

A VIVÊNCIA DO CLIMATÉRIO PARA MULHERES SEM FILHOS
THE EXPERIENCE OF THE CLIMACTERIC PERIOD FOR WOMEN WITHOUT CHILDREN
LA VIVENCIA DEL CLIMATERIO PARA MUJERES SIN HIJOS

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RESUMO

Introdução: O climatério é um período de modificações da função ovariana com alterações psíquicas, endócrinas e somáticas. Essa fase tem sido alvo de poucos estudos e vários tabus por muitos anos.

Objetivos: Compreender a vivência do climatério para as mulheres sem filhos.

Métodos: Estudo descritivo exploratório com abordagem qualitativa. Foram entrevistadas dez mulheres sem filhos, na faixa etária entre 45 e 60 anos, atendidas na rede básica de saúde. A análise dos dados foi fundamentada na Análise Temática.

Resultados: A partir da análise foram construídos os temas: Sentimentos por não serem mães, Motivos da não maternidade e Formas de compensação.

Conclusões: O conhecimento da vivência do climatério pelas mulheres sem filhos permitiu reconhecer e compreender os sentimentos de frustração, impotência e fracasso por não serem mães. O abandono familiar, solidão, a estigmatização e a diminuição do convívio social são manifestações presentes. Entretanto, existem aquelas que optam pela não maternidade, privilegiando a autonomia, vida profissional e instinto materno. Como formas de compensação, substituem a ausência de filhos com dedicação a sobrinhos, estudantes e animais.

Palavras-chave: Climatério; Saúde da mulher; Infertilidade; Identidade de gênero; Feminilidade

ABSTRACT

Introduction: The climacteric period is a phase of modifications in the ovarian function that presents psychic, endocrine and somatic changes. This phase has been the subject of few studies and it has been the target of several taboos for many years.

Objectives: To understand the climacteric experience of women without children.

Methods: Exploratory descriptive study with a qualitative approach. Ten women, without children, attended in the basic health network were interviewed. The analysis of data was based on the Thematic Analysis.

Results: The following themes were developed based on the analysis: Feelings for not being mothers, Reasons for non-maternity and Forms of compensation.

Conclusions: The knowledge on the climacteric experience of women without children made it possible to recognize and understand the feelings of frustration, impotence and failure for not being mothers. Family abandonment, loneliness, stigmatization, and the reduction of social interaction are present manifestations. However, there are those women that opt for non-maternity, privileging autonomy, professional life and maternal instinct. To compensate, they replace the absence of children with dedication to nephews, students and pets.

Keywords: Climacteric period; Women's health; Infertility; Gender identity; Femininity.

RESUMEN

Introducción: El climaterio es un periodo de modificaciones en la función de los ovarios con alteraciones psíquicas, endócrinas y somáticas. Esa fase ha sido objeto de pocos estudios y varios tabús por muchos años.

Objetivos: Comprender la vivencia del climaterio para mujeres sin hijos.

Métodos: Estudio descriptivo exploratorio con abordaje cualitativa. Han sido entrevistadas diez mujeres sin hijos, con edad entre 45 y 60 años, atendidas en la red básica de salud. El análisis de los datos han sido fundamentados en el Análisis Temático.

Resultados: A partir del análisis han sido levantados los temas: Sentimientos por no ser madres; Motivos de la no maternidad y Maneras de compensación.

Conclusiones: El conocimiento de la vivencia del climaterio por las mujeres sin hijos ha permitido reconocer y comprender los sentimientos de frustración, impotencia por no ser madres. El abandono familiar, soledad, la estigmatización y la reducción del convívio familiar son manifestaciones presentes. Mientras tanto, existen aquellas que optan por no ser madre, priorizando su autonomía, vida profesional e instinto materno. Como formas de compensación, sustituyen la ausencia de los hijos dedicándose a los sobrinos, estudiantes y animales.

Palabras-clave: Climaterio; Salud de la mujer; Infertilidad; Identidad de género; Feminilidad.

