Original paper

Revista de Enfermagem do Centro-Oeste Mineiro
2025; 15/5557
www.ufsj.edu.br/recom

RECOM
Revista de Enfermagem
do Centro-Oeste Mineiro

Promoting Women's Health During Menopause: Primary Care Nurses' Perceptions

Promoção da saúde da mulher no climatério: percepção de enfermeiros da atenção primária

Promoción de la salud de la mujer durante el climaterio: percepción de enfermeros de atención primaria

ABSTRACT

Objective: To explore the actions undertaken by primary care nurses to promote women's health during menopause. **Method:** This descriptive qualitative study was conducted through interviews with 12 primary care nurses in the municipality of Foz do Iguaçu, Brazil. Data were examined using content analysis. **Results:** Three categories emerged: (dis)organization of healthcare for women during menopause, individual actions directed at menopausal women, and nurses' perceptions and suggestions for improving care. Participants highlighted weaknesses in care, including the absence of specific strategies and protocols, the need to reorganize work processes, and the necessity of changes in health practices. **Conclusion:** the identified vulnerabilities were attributed to insufficient training, professional overload, and the lack of systematic actions such as early detection, active case-finding, and the establishment of educational groups. The findings underscore the importance of reorganizing care strategies for women in menopause.
Keywords: Menopause; Nursing; Women's Health.

RESUMO

Objetivo: Compreender as ações desenvolvidas por enfermeiros da atenção primária para a promoção da saúde da mulher no climatério. **Método:** Pesquisa descritiva-qualitativa realizada por meio de entrevistas com 12 enfermeiros atuantes na atenção primária do município de Foz do Iguaçu, Brasil. Os dados foram analisados pela Análise de Conteúdo. **Resultados:** Emergiram as seguintes categorias: (des)organização da assistência à saúde da mulher no climatério; ações individuais para a assistência à mulher climatérica; e percepções e sugestões sobre a atenção à mulher climatérica. Os enfermeiros narraram as fragilidades da assistência, ausência de estratégias e protocolos específicos, necessidade de organização do processo de trabalho e mudanças nas práticas em saúde. **Considerações finais:** As vulnerabilidades foram justificadas pela falta de capacitações, sobrecarga dos profissionais, necessidade de captação precoce, busca ativa e criação de grupos educativos. Recomenda-se a reorganização das estratégias para assistência à mulher no climatério.
Descritores: Climatério; Enfermagem; Saúde da mulher.

RESUMEN

Objetivo: Comprender las acciones de enfermeros de atención primaria para promover la salud de la mujer en el climaterio. **Método:** Investigación descriptiva y cualitativa mediante entrevistas con 12 enfermeros de atención primaria en Foz de Iguaçu, Brasil. Los datos se analizaron con Análisis de Contenido. **Resultados:** Surgieron las siguientes categorías: (Des)organización de la atención a la salud en el climaterio; Acciones individuales para la atención a la mujer climatérica; y Percepciones y sugerencias sobre esta atención. Los enfermeros destacaron debilidades, ausencia de estrategias y protocolos, necesidad de organizar el proceso de trabajo y cambios en las prácticas de salud. **Conclusión:** Las vulnerabilidades se deben a la falta de capacitación, sobrecarga de profesionales, necesidad de captación precoz, búsqueda activa y grupos educativos. Se recomienda reorganizar estrategias para la atención a la mujer en el climaterio.
Descriptores: Climaterio; Enfermería; Salud de la mujer.

Maria Carolina Fernandes Nodari[1]
0000-0002-0341-0983

Fernando Cezar-dos-Santos[2]
0000-0002-5274-5165

Helder Ferreira[1]
0000-0003-0715-8057

Adriana Zilly[1]
0000-0002-8714-8205

Andrea Ferreira Ouchi França[1]
0000-0002-0024-6428

[1]Universidade Estadual do Oeste do Paraná - Foz do Iguaçu, Paraná, Brasil

[2]Universidade Federal da Integração Latino-Americana - Foz do Iguaçu, Paraná, Brasil

Corresponding author:
Fernando Cezar-dos-Santos
fernando.cezar@unila.edu.br

INTRODUCTION

Over the course of life, the female body undergoes significant transformations, including physiological and physical changes. Menarche, which occurs at puberty, marks the beginning of reproductive capacity. From approximately 40 years of age, women enter the climacteric phase, which culminates in menopause and signals the end of the reproductive period[1].

According to the World Health Organization (WHO), menopause is a natural stage in a woman's biological development, representing the transition from reproductive to non-reproductive life, usually occurring between the ages of 45 and 65[2]. It is defined as the final menstrual period, confirmed after 12 consecutive months of amenorrhea, and serves as the main marker of this transition. Menopause is not a disease, but rather a life stage characterized by physiological and physical changes that signal the end of female fertility[3].

