Then it decreases. The relationship, even in sensitivity. Touch. Those parts that play, it's not that thing anymore [...] In the beginning. He said that I was already in the fridge (laughs). That the person is "Oh, how do you want it if the woman doesn't want it, the woman is in a fridge." **M27**

"[...] Libido is also gone, you don't feel like having sex. And the husbands don't understand! [...] I wanted to be a more active woman, right? I have always enjoyed dating my husband. But now it's less, and I get a little sad, right. I think "oh, I'm going to lie here with him and I'm not going to do anything?" But it's a thing of life, right? I have to understand, right? Talk a lot. Dialogue, so we don't get bored, because what affects menopause the most is mood and life as a couple. [...] Sometimes, we have sex for the sake of it. And that already bothers me, I don't want to give it because I have to. I want to have sex because I like it." **M29**

"[...] We use a lot of lubricant when we have it, he puts it on, because we can't. The dry relationship doesn't work, you seem to have no pleasure, nothing. Really, it's terrible, menopause brings this kind of thing, especially in sexual intercourse." **M28**

"I don't feel like it (libido). It's all over. I don't feel like it. Before there was." **M6**

"It decreases libido a lot, it does more out of obligation. We don't have the same desire as before. [...] I was already dry before, but with the climacteric it became more so. [...] In the relationship I only have that discomfort, it gets very rigid, right? [...] The partner complains a little, but it's not too much." **M9**

### 3.3 SOCIAL REPERCUSSIONS AND COPING STRATEGIES ADOPTED BY WOMEN IN THE CLIMACTERIC

The climacteric has a relevant impact on women's social life, affecting their family, professional and community relationships. The physical, emotional, and hormonal transformations of this period can cause feelings of inadequacy, isolation, and even difficulties in participating in certain contexts, whether at home, at work, or in broader social interactions.

To face these challenges, each woman adopts her own strategies, among which family support, physical exercise, the use of teas and the experience of spirituality stand out. Such resources play an essential role in the management of this stage of life.

"A lot (laughs). My boys talk. It gets in the way with my children. I don't have patience for anything. Even with my granddaughter. One of these days I fought with her and her little sister said "Wow, I've never seen you talk to her like that". **M3**

"As soon as I started the climacteric, I felt a lot of impatience. A lot indeed. I fought with the boys, with my husband. But after 2 years now, it stabilized. **M9**

"I felt it (vaginal dryness), but at the time I went to the doctor, right? That was a lot. Then he gave me and my husband some ointment, some medicine and solved it." **M6**

"We have a colleague, a friend from the church. Then you can talk and also at the same time, the spiritual part. Through the spiritual part, you can also control yourself, maintain yourself. You talking to God and everything, right?" **M9**

"I also took a lot of home remedies. I take a lot of medicine, like, to get better. The mint, the stove we're on runs out, you know? You may be dying there, then it calms down. That's how I used to take it." **M11**

"Then I'm drinking that blackberry tea. I've been taught several things. Then, after I started drinking tea, thank God, it improved." **M21**

"Look, what I try to do is do a meditation... Because I think that even this issue of past traumas comes to the surface... look for groups, because they can feel lonely." **M29**

## 4 DISCUSSION

We sought to understand the perceptions, emotions and experiences of climacteric women regarding the psychological and physical transformations related to their sexual activity, through qualitative analyses. In general, it was found that this phase exerts a strong

influence and causes significant changes in the lives of women. The discussion of the results was divided into topics: Sociodemographic profile and characterization of the sample, Physical and psychological aspects related to climacteric; Difficulties and challenges in the field of sexuality and Social repercussions and coping strategies adopted by women in the climacteric.

#### 4.1 SOCIODEMOGRAPHIC PROFILE AND CHARACTERIZATION OF THE SAMPLE

The comparative analysis of the sociodemographic profile of the women in this study with that of Silveira *et al.* (2023), conducted in Brasília with six participants, reveals a convergence in the results. In this study, the participants are mostly in the age group between 42 and 65 years. In Silveira *et al.* (2023), this range was from 47 to 66 years, which is also similar to the study by Castilhos *et al.* (2021), in which the majority were between 50 and 59 years of age, as well as in Brown *et al.* (2023), prevailing between 40 and 64 years old. This similarity in age groups confirms the predominance of women of non-reproductive age, in whom hormonal changes become more evident.