INTRODUCTION

The aging process in Brazil and in the world represents an unprecedented phenomenon of great magnitude for the social, economic and political spheres, with significant repercussions especially in the family and health services. Important rearrangements are necessary in order to deal with this situation without compromising the quality of life of aging people. The World Health Organization, considering as elderly people aged 60 years old for developing countries and 65 years old for developed countries, estimates that there will be more than two billion elderly people in the world by the year 2050. In Brazil, estimates indicate that in 2025 there will be 34 million elderly people (United Nations Organization, 2014).

The aging process, however, does not occur in a uniform way, highlighting the feminization of old age throughout the world. In Brazil, women's life expectancy is currently 72.4 years old. In 2010, the Brazilian female population totaled over 97 million women. In this context, about 33 million were between 35 and 65 years old, which meaning that 34.0% of the women were in the climacteric phase (Instituto Brasileiro de Geografia e Estatística, 2011).

Women's health was integrated into national policies in the early twentieth century and has been developing since the 1970s, when the Health Ministry (HM) presented the concept of women's health, focused on maternal health or on absence of damage to reproduction. In 1994, HM issued the Climacteric Period Assistance Standard, and in 1999, the Technical Area of Women's Health in this Ministry incorporated the attention to health care of women over 50 years old. In 2003, the technical area made the political decision to initiate health actions for climacteric women, including Principles and Guidelines in the National Policy for Integral Attention to Women's Health. In the Plan of Action, the aim was to implement attention to women's health in the climacteric period and to increase access to this, qualifying the attention with defined actions and indicators (Brazil, 2008).

However, in relation to evidence regarding public policies on women's health care and its main aspects, it was verified that policies and programs tried to discuss women's needs, especially with regard to violence against them, but this was not adequately addressed. In addition, the studies that were found emphasize maternal and child care, violence against women, prevention of cervical cancer and breast cancer, attention to women carrying the virus of Acquired Immunodeficiency Syndrome and indigenous women (Gomes, Costa Silva, Franco de Sa, & Oliveira, 2017).

The lack of approach to climacteric women becomes evident. It is a phase of life that is very complex and it requires the attention of health professionals so that women can live longer and better.

Many women go through the climacteric period naturally, without complaints, without using medications, while others have symptoms that vary in diversity and intensity. During this period, the woman experiences physiological, emotional, social and economic changes that can negatively influence the activities carried out in daily life. Regarding perceptions and meanings attributed by these women to the impact of the climacteric period on daily activities and occupational roles, it is observed that social prejudice and lack of knowledge about the changes that occur in this phase constitute an obstacle to the performance of several activities, affecting the necessary care with health and impairing their quality of life. Other women are more adaptive. It is pointed the importance of understanding the changes, perceptions and meanings of the climacteric period by women and health professionals for the integral care and appreciation of their individuality (Cardoso & Camargo, 2015).

In general, women experience this stage alone and silently, with little information. For this reason, it is considered that the interventions should value their well-being with emphasis on the subjective and cultural aspects of the complaints (Lorenzi, Catan, Moreira, & Ártico, 2009; Silva Filho & Costa, 2008).

It is necessary to consider that, in contemporary society, there are multiple roles played by women. Thus, many times it was not possible to play the role of mother. The present study assumes that, in this phase of life, the woman starts to present controversial feelings regarding the choice of non-maternity. It is assumed, then, that this woman without children, with a partner or not, needs specialized attention in this moment of life. Therefore, this study is aimed understanding the climacteric experience for women without children.

1. METHODS

This is a descriptive study, with a qualitative approach, carried out with climacteric women that did not have children.

1.1 Sample

The study included climacteric ten women without children, aged 45 to 60 years old, that had the psycho-cognitive conditions to provide the information in an independent way.

1.2 Instruments and procedures for data collection

A non-probabilistic sample was composed of ten climacteric women without children, in the defined age group. The study was conducted in four Traditional Basic Health Units and in nine Units of the Family Health Strategy; and the city where the study was carried out has a population of approximately 230,000 inhabitants and primary care has 34 USF (Health Units of Family) and 12 UBS (Basic Health Units). The units were selected considering the attendance number of women aged 45 to 60 years old. The invitation to participate in the study was made when they came to the unit for follow-up, from May to June 2015, after approval

of the Research Ethics Committee. Women with cognitive and / or psychiatric disorders that could not provide reliable information were excluded.