Menopause is associated with a set of signs and symptoms, often referred to as "menopause syndrome," which are influenced by sociocultural, psychological, and physical factors[4]. A study conducted in southern Brazil with 205 women identified the most frequent changes as weight gain, insomnia, fatigue, irritability, hot and cold flashes, emotional lability, vaginal dryness, and reduced sexual desire[5].

According to the Brazilian Institute of Geography and Statistics (IBGE), women represent the majority (69.9%) of users of Primary Health Care (APS) services[6]. With the increase in female life expectancy (79 years) [7], it is estimated that women will spend nearly half of their lives experiencing the effects of menopause and, consequently, will rely on APS to maintain quality of life during this period. In this context, the multidisciplinary team—particularly nurses, given their close contact with users—plays a central role in health promotion and disease prevention, fostering relationships, providing guidance, and ensuring continuity of care.

A study conducted in a municipality in the interior of São Paulo found that women often perceived the information provided during medical consultations as unclear, leaving them with unanswered questions about a phase that is rarely discussed. The study also emphasized the important role of nurses in promoting health and preventing problems by actively listening during consultations, helping women understand this stage of life and encouraging self-care and the maintenance of life quality[8].

Furthermore, nursing professionals must adopt a holistic perspective of the patient, recognizing that human beings have diverse biopsychosocial needs. When addressing the climacteric period and its associated symptoms and changes, nurses should consider not only the physical and physiological aspects but also the psychological dimension, which is often impacted by the transformations occurring at this stage of life and may generate insecurity in women. In addition, hormonal dysfunction can give rise to psychiatric conditions such as depression and anxiety[5].

Therefore, the involvement of a multidisciplinary team is essential in promoting health through education, integrating teaching, guidance, and counseling with the aim of improving the quality of life of menopausal women. Within this context, it is particularly important that nurses and the wider team engage the family in the care

process, since the inclusion of this support network can significantly influence how women experience this new stage of life and adapt to the changes it entails[9].

A review study conducted by Brazilian researchers revealed that, although the National Policy for Women's Health Care has the potential to provide quality services with a holistic approach, significant challenges remain. These include the vulnerabilities of this population, limited access to information, low awareness among women regarding their rights, and insufficient training of health professionals to adequately meet their needs[1].

Based on the above, the following research questions were formulated: How do nurses perceive healthcare for women during menopause? What strategies and actions do they implement in their daily practice to promote the health of women in this stage of life? Accordingly, the objective of this study was to examine the perceptions and actions of primary care nurses in promoting the health of women during menopause.

METHODS

A descriptive qualitative study was conducted in the municipality of Foz do Iguaçu, located in southern Brazil. The city has an estimated population of 285,415 inhabitants (IBGE, 2022) and is part of the tri-border region shared with Ciudad del Este (Paraguay) and Puerto Iguazú (Argentina).

The local healthcare system includes 29 Basic Health Units (UBS), distributed across five health regions, in addition to two Emergency Care Units (UPA) and two hospitals, all of which provide services through the Unified Health System (SUS).

Data collection took place between May and August 2023 and involved 12 nurses working in primary healthcare services.

The inclusion criteria for participant selection were: being a nurse, working in the municipality where the research was conducted, and having at least six months of experience in primary healthcare. The exclusion criteria included professionals who were on vacation, on sick leave, or on medical leave during the data collection period.

Data were collected through interviews conducted by a fifth-year nursing student from a public educational institution. The interviews were guided by a semi-structured script of questions developed by the lead researcher, who has expertise in women's health. To refine and validate the script, two preliminary interviews were carried out. No modifications were deemed necessary, and these interviews were subsequently incorporated into the study sample, while also serving to train the interviewer.

Participants were intentionally and purposefully selected, meaning that the researchers deliberately chose them according to the predefined inclusion criteria. Initial contact was established at the Basic Health Units (BHUs) where the nurses worked, ensuring the involvement of professionals actively engaged in service provision. To guarantee geographical diversity and broader representation of the different realities across the municipality, at least two units were selected from each of its five health regions.

All participants were informed about the objectives of the study and the procedures involved. Those who agreed to participate received the Free and Informed Consent Form (TCLE), which was read and

signed in duplicate by both the researcher and the participant. The interviews were then conducted, audio-recorded with prior authorization, and later fully transcribed. Participants were offered the opportunity to review and approve their transcripts; however, all declined this stage of validation.

The interviews were concluded when the data reached a point of saturation, generating constructs that allowed the grouping of insights, the deepening of understanding of the studied themes, and the formulation of answers to the initial research questions.

