







# Menopause Education: Intersectorial approaches, conversational circles and body practices for women in menopausal transition

Educação para a menopausa: Abordagens intersectoriais, rodas de conversas e práticas corporais para mulheres na transição da menopausa

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## DOI

10.12820/rbafs.29e0369i



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## ABSTRACT

**Introduction:** Menopause is a natural event in a woman's life that marks the end of the reproductive period. It is characterized by physical and psychological symptoms caused by the cessation of ovarian hormone production, which can lead to health and quality of life issues. Physical activity has been an important tool in Primary Health Care to minimize the effects of this period. However, several barriers, such as social and emotional factors, lack of infrastructure, and safety concerns, limit these women's access to an active lifestyle. Additionally, there is still a lack of information and knowledge about this stage of life and how physical activities can beneficially influence it. **Objective:** To propose an educational intervention model focused on disseminating information about menopause through discussion groups and providing access to physical activities and body practices. **Final considerations:** Multidisciplinary teams should facilitate access to information and specialized support, encouraging women to adopt self-care habits, including physical activities and leisure, aiming to improve their quality of life and health.

**Keywords:** Menopause; Health communication; Body practices.

## RESUMO

**Introdução:** A menopausa é um evento natural da vida feminina, que marca o fim do período reprodutivo. É marcada por sintomas físicos e psicológicos, ocasionados pela parada de produção dos hormônios ovarianos, o que pode causar problemas relacionados à saúde e à qualidade de vida. A prática de atividades físicas têm sido uma ferramenta importante na Atenção Básica à Saúde para minimizar os efeitos desse período. No entanto, diversas barreiras como fatores sociais, emocionais, falta de infraestrutura e segurança limitam o acesso dessas mulheres a uma vida regularmente ativa. Adicionalmente, ainda faltam informações e conhecimento sobre este período e de como as atividades físicas podem influenciar benéficamente essa etapa da vida das mulheres. **Objetivo:** Propor um modelo de intervenção educacional, focado na disseminação de informações sobre a menopausa, por meio de rodas de conversa e oportunizar o acesso a práticas corporais e/ou atividades físicas. **Considerações finais:** Equipes multiprofissionais devem facilitar o acesso à informação e ao suporte especializado, encorajando as mulheres a adotarem hábitos de autocuidado, incluindo atividades físicas e lazer visando melhorias na qualidade de vida e saúde.

**Palavras-chave:** Menopausa; Comunicação em saúde; Práticas corporais.

## Introduction, program proposal and discussion

Menopause is characterized by the end of menstrual cycles, caused by the cessation of ovarian hormone production. It occurs naturally in all middle-aged women, typically between the ages of 45 to 55, or secondarily, as a result of surgery, cancer treatments, or other factors<sup>1</sup>. According to the Staging of Reproductive Aging Workshop – STRAW +10 from 2012, seven stages of female reproductive aging are defined, with the date of

menopause serving as the central reference point (stage zero) for the staging phases. These stages are characterized based on assessment criteria, which include: main criterion - variation in menstrual cycles; supporting criteria - follicle count and hormonal fluctuations; and descriptive characteristics of symptoms<sup>2</sup>.

About five years before menopause occurs, the hormones of the reproductive axis begin to fluctuate due to the depletion of ovarian follicles. This leads to symptoms and health consequences in women that require

attention. This phase is known as perimenopause; The date of the last menstrual period is considered menopause itself, which is confirmed after 12 consecutive months without menstrual cycles. From that point onward, the woman is considered to be in the postmenopausal stage<sup>2</sup>. This entire menopausal transition phase, encompassing the onset of symptoms through to postmenopause, is known as climacteric<sup>3</sup>.

Ovarian hormones are responsible for female sexual and reproductive functions, with the main ones being estrogens and progestins. The latter play key roles related to motherhood, such as preparing the endometrium for the implantation of fertilized ovum, producing secretions in the fallopian tubes to protect the zygote, and supporting the development of mammary glands. However, they also have secondary effects on other organs and tissues, influencing sleep, libido, and more<sup>4</sup>. Estrogens have as their primary function the promotion of cell growth and the development of sexual organs and tissues related to reproduction. However, they have a broad influence throughout the body, affecting cardiovascular physiology, bone growth and metabolism, and the central nervous system through their receptors (*Estrogen Receptors*  $\alpha$  and  $\beta$  - ER $\alpha$  and ER $\beta$ ), which are present in various parts of the body. They also impact energy metabolism, muscles, liver, and adipose tissue, as well as immune cells<sup>5</sup>, making their absence highly significant.