Data were collected through semi-structured interviews, using an instrument with sociodemographic data and the following guiding question: Tell me how it is to experience this moment of life without children. The interviews were closed at the moment of data saturation (Minayo, 2017).

1.3 Statistical Analysis

For the analysis of the obtained data, it was chosen the technique of thematic analysis, a qualitative analytical method used to identify, analyze and report patterns (themes) within the data and to interpret several aspects of these themes. This form of analysis allows great flexibility, since the process of coding the data is not fixed a priori, that is, the themes are extracted from the data itself. The phases of the thematic analysis include: 1- Familiarization with the data; 2- Generation of the initial codes; 3- Search of topics; 4- Review topics; 5- Definition and naming of themes and 6- Production of the report (Braun & Clarke, 2006).

The ethical precepts contained in the National Health Council were considered and the study was approved by The Research Ethics Committee (Resolution No. 510, 2016) of Universidade Estadual Paulista – UNESP- Botucatu, São Paulo, Brazil. Participating women were given the informed consent form, and in order to guarantee their anonymity, the interviews were transcribed in full, identified with the letter "C", followed by numbering, such as C1, C2 successively.

2. RESULTS

The participants of the study were ten women aged between 45 and 60 years old. Among them, five declared themselves as white, six were single and seven had higher education. With regard to work, nine women work in paid activities, with family income declared as up to five minimum wages, and seven of them had a supplementary health plan. Almost all (nine women) use regular medications.

The obtained data analysis culminate in the definition of three thematic categories, captured in the speeches of climacteric women without children, as follows: Negative feelings for not being mothers, Reasons for non-maternity and Forms of Compensation, as shown in figure 1 below:

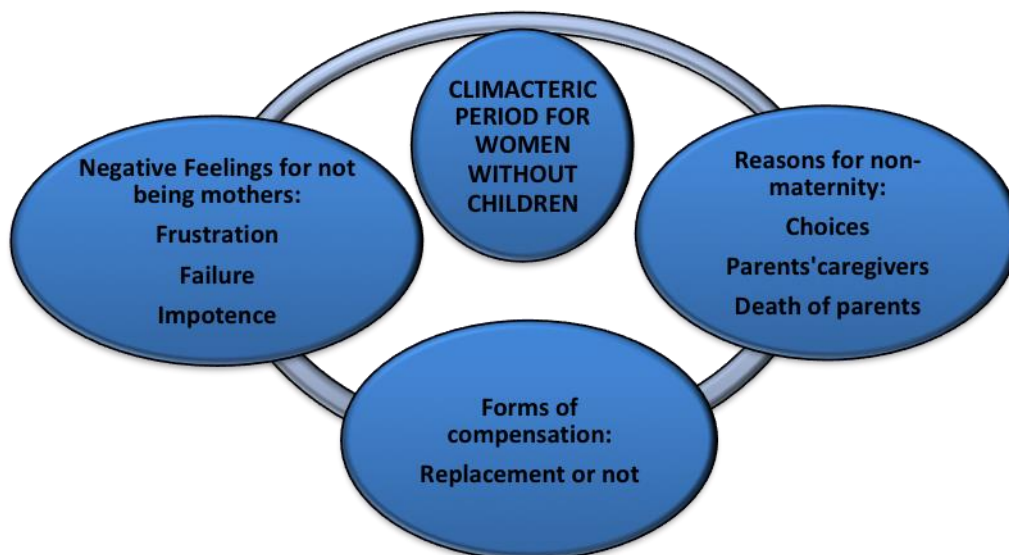


Figure1 – Thematic Map

2.1 Negative feelings about not being mothers

Women report feelings of frustration, failure, and impotence because they did not have children. They reflect on how old they are. They wanted to have constituted their families and some of them mentioned reproductive problems, even with advanced treatments for infertility, such as the assisted reproduction. They admit to like children, but they consider that God did not allow them to become mothers. Other women acknowledge that they have made the choice not to have children because they do not feel prepared to care for them. They also point out that if the person does not have economic and emotional conditions to have

children; it is wiser not to have them. They believe that children need a father and a mother and not just a mother. And since they are not mothers, some are dedicated to other activities, such as raising animals, according to the following lines:

"[...] I am almost forty-seven years old. I feel like having a family, a partner. Everyone has, no one wants to be alone. I had no children. At this stage of life, it means so much to have built a family, to have had a husband, children, because the parents left and each one builds his own family. This phase of the climacteric period was very difficult for me; it was the realization of my failure [...]" (C5).

