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Health education practices to promote the quality of life of climate women

Prácticas de educación en salud para promover la calidad de vida de las mujeres climáticas

Práticas de educação em saúde para promoção da qualidade de vida de mulheres climatéricas

ABSTRACT

Objective: Identify health education practices to promote the quality of life of climacteric women. **Methodology:** This is an integrative review of the literature. Data collection took place in October 2018 in the databases LILACS, BDNF, MEDLINE, IBECs and CUMED. The descriptors of the Virtual Health Library used were: Climacteric; Health education; Quality of life. Were used. Time frame 2008 to 2018. **Results:** The health education practices found were: guidance during the nursing consultation, self-help groups so that these women find spaces to collectively discuss their individual and collective needs. All the practices mentioned are applicable in primary health care. **Conclusion:** Health education, in its various practices, is an instrument to promote quality of life in the climacteric period. It was evident that women submitted to educational practices have a positive impact on their quality of life.

DESCRIPTORS: Climacteric; Health Education; Quality of Life.

RESUMEN

Objetivo: Identificar prácticas de educación en salud para promover la calidad de vida de las mujeres climatéricas. **Método:** Se trata de una revisión bibliográfica integradora. La recogida de datos tuvo lugar en octubre de 2018 en las bases de datos LILACS, BDNF, MEDLINE, IBECs y CUMED. Los descriptores de la Biblioteca Virtual en Salud utilizados fueron: Climaterio; Educación para la salud; Calidad de vida. Fueron usados. Marco temporal de 2008 a 2018. **Resultados:** Las prácticas de educación en salud encontradas fueron: orientación durante la consulta de enfermería, grupos de autoayuda para que estas mujeres encuentren espacios para discutir colectivamente sus necesidades individuales y colectivas. Todas las prácticas mencionadas son aplicables en la atención primaria de salud. **Conclusiones:** La educación para la salud, en sus diversas prácticas, es un instrumento para promover la calidad de vida en el período climatérico. Se evidenció que las mujeres sometidas a prácticas educativas tienen un impacto positivo en su calidad de vida.

DESCRIPTORES: Climaterio; Educación en salud; Calidad de Vida.

RESUMO

Objetivo: Identificar práticas de educação em saúde para promoção da qualidade de vida de mulheres climatéricas. **Método:** Trata-se de uma revisão integrativa da literatura. A coleta de dados ocorreu em outubro de 2018 nas bases de dados LILACS, BDNF, MEDLINE, IBECs e CUMED. Os descritores da Biblioteca Virtual da Saúde utilizados foram: Climatério; Educação em Saúde; Qualidade de vida. Foram utilizados. Recorte temporal 2008 a 2018. **Resultados:** As práticas de educação em saúde encontradas foram: orientações durante a consulta de enfermagem, grupos de autoajuda para que essas mulheres encontrem espaços para discutir coletivamente suas necessidades individuais e coletivas. Todas as práticas apontadas são de aplicabilidade na atenção primária à saúde. **Conclusões:** A educação em saúde, em suas diversas práticas, é um instrumento de promoção à qualidade de vida no período climatérico. Evidenciou-se que mulheres submetidas às práticas educativas têm impacto positivo na sua qualidade de vida.

DESCRIPTORIOS: Climatério; Educação em saúde; Qualidade de Vida.

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INTRODUCTION

The climacteric, the physiological period of transition from reproductive to non-reproductive life for women, points out as an influence on the quality of life, taken advantage of by the proprioception of needs that are or are not being achieved, self-realization.¹ Climacteric and menopausal factors are directly linked to the woman's quality of life and acceptance of this phase, with a negative perception being able to generate more severe climatic symptoms.² Additionally, the variability of climacteric symptoms suggests an impact on female quality of life.³

Vasomotor symptoms (hot flashes, night sweats) can cause severe discomfort in many women during the menopause transition, with a negative impact on quality of life and ability to work.⁴ The knowledge of the intensity and characteristics of climacteric symptoms makes an integral approach, awakening the clarification of doubts and motivation of the population to promote health and increase the quality of life.⁵

An integrative model, guided by health promotion, should allow the improvement of quality of life, through health education. At the interface of education and health, it becomes possible to think about health education, when a base has been consolidated in critical thinking about reality, so that man gathers and provides resources to intervene and

transform objective conditions, aiming at achieving health with a socially conquered right, under individual and collective action of the political-social subjects.⁶

Health education as an instrument of action among agents of the teaching-learning process, Vigotsky, Piaget and Paulo Freire are guided as thinkers who approach these concepts, perceive education as problematizing (critical awareness in the political, economic, social and and provides the learner with a broad understanding of the contexts in which the problem is inserted.⁷ Therefore, the educational actions that use problematization develop collective construction, in which the different situations of the observed and lived reality are shared among the group participants, who democratize experiences and proposals, and depolarize knowledge.⁶⁻⁸ This study is justified by the concern with quality of life in the aging process, given the population aging, mostly women⁹, thus, it aims to identify health education practices for climacteric women in promoting quality of life.

