





Contributions of support networks to sexual quality of life during climacteric: a scoping review*

Contribuições das redes de apoio na qualidade de vida sexual no climatério: revisão de escopo

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ABSTRACT

Objective: to map the contributions of support networks to the quality of sexual life during the climacteric. **Methods:** a scoping review was conducted across seven databases, supplemented by gray literature from Google Scholar, the Brazilian Digital Library of Theses and Dissertations, and the Catalog of Theses and Dissertations, with no time limit. **Results:** of the 2,507 identified studies, eight met the eligibility criteria. Informal support networks contributed through access to information, healthy habits, and symptom management; however, they presented weaknesses regarding effective communication, delayed diagnoses, and medicalized practices. Formal support networks fostered emotional well-being, sexual pleasure, and positive attitudes toward sexuality, yet showed limitations such as social prejudices, inadequate support, and depressive symptoms. **Conclusion:** the evidence shows that support networks contribute to the quality of sexual life during the climacteric by assisting in coping with the changes of this period and the experience of sexuality, although causality cannot be established. **Contributions to practice:** the findings of this review reinforce the importance of multiprofessional and intersectoral action in creating and maintaining effective support networks that welcome and guide women during the climacteric. **Descriptors:** Climacteric; Quality of Life; Sexual Health; Review.

RESUMO

Objetivo: mapear as contribuições das redes de apoio na qualidade de vida sexual no climatério. **Métodos:** revisão de escopo realizada em sete bases de dados, além da literatura cinzenta disponível no *Google Scholar*, na Biblioteca Digital Brasileira de Teses e Dissertações e no Catálogo de Teses e Dissertações, sem limite temporal. **Resultados:** dos 2.507 estudos identificados, oito atenderam aos critérios de elegibilidade. As redes de apoio informais contribuíram com o acesso a informações, hábitos saudáveis e controle de sintomas, mas apresentaram fragilidades com a comunicação eficaz, diagnósticos tardios e práticas medicalizadas. As redes de apoio formais favorecem para o bem-estar emocional, prazer sexual e atitudes positivas em relação à sexualidade, porém mostraram limitações como preconceitos sociais, suporte inadequado e sintomas depressivos. **Conclusão:** as evidências mostram que as redes de apoio contribuem para a qualidade de vida sexual no climatério, ao se relacionarem com o enfrentamento das mudanças desse período e com a vivência da sexualidade, embora não seja possível estabelecer causalidade. **Contribuições para a prática:** os achados desta revisão reforçam a importância da atuação multiprofissional e intersectorial na criação e manutenção de redes de apoio eficazes, que acolham e orientem mulheres no climatério. **Descritores:** Climatério; Qualidade de Vida; Saúde Sexual; Revisão.

Introduction

The number of women in menopausal transition and postmenopause has progressively increased due to population aging. Global estimates indicate that approximately 1.94 billion women are currently in the climacteric period, with about 894 million being postmenopausal. Demographic projections suggest that by 2030, approximately 1.2 billion women worldwide will be postmenopausal. In Brazil, about 18 million women present symptoms related to the climacteric⁽¹⁾.

The climacteric corresponds to a biological process characterized by morphophysiological and behavioral changes associated with the transition from the reproductive to the non-reproductive period. It generally begins around the age of 40 and can extend to approximately 65 years. Although considered a physiological event in the lives of cisgender women, the experience of this period is heterogeneous and can be permeated by different meanings and repercussions, including aspects related to sexuality, especially among those who remain sexually active⁽²⁻³⁾.

Among the frequently described manifestations are vasomotor symptoms, urogenital changes, psychosocial manifestations, and depressive symptoms, which can impact the experience of sexuality. Furthermore, familial, social, cultural, healthcare, and religious factors influence how sexuality is perceived and experienced during this period, potentially impacting the quality of sexual life and, consequently, the demands presented to health services⁽⁴⁾.

Within the context of these experiences, support networks stand out, which can be classified as formal and informal. Formal networks comprise institutionalized services and trained professionals offering specialized assistance, such as health services, support groups, and government programs. In contrast, informal networks refer to interpersonal bonds established with family, friends, the community, and partners, responsible for emotional, social, and practical support⁽⁵⁻⁶⁾.