[...] "... I really wanted to be a mother, I made several attempts at assisted reproduction, but since it was not meant to be, we raised dogs at home. We made several attempts [...]" C7

"[...] Ah! I've always liked children. But God did not give me children. I feel frustration [...]" (C33).

Few deponents, when they see children with their mothers, report that being a mother is very important in life. They report that although they present professional development, the role of mother and the family conception were not renounced.

The participants that wanted to have children presented ambivalence. For some women being a mother is, in fact, something expected and magnificent. However, they recognize the difficulties that motherhood imposes, such as responsibilities, concerns, problems that arise from the growth and education of children to justify the choice they made.

They also regret at this stage of life for not being mothers and they report that if they were younger they would have had their children.

"I do not suffer, but I regret it. When I was about twenty-five, thirty years old I could have had a child. Today he could be my companion, I think I wanted to have children, I feel frustration. "I will not have it, my generation stopped at me." I have always turned to the professional and to the affective question; my question of being a woman, mother, of constituting a family was in the second plane ... "(C9).

"[...] I regret it. So if I was at least twenty-five years old, I would have had a child. I feel calm, because today mothers do not sleep in peace, they are lying down thinking "what is my child doing? Is he/she involved with drugs?" [...]" (C11).

They report that they have limited social relationships. They say that parents became dependent on care or they died, siblings move away and relationships become scarce, dissociated and diminished just in the climacteric period, when they develop greater sensitivity and awareness. What will they do in the future? It is difficult to belong to a group in the community because they are single and have no family. So they feel stigmatized. They have forgotten about this fact at some point in life but now they know that the family is lacking.

"Social relations are restricted. Married people that have children usually relate to married people and their children. I watch that. They have what to talk about; there is an exchange of experiences. These people think they look better. In this space, I have difficulties, I do not have many people around me that are married and have children. Not even in my family "(C9).

"[...] I have no friends. There is always that person you talk to, you ask for a suggestion, but they are few "(C9, C24, C33, C29).

"[...] At that moment in life, those that did not get married, did not make up their family get lost. So I do not know when it happened (C5).

"[...] I get along well with my sisters. With my father and my mother, it's kind of difficult. They are very stubborn. [...]" (C11, C5).

"[...] we work and if you do not have a social network, a relationship with people, you are absolutely alone [...]" C9.

Some women report that they experienced moments of illness and family disagreements in middle age. In this way, they go in search of self-care to improve the quality of life. They question themselves that if they are not close to their relatives, who will take care of them? Will they go to nursing homes or skilled nursing care clinics?

"[...] at 41years old I had breast cancer and it was a shock for the family" (C5).

"[...] I do not have many friends; I do not make many friends easily. Not even in my family. I would need to be taking care of it [...]" (C9)

"[...] if I do not have my sisters alive, I will have to go to a rest home. Children are wonderful. I am against those that do not have all the psychological, financial and emotional aspects to take care of their children [...]" (C12).

The women in the present study declare that because they did not have their children, they are seen by society in an unequal way. They are often questioned about the reasons for not being mothers and about their reproductive capacity. They realize that, in the past, questionings were more common. They note that with modernity there is acceptance of society for women that choose not to have children. They are more valued.

"[...] Have you never had children? But are you infertile? "" Ah! I cannot tell you why I never had children. I chose not to have children. "Most people think it is very strange for a woman not to take motherhood, not have the desire to have children and not to have children" (C8, C24).

"It's already a bit more common for a woman not to have had children because she did not want to. It used to be a horror! I remember when I was younger, old enough to have children, and hardly anyone understood that. Now there is a slightly greater acceptance. Even so, it is kind of difficult. If you do not have a well-formed and firm thought of what you want or, in this case, of what you do not want, I think it might affect the person "(C8).