METHOD

It is an integrative literature review, a research method capable of producing a deep understanding of a given phenomenon based on previous studies and conducted in six stages: 1) identification of the theme and selection of the hypothesis or research question for the elaboration

of the integrative review; 2) establishment of criteria for inclusion and exclusion of studies/sampling or literature search; 3) definition of the information to be extracted from the selected studies/categorization of the studies; 4) evaluation of the studies included in the integrative review; 5) interpretation of results and 6) presentation of the review/synthesis of knowledge.¹⁰

Guided by the following research question: "what are the health education practices for promoting the quality of life of climacteric women?". The study was developed from August to November 2018. The databases consisted of: Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDENF), Medical Literature Analysis and Retrieval System Online (MEDLINE), Bibliographic Index Español en Ciencias de la Salud (IBECS) and National Center for Medical Sciences Information in Cuba (CUMED). The descriptors of the Virtual Health Library used were: Climacteric; Climacteric; Climacteric; Health education; Health Education; Education in Health; Quality of life; Quality of Life; Quality of Life; Quality of Life. Boolean operators AND and OR were used with the time frame from 2008 to 2018. Full original articles in Portuguese, English and Spanish were included in the study. The entire selection process of the articles was carried out by two researchers. When the-

re was disagreement, a new joint analysis was carried out to reach consensus. Initially, the selection was made by reading the title, after the abstract and full article. The data were gathered and synthesized using an instrument prepared by the authors, with the following variables: authors, year / city, journal, methodological approach and main results.¹⁰ 95 articles were found in the databases, after applying the filters and analysis, two articles remained.

RESULTS

95 articles were found in the databases. Original articles available online that addressed the subject, published in the last ten years and with full text available in Portuguese, English and Spanish, were considered. After applying the filters, 11 articles were found, 2 articles were excluded due to duplicity, 3 articles due to the unavailability of reading in full, 4 articles did not address the topic. The exclusion occurred after reading the titles, followed by the abstracts and full reading, and thus, of all the bases eligible for the research, there were only two articles for analysis of this study. Only articles in Brazilian Portuguese were found.

Chart 1 shows that there is no periodicity in publications and that the journals where the manuscripts were published are from Nursing. Health education is seen as a positive strategy for promoting the quality of life of climacteric women. The study by Diógenes et al.¹¹, carried out with five nurses in Fortaleza-Ceará,

states that health education practices for women in climacteric happen during nursing consultations through guidelines so that they are able to take care of themselves through professional assistance, supported by dialogue, interpersonal dynamics and host. While Freire et al.¹², proposes the formation of self-help groups so that these women find spaces to collectively discuss their individual and collective needs and to encourage debate about the climacteric. All the practices mentioned are applicable in primary health care.

DISCUSSION

Three dimensions of climacteric that can affect women are: biological, psychosocial and socio-cultural, demonstrating the complexity of this period that the professional nurse must have knowledge in order to promote comprehensive care in the various dimensions of care.¹³

The literature reveals that there is a negative correlation between climacteric symptoms and quality of life³, demonstrating that, based on health education, it is possible to promote women's self-knowledge and awareness of the symptoms and climatic changes they are experiencing, and thus tend to interpret less negatively about female aging, becoming active in the process (clarification doubts about climacteric / menopause), looking for better health conditions (healthy habits) and positively impacting the quality of life of this woman.^{14,15}

It is worth mentioning that the Pro-

ocol for Primary Health Care for Women emphasizes that the complaints that interfere in the quality of life of climacteric women are psychosocial and affective¹⁶, corroborating for the understanding of the importance of balanced relationships in this period, therefore, health education has an undeniable relevance in health promotion, being a transforming agent of practices and habits through individual autonomy and accountability¹⁷, consisting of unmedicalized care to contribute significantly to the quality of life. In view of the climacteric, a period full of biopsychosocial changes and which if experienced inappropriately, can compromise the woman's quality of life.¹²

For Piaget, learning is to establish relationships, and Paulo Freire complements that knowing is creating bonds, thus confirming that the nurse professional, as a health educator, must create bonds with climacteric women and then explain knowledge and promote exchange environment.¹⁴ For Piaget, learning is to establish relationships, and Paulo Freire complements that knowing is creating bonds, thus confirming that the nurse professional, as a health educator, must create bonds with climacteric women and then explain knowledge and promote exchange environment.¹⁸

Although health education is built on a set of knowledge and practices aimed at disease prevention and health promotion, it is effective communication that allows education, configuring a resource from which the scientific

Chart 1 - Characterization of the studies included in the integrative review.

