

Climacteric and Women's Health at Work: An Intersection Neglected by Public Policies

Climacteric and Women's Health at Work: An Intersection Neglected by Public Policies
Climaterio y Salud de la Trabajadora: Una Intersección Negada por las Políticas Públicas

RESUMO

Objetivo: Discutir o alcance da Política Nacional de Saúde do Trabalhador e da Trabalhadora para as questões de saúde e trabalho das mulheres no climatério. **Método:** Trata-se de uma reflexão teórica fundamentada em revisão narrativa da literatura e em documentos normativos sobre as políticas públicas de saúde da mulher e da saúde do trabalhador. A interpretação dos achados foi conduzida por abordagem narrativa, à luz da pergunta norteadora do estudo. **Resultados:** A análise evidenciou que, embora a Política Nacional de Saúde do Trabalhador e da Trabalhadora e a Política Nacional de Atenção Integral à Saúde da Mulher compartilhem princípios como equidade e integralidade, permanecem desarticuladas, comprometendo a assistência às mulheres no climatério e invisibilizando suas necessidades no contexto laboral. **Conclusão:** Evidencia-se a necessidade de integrar essas políticas de forma intersectorial, considerando as especificidades do climatério e fortalecendo ações de promoção da saúde, da dignidade e da equidade das mulheres no trabalho.

DESCRIPTORES: Saúde da Mulher; Política de Saúde do Trabalhador; Climatério.

ABSTRACT

Objective: To discuss the scope of the National Policy on Workers' Health in addressing the health and work-related issues of women during the climacteric period. **Method:** This is a theoretical reflection based on a narrative literature review and normative documents concerning public policies on women's health and workers' health. The interpretation of the findings was conducted through a narrative approach, guided by the study's research question. **Results:** The analysis showed that, although the National Policy on Workers' Health and the National Policy for Comprehensive Women's Health Care share principles such as equity and comprehensiveness, they remain fragmented, compromising care for women during the climacteric period and rendering their needs in the workplace invisible. **Conclusion:** The findings highlight the need to integrate these policies through an intersectoral approach, considering the specificities of the climacteric period and strengthening actions aimed at promoting women's health, dignity, and equity in the workplace.

DESCRIPTORS: Women's Health; Occupational Health Policy; Climacteric.

RESUMEN

Objetivo: Discutir el alcance de la Política Nacional de Salud del Trabajador y de la Trabajadora respecto a la salud y al trabajo de las mujeres durante el climaterio. **Método:** Reflexión teórica fundamentada en una revisión narrativa de la literatura y en documentos normativos sobre las políticas públicas de salud de la mujer y del trabajador. Los hallazgos fueron interpretados mediante un enfoque narrativo, a la luz de la pregunta orientadora. **Resultados:** Aunque la Política Nacional de Salud del Trabajador y de la Trabajadora y la Política Nacional de Atención Integral a la Salud de la Mujer comparten principios como equidad e integralidad, permanecen desarticuladas, comprometiendo la atención a las mujeres durante el climaterio e invisibilizando sus necesidades en el contexto laboral. **Conclusión:** Es necesario integrar estas políticas de manera intersectorial, considerando las especificidades del climaterio y fortaleciendo acciones de promoción de la salud, dignidad y equidad de las mujeres en el trabajo.

DESCRIPTORES: Salud de la Mujer; Política de Salud del Trabajador; Climaterio.

RECEIVED: 07/01/2026 APPROVED: 08/07/2026

How to cite this article: Lima MVC, Ferreira Junior AR, Assis JCL, Queiroz JM, Santos FJQ, Oliveira YSM, Freitas RJM, Oliveira KKD. Climacteric and Women's Health at Work: An Intersection Neglected by Public Policies. *Saúde Coletiva* (Brazilian Edition) [Internet]. 2026 [cited year month day]; 18 (112):20858-20867. Available from: DOI: 10.36489/saudecoletiva.2026v18i112p20858-20867

ID Maria Valéria Chaves de Lima
Registered Nurse. Master's degree in Health and Society from the State University of Rio Grande do Norte (UERN). PhD Candidate in Collective Health at the State University of Ceará (UECE).
ORCID: <https://orcid.org/0000-0002-9278-5612>