Considering the complexity of the dimensions involved in the experience of sexuality during the cli-

macteric, it is pertinent to map how support networks have been addressed in the scientific literature in this context. This study aimed to map the contributions of support networks to the quality of sexual life during the climacteric.

Methods

Study design

This is a scoping review conducted in accordance with the methodological recommendations of the JBI Manual for Scoping Reviews⁽⁷⁾ and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist⁽⁸⁾. The protocol for this review was registered in the Open Science Framework under the identifier DOI: <https://doi.org/10.17605/OSF.IO/MKAG4>.

As recommended by the JBI, no assessment of methodological quality or risk of bias of the included studies was performed, as the objective of this type of review is to map evidence rather than critically evaluate the methodological robustness of scientific productions.

Study stages and period

Nine steps were followed: Defining and aligning the objective(s) and question(s); Developing and aligning the inclusion criteria with the objective(s) and question(s); Describing the planned approach for searching, selecting, extracting data, and presenting evidence; Searching for evidence; Selecting the evidence; Extracting the evidence; Analyzing the evidence; Presenting the results; and Summarizing the evidence in relation to the purpose of the review, drawing conclusions, and noting any implications of the findings⁽⁹⁾.

On May 16, 2024, a preliminary search for review studies with a similar theme was conducted in the JBI Evidence Synthesis, Cochrane Database of Systematic Reviews, and the Online System for Search and Analysis of Medical Literature (MEDLINE) via

PubMed. Reviews addressing women’s quality of life during the climacteric in a broad manner were identified; however, no reviews were found with the same object of study proposed in this work, which focuses specifically on sexual quality of life. Thus, the evidence mapping for the present research was performed on November 7, 2024.

Research question

To construct the research question, the PCC acronym—which considers aspects of Population, Concept, and Context—was used⁽⁷⁾: Population (women in the climacteric); Concept (sexual quality of life); and Context (support network), resulting in the following question: what are the contributions of support networks to the sexual quality of life of women in the climacteric?

Eligibility criteria

For the eligibility criteria, studies whose population consisted of women in the climacteric period were included; the concept had to relate to sexual quality of life; and they had to contain information on formal and informal support networks. Furthermore, primary research—quantitative or qualitative, of various methodological designs—was included without language or publication period restrictions.

Editorials, letters to the editor, abstracts in event proceedings, protocols, incomplete articles, studies in the project phase or lacking results, books, and

manuals were excluded. Additionally, the following reasons for exclusion were listed in the PRISMA flow: absence of results related to the investigated theme; studies addressing sexual quality of life without mention of support networks; inadequate design; and studies mentioning the climacteric without specifying the sexual dimension.

Search strategy

The search strategy was defined using two controlled health vocabularies: Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH), utilizing synonyms in plural and singular forms and natural language to expand the search results in the databases.

To identify published studies, the following databases were consulted: Medical Literature Analysis and Retrieval System Online (MEDLINE) via PubMed, Latin American and Caribbean Health Sciences Literature (LILACS), Nursing Database (BDENF), Web of Science, SCOPUS, Cochrane Library, and Excerpta Medica Database (EMBASE). The gray literature search⁽¹⁰⁾ took place in Google Scholar, the Brazilian Digital Library of Theses and Dissertations (BDTD), and the Catalog of Theses and Dissertations (CTD).

Access to the search sources for LILACS and BDENF occurred through the Virtual Health Library (VHL), while others were accessed via the CAPES Periodicals Portal. The search was performed according to the criteria of each database, including the use of special characters (quotation marks and parentheses). The search strategies are described in Figure 1.

