Original Article

ACTA

Male behavior in front of women with Premenstrual Syndrome: narratives of women*

Comportamento masculino diante da mulher com Síndrome Pré-Menstrual: narrativas de mulheres

Comportamiento masculino delante de la mujer con Síndrome Premenstrual: narrativas de mujeres

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ABSTRACT

Objective: To describe the perceptions of women with premenstrual syndrome regarding the behavior of their spouses in face of this event. **Methods:** It is a qualitative research, with the method of the five stages of narrative analysis to know the representations of the women that experience the conjugal behavior. **Results:** The experiences of 20 women interviewed are represented in the following categories: Difficulties in identifying the syndrome and in adopting care practices, lack of knowledge and sensitivity of men and, its impact on the couple relationship. **Conclusion:** It is necessary to provide systematized guidance on Premenstrual Syndrome to all people, before menarche, to avoid problems arising from the ignorance of the syndrome and its consequences in the women's person, family and social areas.
Keywords: Premenstrual syndrome; Men; Qualitative research

RESUMO

Objetivo: Descrever as percepções de mulheres com Síndrome Pré-Menstrual a respeito do comportamento de seus parceiros diante delas. **Métodos:** Pesquisa de abordagem qualitativa com desenvolvimento das cinco etapas do método de análise da narrativa para conhecer as representações a respeito dessa experiência. **Resultados:** As experiências das 20 mulheres entrevistadas estão representadas nas categorias: Dificuldades para identificar a síndrome e adotar práticas de cuidado; Falta de conhecimento e sensibilidade dos homens e suas consequências sobre a relação entre o casal. **Conclusão:** Orientações sistematizadas sobre a Síndrome Pré-Menstrual devem ser fornecidas a todas as pessoas, em momento anterior à menarca, para evitar o surgimento de problemas decorrentes do desconhecimento da síndrome e suas consequências nas esferas pessoal, familiar e social das mulheres.
Descritores: Síndrome pré-menstrual; Homens; Pesquisa qualitativa

RESUMEN

Objetivo: Describir las percepciones de las mujeres con Síndrome Premenstrual a respecto del comportamiento de sus compañeros delante de ellas. **Métodos:** Investigación de abordaje cualitativo con desarrollo de las cinco etapas, del método análisis de narrativa, para conocer las representaciones a respecto de esa experiencia. **Resultados:** Las experiencias de las 20 mujeres entrevistadas están representadas en las categorías: Dificultades para identificar el síndrome y adoptar prácticas de cuidado; falta de conocimiento y de sensibilidad de los hombres y, sus consecuencias sobre la relación de la pareja. **Conclusión:** Es necesario ofrecer orientaciones sistematizadas sobre el Síndrome Premenstrual a todas las personas, en un momento anterior a la menarca, para evitar el surgimiento de problemas provenientes del desconocimiento del síndrome y de sus consecuencias en las esferas personal, familiar y social de las mujeres.
Descriptores: Síndrome premenstrual; Hombres; Investigación cualitativa

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INTRODUCTION

The Premenstrual Syndrome (PMS), popularly known as premenstrual tension (PMT), is referred in the present article only as the *syndrome* to avoid repetitions. It is a syndrome that involves physical and behavioral symptoms occurring in the second half of the menstrual cycle and it affects millions of women worldwide, interfering in the quality of life, in the family and social relations, and in the performance of the activities of daily living[1].

Social and cultural factors interfere in the way women see the syndrome and its effects. Although the circumstances involved and the intensity of the impact may vary from one woman to another, the syndrome affects women in all parts of the globe. The results of surveys have demonstrated that this syndrome presents high prevalence, ranging from 40%[2], 43.3%[3], 53%[4], 60.3%[5], 86%[6-7], 86.2%[8], 90%[9], 95%[10], and 97%[10-11].

The main signs and symptoms are irritability, fatigue, depression, headache, tenderness in the breast, abdominal pain, anxiety, and mood swings[3,12-13]. According to women's subjective view, its manifestation leads to a condition that is considered uncontrollable and medication helps relieving the discomfort. However, this was not enough to prevent it from interfering in other dimensions of women's lives such as their performance at work[5,14], the everyday relationship[11,13,15] and the marital relationship[16]. There should be investments in the field of research and care to avoid the onset of the syndrome and to mitigate its effects in women's lives. The studies should focus on the several aspects involved in it[17].

A study focusing on the marital relationship was carried out to give a greater scope to the approach of the syndrome. Through the study, we could see that it interferes in the life of couples, especially in their communication. In the premenstrual phase, the dialog between spouses decreased, and the intensity of it was related with the severity of signs and symptoms presented by women[16].

