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The Menopausal Knowledge and Awareness Among Men: A Qualitative Study

Ms. Aasiya Altaf Patel[1], Ms. Aishwarya Godbole[2]

[1]Lecturer, Psychology, Bhavans college
[2]Visiting Faculty, Psychology, Bhavans college

Abstract
The goal of this study was to learn more about the awareness and knowledge of males regarding menopause in women. Women typically go through mental and psychological changes as they get closer to menopause, which should be appropriately addressed. Determining whether menopause was caused by other factors or by natural causes is important. Using a qualitative research design, this study used a semi structured online one-on-one interviewing method. To collect data, eight men were interviewed using open-ended questions and were asked true/false statements regarding their knowledge of the causes, symptoms, and effects of menopause. The study's findings show that men's perceptions and levels of knowledge regarding menopause vary significantly. Some of the male participants had some knowledge of menopause and supportive attitudes toward women going through it, but some participants had misconceptions or little knowledge of this stage of a woman's life.

Keywords: Menopause, knowledge, awareness, men, qualitative study.

CHAPTER I

Introduction

Originating from the Greek words meno, which means "month," and pausis, which means "to cease or pause," comes the term menopause. Though the term "menopause" has only recently gained popularity, the phenomenon has long been acknowledged in many cultures. In ancient cultures, menopause was often linked to mystical or spiritual meanings that intertwined it with concepts of aging, reproduction, and the natural progression of life.

Over time, as Western medicine has evolved, so too has our understanding of menopause. Throughout the 17th and 18th centuries, menopause was covered in greater detail in medical discourse, and women were frequently referred to as experiencing a "critical period" or the "change of life" around this period of time. However, the expression "menopause" did not gain widespread usage until the 19th century.

French physician Charles Pierre Louis de Gardanne popularized the term "menopause" in the early 1800s. De Gardanne used this term to explain this physiological process in his medical book. Following that, the term "menopause" gained traction and became ingrained in medical jargon.

Since its introduction, menopause has been thoroughly researched in the domains of endocrinology, gynaecology, and reproductive medicine. The knowledge of menopause has expanded to encompass its symptoms, associated health risks, and complex hormonal changes.

Menopause is a natural and unavoidable stage of women's aging that is well known to symbolize the end of reproductive life due to ovarian function failure, which is accompanied by a decrease in progesterone

and estrogen production. Sexual hormones, such as estrogen and progesterone, help control metabolic activity and interact with a variety of neurotransmitters, including serotonin, dopamine, aminobutyric acid, and glutamate. Lower levels of these hormones during menopause have been linked to the development of certain disorders. Hormonal changes after menopause contribute to sex disparities in brain problems that arise in the elderly.

To different people, the term ‘menopause' denotes different things. To some, it simply explains the physiological change that occurs in a woman when her periods end and her ability to procreate is no longer available. This corresponds to the medical definition of menopause, which simply refers to the 'last menstrual bleed' or the cessation of periods. Natural menopause age is typically classified into premature (under 40 years), early (40-44 years), normal (45-55 years), and late (over 55 years). As Menopause, typically occurs around the ages of 45 and 55, it causes a variety of mental, physical, and hormonal changes. This phase of hormonal transition, however, accompanied by physical and psychological repercussions begins sometime before periods end and lasts for a long time thereafter.

Why does it occur:

When you have your period, it means that your menstrual cycle is functioning properly. It does not always mean that you will be able to become pregnant, as this is dependent on several other conditions. The menstrual cycle guarantees that the womb is prepared for pregnancy if it occurs, and if it does not, the cycle repeats. Ovaries serve an important function in releasing estrogen, which induces the womb lining to grow and shed, resulting in monthly periods. The hypothalamus, which is located within the brain, stimulates the pituitary gland nearby to release hormones that instruct the ovaries to produce estrogen, which subsequently circulates throughout the body. When both ovaries are functioning effectively, the messenger network that exists between the ovary and the pituitary gland is generally effective. Once the ovaries have done their job and released enough estrogen for the month, the pituitary gland recognizes this and turns off its messenger hormone until the next cycle.

Progesterone is created in the second phase of the cycle, ready to nourish a fertilized egg. If a pregnancy fails to develop, the progesterone hormone levels decline, resulting in a period as the uterine lining sheds for another month. There are numerous more hormones involved, but when considering menopause, these are the most crucial. As you approach menopause, your ovaries become less efficient due to aging follicles (inside the ovary). This causes a gradual decrease in oestrogen until beyond menopause when it stays very low unless hormone replacement therapy is used.

Different phases of menopause:

Menopause is a process that happens in different phases rather than a single occurrence. Menopause is preceded by the transition to menopause, referred to as perimenopause. This is the stage of a woman's life when she is still in the reproductive years and has regular menstrual cycles. During this stage, hormone levels, particularly estrogen and progesterone, are reasonably steady.