In addition, there was similarity between the studies regarding the climacteric phase, with postmenopause being the predominant phase in the study by Silveira *et al.* (2023), as well as in Castilhos *et al.* (2021). On the other hand, in Brown *et al.* (2023), premenopause was the most reported.

In the present study, married and single marital status predominated, indicating a balanced distribution between women with and without marital ties. Divorced, widowed and common-law participants were also identified. When compared to the study by Silveira *et al.* (2023), there is a difference in the profile of the participants, with only married marital status predominating, unlike Castilhos *et al.* (2021), where married and divorced women were the most reported, which can interfere with the way they experience the physical and emotional changes of the period.

In this study, it was observed that most of the interviewees had completed high school, followed by the levels of incomplete elementary school, incomplete high school, complete higher education and incomplete higher education. In comparison, in the study by Silveira *et al.* (2023), higher education predominated, followed by the secondary and basic levels. This difference reflects possible disparities in access to education between the groups studied. The level of education can influence the way the participants understand and relate to health information, interfering in their self-care practices and in the understanding of professional guidelines.

The women in the study by Silveira *et al.* (2023) reported fear of using hormone replacement therapy, mainly due to the fear of developing cancer. Such thinking is corroborated in Hirschberg *et al.* (2025), where participants reported concerns about side effects. On the other hand, in Silveira *et al.* (2023), some opted for treatment due to the intensity of the symptoms and the difficulty of living with them. On the other hand, in the present study, only one participant reported having used hormone therapy, but interrupted the treatment.

#### 4.2 PHYSICAL AND PSYCHOLOGICAL ASPECTS RELATED TO THE CLIMACTERIC

In the present study, the main symptoms were accompanied by feelings of discomfort and loss of well-being. In Silveira *et al.* (2023), women reported similar discomforts, highlighting the presence of hot flashes and also the impact of bodily changes on the perception of femininity. In a study carried out in Rio Grande do Sul involving eight women, symptoms were associated with self-care practices such as the use of teas, exercises, and professional monitoring, which demonstrates a movement of positive resignification of this period (Bisognin *et al.* 2022).

This last finding suggests that the way each woman deals with symptoms is strongly related to the support network available and the way she understands the aging process. While some express acceptance and search for balance, others report feelings of denial and anguish in the face of bodily changes.

Recent studies point out that, during menopause or climacteric, many women report symptoms such as hot flashes, night sweats, insomnia, fatigue, irritability, mood swings, decreased libido, vaginal dryness and dyspareunia. In Brazil, there is a high prevalence of genitourinary symptoms, associated with mood disorders, rheumatological diseases, and poor health perception. Even so, many women describe these transformations as negative and difficult to accept (Brasil, 2025; Lu *et al.*, 2023). Corroborating some findings of this study.

Current research has demonstrated the findings on the prevalence of physical and psychological symptoms during the climacteric. In Mexico, a study of 143 climacteric women revealed that the most frequent symptoms were numbness, tingling, palpitations, insomnia, nervousness, depression, as well as muscle and joint pain (Martínez-Garduño *et al.*, 2022).

In Brazil, Santos *et al.* (2021) identified, among 385 menopausal women, the predominant occurrence of hot flashes, mood swings, irritability, sleep disorders, and dyspareunia. Similarly, more recent studies confirm these findings, highlighting the relationship between vasomotor symptoms, sleep alterations, and negative impact on quality

of life (Lu *et al.*, 2023; Alvarado-Aguilar *et al.*, 2024). These results reiterate that the climacteric represents a phase marked by intense physiological and emotional changes, requiring comprehensive attention to women's health.