Databases/Other sources	Search strategies
MEDLINE 11/06/2024 at 2 PM	((“climacteric” OR “climacterics” OR “change of life” OR “life change” OR “life changes” OR “women” OR woman*) AND (“quality of life” OR “life quality” OR “health-related quality of life” OR “HRQOL” OR “meaning in life”) AND (“sexual health”) AND (“social support” OR “social care” OR “perceived social support” OR “social allies”))
LILACS and BDENF 11/06/2024 at 2 PM	(“climacteric” OR “climacterics” OR “change of life” OR “life change” OR “life changes” OR women OR woman) AND (“quality of life” OR “life quality” OR “health-related quality of life” OR “HRQOL” OR “meaning in life”) AND (“sexual health”) AND (“social support” OR “social care” OR “perceived social support” OR “social allies”)
Web of Science 11/06/2024 at 2:15 PM	(“climacteric” OR “climacterics” OR “change of life” OR “life change” OR “life changes”) AND (“quality of life” OR “life quality” OR “health-related quality of life” OR “HRQOL” OR “meaning in life”) AND (“sexual health”) AND (“social support” OR “social care” OR “perceived social support” OR “social allies”)
SCOPUS 16/06/2024 at 1:32 PM	(“climacteric” OR “climacterics” OR “change of life” OR “life change” OR “life changes” OR women) AND (“quality of life” OR “life quality” OR “health-related quality of life” OR “HRQOL” OR “meaning in life”) AND (“sexual health”) AND (“social support” OR “social care” OR “perceived social support” OR “social allies”)

(the Figure 1 continue in the next page...)

Databases/Other sources	Search strategies
Cochrane 16/06/2024 at 1:45 PM	(climacteric OR climacterics OR "change of life" OR "life change" OR "life changes" OR woman) AND ("quality of life" OR "life quality" OR "health-related quality of life" OR "HRQOL" OR "meaning in life") AND ("sexual health") AND ("social support" OR "social care" OR "perceived social support" OR "social allies")
EMBASE 16/06/2024 at 2 PM	('climacteric' OR 'climacterics' OR 'change of life' OR 'life change' OR 'life changes' OR 'women') AND ('quality of life' OR 'life quality' OR 'health-related quality of life' OR 'HRQOL' OR 'meaning in life') AND ('sexual health') AND ('social support' OR 'social care' OR 'perceived social support' OR 'social allies')
Google Scholar 22/07/2024 at 10:52 AM	Climatério AND Qualidade de Vida AND Saúde Sexual AND Apoio Social
BDTD 22/07/2024 at 11:05 AM	Climatério AND Qualidade de Vida AND Saúde Sexual
CTD 22/07/2024 at 11:10 AM	Climacteric AND Quality of Life AND Sexual Health

BDTD: Brazilian Digital Library of Theses and Dissertations; CTD: Catalog of Theses and Dissertations

Figure 1 – Search strategies used. Fortaleza, CE, Brazil, 2025

Study selection

Initially, the search results were exported to the Rayyan® reference manager⁽¹¹⁾. Based on the export containing the collected information, two reviewers independently performed the exclusion of duplicate material, followed by the reading of titles and abstracts, assigning acceptance or denial to each according to the inclusion and exclusion criteria, ensuring a blinded process through the “blind on” feature offered by the system.

Disagreements identified during the screening stage were discussed in a consensus meeting between the two reviewers. A third reviewer was consulted in situations where consensus was not reached after the initial discussion, and their decision was considered final for defining study eligibility.

Subsequently, potentially eligible texts were read in full and analyzed according to the established criteria. In this stage, any divergences were resolved by consensus, with the support of a third reviewer when necessary.

Additionally, a manual search of the references of the studies included in the sample was performed to identify potentially relevant publications not captured in the initial search strategy. Studies identified through this manual search underwent the same screening and eligibility process described above. The results of this process were presented according to PRISMA⁽⁸⁾.

Data extraction

After the final selection, the references were exported to a structured spreadsheet in Microsoft Word®. Extraction was performed by two reviewers independently. The extraction form was previously developed and contained the following fields: study identification (author, year, and country); objectives; methodological design; population characteristics; type of support network (formal and/or informal); instruments used, when applicable; main results related to sexual quality of life; and authors’ conclusions. Any divergences in extraction were resolved by consensus between the reviewers.