In menopause, with ovarian failure, women experience various physical and psychological symptoms that are often not recognized by themselves as manifestations of hormonal loss. Vasomotor symptoms, or hot flashes, are the most characteristic signs and typically occur in most women<sup>6</sup>. However, other signs may appear years earlier, during perimenopause, and women often do not recognize them as resulting from hormonal reduction<sup>2</sup>. The symptoms can be psychological, somatic, vasomotor, and sexual in nature. Mood swings, sleep disturbances, migraines, cognitive changes, depression, and anxiety are examples of modifications and symptoms in the central nervous system. Changes in skin and hair elasticity, hair loss, and dryness of mucous membranes also occur due to hormonal reduction. Sexual function is also affected, with a decrease in sexual desire and dyspareunia, where the woman experiences pain during intercourse. This pain can be both physiological and psychological, as lack of desire may be related to hypoestrogenism, as well as the memory of pain during sexual activity<sup>1,7</sup>. The “Genitourinary

Syndrome” is a term that defines the various changes that occur in the genital tract and lower urinary tract in women during menopause, caused by hormonal losses. These changes may include vaginal dryness, burning and itching of the vulva, pain during urination, as well as urinary urgency, increased frequency, and recurrent urinary tract infections. It is one of the most common symptoms of the climacteric phase<sup>8</sup>.

Weight gain can be related to the natural metabolic changes that occur with aging, but it becomes more pronounced due to the alterations in the hypothalamic-pituitary-gonadal axis<sup>3</sup>. The reduction in resting metabolic rate occurs over the years, and as a consequence, there is a decrease in physical activity. When this is combined with a sedentary lifestyle and poor diet, it can lead to overweight and obesity, which may contribute to metabolic syndrome, chronic diseases such as type 2 diabetes, cancers, cardiovascular diseases, respiratory conditions, among others. Additionally, joint pain and muscle mass loss are possible complications of menopause<sup>9</sup>.

In Brazil, about 29 million women are in the climacteric and menopausal stages<sup>10</sup>, however, this remains a taboo topic, as it involves issues such as sexuality and the female body. Additionally, it marks an irreversible point in female physiology that is socially and biologically linked to aging, another historically neglected issue. Moreover, the social context in which the vast majority of these Brazilian women are placed is one of social vulnerability. Middle-aged women often live in situations where they have young or adolescent children, many of whom are single mothers caring for their children while also looking after elderly parents or other family members. On the other hand, many women find themselves at the peak of their careers during the climacteric or menopausal phase, and this can interfere with their professional lives, as some may experience severe symptoms that make it difficult to concentrate on work<sup>11</sup>.

In recent times, although women live longer than men in Brazil, mortality rates among women show a substantial increase between the ages of 40 to 59<sup>10</sup>, a period that coincides with the climacteric phase. According to the 2023 epidemiological bulletin on women's health, the leading causes of death in women are endocrine, nutritional, and metabolic diseases, followed by neoplasms, and then mental disorders<sup>12</sup>. These causes can be influenced by a sedentary lifestyle or insufficient physical activity<sup>13</sup>.

Sedentary behavior among women may not be a

problem when associated with household chores; however, it does not substitute the comprehensive benefits of regular physical activity. Women face barriers that interfere with physical activity and self-care habits, such as physical, social, psychological, and motivational factors. Additionally, there are external difficulties, such as issues with access to places for exercise, economic restrictions, and lack of safety during transportation or in public spaces available for physical activities<sup>14</sup>.

In Brazil, the Unified Health System (*Sistema Único de Saúde – SUS*) adopts a broader perspective on health, proposing interventions that should address not only immediate health problems and needs but also their determinants and conditions. This includes promoting healthy choices, extending beyond healthcare units, to influence people's daily lives in the territories where they live and work. In 2006, the National Health Promotion Policy (*Política Nacional de Promoção à Saúde – PNPS*) was launched as an important regulatory milestone, highlighting among its priorities the promotion, information, and education in health, with an emphasis on physical activity, body practices, encouragement of healthy habits, and special care focused on healthy aging<sup>15</sup>.