No software was employed to organize the interview data. The construction of thematic categories followed the Content Analysis method, which comprises three stages: pre-analysis, material exploration, and treatment of results—including inference and interpretation[11].

The interviews lasted an average of 20 minutes and were conducted in the nurses' offices at the UBS. Most were not scheduled in advance but instead took place according to the professionals' daily availability.

The study was approved by the Research Ethics Committee (CEP) and conducted in accordance with Resolution No. 466/2012 of the National Health Council, which regulates research involving human subjects in Brazil. To ensure participant anonymity, each nurse was identified by the abbreviation "EP" (Enfermeira Participante — "Participating Nurse") followed by the sequential number of the interview; for example, EP1 (Participating Nurse 1), EP2 (Participating Nurse 2), and so forth.

RESULTS

All participants were women, with a mean age of 35.7 years. Most were married or in stable unions and had specialization and/or postgraduate (master's) degrees, although none possessed training specifically in women's health.

From the analysis, three thematic categories were identified: (1) the organization of care practices in primary healthcare; (2) the persistence of predominantly individual approaches; and (3) nurses' perceptions of this significant stage in women's lives.

(Dis)organization of healthcare for women in menopause

Healthcare for women in menopause within primary care services was described as inadequate, given the absence of specific programs or protocols directed toward this population. Nurses reported that opportunities for care generally emerged through initiatives aimed at other conditions, such as the program for hypertensive and diabetic patients (Hiperdia):

"There is the Hiperdia group, which is for diabetics and hypertensive patients, but it is not focused on women in menopause" (EP9).

"Currently, a health promotion group has been created with the team of psychology residents, but it is not specific to menopause. There is no specific group" (EP11).

The testimonies revealed a lack of focus on health actions specifically related to women's health during the menopausal period, leading many women to seek care spontaneously to clarify their doubts. The most common reasons for seeking care included cervical cancer screening, mammography, and gynecological or clinical complaints. According to the

reports, symptoms associated with menopause also motivated women to attend the health centers:

"Spontaneous demand [...] at the moment, it is only spontaneous demand, only the patient's search at the center" (EP4).

"Look, they come with many symptoms related to the signs we know from menopause. They come complaining of hot flashes, delayed menstruation; I see many patients who report breast pain, breast lumps, and they come worried about that [...]. They complain a lot. So, concerning this stage of life, they express concern about these changes they perceive as being related to the climacteric and menopause" (EP2).

There are many complaints related to menopause, such as excessive hot flashes, lack of libido, hair loss, fatigue, and menstrual irregularities. Many people come in for preventive care. We also perform routine personal exams. There are many women with hypertension and diabetes, and we monitor them (EP9).

Therefore, it was possible to understand that women seek nurses in APS to report complaints and clarify doubts regarding this stage; however, as menopause and its consequences are not the central focus of care, this population is, in a way, underserved.

As an obstacle to the effectiveness of care for the population, nurses reported that teams are incomplete, leading to weaknesses in care for the most vulnerable segments, such as women in menopause, given that the lack of Community Health Agents (ACSs) hinders active search, as shown in the following report:

Generally, they come in for routine exams and all the rest; they come in for routine follow-ups and end up, whether they want to or not, also dealing with issues related to climacteric and menopause; and since we are short-staffed, we are unable to conduct a very effective active search here at the unit, unfortunately. So, most patients come in on their own initiative (EP2).

In addition to the shortage of professionals, participants reported an overload of nurses' responsibilities in primary healthcare, which has limited their practice mainly to routine procedures, leaving little room for the planning of health promotion and prevention actions.

Women come only for preventive care, and during the exam they present their complaints. They do not make an appointment because of the complaint; they usually come with preventive care already scheduled and then comment on it. There is no recruitment (EP1).

It is only on demand; we do not have a complete team to actively search for these women, so we only do what is necessary because we have few community health workers (EP3).

Currently, we are so overloaded that there is no time left for health promotion or prevention (EP11).

Individual actions to assist menopausal women

About specific actions aimed at women in menopause, participants reported that there were no exclusive initiatives, except for occasional and individual actions, such as "Pink October," as described in the following statements:

Look, generally the campaign we talk about the most is Pink October, since it is the one that most addresses women's health in general. [...] So, the campaign I know that focuses most on the female body is

always Pink October (EP2).

There is nothing specific for women, no campaign (EP9).

Even in the absence of planned and more comprehensive actions, participants expressed their acceptance, conduct, guidance, and referrals to women experiencing menopause:

There is nursing care, attentive listening, scheduling of preventive services, medical consultations, and, when necessary, referrals to psychological care (EP11).

[...] most women eventually seek a gynecologist because they require hormone replacement therapy, which is not usually initiated by general practitioners (EP3).