ID Antônio Rodrigues Ferreira Junior
Registered Nurse. PhD in Collective Health from the State University of Campinas (UNICAMP).
ORCID: <https://orcid.org/0000-0002-9483-8060>

ID Juvêncio César Lima de Assis
Physiotherapist. Master's degree in Health and Society from the State University of Rio Grande do Norte (UERN).
ORCID: <https://orcid.org/0000-0003-1327-3385>

ID Janaina Maciel de Queiroz
Registered Nurse. Master's degree in Health and Society from the State University of Rio Grande do Norte (UERN). Federal Rural University of the Semi-Arid Region (UFERSA).
ORCID: <https://orcid.org/0000-0002-6284-9005>

ID Fernando Jeferson Queiroz dos Santos
Registered Nurse. Master's degree in Health and Society from the State University of Rio Grande do Norte (UERN). PhD Candidate in Clinical Care in Nursing and Health at the State University of Ceará (UECE).
ORCID: <https://orcid.org/0009-0001-6839-0119>

ID Yraguacyara Santos Mascarenhas Oliveira
Registered Nurse. Master's degree in Health and Society from the State University of Rio Grande do Norte (UERN).
ORCID: <https://orcid.org/0000-0001-5320-7804>

ID Rodrigo Jacob Moreira de Freitas
Registered Nurse. PhD in Clinical Care in Nursing and Health from the State University of Ceará (UECE). Professor at the State University of Rio Grande do Norte (UERN).
ORCID: <https://orcid.org/0000-0002-5528-2995>

ID Kalyane Kelly Duarte de Oliveira
Registered Nurse. PhD in Nursing from the Federal University of Rio Grande do Norte (UFRN). Professor at the State University of Rio Grande do Norte (UERN).
ORCID: <https://orcid.org/0000-0001-7713-3264>

INTRODUCTION

Menopause represents a natural phase of female aging, marked by hormonal changes, the end of the reproductive phase, and the beginning of a new cycle, which can have repercussions on women's physical, mental, and social health. This transition, which generally occurs between the ages of 40 and 65, is often accompanied by symptoms such as hot flashes, fatigue, sleep disturbances, difficulty concentrating, anxiety, and mood swings, which can significantly impact quality of life and productivity at work¹.

These symptoms are physiological and vary from woman to woman, but they can be severe in climacteric syndrome, leading to the use of health services in an attempt to minimize them. It is important to emphasize that this set of signs and symptoms

can affect the physical, emotional, social, and occupational spheres, negatively impacting the quality of life of this population².

In the workplace, these symptoms can become even more pronounced and challenging, especially among women engaged in physically and mentally demanding activities³, long work hours, stressors, and constant demands for attention and care—conditions that can exacerbate symptoms and compromise work performance⁴.

Thus, it is essential to understand how public health policies for female workers and comprehensive women's health care address the needs of perimenopausal women. The National Policy on Occupational Health for Male and Female Workers (PNSTT), established by Administrative Order No. 1,823/2012, aims to ensure adequate health and safety conditions for workers in Brazil by promoting sur-

veillance and protection measures in the workplace⁵. However, it is worth questioning to what extent this policy addresses the specific needs of women going through menopause, considering that its guidelines address the health of workers in a broad and general manner⁶.

On the other hand, the National Policy for Comprehensive Women's Health Care (PNAISM), established in 2004 and still in effect in the country, is responsible for establishing a practice that moves beyond policies that viewed women's health exclusively through the lens of their role as mothers—and which, as a result, organized the health care system in an exclusionary manner⁷. The comprehensive nature of the policy reflects an emancipatory approach to understanding women and their health, extending beyond the reproductive period and viewing them through the

lens of citizenship, diversity, and full legal rights.

This is the great merit of the PNAISM: it highlighted the existence of diverse groups within the broader category of women, such as adolescents, menopausal older women, lesbians, Black women, Indigenous women, and incarcerated women⁴. Based on the recognition of the differences among each of these groups, the program sought to establish distinct, targeted policies that would address their specific needs. This requires a health system organized through care pathways and service networks that serve women across their different life cycles, coordinating these pathways, and that does not render certain women or certain health needs invisible⁸.

Thus, while the PNSTT focuses on occupational health without differentiating the needs of menopausal women, the PNAISM addresses menopause without considering the impacts on well-being and the work environment during this phase. Consequently, the lack of adequate support can result in higher absenteeism, reduced productivity, and a diminished quality of life, in addition to contributing to the perpetuation of gender inequality in the labor market⁹.