It is important to highlight that the concepts of body practices and physical activities are different, especially in the context of public health. Body practices refer to a broader approach, encompassing various forms of body movement, considering the subjectivities of participants, influenced by cultural values, and aimed at physical, mental, social, and even spiritual well-being<sup>16</sup>. On the other hand, physical activities are related to any movements that promote energy expenditure above resting levels, with the primary goal of improving physical health, fitness, or leisure, but without the same focus on the spiritual or cultural aspects of body practices<sup>17</sup>.

## Program Proposal

In the context of addressing non-communicable diseases, body practices and physical activities are tools used in primary healthcare through programs from the Ministry of Health, such as the “Health Academies”. These centers have infrastructure, equipment, and qualified professionals to guide and support the population in engaging in physical activities and body practices, encouraging healthy lifestyles. Additionally, to address the closure of the former and successful Family Health Support Centers, the recent creation of Multiprofes-

sional Teams in Primary Health Care (*equipes Multiprofissionais na Atenção Primária à Saúde – eMulti*) was introduced. These teams, composed of professionals from different fields, work complementarily and integratively with Primary Health Care (*Atenção Primária à Saúde – APS*) teams. They share responsibility for the care of the population and the territory, in intersectoral coordination and collaboration with the Health Care Networks<sup>18</sup>. The eMulti aims to facilitate the population's access to healthcare, promoting collaborative work among its professionals and the linked teams. This approach is based on the principle of comprehensive healthcare, with priority actions such as the joint development of therapeutic projects and interventions in the territory, through intersectoral practices, as proposed in this text.

In line with the principles of the National Health Promotion Policy—autonomy, equity, social participation, and intersectorality—and aiming for an integrated approach between policies promoting physical activity through body practices, sports, and leisure, with educational interventions addressing structural determinants (social class, gender, ethnicity, education level, occupation, and income), the objective is to impact health equity and well-being for this population. This is achieved by addressing the circumstances they are in, as well as behavioral, biological, and psychosocial factors<sup>19</sup>.

It is important for health education policies to address this topic, where these women receive multidisciplinary care aimed at providing information about the climacteric period, promoting self-awareness, and enabling them to make informed decisions with healthcare teams about their lifestyle. This includes improving nutrition, seeking body practices that can introduce them to physical activities, and managing stress.

Debates on topics related to the menopause phase, its symptoms, myths, truths, and the exchange of experiences between women and professionals can help empower women during menopause and improve the management and treatment of symptoms. The focus should be on information exchange, aimed at bringing new knowledge to participants and promoting behavior change regarding physical activity. This should be done with practical proposals tailored to the local reality.

The discussion circles are spaces for participatory dialogue aimed at promoting the exchange of experiences and sharing of knowledge between healthcare professionals and the community. The informality of

these circles allows for deeper participant-professional dialogue in a horizontal manner, making them a tool for continuous health education. They foster a collective and ongoing learning environment where lived experiences can be discussed, and solutions for better health conditions can be developed together<sup>20</sup>.

Empowerment during menopause can be accessed in this dynamic through access to realistic and balanced information, along with shared decision-making connected to an informed and supportive team that listens and provides care. In this environment, gender-based age stigma and prejudice are demystified, allowing women to rely on decision-making tools for treatment options<sup>21</sup>.

In light of this, this work aims to propose two approaches focused on the care of women who are in the climacteric phase or have ovarian insufficiency (women who have undergone surgeries for the removal of the uterus or ovaries, or those who experienced premature menopause due to chemotherapy or radiotherapy treatments). The goal is to provide information about symptoms, self-care practices, adoption of a healthy lifestyle, and action through body practices and physical activities, composed of integrative and decentralized tools that involve social participation, aiming to improve quality of life and health.

The first approach refers to the intersectoral strategy, with training for healthcare professionals working in primary care, both in public and private institutions, so they can better understand the symptoms and how to apply treatments tailored to this population. The second perspective is directly related to the practical aspect of the program, focusing on the promotion of discussion circles and proposals for body practices and physical activities, which should take place cyclically and consistently in communities, neighborhoods, workplaces, etc.