That is how it works [...] we refer them to the gynecologist to assess the need for hormone replacement therapy (EP4).

With respect to guidance and referrals, nurses highlighted the importance of mammograms and cervical cancer screenings, regular physical activity, the use of natural products to alleviate related symptoms, and adequate nutrition. In addition, they refer patients to other professionals concerning their specific complaints and needs.

When patients have additional questions or request more specific tests—some even ask for an ultrasound due to a past condition that is not being monitored—I usually talk with them to assess whether they have any current complaints. If possible, I schedule the procedure for the same day; otherwise, I arrange an appointment and refer them to their family physician, who may, if deemed necessary, refer them to a gynecologist (EP6).

What we may do is provide health education and guidance during the nursing consultation, particularly at the time of collecting the preventive test (EP11).

There were also reports of recommendations to use herbal medicines known to alleviate symptoms, as well as suggestions to change habits before referring patients to a doctor.

Generally, I recommend using natural products first. For instance, regarding vaginal dryness, I suggest they apply coconut oil, evening primrose oil, or white mulberry extract. If there is no improvement, I then advise consulting the family physician to investigate the condition and determine whether hormone replacement therapy is appropriate, should the patient wish it. My initial guidance, however, always emphasizes natural measures, along with physical activity and healthy eating, which I consider the best general recommendations (EP7).

Perceptions and suggestions regarding care for menopausal women

The nurses reported their perceptions of the services offered at health centers for women in menopause. Some mentioned that the service is technically successful for they offer exams, consultations, and follow-up. Nonetheless, they acknowledge that there are weaknesses, especially in active screening related to the lack of human resources:

I think that, in general, the service works [...] women can get tests done, schedule appointments, and receive follow-up care... but there is a lack of active outreach. We don't have enough human resources to stay on top of things, to be constantly following up [...] so we are unable to reach the intended public, a good deal of women more broadly [...] Most of the time, if the patient seeks us out, we can help her, but if she does not, it usually becomes

more difficult (EP1).

Some participants identified that the service is not effective, considering that there is excessive demand for consultations at health centers, creating barriers to the organization of other activities, as well as a lack of women's groups for guidance and information regarding menopause:

I think the service is average, in my opinion. Here, we still can't provide family healthcare as we should, with educational groups and similar activities. The demand for consultations is very high [...] so we are still unable to organize those activities for different age groups. There could be more initiatives directed at women in this stage of life to address their questions [...] So, I think the service is not good, just average, because we still have a lot to improve in this area (EP6).

Another aspect mentioned was that the service needs to improve its work processes to better serve the population in general, but especially menopausal women who do not benefit from any specific measures:

Honestly, we don't provide a specific service for women in menopause... that's the truth, we can't deny it. What we do is offer individual guidance when women come to us spontaneously... we are not yet able to actively reach out to them. It would be a good idea, in fact, but we have never managed to implement it, and we've never really thought about it. Thus, there are no specific services but only individual counseling (EP12).

Regarding suggestions, the need for changes to improve healthcare for menopausal women was highlighted, based on active screening, as well as the creation of health education groups to provide guidance and information on the signs and symptoms of menopause:

I believe it is an active search, and through this active search, we can organize a group of women in this age group to share information and carry out activities. Many experience symptoms without knowing what they mean. [...] I always provide guidance on what to do, such as how to improve vaginal dryness. Nowadays, however, I think it is mainly a matter of opening a discussion group to clarify these symptoms and possible approaches (EP4).

One participant highlighted the need to provide training for all professionals working in primary health care (PHC):

I think there should be more training in this age group, which is not yet widely discussed. I have been working at City Hall for 12 years, and I don't recall having any specific training. Although I think it would be interesting to have more training and organize activities for this group (EP6).

The importance of having good coverage of the area was also recognized, as well as the resources needed to make this happen, in addition to the correct use of the APS unit by the population, as can be seen in the following report:

Nowadays, with the high demand for care, there is no time left for prevention and health promotion in groups and discussion circles. The changes would be when management allowed us to work without feeling like we were in an emergency care unit. And to better define our territory (EP1).

DISCUSSION

The findings highlight significant gaps in healthcare for menopausal women, particularly the lack of specific stra-

tegies and protocols tailored to this population. They also emphasize the urgent need to restructure work processes to implement effective changes in healthcare practices. Such changes are essential to ensure comprehensive and continuous care for women during this stage of life.

A nationwide study conducted across Brazil's five regions revealed that women represent most users in APS services (77.7%), with an average age of 49.3 years—corresponding to the climacteric period. The study further underscores the importance of nursing consultations that prioritize welcoming, active listening, and the establishment of a therapeutic bond. This approach facilitates person-centered care, shifting the focus from disease-centered management to a holistic view of the individual[12].