The intersection between these two policies remains an area to be explored and reflected upon, raising questions about the scope and effectiveness of policies in the care for working women going through menopause. Given that this stage of life can affect productivity, well-being, and even continued participation in the labor market, it is necessary to investigate whether there is coordination between policies focused on occupational health and women's health and whether existing guidelines ensure adequate support for this population⁸.

The aim is to broaden the debate on the intersection between women's health and occupational health, promoting a more sensitive approach to

the needs of women going through menopause. By discussing these issues, we hope to contribute to the formulation of strategies that enable better working conditions and quality of life for women going through menopause.

Thus, this article aims to discuss the scope of the National Policy on Workers' Health regarding health and work issues for women in menopause.

METHOD

This is a theoretical reflection grounded in regulatory guidelines and scientific publications on public health policies for women, workers' health, and the experiences of working women during menopause. The analysis was guided, in particular, by the National Policy on Comprehensive Women's Health Care (PNAISM) and the National Policy on Workers' Health (PNSTT), adopted as frameworks for understanding the intersection between menopause and women's health and working conditions. The study began with the following question: What is the scope of the National Policy on Workers' Health regarding the health and working conditions of women going through menopause?

To support this analysis, a narrative literature review was conducted by searching for articles on Google Scholar and the Virtual Health Library (BVS). The following subject headings were used: "Comprehensive Women's Health Care Program," "Women's Health," "Workers' Health Policy," and "Menopause," obtained through the Health Sciences Subject Headings (*DeCS/MeSH*) available in the BVS. The subject headings and their respective synonyms were combined using the Boolean operators *AND* and *OR*, and searches were conducted in the title, abstract, and keyword fields of the databases consulted.

The searches were conducted from September to October 2025, resulting in the identification of 83 full-text ar-

ticles on Google Scholar and five articles in the Virtual Health Library (.). Initially, the titles and abstracts of the retrieved studies were reviewed. Subsequently, the articles selected at this stage were analyzed in full, constituting a final sample of 12 studies.

Full-text articles, available in their entirety in electronic format, that addressed topics related to the objective of this study were included, with no time restrictions. Duplicate articles, editorials, theses, dissertations, and abstracts were excluded.

The results were synthesized using a narrative approach. The findings were interpreted in light of the study's guiding question, seeking to identify emerging needs related to the intersection of public policy, women's health, occupational health, and menopause, as well as gaps identified in the literature and their implications for professional practice and the development of future research. The discussion was based on the studies comprising the sample and on supplementary literature relevant to the topic.

RESULTS AND DISCUSSION

Health and Work During Menopause: Gaps, Inequalities, and Possibilities

The literature indicates that work presents numerous stressors for women, and these, when combined with the neuroendocrine changes typical of menopause, result in a considerable decline in these women's quality of life. Studies using neuroimaging show that an increase in negative menopausal symptoms leads to reduced activation in areas related to emotion, and this issue makes it more difficult for women to perform their jobs. Consequently, these women feel that their work performance is excessively compromised, leading them to engage in self-criticism¹⁰.

There are reports in which women express difficulty in managing meno-

pausal symptoms, and certain environments exacerbate them—such as hot, poorly ventilated spaces or stressful workdays involving formal meetings, interactions with people of different ages and the opposite sex, and few breaks for rest. It has been noted that there is an interrelationship between work and menopausal symptoms such as depressed mood, memory lapses, difficulty concentrating, and extreme fatigue. It is understood that there is little understanding or acceptance of these female-specific symptoms in the workplace¹¹.

Furthermore, it is understandable that there are policies that can address the situation of these working women, as they contain guidelines and principles that are aligned with various issues, such as the National Policy for Comprehensive Women's Health Care (PNAISM) and the National Policy on Workers' Health (PNSTT). Both of these policy documents mention concepts such as comprehensive health, gender equity, and social participation; they even acknowledge the historical and structural inequalities that affect women in various aspects of life, including their health. However, although these policies are connected by common themes, they are not implemented in a coordinated manner.