Professionals who could be involved with the female population and contribute to the work approaches would include those already part of the eMulti program. In cases where they are not in the primary healthcare environment, other professionals such as physicians, nutritionists, psychologists, nurses, physical education professionals, physiotherapists, social workers, pharmacists, and others who can provide relevant information about this phase of a woman's life could also participate. Initially, professionals would gather in meetings or study groups to discuss the approaches from each field within the program. They would

also develop a plan for meetings with the women in the community where they work, through a schedule of discussion circles. These circles would address topics related to menopause, such as explaining possible symptoms, the phases they typically occur, how to identify them, and the available treatments.

Simultaneously with the organization of the teams, each center should also conduct research regarding the target audience. A local diagnosis is made to determine how many women can be reached by the program in that region or center, what types of body practices will be proposed, and the spaces where the meetings and activities will take place.

Once the planning phase is complete, the next step is to begin the promotion and organization of the meetings through flyers, posters, and various forms of communication. Spaces that are easily accessible and conducive to body practices should be prioritized, which could include the workplace itself.

The groups should organize meetings among women, with informative discussions on the following topics:

- What is menopause?
- What are the symptoms?
- When do the symptoms begin, and how long do they last?
- What can be done to manage these symptoms?
- How can the female body be affected by hormonal loss?
- Which professionals can help manage these symptoms?
- Should menopause hormone therapy (MHT) be used?
- Can MHT pose health risks?
- Can everyone use MHT?
- Is there an optimal time to start MHT?
- What are the alternatives to MHT?
- How to maintain a healthy lifestyle to prevent chronic diseases and reduce cardiovascular risk?
- Are there "myths and truths" about menopause symptoms?
- Is it still possible to maintain an active sexual life during menopause?

The team should propose activities that can be carried out both in groups and individually. The practices should include body activities and allow for social participation, where the women themselves can contribute ideas that can be experienced by all. The team

should also explore the reading and application of the Physical Activity Guide for the Brazilian Population, raising awareness of the established guidelines, as well as the Food Guide for the Brazilian Population) from the Ministry of Health.

## Discussion

These tools can be effective in addressing and treating menopause symptoms. In 2016, the European Menopause and Andropause Society developed guidelines as a global model of care for healthy menopause, going beyond the traditional goals of clinical practice. The model involves an interdisciplinary team, made up of specialists and the woman herself, working together to provide support and appropriate treatments for menopause<sup>22</sup>.

Some countries have initiatives aimed at promoting women's health that integrate this population in both the public and private sectors. In Australia, the University of Queensland, through the Australian Women's and Girls' Health Research Centre, invests in research and methodologies applied to women's health throughout their reproductive life. The Australian Longitudinal Study on Women's Health<sup>23</sup> is an example of the application of these methodologies.

In England, there are programs focused on women's health during the climacteric that promote access to hormonal treatments, raise awareness among women and the general population, and provide support in the workplace as a way to educate about this natural life phase. These programs aim to prevent women in active professional careers from leaving their jobs due to menopausal symptoms<sup>24</sup>.

## Final considerations

In Brazil, there is the National Policy for Women's Comprehensive Health Care programs targeting this population focus on prenatal, obstetric, and neonatal care, sexual and reproductive health, the prevention and control of sexually transmitted infections, reducing morbidity and mortality from cancer, and elderly women's health. However, there is a lack of specific initiatives for women in the climacteric phase. This text proposes the implementation of educational campaigns, such as conversation circles and other strategies, to promote well-being during the climacteric phase. By encouraging dialogue and self-care, these actions can empower women and foster lifestyle changes, especially through physical practices and activities, ensuring healthy aging.

## Conflict of interest

The authors declare no conflict of interest.

## Funding

This work was carried out with the support of the Coordination for the Improvement of Higher Education Personnel (*Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - CAPES*) - Financing Code 001 and the National Council for Scientific and Technological Development (*Conselho Nacional de Desenvolvimento Científico e Tecnológico - CNPq*) - Productivity Grant -303571-2018-7

## Author's contributions

Vasconcelos LR: Conceptualization; Supervision; Project administration; Writing – original draft; Writing – review & editing; Approval of the final version. Bonfante ILP: Conceptualization; Supervision; Writing – review & editing; Approval of the final version. Ramkraps APB: Conceptualization; Supervision; Writing – review & editing; Approval of the final version. Cavaglieri CR: Conceptualization; Supervision; Writing – review & editing; Approval of the final version.