Therefore, it is essential for nurses, as integral members of the multidisciplinary team, to implement both individual and collective evidence-based actions, offering timely information and guidance to this population. These actions should include the development of a personalized and comprehensive care plan that incorporates clinical, gynecological, and anthropometric assessments. Equally important is the creation of a receptive environment for meetings, roundtable discussions, and interviews, which encourages women to share their feelings, emotions, and experiences, while also fostering strategies to cope with this transitional stage that influences family and social dynamics. Through such practices, healthcare professionals empower women to take greater responsibility for their own health, positioning them as multipliers of knowledge and agents of social innovation[13].

The Hiperdia Program, identified in this study as a potential opportunity to educate women about the changes associated with menopause, functions as a prevention and health promotion strategy within primary healthcare. Although its primary focus is monitoring and managing individuals with systemic arterial hypertension (SAH) and diabetes mellitus (DM), the program's broader objective is to improve quality of life and prevent complications across the general population. Consequently, it is not specifically designed to address the health needs of menopausal women[14].

These women seek health services spontaneously and voluntarily, motivated by the need for tests and in response to signs and symptoms related to menopause. In providing health care to menopausal women in PHC, the multidisciplinary team needs to work together, providing detailed guidance on the changes that occur during this phase. To this end, it is essential to develop and implement protocols and programs that promote health education, which is fundamental for women's self-care and autonomy[15].

A study conducted in a capital city in southern Brazil identified the main complaints among menopausal women as hot flashes (popularly known as "calorão"), insomnia, irritability, decreased libido, depression, sadness, indecisiveness, memory impairment, vaginal dryness, and weight gain.[16].These symptoms often prompted participants to suspect they were experiencing menopause and to seek healthcare services for clarification and a better understanding of the changes they faced.[16] Accordingly, health professionals must be prepared to recognize and manage these symptoms, supporting women in navigating this transition in the best pos-

sible way.

Concerning actions developed for women's health, the participants' reports focused only on Pink October, a date when women of various ages seek APS services to undergo cytopathological examinations (Pap smears), breast examinations, and mammogram appointments, when necessary. Thus, during this period, it is fundamental that menopausal women visit a health center.

The movement Pink October has a significant media presence in Brazil. Originating as an international movement in the 20th century, its purpose is to promote awareness, prevention, and early diagnosis of breast cancer. Within this context, primary healthcare services conduct a great deal of initiatives to disseminate information and offer screening tests. These actions include inviting women of different age groups to participate in preventive care, such as Pap smears, breast self-examinations, clinical breast examinations, and mammography—procedures in which menopausal women are particularly engaged[17].

Although no specific actions are directed toward the healthcare of menopausal women, nurses recognized reception ("acolhimento") as a valuable opportunity to strengthen bonds and promote care. Within PHC, reception has emerged as a central strategy for reorganizing services and enhancing health systems. By fostering trust between users and professionals, enabling active listening to real needs, and expanding access to comprehensive and humanized care, it contributes to more effective service delivery. Reception is a guiding principle of the Unified Health System (SUS) and a cornerstone of the National Humanization Policy (PNH). Its practice must therefore rest on the commitment and competence of healthcare professionals—especially nurses—to move beyond technical procedures and provide qualified, person-centered care to all who seek it[18].

This study identified high workload and reduced staffing as key factors hindering the implementation of planned actions for menopause care, particularly regarding the active search for and early detection of women in this stage. As a result, the changes and complaints experienced during this period were not addressed comprehensively, leaving many women with unanswered questions. Similar findings were reported in a study with nurses working in APS in Pernambuco, which also highlighted fragmented, discontinuous, and inadequate care that fails to meet the specific needs of menopausal women[19].

Early detection plays a critical role in health promotion and disease prevention. Given its centrality to primary care, it is fundamental to invest in structured processes and action plans that specifically address the transition from the reproductive to the non-reproductive phase. These initiatives are necessary to identify and manage the risks and vulnerabilities faced by women during this period, particularly those related to chronic diseases, hormonal changes, and neoplasms[19].

Community Health Agents (CHAs) are a bridge between the population and the healthcare team. Through active search strategies, particularly home visits, they can contribute directly to early detection efforts. These visits also represent a unique opportunity to provide guidance and implement health promotion actions within the family environment itself[20].

In primary health care, gynecological consultations—during which material is collected for cytopathological examination—should be regarded as an opportunity to develop individualized care plans, including guidance on prevention, control, and treatment of health problems. Such consultations provide a favorable context for nurses to align their practices and strengthen therapeutic bonds, structuring the care process around the physical and emotional needs of patients. In this way, nursing practice can serve as a transformative element in women's lives[21].