The menopause period is characterized by complex physiological and hormonal changes that have a significant impact on women's quality of life, requiring specific care and a comprehensive health approach (León *et al.*, 2021; Fang *et al.*, 2024).

These transformations are often associated with the manifestation of vasomotor, psychological, and genitourinary symptoms, the intensity of which can affect physical, emotional, and social well-being. Recent literature shows that the understanding of menopause and the systematic assessment of the severity of symptoms are essential to support the implementation of care strategies centered on women, focusing on lifestyle changes, health promotion and prevention of chronic diseases (Lu *et al.*, 2023; Alvarado-Aguilar *et al.*, 2024). Such interventions contribute to mitigating the impact of hormonal changes and favoring healthy aging, reinforcing the importance of public policies and clinical practices sensitive to the demands of the climacteric.

In this study, there is evidence of weight gain, skin dryness and aging as elements that interfere with self-esteem, a situation similar to that described by Silveira *et al.* (2023), in which the participants reported a feeling of loss of beauty and vigor resulting from the experience of menopause, also highlighting weight gain. This perception is corroborated by a study involving 16 women in Rio Grande do Sul, where the reports express that, in addition to skin changes, there was a greater propensity to accumulate weight to the detriment of its loss (Curta; Weissheimerb 2020).

#### 4.3 DIFFICULTIES AND CHALLENGES IN THE FIELD OF SEXUALITY

Sexuality stood out as a central theme in this study and presents results that emphasize the decrease in libido, discomfort in relationships and difficulty in dialogue with partners during the climacteric, elements that also appear expressively in Silveira *et al.* (2023). In the latter, the participants associated the loss of sexual desire with a lack of understanding of their partners and insecurities related to aging, demonstrating that these factors influence pleasure and intimacy. On the other hand, in Curta; Weissheimerb (2020), vaginal dryness and atrophy were pointed out as factors that negatively impact libido.

A study conducted in Turkey with 254 participants, including 127 postmenopausal women and their spouses, investigated female sexual function, sexual experiences, and marital adjustment. The results revealed sexual dysfunctions in 91.3% of the women and in 77.2% of their partners, and 74.1% of the women had a low level of marital adjustment

(Yildirim *et al.*, 2023). It was also observed that female sexual dysfunction was strongly associated with decreased relationship quality, also negatively impacting the sexual function of spouses. Similarly, the findings of the present study indicated that climacteric symptoms influence marital relationships, generating difficulties and dissatisfaction in the participants' relationships.

In Bisognin *et al.* (2022), although sexuality was not the main focus, it was mentioned in a complementary way, especially in the relationship between self-perception and well-being.

During climacteric, women face significant social pressure to maintain harmony in marital relationships, and are often seen as primarily responsible for the couple's sexual satisfaction. This expectation can lead to the internalization that decreased sexual interest is a personal problem to be corrected, often through hormonal treatments, even when sexual desire is already reduced (Yildirim *et al.*, 2023; Rafiei *et al.*, 2025).

In addition, a lack of understanding on the part of partners can aggravate the situation, resulting in conflicts and even separations. In the present study, it was observed that some participants reported difficulties in marital relationships associated with climacteric symptoms, corroborating the existing literature on the impact of menopause on marital dynamics.

It is perceived that sexuality goes far beyond the sexual act, constituting itself as a complex aspect of the human experience that involves self-knowledge and the way each woman perceives and values herself. Thus, sexuality is deeply linked to self-esteem and the maintenance of self-esteem, reflecting how much women are capable of recognizing and appreciating their own identity (Nogueira; Pachú, 2021).

However, there are still challenges for the effectiveness of comprehensive care for women's health, especially with regard to the approach to female sexuality. The topic continues to be surrounded by taboos and silences, which hinders dialogue between women and health professionals. Comprehensiveness of care presupposes the recognition of the particularities of each phase of the female life cycle and the sociocultural context in which the needs are produced, ensuring problem-solving and humanized actions (Nogueira; Pachú, 2021).