Data analysis and presentation

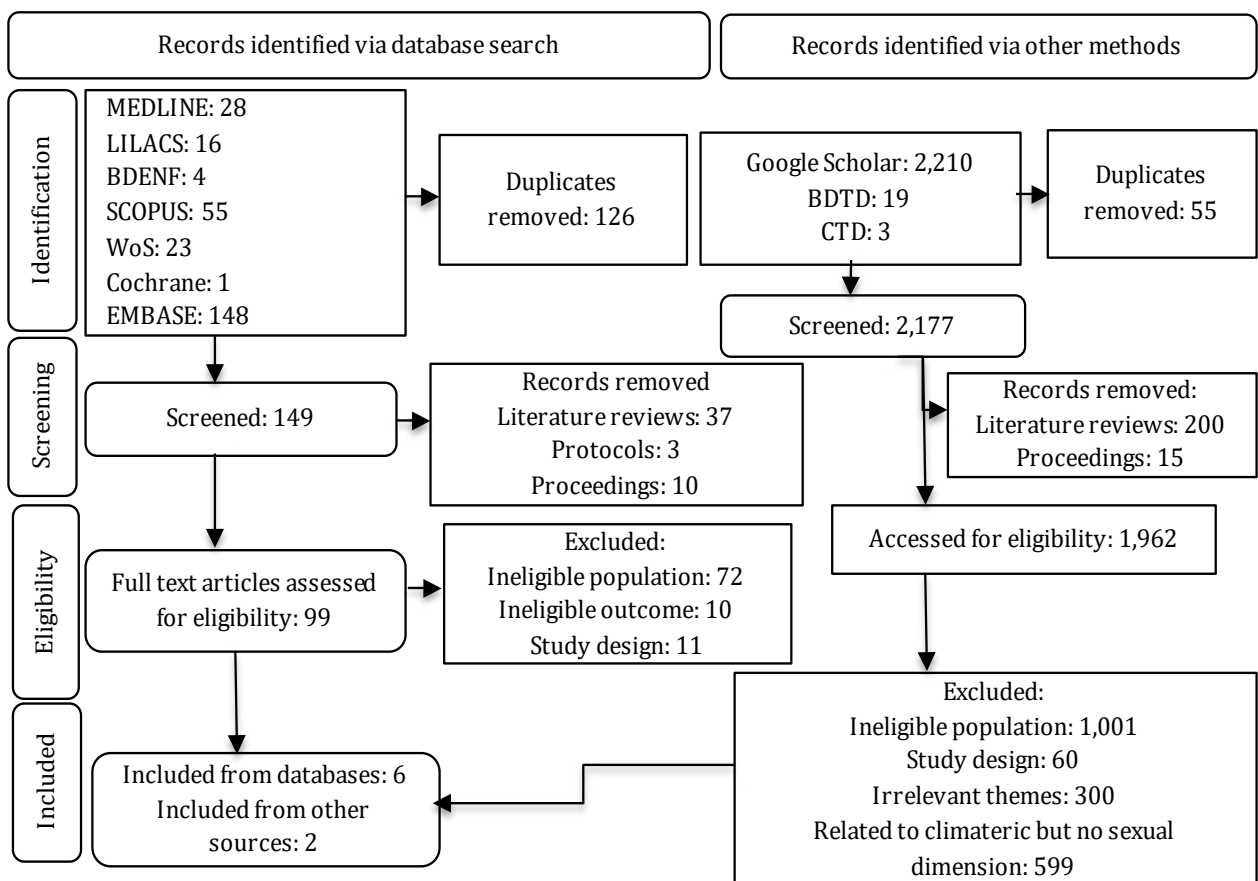
The results were presented through a table and thematic categories, with a discussion grounded in the identified literature. Additionally, the software *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* (IRAMUTEQ), version 0.7 alpha 2, was used as a complementary tool for textual analysis. Although the use of this software is not a mandatory step in scoping reviews according to the JBI, its application aimed to broaden the visualization of lexical and semantic relationships present in the conclusions of the included studies, allowing for the

identification of association patterns between terms related to sexual quality of life and support networks.

The study conclusions were organized into a textual corpus and submitted to similarity analysis⁽¹²⁾, enabling the identification of co-occurrences and connections between words, thereby strengthening the thematic interpretation of the mapped findings.

Results

The initial search yielded 275 articles from databases and 2,232 documents from gray literature. These records were analyzed according to eligibility criteria to determine inclusion and exclusion. The final sample consisted of eight articles; the step-by-step selection process is detailed in Figure 2 via the PRISMA flow diagram⁽⁸⁾.