Perimenopause is the phase of transition preceding menopause, which often begins in women's 40s but may start early. Hormone levels, especially estrogen, start to vary, resulting in irregular menstrual periods. Women may experience hot flashes, nocturnal sweats, fluctuating emotions, and libido fluctuations. Perimenopause lasts from a few months to a few years. Menopause is scientifically defined as the duration of 12 months without a period of menstruation for a woman. Hormone levels, particularly estrogen and progesterone, drop considerably, resulting in the termination of menstrual periods. Hot flashes, dryness in the vagina, sleep problems, and mood changes are common complaints.

Postmenopause occurs after menopause has ended, signaling the end of a woman's reproductive phase. Menopausal symptoms may continue in some women, but they usually decline in severity over time. Because of the reduction in estrogen levels, postmenopausal women are at a higher risk of various health conditions such as osteoporosis and cardiovascular disease.

What is the distinction between early menopause and early ovarian failure?

Although certain individuals use the terms interchangeably, premature menopause is not the same as early ovarian failure. Primary ovary insufficiency (POI) is the new term for premature ovarian failure.

POI is a condition in which your periods end abruptly and unexpectedly, either early or premature. POI is not equivalent to early or premature menopause because your period may return with POI. People who have POI can still ovulate and menstruate.

Causal Factors:

Early menopause may be caused by many of the same factors that cause premature menopause. The cause isn't always known, though. Apart from aging naturally Anything that damages your ovaries or stops your body from generating estrogen can lead to menopause. Many of the causes of both early as well as premature menopause are the same as those of menopause itself, including early menopause in the family, receiving chemotherapy and radiation treatment for cancer, having your ovaries removed during surgery, having a hysterectomy—a surgical procedure which removes your uterus—and starting your first period early—typically before the age of twelve. Turner's syndrome (chromosomal abnormalities) and the fragile X syndrome are additional causative factors. HIV and AIDS, autoimmune diseases such as rheumatoid arthritis, Crohn's illness, and thyroid disorders. Mumps and smoking cigarettes.

Symptoms:

Hot flashes, night sweating, vaginal dryness, frequent urination, urinary tract infections, insomnia, emotional changes, dry skin, eyes, mouth, tenderness in breasts, heart pounding, headaches, joint and muscle pains, changes in sexual drive, difficulty concentration, weight gain or loss, and hair thinning or loss are common symptoms of Menopause.

Risks/Long-term health implications:

Early menopause is related to a higher likelihood of cardiovascular illnesses such as heart disease and strokes. Estrogen has a cardiovascular preventive effect, and the fall in estrogen levels following menopause could lead to these risks.

Estrogen is essential for bone density maintenance. Early menopause can result in a faster loss of bone mass, elevating the possibility of fractures and osteoporosis.

Some research implies that early menopause is associated with a higher likelihood of memory loss and dementia. Estrogen is thought to have neuroprotective properties, and its reduction may have an impact on cognitive function.

Menopause may increase the risk of Mood Conditions such as anxiety and depression. Hormonal fluctuations can affect neurotransmitters that govern mood.

Low estrogen levels can cause vaginal dryness, weakening of the lining of the vagina, and a loss of libido. These alterations can have an impact on sexual health and may cause discomfort during intercourse.

Menopause usually indicates the loss of fertility, and women who go through it may have difficulty conceiving. Those who want to have kids later on in the future should consider fertility preservation options.

Menopause is also associated with metabolic changes particularly a higher risk of metabolic syndrome, insulin resistance, and diabetes type 2.

Can a woman become pregnant despite receiving a diagnosis of premature or early menopause?
Because you're not ovulating, both early and premature menopause have an impact on your ability to conceive.
After menopause, IVF, or in vitro fertilization, can be used to conceive. Women can use donor eggs or one of their own (if women did freeze them before menopause). Any eggs that remain after menopause are usually not viable. Other choices include adoption and surrogacy.

Rationale

There are various reasons why research on men's knowledge of menopause is crucial. First of all, menopause is frequently viewed as a women's health issue, resulting in a lack of understanding among men about the physical and psychological effects. By examining men's knowledge of menopause, we can learn more about their
understanding, views, and outlook toward this organic shift in women's lives. Second, not only do women experience menopause, but so do men in their lives and members of their families. Men may play an important role in offering assistance and compassion during this stage of life. Recognizing men's awareness of menopause can help determine subject areas in which they might require additional knowledge or assistance to responsibly help their wives, girlfriends, or family members through the menopause process.