#### 4.4 SOCIAL REPERCUSSIONS AND COPING STRATEGIES ADOPTED BY WOMEN IN THE CLIMACTERIC

In Silveira *et al.* 2023, it was identified that physiological changes that affect sexuality directly interfere with the marital relationship. Many women reported that their lives change

after the beginning of this phase, as their quality of life is impacted by the symptoms, leading them to feel in a position of inadequacy and lack of understanding on the part of other people. This data corroborates the findings of the present study, which also evidenced the feeling of helplessness of women in their social context, whether in the family, at work or in other living spaces.

In addition, Silveira *et al.* 2023 highlight that the experience of the climacteric results in a decrease in self-esteem, which reinforces the feeling of inadequacy and aging. This perception affects social life in a culture that exalts youth, contributing to women no longer perceiving themselves as someone capable of arousing desire or interest in the other, which generates repercussions in sexual life and in the marital relationship.

In Santos *et al.* 2022, it is observed that the lack of understanding of themselves makes climacteric women feel that they are experiencing something unknown, which is associated with the lack of family support and the difficulty of accepting and overcoming this phase of life. In the present study, this reality was also confirmed, as the participants reported feeling not understood by their family members.

In addition to the marital relationship, Santos *et al.* 2022 also shows that the separation from children during this period is a social consequence, an aspect also observed in this research, as the interviewees expressed feelings of irritability and lack of understanding on the part of their children.

In the present study, women reported facing symptoms with resilience and herbal medicines such as blackberry tea. Bisognin *et al.* (2022) emphasized the use of natural practices and popular knowledge as allies in health care. On the other hand, Curta; Weissheimerb (2020) identified the practice of physical exercise as an effective strategy for attenuating climacteric symptoms. These findings represent a wake-up call for health care providers. The clinical approach should not be limited to the prescription of pharmacological treatments, but should actively dialogue with the strategies that women already use. This implies asking about their support network, valuing their knowledge about natural practices and reinforcing the benefits of practices such as physical exercise, acting as a partner in the care plan built by the woman herself.

A randomized clinical trial carried out in China, involving 78 women in the climacteric phase, evaluated the effects of interventions based on personalized diets and physical exercises, applied in isolation and in combination in three distinct groups. The results showed statistically significant reductions in climacteric symptoms after the interventions, with significant improvement in insomnia, sexual disorders, hot flushes, sweating, irritability, depression, fatigue, palpitations, as well as muscle and joint pain. The group that received

the combination of diet and exercise showed the greatest improvements, indicating that integrated approaches enhance clinical benefits in the management of climacteric symptoms (Hao *et al.*, 2022; Chen *et al.*, 2023; Wang *et al.*, 2024). Differently from what was observed in this study, only one woman reported a change in eating habits and physical activity, which resulted in improvement of symptoms.

Currently, different therapeutic approaches have been studied for the management of climacteric signs and symptoms, especially in the treatment of vulvovaginal atrophy, a condition often associated with genitourinary syndrome of menopause. Recent evidence indicates that the use of technologies such as fractional CO<sub>2</sub> laser, fractional microablative radiofrequency, and non-ablative intravaginal radiofrequency presents promising results in tissue regeneration, improved lubrication, and increased sexual function (Lauterbach *et al.*, 2022; Garcia *et al.*, 2022; Sarmiento *et al.*, 2023; Pereira *et al.*, 2024).

In addition, the use of non-hormonal moisturizing vulvovaginal creams has been shown to be effective in reducing dryness and local discomfort, representing a safe alternative for women (Fang *et al.*, 2024). In the present study, it was observed that two participants reported the use of hormonal vaginal cream, reporting significant improvement in vaginal symptoms after its use.

It is widely recognized that lifestyle during the climacteric exerts a determining influence on women's health and well-being, being mediated by motivational, behavioral, and sociocultural factors that directly impact decision-making regarding self-care (Martínez-Garduño *et al.*, 2022; Lu *et al.*, 2023). The adoption of unhealthy habits, such as a sedentary lifestyle, inadequate diet, and excessive consumption of alcohol or tobacco, is an important risk factor, enhancing the repercussions of estrogen deficiency and increasing the incidence of cardiovascular, osteometabolic, and muscular diseases (Alvarado-Aguilar *et al.*, 2024; Fang *et al.*, 2024).