AUTORES	ANO/ CIDADE	REVISTA	ABORDAGEM METODOLÓGICA	PRINCIPAIS RESULTADOS
Diógenes MAR, Linard AG, Teixeira CAB ¹¹	2010/ Fortaleza	Rede de Enferma- gem do Nordeste	Descritivo/ Qualitativo	Educação em saúde possível ferramenta eficaz de orientação e intervenção dos profissionais de saúde junto às mulheres durante a consulta.
Freitas ER, Barbosa AJG, Reis GA, Ramada RF, Moreira LC, Vieira LBG et al ¹²	2016/ Juiz de Fora	Reprodução & Climatério	Quase Experimental	O uso de educação em saúde para a promoção da qualidade de vida de mulheres climatéricas é um processo pouco esclarecido além de trabalhoso, afetado pela quantidade de variáveis, duração das intervenções e estratégias educacionais.

knowledge of health, intermediated by health professionals, reaches the daily life of individuals, since minimally understanding the health-disease process is enabling the adoption of new health habits and behaviors.

Due to the complexity of the human being, when it comes to health, holistic care should be maintained, where the whole is relevant, reaffirming that health education tends to cover more complex health aspects in detail, such as quality of life. In view of this, the professional nurse must occupy a “space” in which he is not the holder of knowledge, going beyond the didactics of only transmitting information, in the face of climacteric idiosyncrasies, it is essential to consider the beliefs, experiences and feelings of the individuals involved.¹⁵

Knowledge must be built in an integrative and integrative way, thus, it is necessary that the professional-user agents, nurse - climacteric woman, act critically to unravel and recreate enough knowledge to promote health and quality of life of women in climacteric. This action must take place in a social dimension, so that the horizontal dialogue is the mediator of the process, which is an essential health education practice.¹⁴

Nevertheless, health education actions developed in the collective, such as conversation circles, are based on critical reflection in relation to problems and actions to improve health conditions, showing a political process of disalienation, emancipation and women's autonomy. An example of the full exercise of citizenship, since health is a social right. Health education workshops are spaces for the construction of concepts, which facilitate the individual and collective expression of needs and expectations, a space for dialogue. Considered a vehicle that, in the climacteric, enables women to have a balanced space in technical-scientific and popular knowledge, in order to contribute socially and improve the quality of life.¹¹

From a health management point of view, health workshops decentralize

The nursing consultation, a welcoming moment, manifests itself as an environment conducive to the construction of the bond between the nurse - climacteric woman, a moment that allows qualifying awareness for self-care. On this occasion, communication is used as a technique that enables the exchange of knowledge, the bond is built, health co-responsibility and a resolute intervention are sought.

and reorganize services, with collective knowledge construction actions, appropriation of methodologies and technologies, envision a health education process and communication consistent with SUS principles.¹⁹ Despite the meetings in the waiting room, this practice brings an expanded approach, with a problematic and reflective character of health interventions²⁰, demonstrating that it is also an effective health education action that allows the relationship between technical knowledge and popular experience and enables shared decision making.

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Although there is a National Policy for Integral Attention to Women's Health, this is constituted in a fragmented way, it does not address much regarding health education in climacteric, which ends up hindering the planning of health professionals to women by professionals, since it lacks a clear approach.²¹ Thus, the Protocol of Primary Health Care for Women, addresses the care of women with greater scope, lists conditions for changing habits such as health education, but does not explain a step by step on how to develop and apply educational practices.¹⁶ Consequently, both documents are flawed with regard to the development and applicability of health education actions to climacteric women, because of this, it is thought that for such complexity of care for climacteric women, there may be a need for an intersectoral articulation with other health policies.

Like intersectoral policies, such as the Health at School Program, created in 2007, with actions built contiguously on

health and education for the school public, it allowed the promotion of quality of life, using primary care as an essential strategy for articulating processes health education.²² Since intersectorality is a way to fully consolidate the health of climacteric women, in a fully comprehensive way (through interdisciplinarity and associated policies), there must be a detailed preparation for intersectoral management in its organizational spheres, as well as mana-

gement in loco, in order to guide professionals and facilitate the implementation of health education practices.

CONCLUSION

Understanding the complexity of climacteric symptoms associated with understanding health education practices enables a positive impact on women's quality of life. Thus, it is necessary to

consolidate an instrument, with a step by step of the intersectoral approach; guide for suggestions on health education practices, which elucidates the practices of education for climacteric women, in order to facilitate and enhance the work process of the professional nurse. Therefore, the various relationships, such as a social web, are essential for the fullness of activities to transform the behavior of individuals. ■

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