Overall, men did not have enough knowledge on the effects of the syndrome in women. Thus, they get lost because they do not know what to do, even when they want to provide support to women being affected by the syndrome[18]. The marital relationship can be extremely affected by this lack of knowledge, thus the marriage situation, the sexuality, and women's satisfaction with their families were increased when their husbands were aware of the effects of the syndrome on their wives' bodies and minds[19].

The male perspective about the syndrome should be further studied, because there is not enough knowledge to support a qualified and well grounded care according to the scientific point of view[18]. Based on this justification, the present study was developed to describe the perception of women with Premenstrual Syndrome on the behavior of their partner.

METHODS

Because of the naturalistic character of the problem focused by the present investigation, a qualitative approach was adopted, and narrative analysis was used. The idea is to access the primary experience, as represented by the person experiencing it. The five stages of the method[20] were totally developed by the author of the present article.

The first stage was to propose the study to access women's experiences regarding the behavior of their partner at the time of the onset of the signs and symptoms of the syndrome.

The second stage was to report the experience; we contacted women to ask for permission to use their statements. Inclusion criteria were: to have been affected by the signs and symptoms of the syndrome, to be with the same partner as girlfriend, fiancée or wife for at least a year, not being in the menopause and present physical and mental conditions to express their own representations on the experience. The first woman included in the study was from the social circle of one of the researchers. When the interview finished, she was asked to introduce a friend or a relative that met the established inclusion criteria. This was adopted until the last participant, so that women with different features of age, education, religion, profession, life style, etc, could be included. This diversity provided narratives that were very rich in content. All women approached have been informed about the study proposal and asked to contribute; there were no refusals.

The following introductory question was made to start interviews: "Tell me about the behavior of your boyfriend /fiancé/husband with you at the onset of the signs and symptoms of the Premenstrual Syndrome which is popularly known as PMT". This descriptive question[21] was asked so that women felt free to report their experiences according to the representations they had. Additional questions were asked when there was the need to go deeper into issues superficially approached[21]. Active listening was kept thorough the statement, to give priority to women's perspective. It is relevant that researchers take this stand to obtain statements about experiences with a subjective nature[20].

Personal data of women have been obtained before the interviews. The interviews were carried out at women's home (eight), work place (three) or study place (nine) with the presence of the interviewer and the interviewee. Statements were obtained from August 2006 to February 2007, lasting from 20 to 60 minutes, with an average of 40 minutes. Data repetition was the criteria adopted to stop including new women; it was notice as of the 15th

interview. Following this enables to achieve theoretical saturation of data which is one of the main criteria in qualitative research[22]. Twenty women have been included to make sure theoretical saturation was achieved.

The third stage was to transcribe the experience; it was performed by transcribing the taped interviews. Individual characteristics of expressions have been kept and clear grammar mistakes have been corrected, since the adoption of these procedures was one of the assumptions of the research method developed[22].

The fourth stage was to assess the individual narrative in an interpretative and inductive manner, according to the recommendation of those using qualitative methods[20-22]. The analysis was carried out with an open attitude, with no prejudice or assumptions regarding the results. After a careful preliminary reading of each statement and the further readings, the main representations of the experience were identified to make a preliminary coding.

The fifth stage was to read the collective dimension of the experience. Visualizing the codes previously created during the analysis of individual narratives made us realize some of them could be grouped. Following this strategy, the categories describing women's representations on their experiences were created. The development of this work was similar to the creation process of choreographies because a certain level of freedom should be kept during the development and the researcher should be accurate to ensure faithful report of the collective experience while preserving the individual perspective[20].

Small excerpts from narratives have been used to exemplify the contents and meanings from the categories described. Each part of the narrative used as an example has been separated by …, indicating that each piece has been extracted from a certain statement; this is a crucial step to present results in qualitative research[20, 22].

Subjective and individual perspective of each woman has been preserved with the exposure of their names and the essential aspect of their narrative, as recommended by the author of the method developed[20]. All women were informed about the names and essential aspects through telephone or e-mail. Small adjustments have been made to them as requested by interviewees. In the ten names and essential aspects presented, the experience of the 20 women who took part on the study is presented, this reduction aimed to avoid repetitions.

The research has been developed as recommended by resolution # 196/1996 of the National Health Council[23]. The project has been approved under # 457/05, by an accredited Committee in the Brazilian National Council on Research Ethics. All women signed the term of Informed Consent which explained their rights such as getting information on the syndrome and on health care. The Term also ensured anonymity regarding the statements and the use of data only for scientific purposes.

RESULTS

Personal characteristics of women

Age ranged from 19 to 44 years (mean 29.5 years), seven women were married, two were divorced and 11 were single. Duration of the relationship with partner ranged from 2 to 27 years (mean 6.5 years). As for work, 19 had a professional activity and their occupations were student (10), secondary and high school teacher (3), university professor (2), artist (2), business manager (1) and nurse (1). The years of study ranged from 10 to 16 years (mean 13.5 years).