In this sense, nurses, as professionals trained in promotion and prevention, should develop strategies to serve the population, considering the particularities of each age group and the complications that affect women in general, not only focusing on gynecological problems, but starting from a multidimensional and non-reductionist perspective[21].

Furthermore, concerning the medical practices discussed here, hormone replacement therapy (HRT) is a potential approach for managing climacteric symptoms. It is indicated in cases of vasomotor symptoms, genitourinary syndrome of menopause, prevention of bone loss, and premature menopause. However, HRT also carries potential risks, including deep vein thrombosis, breast cancer, and endometrial cancer, which must be carefully considered, requiring clear medical indication, along with an individualized risk assessment and benefits, continuous monitoring of treatment progress, and appropriate supervision to minimize harm[22].

A study conducted in a municipality in the state of São Paulo on the quality of life of menopausal women found a direct interrelationship among physical, emotional, social, and environmental dimensions. Consequently, when one of these dimensions is compromised, it may negatively affect the others, underscoring the need for balance across all aspects to ensure overall quality of life[23].

Promoting quality of life during menopause requires the support of both family and health professionals, as women who feel welcomed and cared for are less likely to experience mental disorders and low self-esteem, conditions frequently associated with this stage of life. In addition, engaging in physical activity, maintaining a balanced diet, and adopting healthy lifestyle habits—such as reducing caffeine intake, smoking, and alcohol consumption—are essential strategies for preventing metabolic syndrome, obesity, and cardiovascular diseases, all of which are linked to hypoestrogenism[9].

The physical changes associated with menopause can also affect sexuality, contributing to physical and psychological insecurity as well as variations in sexual desire. Sexual health, in turn, has a significant influence on women's daily lives, particularly given the decline in ovarian hormone production. Complaints of pain or discomfort during sexual intercourse—often resulting from reduced vaginal lubrication—should therefore be taken seriously, as they may negatively impact quality of life. In such cases, timely intervention by the health care team is essential, including recommendations for the use of vaginal lubricants and the promotion of partner support, complicity, and affection[23].

Another important aspect to consider during menopause is bone loss, which affects millions of women worldwide and leads to an increased incidence of fractures and osteoarticular diseases. These

problems cause chronic pain, resulting in the continuous use of medication to prevent disabilities that can even prevent women from performing simple daily tasks. A balanced diet rich in calcium and vitamin D, besides regular physical exercise for muscle strengthening, relaxation, leisure, and socialization, can contribute in a preventive and favorable way[9].

In addition to physical factors, the psychological ones also interfere with the quality of life of menopausal women. The onset of depression and mood swings, which are common during this period, can be explained by fluctuations in serum estrogen levels during the menopausal transition. In this regard, the support and ongoing care provided by the multidisciplinary APS team can prevent changes and, above all, mitigate challenging situations, obstacles, and vulnerabilities experienced by women[23].

Likewise, the Ministry of Health also recognizes the importance of treatment for menopausal women based on natural medicine and Integrative and Complementary Health Practices (PICS). These practices represent effective strategies with low side effects for treating menopausal symptoms[3].

Concerning health professionals' knowledge of menopause, a study conducted in Chile revealed that most reported having received little or no training on the subject. Although they shared their perceptions, they also criticized the role of institutions, health programs, and professional training in providing comprehensive care for women. The participants emphasized that current health policies, workplace constraints, and, above all, insufficient training generate significant gaps and limit the quality of care available to menopausal women[24]. These concerns were reflected in the suggestions put forward during the study.

Another study conducted in Mexico City, which implemented two months of educational interventions for menopausal women, reported benefits related to self-care, increased knowledge about the condition, and improved decision-making regarding behavioral changes. These findings highlight the importance of targeted educational actions on menopause as a means of promoting health, well-being, and comprehensive care for women during this stage of life[25].

Health promotion activities are therefore of great importance, particularly in ensuring that this population segment has access to adequate information. A study conducted by Brazilian researchers demonstrated that workshops, as a tool for health education, are essential in enabling women to take care of their own health. The findings reinforce the relevance of nurses' role as educators, since the creation of specific groups encourages adherence, facilitates health guidance, promotes active listening, and fosters acceptance—all of which contribute to reducing negative experiences and feelings associated with the climacteric phase[19].

Finally, although menopause is recognized as a natural process of the female body, it can act as a stressor for women and negatively affect their quality of life, thereby requiring interventions from nurses and other professionals within the multidisciplinary team. A limitation of this study was that interviews were conducted exclusively with nurses; including other members of the multidisciplinary team would have provided a broader understanding of their roles, competencies, and

challenges in implementing the Health Care Network for menopausal women.