## Declaration regarding the use of artificial intelligence tools in the article writing process

The authors did not use artificial intelligence tools for preparation of the manuscript.

## Availability of research data and other materials

The contents underlying the research text are contained in the manuscript.


## References

1. Davis SR, Lambrinoudaki I, Lumsden M, Mishra GD, Pal L, Rees M, et al. Menopause. *Nat Rev Dis Primers*. 2015;23(1):1-19. doi: <https://doi.org/10.1038/nrdp.2015.4>
2. Harlow SD, Gass M, Hall JE, Lobo R, Maki P, Rebar RW, et al. Executive summary of the stages of reproductive aging workshop + 10: Addressing the unfinished agenda of staging reproductive aging. *J Clin Endocrinol Metab*. 2012;97(4):1159–68. doi: <https://doi.org/10.1210/jc.2011-3362>
3. Lobo RA. Chapter 14. Menopause and Aging. In: Jerome F. Strauss, Robert L. Barbieri, Yen and Jaffe's. *J Reprod Endocrinol* (Eighth Edition). Elsevier, 2019. p. 322-56.
4. Guyton AC 1919, Hall JE 1946 (John E, Geo Consultoria Editorial. *Tratado de fisiologia médica*. Elsevier; 2017.
5. Mauvais-Jarvis F, Clegg DJ, Hevener AL. The role of estrogens in control of energy balance and glucose homeostasis. *Endocr Rev*. 2013;34(3): 309–38. doi: <https://doi.org/10.1210/er.2012-1055>
6. Gold EB, Colvin A, Avis N, Bromberger J, Greendale GA, Powell L, et al. Longitudinal analysis of the association between vasomotor symptoms and race/ethnicity across the menopausal transition: Study of women's health across the nation. *Am J Public Health*. 2006;96(7):1226–35. doi: <https://doi.org/10.2105/AJPH.2005.066936>