BDTD: Brazilian Digital Library of Theses and Dissertations; CTD: Catalog of Theses and Dissertations

Figure 2 – Flowchart of the study selection process for the scoping review, adapted from PRISMA. Fortaleza, CE, Brazil, 2025

The included studies demonstrated methodological diversity, encompassing quantitative⁽¹³⁻¹⁵⁾, qualitative⁽¹⁶⁻¹⁷⁾, mixed-method⁽¹⁸⁾, quasi-experimental⁽¹⁹⁾, and longitudinal designs⁽²⁰⁾. Publications spanned from 2009 to 2024, with a higher concentration in recent years, particularly 2022⁽¹⁴⁻¹⁵⁾ and 2023⁽¹⁵⁻¹⁷⁾, indicating a growing interest in the topic.

Regarding geographical distribution, the studies were developed in various international contexts, including Brazil^(17,19), the United States^(14,20), England⁽¹⁶⁾, and Turkey⁽¹³⁾. Studies conducted in Asian countries, such as Vietnam⁽¹⁵⁾ and China⁽¹⁸⁾, were also identified, broadening the sociocultural diversity of the mapped evidence.

Varied tools were identified for assessing sexual function, quality of life, and social support. The Female Sexual Function Index (FSFI) was employed in two studies^(14,18), while others used specific instru-

ments or those developed by the authors. A detailed characterization of the studies regarding year, country, method, and type of support network is presented in Figure 3.

Year/Country	Method	Support Networks
2024/ England ⁽¹⁶⁾	Qualitative; Tool: Author-developed	Formal (sexual health clinic, GP, family doctor); Informal (partner, friends)
2023/ Turkey ⁽¹³⁾	Quantitative, Cross-sectional; Tool: SQOL-F, MSPSS, and BDI	Informal (friends and family)
2023/ Brazil ⁽¹⁷⁾	Qualitative; Tool: Author-developed	Formal (primary health care professionals)
2022/ USA ⁽¹⁴⁾	Quantitative, Cross-sectional; Tool: FSFI and WRQOL	Formal (medical therapist); Informal (partners/spouses, friends, family, colleagues)
2022/ Vietnam ⁽¹⁵⁾	Quantitative, Cross-sectional; Tool: MENQOL	Informal (family and friends)
2018/ China ⁽¹⁸⁾	Mixed Methods; Tool: FSFI and F-SQOL	Formal (physician and psychologist); Informal (family)
2016/ Brazil ⁽¹⁹⁾	Quasi-experimental; Tool: WHOQOL-bref	Formal (support groups)
2009/ USA ⁽²⁰⁾	Longitudinal (5 years, ages 41–68); Tool: Web-based forms and ISEL	Informal (partner)

Figure 3 – Identification of articles by year, country, method, and support network (n=8). Fortaleza, CE, Brazil, 2025

Regarding the contributions of support networks, the studies indicated that both formal and informal networks can influence the sexual quality of life of women in the climacteric either positively or negatively. Informal networks—especially partners, family members, and friends—were associated with emotional support, dialogue, and understanding^(13,15-16,18,20), but also, in some contexts, with the maintenance of stigma or silencing related to sexuality during this life stage^(13-14,16,18).

Similarly, formal networks—represented by health professionals, specialized services, and support

groups—were described as spaces for guidance and welcoming^(14,16-17,19). However, limitations in the approach to sexuality were also reported, including restricted communication or an excessively medicalized focus⁽¹⁶⁻¹⁸⁾.

Given the small number of included studies, the findings should be understood as trends observed in the mapping of available literature; it is not possible to infer the weight, magnitude, or predominance of specific contributions. The conceptual synthesis of positive and negative influences of support networks is represented in Figure 4.