FINAL CONSIDERATIONS

This study highlighted the fragility of healthcare for menopausal women in the primary health care network, emphasizing the lack of health promotion and disease prevention initiatives for this group. The weaknesses reported are justified by the lack of focus on training and the overload of APS professionals.

The perceptions of health care professionals highlight the urgent need for changes in care practices, including the early detection of menopausal women, with active outreach, and the establishment of educational groups. To support the implementation of these practices, the study participants emphasized the importance of strengthening recruitment strategies to adequately address the needs of this population, as well as improving working conditions—particularly in relation to ensuring sufficient territorial coverage by health care teams.

It is recommended that strategies for supporting menopausal women in APS be reorganized through the development of targeted programs, coordinated actions, and sufficient investment to ensure comprehensive, high-quality care during this critical stage of women's lives. Accordingly, this study may serve as a foundation for future research on menopause, guiding nurses in APS to deliver holistic and qualified care to women experiencing this phase.

REFERENCES

1. Costa RC, Gonçalves JR. O direito à saúde, à efetividade do serviço e à qualidade no acesso às políticas públicas de atenção à saúde da mulher. Rev JRG Estud Acadm. 2019;2(4):119-42. DOI: https://doi.org/10.5281/zenodo.4458722.

2. Organização Mundial de Saúde (OMS). Investigação sobre a menopausa nos anos noventa [Internet]. Genebra: OMS; 1996. Disponível em: https://iris.who.int/handle/10665/41841.

3. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Política nacional de atenção integral à saúde da mulher: princípios e diretrizes [Internet]. Brasília: Ministério da Saúde; 2004. Disponível em: https://www.gov.br/mdh/pt-br/navegue-por-temas/politicas-para-mulheres/arquivo/central-de-conteudos/publicacoes/publicacoes/2015/pnaism_pnpm-versaoweb.pdf.

4. Baccaro LFC, Paiva LHSC, Nasser EJ, Valadares ALR, Silva CR, Nahas EAP, et al. Initial evaluation in the climacteric. Rev Bras Ginecol Obstet. 2022;44(5):548-56. DOI: https://doi.org/10.1055/s-0042-1750282.

5. Silva IM, Santos AMOV, Burg MR, Martins, MIM. A percepção de mulheres a respeito dos sinais e sintomas do climatério/menopausa e a sua relação com a qualidade de vida. Res Soc Dev. 2022;11(4):e38811427374. DOI: http://dx.doi.org/10.33448/rsd-v11i4.27374.

6. Instituto Brasileiro de Geografia e Estatística (BR). Projeção da população do Brasil e unidades da federação por sexo e idade para o período 2010-2060 [Internet]. Revisão 2019. Disponível em: https://www.ibge.gov.br/estatisticas/sociais/populacao/9109-projecao-da-populacao.html?=&t=resultados.

7. Instituto Brasileiro de Geografia e Estatística (BR). Tábuas completas de mortalidade para o Brasil – 2022 [Internet]. 2023. Disponível em: https://agenciadenoticias.ibge.gov.br/media/com_mediaibge/arquivos/d1328b48a4e5ad0e550379cc27b6884a.pdf.

8. Perone GA, Ferraz TMM, Pinheiro VA, Jeneral RBR. Percepção das mulheres no climatério em relação à sexualidade, à prevenção de doenças sexualmente transmissíveis e à qualidade da assistência pelos profissionais da saúde. Rev Fac Ciênc Méd. Sorocaba. 2019;21(2):77-82. DOI: https://doi.org/10.23925/1984-4840.2019v21i2a7.

9. Botelho TA, Santos GPO, Santos TPP, Oliveira RF, Monteiro BIAS, Bastos LP. Saúde da mulher no climatério, aspectos biológicos e psicológicos: uma revisão integrativa. REAS. 2022;15(4):e10088. DOI: https://doi.org/10.25248/reas.e10088.2022.

10. Instituto Brasileiro de Geografia e Estatística (BR). Informações estatísticas [Internet]. 2022. Disponível em: https://www.ibge.gov.br/cidades-e-estados/pr/foz-do-iguacu.html

11. Bardin, L. Análise de conteúdo [Internet]. São Paulo: Edições 70; 2011. Disponível em: https://pesquisa.bvsalud.org/portal/resource/pt/lil-668601.

12. Figueiredo DCMM, Shimizu HE, Ramalho WM. A acessibilidade da atenção básica no Brasil na avaliação dos usuários. Cad saúde colet. 2020;28(2):288-301. DOI: https://doi.org/10.1590/1414-462X202000020288.