Women report that they need to escape the questionings and they are even able to wear wedding rings to be seen as married. This is a way to avoid stigma because they have no children and because they are still single. Some women are questioned by others about their sexual orientation and report that they are bullied because they are not accepted in their social environment.

"My mother questioned me a lot." No, because you have to have a child, because you have to think about your old age, a company. It's good that you do not want to get married, but a child is important "(C24).

"People used to have these questionings, but now, it does not happen anymore. But as soon as I've decided and got married, wow! It was the same question all the time: And the baby? My answer: I do not want to have a child. Nobody seems to understand you "(C11).

"[...] I suffered a lot. I even bought a wedding ring to wear because I was going to have a job interview. I used to say I was engaged, or married, because there was a lot of prejudice. I was afraid that sometimes I would not be able to get the job. "Wow, 40 years old and single?" "She is lesbian!" [C29].

Women reflect on their reproductive role, since for many of them, the natural cycle of life is still to be born, to grow, to get married, and to have children. They reiterate that there is a demand from society to develop the role of being a mother.

"[...] the cycle of life is very strange. It is: to be born, to grow, to get married, to multiply, it is the cycle. So nowadays it is difficult for you in the research to find a woman or a man that does not have a child. But it's difficult when people ask us: but you did not have children? They consider it weird [...]"(C11).

"[...] No, neither my family nor his. They do not make questions. They only respect our choice (C20).

2.2 Justifications for non-maternity

The participants of the present study make reflections on the choice of not being mothers. Even when they are suffering from the loss of their parents or even developing the role of their caregivers in this moment of life, they express that they do not regret the option of not being a mother.

"Today, I perceive more clearly that perhaps I never wanted to have children [...]" (C20).

"[...] I think I never wanted to have children. I am not prepared in this life to have a child, to take care of a child "(C29).

"[...] I had no regrets of not having children, because it was my decision. I already lost my parents. Then you start to think, "My God, who am I going to stay with now? How is it going to be? But, no use. Are you going to get overwhelmed?"(C8, C24).

"I feel like we're okay, since we had no child, let me take care of this, that, follow my life, but if it comes, welcome, but it is also OK if it does not come, I do not cry at any moment; it is an option: I am not prepared to have a child, to take care of a child, I do not miss it; I like children but other people's children, they come and visit here and you hold them a little bit "(C20).

"I have always lived with my parents, they always needed help, caring, attention, I live to take care of them" (C11, C29).

"I moved to my parents' house to take care of them that were already a certain age, now my father passed away, then my mother passed away" (C8, C21).

Climacteric women without children value their independence. They note that when they were young, they sought forms of autonomy, to work, to leave their parents' house early with the desire of not depending on anyone.

"[...] I always like to do things, I like to be independent. To solve things. I do not like being tied to anyone. Neither a child nor a husband. I've always had to do my things. I worked, studied, took care of myself, and looked after my family "(C29).

"My life has always been very tumultuous always autonomous, being a hired worker; I have always had a very hectic life. To support myself, there is no other person for me, a lot of responsibility, a lot of burden, a lot of work at the same time, working with children, with education. So there is a time that, in a week, I work with 500 children. It's a lot of tension in the commitments, the work, in relation to the house (C9). "

2.3 Ways of compensation

The participants of the present study look for ways to replace the absence of children, transferring relations of affection and love for nephews, students or pets. Others point out that it is not a replacement for animals or nephews because they have not had children, but they are able to reassure themselves and distract themselves by caring for animals, children, adolescents and students.

"[...] perhaps, a pet (...)" (C8, C5, C20).

"[...] I have the students, other things to think about. It calms me down and does not leave me a void. It does not let me think that "Ah! If I had a child I would be a better person, a better woman "(C9).

"[...] I have nephews that I helped to raise; I have other ways of raising, of loving the children of my friends, the students, of whom I end up caring ..." (C5, C12).

"[...] it is not a replacement, I can distinguish what an animal is and what a human being is, nothing to do with it. I'm happy with flowers, so you can see that it's different, if it was just that, you'd say it's a disease [...]"(C12, C33).

"[...] I really wanted to have children, but since it was not meant to be, we raised dogs at home, we made several attempts [...]" (C7).