Menopause is part of women's reproductive context, and although reproduction is a topic so heavily emphasized within women's labor issues, the need for care related to menopause could and should also be included in topics such as occupational health, prevention of work-related diseases, and the promotion of health and safety in the workplace. It is also necessary in areas addressing healthy aging and the management of chronic diseases. Worker health is directly linked to worker monitoring, yet there are no specific indicators targeting female workers who are going through this stage of life and who are

still employed.

Given this, the lack of attention to menopause in occupational health policies highlights a gap in care for women who remain active in the labor market, indicating that women experience a lower quality of life at work—especially in the professional sphere—which may be related to the burden and invisibility of specific demands such as menopause. This reinforces the need for public policies that are more sensitive to gender issues in the workplace¹².

In Brazil, the PNSTT has been in place for a decade, and although progress has been made, it is evident that there is a gap in its intra- and intersectoral coordination, with a need for cross-cutting actions that allow health and illness to be viewed beyond just the worker's body, making this experience fairer and more consistent with the ideals of the Unified Health System¹³.

Discussing justice in the context of women's working conditions is complex and at times unrealistic, for although women's achievements regarding labor rights are constantly celebrated, the capitalist system sometimes manages to employ manipulative tactics to continue exploiting these women, who are naturally confined to the gendered division of labor. It is clear that within the capitalist system, no one truly achieves freedom; however, for women, this is even more difficult. Working women are doubly exploited by capital because they experience exploitation in the public sector and have additional hours spent on domestic work, which requires them to shoulder the responsibility for social reproduction. Both workdays are arduous and undervalued¹⁴.

Given the facts presented, it is important to reflect on how much the current situation regarding women's work and women's health contradicts the commitments the world has been

making to save the planet. By 2030, several countries have committed to a pact known as the 2030 Agenda, which aims to drive change in the economy, the environment, and society as a whole to achieve sustainable development. To achieve these goals, countries rely on the 17 Sustainable Development Goals (SDGs) and their 169 targets, although each nation may also create its own plans, policies, and programs to become more sustainable¹⁵.

Among these goals relevant to the issue at hand, health and well-being, gender equality, and decent work stand out; thus, it is evident that achieving several of them would lead to improvements regarding the health of working women during menopause. However, just like the PNAISM and PNSTT, the SDGs have faced difficulties in being implemented, in addressing essential needs in the lives of vulnerable groups—such as women—in improving the living and working conditions of women going through menopause, and in supporting the implementation of existing public policies.

FINAL CONSIDERATIONS

The analysis presented in this article has highlighted a significant gap in public policies addressing women's and working women's health: the lack of coordination between care related to perimenopause and menopause and the workplace context. Although the PNSTT and the PNAISM include the promotion of equity, comprehensiveness, and social justice among their guiding principles, in practice, these policies still operate in a disjointed manner, failing to effectively address the specific needs of perimenopausal and menopausal women who remain active in the labor market.

The symptoms experienced during this period—such as fatigue, mood swings, cognitive difficulties, and

physical discomfort—are not merely individual experiences but also collective challenges that directly impact women's productivity, well-being, and ability to remain in their professional roles. Therefore, ignoring these experiences perpetuates a mindset that renders women's suffering invisible and reinforces gender inequalities in the workplace.

Given this, it is urgent to recognize this period as a legitimate stage in women's working lives that requires special attention. This implies rethinking institutional practices, adapting work environments, and,

above all, integrating policies on women's health and workers' health into concrete, intersectoral actions. Care cannot be limited to biological or domestic concerns; it must extend beyond the walls of health care services and engage with women's daily lives as they navigate their multiple social roles.

Furthermore, the commitments made in the 2030 Agenda call on us to build a more just, sustainable, and inclusive society. In this regard, goals such as gender equality, health and well-being, decent work, and effective institutions must cease to be merely

global guidelines and instead actually guide the formulation and implementation of public policies that are sensitive to the specific needs of women at all stages of life.

We reaffirm here the need for a more sensitive, humane, and intersectional perspective on the experience of perimenopause and menopause in the workplace. Ensuring dignified conditions so that women can navigate this period with good health and support is not merely a matter of care; it is an ethical commitment to equity, human rights, and the recognition of women's career paths in the world of work.