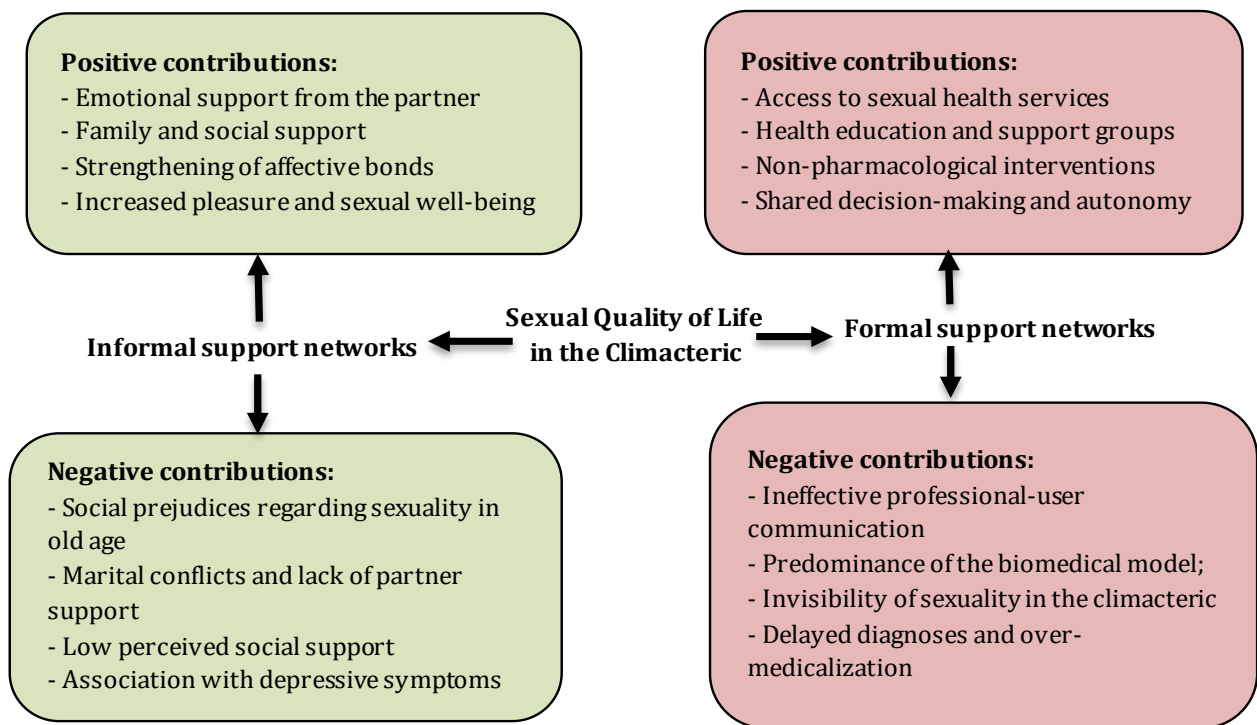


Figure 4 – Conceptual representation of positive and negative contributions of formal and informal support networks to the sexual quality of life of women in the climacteric. Fortaleza, CE, Brazil, 2025

The similarity analysis identified lexical relationships between terms associated with sexual quality of life in the climacteric, highlighting connections between formal and informal support, sexual health, and well-being. The findings indicate that support networks constitute a relevant dimension in the experience of sexuality during this period, especially in the face of climacteric symptoms, and should be understood as discursive patterns observed in the included studies.

Discussion

The contributions of formal and informal support networks were mapped, identifying research across various countries, with the highest concentration in the United States and Brazil. It was observed that the studies present diverse results, predominantly focusing on the contributions described as positive within informal support networks.

Informal support networks—such as friends,

family members, and especially partners—are described in the studies as being associated with the sexual quality of life of women in the climacteric. These networks are reported as sources of emotional support, counseling, and shared experiences—aspects that, according to the included studies, are related to coping with stress and anxiety regarding hormonal changes and alterations in sexuality during this transition. Furthermore, the studies indicate that these networks are perceived as fostering feelings of understanding and support, which are associated with self-esteem and general well-being⁽²¹⁾.

Conversely, limitations of informal networks were also identified. Some studies report that the lack of formal structure may be associated with conflicts, biased opinions, or inaccurate guidance, particularly concerning specific sexual health issues. Concerns related to privacy, confidentiality, and potential emotional dependency within the context of continuous support were also mentioned⁽²²⁾.

Regarding formal support networks, fewer findings were identified concerning both positive and negative contributions. Nonetheless, the studies identify health services, support groups, and health education programs as spaces where information on physiological and emotional changes, hormonal and non-hormonal therapeutic possibilities, and psychological support are offered, alongside guidance on relationships and communication with partners⁽²³⁾.

Barriers to addressing sexuality and sexual function during the climacteric within health services were also reported. The studies describe difficulties related to managing themes considered embarrassing, beliefs and perceptions regarding hormone therapy and alternative methods, as well as limitations such as reduced consultation time and the women's own insecurity in broaching the subject⁽²⁴⁾.