"It's such an excess of love for this nephew. I took care of him since he was four months until he was a half year old (C5, C12)

3. DISCUSSION

Understanding the climacteric experience for women without children examined in the basic health network allowed us to increase the knowledge of the particular needs, not always recognized by health professionals, families, communities, by the woman herself and executed from the existing public policies for the service to those that are still being institutionalized and operationalized.

Some participants experience reproductive problems, seek treatment and others have no desire for motherhood, but the social and cultural imposition ends up arousing in these women sensations of indignation for not being welcomed and understood in this context of life.

One study has questioned how non-mother women rebuild their maternal instincts. In the collective imagination, the idea that children could free women from loneliness was strengthened. Some have wanted and want children, others have opted for childless lives, and others have been led to a life without children because of lack of marriage or of an affective partner. However, what is clear in their narratives are the various ways of being. Many of them stated that they would never be able to "fulfill" the obligations that the maternal role demands. The renunciation is not relative to the child itself, but it is a refusal to the required maternity model. Choosing other forms of affection, of life, of desires and having to justify the absence of children can bother in different ways, or even not bother at all. The articulation between motherhood and fate was broken, at least partially, for the great part of the interviewed women (Vázquez, 2016)

In another study carried out with women from Rio de Janeiro of different age groups and social classes, they declare that they did not wish to have children. In the view of these women, the ideal female figure is to be able to reconcile professional life with work. It was observed that the feminine identity goes through a transition in which the traditional models (woman-mother and also woman-mother-professional) has been transformed by other contemporary models in which men and women are free to make their choices, to fulfill their dreams, have their desires and aspirations (Barbosa & Rocha-Coutinho, 2012).

Women say they like their autonomy and professional development. They do not want anyone to depend on their care or their company, they value freedom.

The transformation of the women's role into modern society may have resulted from the independence achieved through their performance outside the home. This autonomy has led to changes in the family organization. The pattern of reproduction

among women has differed from that one of previous years, when they got married and had children earlier. This can be justified by the cultural, social and economic transformations that occurred in 20th century society (Heras Pérez, Governed Tejedor, Mora Cepeda, & Almaraz Gómez, 2011)

Another study corroborated the postponement of motherhood in contemporary times. It is explained that there is an increasing demand of women towards their partners, which tends to hamper the stability of unions, culminating in the impossibility of maternity for exceeding the biological age of fertility, without a relationship that leads to conception (Lima, 2013).

There is also a study aimed at understanding the meanings of the climacteric period for women without children, which showed that these women recognize the feelings of frustration, impotence and failure because they were not mothers and did not contribute to the continuity of the generation. Family abandonment, loneliness, discrimination and reduction of social interaction are manifestations that are present in their lives. However, there are those who choose non-maternity, valuing autonomy, and professional life despite the maternal instinct. As a form of compensation, they replace the absence of children by pets, nephews or students (Mazzetto, Ferreira, Marin, & Orso, 2018).

On the other hand, a study aimed to know the meanings of motherhood for the adolescents seen by the Family Health Strategy (ESF). The reasons that led adolescents to gestation were the non-use of methods of contraception and the desire for motherhood. The changes that occurred after the birth of the child included new responsibilities and the abandonment of recreation activities, friendships, study and work. Regarding future projects, they show concerns about good quality of life for their children (Torres et al., 2018).

In the present study, participants report that they regret the fact that they did not have children, but at the same time, they observe that having children at this time is a lot of work and worries besides being a high financial cost.

A study on the representation of maternity for non-mothers by option shows that a child would be one more responsibility among so many that the woman is forced to assume socially. They reflect on the social conception of a woman as a mother, placing motherhood as a destination for the biological condition of being born a woman (Patias & Buaes, 2012).

One study has shown that in today's society there are external and internal demands, for women to study, to work, to progress professionally and to be autonomous. This work overload does not happen without losses. The lack of time and health care are some of the damages that occur due to excessive dedication to work. Thus, one can perceive the source of personal and financial satisfaction, which is different from that one expected by women of the nineteenth and twentieth centuries, when their role was restricted to being a good mother and wife (Lopes, Dellazzana-Zanon, & Boeckel, 2014).

