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Sexual performance and climacteric symptoms in women who perform physical activity

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ABSTRACT

Aim: To investigate the association between the pattern of sexual performance and the intensity of climacteric symptoms in women that perform physical activity.

Method: This is a cross-sectional descriptive study conducted with 260 women between 40 and 65 years of age from July to September, 2011. For data collection it used a semi-structured questionnaire, the Blatt & Kupperman Menopausal Index and the Sexual Quotient - female version. Data treatment included the association tests Chi-square and Fisher's exact test.

Results: Women with sexual performance pattern rated good/excellent, evaluated by QS-F, were the ones who showed mild manifestations in BKMI. Among those who had a sexual performance standard rated as bad/unfavorable, higher scores indicating moderate to severe manifestations were found. The association between the two scales was significant ($p < 0,001$).

Conclusion: the pattern of sexual performance is associated with climacteric symptoms.

Descriptors: Nursing; Climacteric; Sexuality.

AIM

To investigate the association between the pattern of sexual performance and the intensity of climacteric symptoms in women that perform physical activity.

METHOD

This is a cross-sectional descriptive study conducted with 260 randomly chosen women between 40 and 65 years of age⁽¹⁾, engaged in a physical activity program at the City Fitness Centre, implemented by the Health Department of Recife, Pernambuco, from July to September, 2011. The women included were ones who reported being sexually active in the six months preceding the interview date. Those who used oral contraceptives and ones who were on hormone replacement therapy or used phytoestrogens, were excluded. Data collection was conducted through interviews, using a socioeconomic and demographic semi-structured questionnaire, the Blatt & Kupperman Menopausal Index, and the Sexual Quotient - female version (SQ-F)^(2,3). Data were processed and analyzed using SPSS[®] and there was a search for associations between the dependent and independent variables, using Chi-square and Fisher's Exact test. The margin of error used in terms of statistical decisions was 5%. For the implementation of resolution 196/96, the acceptance of the interviewees was indicated by the signing of a term of consent. The study was submitted and approved by the Ethics Committee in Research of the University of Pernambuco, on May 6, 2011, under registration No. 059/11.

RESULTS

The average age of the women was 51 (+/-7.2) years, with a median age of 50 years. Almost half (47.7%) were between 40 and 49 years of age. Regarding the socioeconomic and demographic characteristics, two-thirds (66.2%) declared themselves "non-white" and most of them (82.3%) lived in a common law partnership. In terms of religion, the Catholic religion appeared with the highest percentage (72.7%) and over half (58.5%) had eight or more years of schooling. With regard to profession/occupation, 63.5% engaged in remunerated activities, and almost half (44.2%) had a higher per capita income than the minimum wage. As for the intensity of symptoms, about half (47.7%) had mild manifestations and only one-sixth (17.3%) reported severe symptoms. Among the intense manifestations, the most reported symptoms were: arthralgia/myalgia, nervousness, tingling and heat waves. Women with a sexual performance pattern rated good/excellent, evaluated by SQ-F, presented a greater number of mild manifestations, in BKMI. Among those who presented bad/unfavorable sexual performance patterns, were found higher scores of moderate to severe manifestations.

DISCUSSION

The association between the two scales was significant ($p < 0,001$). The climacteric period deserves special attention because the guidance on adopting a healthy lifestyle (regular practice of physical activity and proper nutrition) may represent a significant change in reducing the severity of the symptoms, granting the women a better quality of life.

CONCLUSION

Our data suggest that the pattern of sexual performance is associated with climacteric symptoms among women that perform physical activities and, through actions as part of health education, nurses can encourage women to adopt a more secure behavior regarding their symptoms and its impact on their sexual life.

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