In general, the mapped literature describes the integration between formal and informal networks as an element present in the experience of women in the climacteric. Informal networks are reported as sources of continuous emotional support, while formal networks are identified as spaces for healthcare assistance and specialized guidance. In the analyzed studies, this articulation is presented as being associated with the experience of the climacteric and the perception of quality of life⁽²⁵⁻²⁷⁾.

Challenges related to the need for adapting networks to women's individual demands were also identified. The studies point to the importance of approaches sensitive to the particularities of this phase, highlighting the relevance of individualized care and the articulation between different forms of support⁽²⁸⁻²⁹⁾.

Regarding health professionals, the findings describe their role in organizing and providing care related to the climacteric. The analyzed literature mentions strategies such as professional training, the development of protocols, and expanding access to specialized services as components discussed within the context of assistance for women at this stage⁽²⁶⁾.

Additionally, some studies address initiatives aimed at educating family members, friends, and par-

tners, as well as the creation of dialogue spaces and support groups, described as strategies present in the reported experiences. Guidance related to self-care—for both the women and the individuals composing their support networks—is also mentioned⁽³⁰⁻³¹⁾.

Finally, the collaboration between formal and informal networks is described in the studies as a relevant dimension in the organization of support for women in the climacteric. The literature points to the relevance of communication between health professionals and informal networks, as reported in the investigated contexts⁽³²⁾.

Study limitations

Limitations were identified regarding access to full-text articles, as some studies were not indexed in the searched databases and portals at the time of the search, which may have restricted the scope of the mapping. A small number of publications specifically focused on the relationship between support networks and sexual quality of life in the climacteric was also observed, highlighting gaps in scientific production on the subject.

Additionally, methodological heterogeneity was found among the included studies, with variations in designs, sociocultural contexts, data collection instruments, and approaches to sexuality and support networks. This methodological diversity limits comparability between findings and hinders the identification of consistent patterns in the literature. Furthermore, it is noted that some studies only mention the existence of support networks without detailing their characteristics, functioning, or specific contributions, which restricts the analytical depth of the mapped phenomenon.

Considering the descriptive nature of a scoping review, in accordance with Joanna Briggs Institute guidelines, the results must be interpreted considering these limitations. The limited number of studies and methodological variability indicate the need for future investigations that explore, in greater detail,

the perceptions, characteristics, and contexts of support networks related to sexual quality of life in the climacteric, contributing to the advancement of knowledge in the field.

Contributions to practice

The results of this scoping review indicate that, within the analyzed studies, the strengthening of both formal and informal support networks is described as an aspect related to the sexual quality of life of women in the climacteric. In the mapped evidence, these networks appear as consistent elements in the reported experiences, being associated with the expression of sexuality during this stage of life.

For clinical practice, the findings signal the importance of considering sexuality as a dimension of women's global health, especially within the context of Primary Health Care. The analyzed literature describes educational, welcoming, and supportive initiatives as strategies present in health services for the care of women in the climacteric.

Thus, this scoping review contributes by systematizing and mapping the available evidence on the subject, offering theoretical foundations that can support reflections within public policies and clinical practices aimed at the comprehensive and humanized care of women in the climacteric, particularly regarding sexual health.

Conclusion

The mapping of scientific evidence identified that, in the analyzed studies, support networks are described as aspects related to the sexual quality of life of women in the climacteric, being presented in the literature as elements present at the interface between the biopsychosocial transformations of this period and the experience of sexuality.

The identified evidence indicates that support from health professionals, partners, family members,

and social networks is described in the literature as an element associated with coping with climacteric symptoms and the experience of sexuality, although it is not possible to infer causality due to the methodological nature of this scoping review.

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Author contributions

Conception and design, data analysis and interpretation, drafting, relevant critical revision of intellectual content, approval of the final version to be published, and agreement to be accountable for all aspects of the manuscript, ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved: **Gaspar VS.** Conception and design, data analysis and interpretation, relevant critical revision of intellectual content, approval of the final version to be published, and agreement to be accountable for all aspects of the manuscript, ensuring the accuracy and integrity of the work: **Alves JG, Monteiro ARM, Fialho AVM.**

Data availability

The authors declare that the data are fully available within the body of the article.

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