Because they are not mothers, the women in this study, due to the fact that they are not mothers, admit that they have suffered questionings at work, in the family, from friends and neighbors. They are considered different, and they are discriminated as infertile and even homo-affective.

In a study aimed at going through the experiences of perinatal care of lesbian users in the metropolitan region of Chile in 2016, there were positive experiences of lesbian women about their gestation, delivery and puerperium processes; they received a welcome treatment and without discrimination of health care providers. There is acceptance of health professionals regarding homosexual families and the visibility of homosexuality. The empowerment and the self-esteem of users favor the doctor-patient relationship. However, alternatives to achieve motherhood are not accessible to the entire population due to their high cost (Videla & Muñoz, 2018).

The social roles of men and women in relation to the conception and attention with the children are modified throughout history and socioeconomic development of the social groups. Motherhood has had different social values. Today it can be devalued if we reflect on the fact that there are mothers that give birth to their children and then give them to the care of other people (Gradvohl, Osis, & Makuch, 2014)

Aimed at investigating the multiple roles of contemporary women and the relationship between this multiplicity and late motherhood, the research revealed three themes: multiplicities of contemporary women's roles, reflections on motherhood and late motherhood versus current routine. Women have too many roles, but they are happy to take on so many responsibilities. On the other hand, despite their desire for late motherhood, they present feelings of fear, insecurity and ambivalence about their choice (Lopes, Dellazzana-Zanon, & Boeckel, 2014).

In the present study, climacteric women without children often are caregivers of their parents, or nephews, and even pets. It was observed that these women take care of their relatives because parents are dependent on them and also because they have no other option of life.

A study aimed to characterize socio-demographically the elderly caregivers of the elderly at home and to understand the reasons that led them to provide this care. The reasons for caring were associated with lack of choice; established bond between the caregiver and elderly person; absence of financial conditions to hire a caregiver. It was evidenced that the elderly caregivers presented an expected sociodemographic profile of women, wives, with low level of schooling and income (Almeida, Menezes, Freitas, & Pedreira, 2018).

In the 1970s, marrying and having children was a "natural" condition. However, when women began to control their fertility and to lead their reproductive paths, having children was no longer part of the social role. There was then a decline in fertility by the argument of women that worked away from home, by diversifying the female way of life. A new model of a childless couple or

of the single woman without children emerges. Thus, becoming a parent is no longer a business or destination issue. Therefore, women began to perceive a change, since new meanings emerged from what it is to be a mother (Badinter, 2011).

Some studies show that, despite the transformations in conceptions and practices of infertility, the condition of infertility has been a problem for women, going through centuries of histories and breaking geographic and cultural limits (Del Priore, 2001). One study confirms that among the reasons pointed out by women, associated with the experience of not being a mother, a professional career is indicated as the main reason. As a result of this option, these women have been subjected to pressure from society, pressures that culminate in the ambivalence of their feelings. It is highlighted that all of them have experienced conflicting love relationships in the course of their lives. On the other hand, they declare to have an expressive social support network (Fidelis & Mosmann, 2013). The limitations of the study are related to the qualitative approach that restricts the generalization of the results. And there is also limitation of the updated literature that addresses this theme.

CONCLUSIONS

The understanding of the climacteric experience, presented by women without children and examined at the basic health network, allowed us to recognize the feelings of frustration, impotence and failure caused by the fact of not being mothers. The limitation of family relationships and solitude as well as stigmatization and social shrinkage are aspects referred to by them in middle age. They chose not to have children, privileging freedom and professional life and, in the mature phase, they present forms of compensations in life for not being mothers, replacing the absence of children by nephews, students, and pets and also by developing the role of caregivers of their parents or family. Concerning the development of several social roles, including maternity, longevity, well-being, emotional aspect and working and living activities; it is a situation that should be looked at carefully and this should be welcomed by the qualified health team and for themselves in search of a life healthier life. The basis for a good old age requires a warm and specialized environment, which helps the elderly in the process of life reformulation, facing limitations and structuring projects. At that moment, the demystification of the climacteric period by health professionals and community is of extreme importance.

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