(Fictional) Names of women and the respective essential aspects of the narrative

Paula - *"For men, PMT is not true; they do not know how to deal with women's sensibility"*.

Roberta - *"Men are sexists regarding PMT, just a few understand it"*.

Camila - *"Any time you get nervous or annoyed it is because of PMT, men use PMT to blame women for all quarrels"*.

Marta – *"He does not understand or try to comprehend; he thinks PMT is an affectation"*.

Rose - *"He prefers to stand silent instead of understanding what is really going on"*.

Letícia - *"My husband understands me as a person with PMT and he helps me with his talk, affection and understanding"*.

Clara - *"When I have PMT, instead of being understanding and helpful, he is impatient, intolerant, annoyed, so, this behavior can only lead to a quarrel"*.

Amanda - *"My husband in an exception, men usually do not respect, or are sympathetic towards women with PMT"*.

Cláudia - *"Men put all the blame on PMT and this ends up being an escape"*.

Laura - *"PMT is a phenomenon men do not understand, so, they are very cautious about this"*.

Descriptive categories of the representations on the experience

Women were asked to describe their experience on men's behavior with them at the onset of signs and symptoms of PMT. They start with statements telling their experience as women affected by this syndrome. Thus, the descriptive categories refer to the set of experiences they have lived.

Difficulties to identify the syndrome and adopt care practices

The first reactions to the syndrome were different

and depended on singularities of each woman. Some were familiar with the physical and emotional signs and symptoms and were aware they were affected by the syndrome.

"I noticed I had PMT since my adolescence, my period has always been a problem".

Other women had problems because they could not establish a relationship between the body and psychological changes they presented with the onset of the syndrome. The characteristic of concurrence and overlap of signs and symptoms made it hard to establish a relationship between them and the syndrome. The delay in noticing they were affected by the syndrome had a negative impact in many areas of women's lives.

"I was unbearable, but I did not know I had PMT, I realized slowly, I suffered because I was not aware, I used to be in a bad mood, and I used to have headaches".

Some women just realized they were affected by the syndrome when they were told by friends, family members or by their partners about this possibility.

"My boyfriend asked me if it was not PMT, I started to pay attention and I realized it was ... I thought I did not have PMT. One person told me I thought I did not have, but I actually did... I just realized when I was grumpy, annoyed and people told me it could be PMT".

Many signs and symptoms were referred by women, the most common physical symptoms were headache and menstrual cramps and the emotional symptoms were increase in irritability, sensibility, aggressiveness and wish to cry. Lack of clearness regarding being affected by the syndrome made women adopt care practices only after facing many problems. This delay affected many aspects, including their quality of life.

"After I realized I had PMT, I started to be careful not to be aggressive with people, but when I didn't know, I was aggressive and this affected my relationship, my quality of life".

Care practices were incorporated as the association between signs and symptoms were made. Incorporation of these practices mitigated the effects and contributed to a more harmonious life with the condition, improving the quality of life.

"As I discovered myself as a woman with PMT, I tried to be more calm and relaxed. Today I have a better quality of life because I control better the effects of PMT".

Lack of knowledge and sensitivity by men and their consequences on the couple's relationship

The perception that men did not understand the suffering of women affected by the syndrome was present in almost all statements. Men were not aware of the effects of the syndrome in women's lives, especially in their behavior towards men.

Women justified male actions saying that they did not suffer the consequences of the syndrome in their bodies and, therefore, they could not be blamed for not being able to understand them.

"Men do not feel the symptoms, it is not their fault, they do not know what cramps are...they will never understand because they don't feel it ... they don't know women get stressed, with a different behavior".

The apprehension and insecurity of men in approaching women at the onset of the syndrome have been observed. In women's point of view, men were distant to avoid deep or definitive complications in the marital relations, they avoided talking about this with women, but, when they really needed to, they were very careful about this.

"Men get lost, they do not understand what is going on, even if women explain to them ... men don't know how to handle women's sensibility ... he moves away saying that I'm going to start being picky... they don't understand, so, they try to bring it up very carefully".

The lack of knowledge of men about the syndrome was predominant. But, some of them said their partners could notice the signs and symptoms that they presented with at some point of their menstrual cycle. Those men that were aware of them were more understanding and tried to respect women's physical and emotional conditions. They even offered help to try to alleviate the effects of the syndrome on women and to make them able to stand the discomfort they felt.

"My husband notices and he says: I know, it's PMT and he leaves me alone ... he understands it, he avoids talking to me .... he gave me attention and tried to distract me ... when he notices it, he avoids making a mess, they are very understanding ...he respected, he is caring and he said: Is there anything I can do to help you?"

It was mentioned that men said women's complaints were "affectations" or "women stuff". The suspicion they had that women used the syndrome as an escape mechanism was a source of great resentment.