REFERENCES

1. Lima M. Revisão integrativa de literatura sobre a assistência de enfermagem à mulher no climatério. *Rev Multidiscip Saúde*. 2024;5(1).
2. Sobral BABF de N, Silva RA, Souza CFQ de, Abrão FM da S, Costa AM da. Benefícios das Práticas Integrativas e Complementares em Saúde na qualidade de vida e nos sintomas de mulheres no climatério: uma revisão sistemática. *Saúde Debate* [Internet]. 2024 nov 19 [citado 2025 mar 20];48(especial 2 out):e9321. Disponível em: <https://www.saudeemdebate.org.br/sed/article/view/9321>.
3. Silva RA, Oliveira AC, Costa MB, Almeida TL, Santos RS, Ferreira BML, et al. Influência dos sintomas climatéricos na capacidade de trabalho. *Braz J Dev*. 2021;7(6):59984-95.
4. Favaro BF, Lima FS, Ilíbio MB. O Programa Nacional de Atenção Integral à Saúde da Mulher: agenda setting e as mulheres enquanto sujeitos identitários diversos na política de saúde. *Rev RIOS*. 2022;17(34):311-20.
5. Brasil. Portaria nº 1.823, de 23 de agosto de 2012. Institui a Política Nacional de Saúde do Trabalhador e da Trabalhadora. *Diário Oficial da União*. Brasília, 24 ago. 2012.
6. Santos DMG, Lana L. Potencialidades e desafios da Política Nacional de Saúde do Trabalhador e da Trabalhadora. *Moitará - Revista do Serviço Social da UNIGRANRIO*. 2022;1(1):1-16.
7. Brasil. Política Nacional de Atenção Integral à Saúde da Mulher: princípios e diretrizes. Brasília: Ministério da Saúde; 2004.
8. Souto K, Moreira MR. Política Nacional de Atenção Integral à Saúde da Mulher: protagonismo do movimento de mulheres. *Saúde Debate*. 2021;45(130):832-46.
9. Marcacine PR, Santos DS, Almeida TRS, Rocha MM, Costa AMC, Silva EA. Qualidade de vida, fatores sociodemográficos e ocupacionais de mulheres trabalhadoras. *Ciênc Saúde Coletiva*. 2018;24(3):749-59.
10. Belém D, Silva RL, Gozzo TO, Souza J, Mattos MM, Lima JCS, et al. Influência do comprometimento excessivo na qualidade de vida e nos sintomas do climatério de profissionais da enfermagem. *Rev Gaúcha Enferm*. 2021;42:e20190374. Disponível em: <https://www.scielo.br/j/rgenf/a/Fgh6g5qnfScxnDm84SVK-Wqh/?lang=pt>.
11. Fernandes G, Nascimento CMB, Silva JLM, Assis MM, Cunha SF, Oliveira FLC, et al. Mulheres climatéricas no ambiente de trabalho: Revisão integrativa da literatura. *Pesqui Soc Desenvol*. 2021;10(8):e47310817514. Disponível em: <https://rsdjournal.org/index.php/rsd/article/view/17514/15699>.
12. Lima GKM, Gomes LMX, Barbosa TLA. Qualidade de vida no trabalho e nível de estresse dos profissionais da atenção primária. *Saúde Debate*. 2020;44(126):774-789. doi:10.1590/0103-1104202012614.
13. Hennington EA, Santos GB, Pasche DF. Dez anos da Política Nacional de Saúde do Trabalhador e da Trabalhadora e os desafios da formação para (trans) formação do trabalho. *Rev Bras Saúde Ocup*. 2024;49:e4. Disponível em: <https://www.scielo.br/j/rbso/a/JHxDL5R3Z5SbNCwcWprVdqh/?lang=pt>.
14. Schuh TJ, Silva MG. Divisão sexual do trabalho: uma análise da exploração histórica do trabalho feminino e sua manifestação no Brasil. *Bol Conjunt BOCA*. 2021;5(14):141-6. Disponível em: <https://revista.ioles.com.br/boca/index.php/revista/article/view/246/227>.
15. Cruz DKA, Andrade GN, Sousa ABL, Machado ML, Alves LZ, Lima CM. Os Objetivos de Desenvolvimento Sustentável e as fontes de dados para o monitoramento das metas no Brasil. *Epideiol Serv Saúde*. 2022;31(spe1):e20211047. Disponível em: <https://www.scielo.br/j/ress/a/X6fCx5KZxNwsx69xttRBpPy/>.