7. Mishra GD, Kuh D. Health symptoms during midlife in relation to menopausal transition: British prospective cohort study. *BMJ*. 2012;344:e402. doi: <https://doi.org/10.1136/bmj.e4021170-5>
8. Faubion SS, Kingsberg SA, Clark AL, Kaunitz AM, Spadt SK, Larkin LC, et al. The 2020 genitourinary syndrome of menopause position statement of the North American Menopause Society. *Menopause*. 2020;27(9):976–92. doi: <https://doi.org/10.1097/GME.0000000000001609>
9. Karvonen-Gutierrez C, Kim C. Association of mid-life changes in body size, body composition and obesity status with the menopausal transition. *Healthcare*. 2016;4(3):42. doi: <https://doi.org/10.3390/healthcare4030042>
10. IBGE. Censo total homens e mulheres e por grupos de idade de 1940 a 2022. Disponível em: [https://agenciadenoticias.ibge.gov.br/media/com\\_media/ibge/arquivos/6e3da28dfe74401c5464880d8896197f.pdf](https://agenciadenoticias.ibge.gov.br/media/com_media/ibge/arquivos/6e3da28dfe74401c5464880d8896197f.pdf) [2023 Junho].
11. Peate M, Johnson TL, Avis NE, Hickey M. Addressing sociodemographic, socioeconomic, and gendered disparities for equity in menopause care. *Cell Rep Med*. 2024;5(6):101616. doi: <https://doi.org/10.1016/j.xcrm.2024.101616>
12. Brasil. Ministério da Saúde. Boletim Epidemiológico. Saúde da mulher brasileira: uma perspectiva integrada entre vigilância e atenção à saúde. Disponível em: [www.saude.gov.br/svs](http://www.saude.gov.br/svs) [2023 Março].
13. Arocha Rodulfo JI. Sedentarism, a disease from xxi century. *Clin Investig Arterioscler*. 2019;31(5):233–40. doi: <https://doi.org/10.1016/j.artere.2019.04.001>
14. Gomes GAO, Papini CB, Nakamura PM, Teixeira IP, Kokubun, E. Barriers for physical activity in Primary Health Care. *Rev Bras Cienc Esporte*. 2019;41(3):263–270. doi: <https://doi.org/10.1016/j.rbce.2018.04.007>
15. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Secretaria de Atenção à Saúde. Política Nacional de Promoção da Saúde / Ministério da Saúde, Secretaria de Vigilância em Saúde, Secretaria de Atenção à Saúde. 2010 – 3. ed. – Brasília: Ministério da Saúde, 2010.
16. Lazzarotti Filho A, Silva AM, Antunes PC, Silva APS, Leite JO. O termo práticas corporais na literatura científica brasileira e sua repercussão no campo da educação física. *Movimento*. 2010;16(1):11-29. doi: <https://doi.org/10.22456/1982-8918.9000>
17. World Health Organization. Physical Activity Fact Sheet. Disponível em: <https://www.who.int/news-room/fact-sheets/detail/physical-activity> [2024 Setembro]
18. Brasil. Ministério da Saúde. Diretrizes para reorganização das equipes multiprofissionais na atenção primária à saúde. Brasília: Ministério da Saúde; [2024 setembro]. Disponível em: [https://sei.saude.gov.br/sei/controlador.php?acao=documento\\_imprimir\\_web&id\\_documento=37670100](https://sei.saude.gov.br/sei/controlador.php?acao=documento_imprimir_web&id_documento=37670100) [2022 Janeiro]
19. Ministério da Saúde. Aproximações ao tema: Promoção da Saúde. Caderno 1. 2021. Brasília: Ministério da Saúde, 2021. Disponível em: [http://bvsms.saude.gov.br/bvs/publicacoes/promocao\\_saude\\_aproximacoes\\_tema.pdf](http://bvsms.saude.gov.br/bvs/publicacoes/promocao_saude_aproximacoes_tema.pdf) [2022 Janeiro]
20. Mandrá PP, Silveira FDF. Satisfação de usuários com um programa de Roda de Conversa em sala de espera. *Audiol Commun Res*. 2013;18(3):186-93.
21. Hickey M, Basu P, Sassarini J, Stegmann ME, Weiderpass E, Nakawala Chilowa K, et al. Managing menopause after cancer. *The Lancet*. 2024;403(10430):984–96. doi: [https://doi.org/10.1016/S0140-6736\(23\)02802-7](https://doi.org/10.1016/S0140-6736(23)02802-7)
22. Stute P, Ceausu I, Depypere H, Lambrinouaki I, Mueck A, Pérez-López FR, et al. A model of care for healthy menopause and ageing: EMAS position statement. *Maturitas*. 2016;92:1–6. doi: <https://doi.org/10.1016/j.maturitas.2016.06.018>
23. Lee C, Dobson AJ, Brown WJ, Bryson L, Byles J, Warner-Smith P, et al. Cohort Profile: The Australian longitudinal study on Women's Health. *Int J Epidemiol*. 2005;34(5):987–91. doi: <https://doi.org/10.1093/ije/dyi098>
24. Committee E. Menopause and the workplace: Government Response to the Committee's First Report of Session 2022–2023/Fourth Special Report of Session 2022–23. Disponível em: <https://committees.parliament.uk/work/1416/menopause-and-the-workplace/> [2023 Janeiro].

Received: 04/17/2024  
 Reviewed: 09/04/2024  
 Approved: 12/01/2024

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#### Cite this article as:

Vasconcelos LR, Bonfante ILP, Ramkrapes APB, Cavaglieri CR. Menopause Education: Intersectorial approaches, conversational circles and body practices for women in menopausal transition. *Rev. Bras. Ativ. Fis. Saúde*. 2024;29:e0369. doi: [10.12820/rbaf.29e0369](https://doi.org/10.12820/rbaf.29e0369)

# Reviewers' assessment

The reviews of this article were originally conducted in Portuguese. This version has been translated using ChatGPT and subsequently reviewed by the Chief Editors.

## Reviewer A

Did not authorize the publication of the review.

## Reviewer B

Anonymous

### Format

- Does the manuscript comply with the submission guidelines of the Revista Brasileira de Atividade Física e Saúde?  
Partially
- Is the manuscript well-structured, containing the sections: introduction, methods, results, and discussion (conclusion as part of the discussion)?  
Not applicable
- Is the language appropriate, and is the text clear, precise, and objective?  
Partially
- Were any signs of plagiarism observed in the manuscript?  
No

#### Suggestions/comments:

- The article requires proofreading for spelling and grammar (e.g., p. 3, line 6: the appositive is both within commas and parentheses; lines 20-21: "which may be BOTH physiological and psychological"). Additionally, the formatting of references needs to be reviewed (some journal titles are written in full while others are abbreviated).