13. Patrício RSO, Ribeiro OCR Jr, Ferreira SMS, Araújo TS, Brasil LC, Silva JM, et al. Ações de enfermagem na promoção da saúde e qualidade de vida de mulheres no climatério. Rev Eletrônica Acervo Enferm. 2020;4:e4782. DOI: https://doi.org/10.25248/reaenf.e4782.2020.

14. Organização Panamericana da Saúde (BR). Doenças crônicas não transmissíveis: estratégias de controle e desafios para os sistemas de saúde [Internet]. Brasília: Ministério da Saúde; 2011. Disponível em: https://www.nescon.medicina.ufmg.br/biblioteca/imagem/4857.pdf.

15. Cavalcante JS, Valente CF, Pereira MN, Sampaio RB, Santiago YS, Silva JM, et al. A atuação do enfermeiro no climatério: aspectos históricos, fisiológicos e sociais. REAS. 2023;23(6):e12760. DOI: https://doi.org/10.25248/reas.e12760.2023.

16. Curta JC, Weissheimer AM. Perceptions and feelings about physical changes in climacteric women. Rev Gaúcha Enferm. 2020;41(spe):e20190198. DOI: https://doi.org/10.1590/1983-1447.2020.20190198.

17. Instituto Nacional de Câncer José Alencar Gomes da Silva (BR). A mulher e o câncer de mama no Brasil [Internet]. 3a ed. Rio de Janeiro: Inca; 2018. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/mulher_cancer_mama_brasil_3ed_rev_atual.pdf

18. Milagres GZ, Mocelin G, Lima AS, El Halal GM, Carneiro M, Krug SBF. Nurses' performance in welcome to spontaneous demand in family health strategy. Res Soc Dev. 2022;11(2). DOI: 10.33448/rsd-v11i2.25689. DOI: https://doi.org/10.33448/rsd-v11i2.25689.

19. Campos PF, Marçal MEA, Rocha LS, Carvalho VP, Silva JM. Climatério e menopausa: conhecimento e condutas de enfermeiras que atuam na atenção primária à saúde. Rev Enferm. UFSM. 2022;12. DOI: 10.5902/2179769268637.

20. Silva TL, Soares NA, Lacerda GA, Mesquita JFO, Silveira DC. Política nacional de atenção básica 2017: implicações no trabalho do agente comunitário de saúde. Saúde debate. 2020;44(124):58-69. DOI: https://doi.org/10.1590/0103-1104202012404.

21. Ribeiro LL, Góes ACF. Processo de trabalho de enfermeiras na consulta ginecológica. Rev Enferm Contemp. 2021;10(1):51-9. DOI: https://doi.org/10.17267/2317-3378rec.v10i1.3334.

22. Belém GLS, Adorno SS, Neves DBS, Rocha LLS, Saback MC. Riscos e benefícios da terapia hormonal no climatério. REAS.

2019;11(4):e244. DOI: https://doi.org/10.25248/reas.e244.2019

23. Lemos BAR, Guimarães LCR, Senne TH. Qualidade de vida das mulheres no climatério e na pós-menopausa. RE-AMed. 2022;12:e10503. DOI: https://doi.org/10.25248/reamed.e10503.2022.

24. Valenzuela-Adaros K, Abarca-Brown G. Más allá de la "falla hormonal": concepciones de profesionales de atención primaria sobre el climaterio en Santiago, Chile. Rev Chil Obstet Ginecol. 2022;87(1):19-25. DOI: https://doi.org/10.24875/RECHOG.21000031.

25. Martínez-Garduño MD, Olivos-Rubio M, Gómez-Torres D, Cruz-Bello P. Intervención educativa de enfermería para fomentar el autocuidado de la mujer durante el climaterio. Enferm univ. 2016;13(3):142-50. DOI: https://doi.org/10.1016/j.reu.2016.04.001.

Authors' contributions:
Research conception and design: MCFN, AZ, AFOF
Data collection: MCFN, FCS, HF, AZ, AFOF
Data analysis and interpretation: MCFN, FCS, HF, AZ, AFOF
Manuscript writing: MCFN, FCS, HF, AZ, AFOF
Critical review of the manuscript in terms of intellectual content: FCS, HF, AZ, AFOF

Responsible editors:
Patrícia Pinto Braga – Editor-in-chief
Vânia Aparecida da Costa Oliveira – Scientific editor

Note:
There was no funding from a development agency.

Received: 09/07/2024
Approved: 05/22/2025

How to cite this article:
Nodari MCF, Cezar-dos-Santos F, Ferreira H, et al. Promoting Women's Health During Menopause: Primary Care Nurses' Perceptions. Revista de Enfermagem do Centro-Oeste Mineiro. 2025;15:e5557. [Access_____]; Available in:_____. DOI: http://doi.org/10.19175/recom.v15i0.5557