Thus, the implementation of a more balanced lifestyle, which involves regular physical activity, healthy eating and adequate stress management, is an essential strategy to mitigate the effects of the climacteric and promote active and healthy aging. In the present study, it was observed that one participant reported having adopted self-care measures aimed at improving her lifestyle habits, which contributed to the perception of well-being and symptom control.

In Silveira *et al.* (2023), pointed out the need for public policies and greater preparation of health professionals to offer information and adequate care to climacteric women. This reinforces that the care of women in this phase must be integral and continuous, encompassing physical, emotional and sociocultural dimensions. The nurse's work is

essential in this process, especially through educational actions, support groups and listening spaces that value the unique experience of each woman.

#### 4.5 STUDY LIMITATIONS

The limitations of this study were mainly due to the restricted geographic area, since the research was carried out in only one Basic Health Unit in the Federal District, which may not represent the reality of other locations. In addition, the approach to intimate topics, such as sexuality, presented challenges during data collection, as it was possible to observe a certain embarrassment on the part of some women when dealing with these issues, which may have led to the omission of information.

#### 4.6 CONTRIBUTIONS TO PRACTICE

This study contributes significantly to nursing practice by enabling a broader understanding of women's perceptions regarding the climacteric and its repercussions on sexual activity. The results show the need for more sensitive, humanized care based on qualified listening, considering the physical, emotional and social particularities experienced in this phase.

Based on the perceptions identified, it becomes evident the importance of nurses acting in an educational and empathetic way, promoting spaces for dialogue that favor the reception and exchange of experiences, in addition to providing adequate guidance on the symptoms and body changes of the climacteric. Valuing the symptoms reported by women is essential for care to be individualized and effective, since each experience is unique and reflects multiple aspects of physical and emotional health.

In addition, the study offers subsidies for the development of health education strategies focused on the theme, and can help Primary Health Care professionals to deal with issues related to female sexuality and the climacteric in an appropriate way. Thus, the results presented contribute to the improvement of the quality of care, reinforcing the role of nursing as an agent of promotion of women's integral health.

### 5 CONCLUSION

This study achieved its objectives as it investigated women's perceptions of the signs and symptoms of climacteric associated with their sexual activity. Through the qualitative approach, putting into practice the attentive listening of the participants' experiences, it was possible to verify that this phase is experienced in an expressive and complex way, with profound repercussions on the quality of life. The narratives revealed the participants'

suffering in the face of intense bodily, psychological and social changes, which directly impact the perception of themselves and their relationships.

The findings showed that physical symptoms, such as hot flushes and vaginal dryness, and emotional symptoms, such as irritability and sadness, are intertwined and strongly affect sex life. Decreased libido was often associated with discomfort during intercourse and difficulty in dialoguing with partners, which generates feelings of obligation and frustration.

This research was an instrument that can give voice to women, explaining the need for a more sensitive and comprehensive approach in Primary Health Care. The results reinforce the importance of creating spaces for reception and qualified listening that allow women to express their doubts and anxieties during the climacteric period, especially with regard to sexuality, a topic still surrounded by taboos. Thus, the study offers subsidies for the practice of nursing and other professions in the health area to be more humanized and effective, promoting a better quality of life in this transition phase.

The results of this study revealed aspects of the climacteric that deserve greater understanding, considering the impacts that this phase has on health. It is suggested that further research be carried out on the subject, with the aim of expanding knowledge and giving greater visibility to this group, which requires safe, qualified and specialized care.

In addition, the findings contribute to the understanding of the psychological and physical aspects and the effects that climacteric changes have on sexual activity and quality of life of women, according to the perception of the participants. These findings offer subsidies both for the women themselves and for the clinical practice of health professionals and public policy makers, favoring the improvement of comprehensive female health care during the climacteric.

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