### Abstract

- Are the abstract and summary appropriate (including objective, information about study participants, studied variables, main results, and a conclusion) and do they reflect the manuscript's content?  
Yes

#### Suggestions/comments:

- In the abstract (line 11), I suggest replacing "encourage" with "present a contextualized framework for working with educational content...".

### Introduction

- Is the research problem clearly stated and defined?  
Not applicable

- Is the research problem appropriately contextualized within existing knowledge, moving from general to specific?  
Not applicable
- Are the reasons justifying the study's need (including the authors' assumptions about the problem) well-established?  
Yes
- Are the references supporting the research problem up-to-date and relevant to the topic?  
Yes
- Is the objective clearly presented?  
No

#### Suggestions/comments:

- It seems the manuscript's objective is to present the problem of community unawareness about the climacteric and propose a strategy to address this issue with the target audience, including suggestions for methods (lectures and discussion groups) and topics to cover.
- On p. 5, lines 5-8, it would be beneficial to include references on perceived barriers to physical activity (studies with women) to support your statement.

### Methods

- Are the methodological procedures generally appropriate for studying the research problem?  
Not applicable
- Are the methodological procedures described in sufficient detail?  
Not applicable
- Is the procedure for selecting or recruiting participants appropriate for the study problem and described clearly?  
Not applicable
- Are details provided about data collection instruments, their psychometric properties (e.g., reliability, internal consistency, validity), and, where relevant, operational definitions of variables?  
Not applicable
- Is the data analysis plan appropriate and well-described?  
Not applicable
- Are inclusion/exclusion criteria for participants ad-

equately described?

Not applicable

- Do the authors clarify ethical procedures adopted in the study?

Not applicable

**Suggestions/comments:**

- I recommend reconsidering the community engagement methods. Lectures often result in limited engagement since the audience takes on a passive role, which might be less effective compared to discussion groups starting with the participants' knowledge of the topic. Building on their knowledge collaboratively may resonate more with participants and foster greater engagement during the activity.
- Among the suggested themes, consider incorporating an activity like "Fact or Myth about Climacteric/Menopause," where statements from participants themselves could serve as a starting point.

## Results

- Are the use of tables and figures appropriate and do they facilitate proper communication of study results?

Not applicable

- Is the number of illustrations in line with submission guidelines?

Not applicable

- Does the manuscript present the number of participants at each stage, as well as the reasons for losses and refusals?

Not applicable

- Are participant characteristics sufficiently described?

Not applicable

- Are the results presented clearly, highlighting the main findings and avoiding unnecessary repetition?

Not applicable

**Suggestions/comments:**

- This is a theoretical essay.

## Discussion

- Are the main findings of the study presented?

Not applicable

- Are the study's limitations and strengths discussed?

Not applicable

- Are the results discussed considering the study's

limitations and existing knowledge?

Not applicable

- Do the authors discuss the potential contributions of the findings to scientific development, innovation, or real-world interventions?

Not applicable

**Suggestions/comments:**

- This is a theoretical essay.

## Conclusion

- Is the conclusion adequately presented and aligned with the study's objective?

Partially

- Is the conclusion original?

Not applicable

**Suggestions/comments:**

- I believe that health education will help women navigate this critical period with less anxiety, as they will better understand what is happening to their bodies (and minds) and learn about strategies to improve their well-being perception.

## References

- Are the references up-to-date and sufficient?

Partially

- Are most references composed of original articles?

Yes

- Do the references comply with the journal's guidelines (quantity and format)?

Partially

- Are in-text citations appropriate, substantiating the claims made in the text?

Partially

**Suggestions/comments:**

- Check whether reference 10 is the most current regarding the number of women in the climacteric phase and those experiencing menopause.

## Comments to the Author

- The manuscript has potential for publication as it addresses an important topic that lacks information among the non-scientific community. However, substantial revisions are necessary, including a review of Portuguese language usage.

## Final Recommendation (Decision)

- Major revisions required.