"He thought it was weird, he used to say I made it up ... he thinks it's an affectation ... he thought I was needy and wanted to

call attention, wanted to take advantage of it... they think we are faking to take advantage ... they think it's an excuse not to have sex and this used to make me really angry".

In women's perspective, the derogatory way to refer to the syndrome is associated to the fact that men blame this condition for failure in several parts of life and it is a source of great annoyance. The male habit of blaming the syndrome for the unstable or negative emotional condition of women makes women very angry.

"Men love making jokes about PMT ...they talk about it pejoratively... any kind of irritation it was PMT, they blame everything on PMT.... he sees me as guilty for having PMT"...

Women complained because men do no give attention to their emotional and physical conditions at the onset of the syndrome. According to their perceptions, they were impatient, annoyed, stressed out by episodes that could be related to the syndrome. Lack of male sensibility makes them feel misunderstood and contradicted, thus, favoring quarrels and negative interferences on the couples' relationship.

"He got impatient ... he did not understand and instead of helping, he got stressed out too... some of our quarrels were caused by PMT ... we quarrel in this period because I get sensitive and he gets more annoyed, instead of helping".

Some women realize their partners try to pretend everything is fine when they are affected by the syndrome. This makes women frustrated and creates an unpleasant environment.

"He tried to pretend he was not disturbed, but I realized he was trying to please me ... I would pretend he understood my situation and he pretended nothing was going on".

When men could understand the situation experienced by women, they avoided to approach the problems created by the syndrome so that they wouldn't complicate even more the marital relationship. When this was the case, they referred to the syndrome as something that was part of the female physiology and were more natural with the situation. Other men tried to adjust to women's behaviors and this attitude was seen as a consideration they had to the condition experience by women.

"He knew I was not on a good day, so he preferred to stay away... he knows what PMT is ... my husband notices and says 'oh, I know, you have PMT".

DISCUSSION

Results made it clear that women need accurate and reliable information on the hormonal changes in the menstrual cycle. This knowledge will contribute to the incorporation of care practices that mitigate or eliminate the symptoms caused by the syndrome, which may foster women's quality of life. Despite the great demand for care, due to the high prevalence of women affected by this syndrome, the percentage of women who seek professional care to treat the syndrome is still very low[6].

Education and health promotion actions approaching issues related to the syndrome should be develop to reach these young girls. Through the media and health education, we may offer opportunities for men and women to discuss the syndrome actively[24].

Explanations should be given before the menarche so that these young girls do not face adverse situations due to lack of knowledge on the syndrome and its effects on the lives of women. The syndrome should be approached, considering the several factors involved in it. When women acquire a broader and deeper view regarding their condition they have more self-confidence to perform their social roles. A greater comprehension of people is essential to qualify the social imaginary regarding the syndrome which is still harmed. Men should be aware of the changes suffered by women and know that they are not used as escape mechanisms for the problems they face so that their attitudes can change and the quality of relationship between men and women can improve. Educating people about the syndrome is a challenge that professionals should embrace[24].

Health and education professionals should create opportunities for people to take part in discussions about gender relations. The ideas about this should be built in a positive and constructive fashion both in the individual and collective imaginary. Gender equality is an important aspect to favor the change in males' perspective. Physical and emotional changes that are part of the differences between men and women should be approached in these discussions. Thus, the singularities or each gender and their association with the family and social roles may be understood with positive reflexes on the relationship between men and women in society[25].

Capacity building to recognize the effects of the syndrome contributes to decrease psychological restriction and stigmatized actions. To reach this goal, concrete actions should be taken to overcome the problems mentioned. The approach requires a discourse that connects health issues to a world limited to the feminine dimension. This reality makes it difficult to dissolve the strong bond between health institutions and

limited care to women's health[26].

FINAL CONSIDERATIONS

These efforts must be made by the whole society, especially by health, communication and education professionals to overcome the predominant cultural practices, with the male hegemony regarding decisions concerning women's health among them[27]. To reach this goal, there should be investments to overcome the obstacles. One of them is the difficulty to obtain male involvement in public health services. This reality makes it hard to obtain concrete data on the specific needs of men and actions geared to them cannot be taken[26].

It is important to obtain perspectives on the family context because they are essential to understand the family nucleus, as part of other systems with a much broader reach[28].

Sociocultural contextualization of health care is a principle that should be observed in the introduction of the Practice Based on Evidences, a growing demand in the current health care. To follow this principle, appropriate criteria should be adopted in the care process, employing scientific evidences and developing activities that are practical and can be used in a certain context, especially according to the ethical point of view. To make this goal concrete depends on the experiences, opinions and beliefs of people that must be known and considered by professionals. Meeting the demands of the users from health care services should be the main target of the work developed by health care professionals[29]. In this sense, the present study aimed at contributing to it.

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