Significance of the study

This research provides people with a thorough understanding of the underlying causes and impacts of menopause, both known and unknown, making it an invaluable educational tool. Furthermore, it facilitates the collection of data on men's comprehension of menopause from a variety of perspectives. By dispelling myths and misconceptions, it allows for a more informed discussion about women's health issues, involving menopause. This inclusive approach promotes an expanded awareness of wellness across women and men and encourages men to take an active role in
discussions about women's health issues. It also helps to develop effective strategies for managing menopausal symptoms. Creating men's consciousness about menopause fosters compassion and empathy. Finally, the study hopes to foster a more inclusive and accepting atmosphere for women in this phase of life. Furthermore, it promotes open communication, which may contribute to a common comprehension of how menopause affects the dynamics of family plans.

CHAPTER II

Literature Review

In the Western world, female menopause is frequently regarded as a negative aspect of life as a whole and the medical literature is primarily dominated by biomedical perspectives regarding complaints and loss of well-being, with menopause being portrayed as a deficient condition. However, a study of wellness and illness throughout the menopausal transition states that menopause, despite involving biological and psychological elements, is a significant development phase influenced by unique sociocultural factors.
Positive Aspects of menopause a qualitative study by Lotte Hvas in 2001 was conducted to determine the extent to which women had any pleasant menopausal experiences, and if so, what kind of experiences they had. A survey regarding menopause's progression was included in an open-ended questionnaire given to a sample of 51-year-old Danish women at random. In the analyses, a qualitative methodology was employed. 393 women had responded to the free-form query. There were good features of menopause described by 104 women. There were 268 distinct quotations with positive content in all. The responses

ranged from generalizations about a time of well-being or a declaration of having no troubles at all to more detailed explanations that mostly addressed the relief of stopping menstruation and related issues, like PMS and pregnancy anxiety. Lastly, they discussed the potential for personal development and the flexibility to focus on one's own needs.

Menopause is a normal and life-changing stage for women that has advantages as well as long-term health implications. Women can handle this transition with resilience and optimum wellness if they embrace the positive aspects, such as freedom from monthly periods and better emotional well-being, and proactively address any potential health repercussions through changes in lifestyle and medical interventions.

A study to understand Premature menopause or early menopause: long-term health consequences was conducted by Lynne T. Shuster, Deborah J. Rhodes, Bobbie S.

Gostout, Brandon R. Grossardt, and Walter A. Roccae in 2010. They searched the Medline database extensively for articles about early or premature menopause, using the following search terms: "premature menopause," "early menopause," "surgical menopause," "induced menopause," "ovarian failure," "ovarian insufficiency," and "bilateral oophorectomy." They looked at observational studies that reported on the health of women who went through menopause under the age of 45, as well as research that compared the health conditions of younger women who underwent induced menopause to those who went through natural menopause.

Furthermore, they integrated certain findings of the Mayo Clinic Cohort Study of Oophorectomy and the aging of women under 45 at the time of oophorectomy. A population-centered sample of 4,780 women participated in the Mayo Clinic Cohort Research of Oophorectomy and Aging, which found that women who had prophylactic bilateral oophorectomy under the age of 45 had higher all-cause mortality. Women who stopped taking estrogen after surgeries and up until the age of 45 were the ones who showed the greatest increase in mortality. Women who did not use estrogen and had bilateral oophorectomy before the age of 45 also had higher rates of cardiovascular death.

Parker and colleagues compared the outcomes of bilateral oophorectomy and ovarian conservation in the Nurses' Health Study cohort of 30,000 women who had hysterectomy for benign illness in 2009. Before the age of 45, hysterectomy combined with bilateral oophorectomy was linked to a higher risk of coronary heart disease. Women in the Mayo Clinic Cohort Study of Oophorectomy and Aging who had bilateral oophorectomy before the onset of natural menopause were more likely to have cognitive impairment or dementia than comparable women, and the risk increased with younger age at oophorectomy. Women who had bilateral oophorectomy before menopause were also more likely to develop parkinsonism, and the risk rose with younger age at oophorectomy.

A major occurrence that impacts relationships and society is menopause. Relationships can be strengthened and empathy increased by having a better understanding of the mental and physical changes women experience during menopause. Increasing knowledge about menopause can aid in dispelling myths and encouraging candid discussions regarding women's health. Men are essential in helping women through menopause by knowing the difficulties women have and being more sympathetic and understanding. Men can also be very important advocates for healthcare, promoting routine examinations and consulting experts. Fostering compassion for women going through menopause can help dispel prejudices and make society a more caring place.

A menopausal study presented from a man's viewpoint by Melda Karavus, Ozlem Tanriover, Pinar Ay, and Seyhan Hidiroglu was done to examine menopause from their perspective and to offer a deeper comprehension of this stage to enhance the care that is provided to women going through menopause.

From April to June 2013, the study was carried out at the health clinic of a specific Istanbul neighborhood that is home to Marmara University's research and training center and sees a large influx of people from the country's southeast and east. Thirty-three married males made up the study sample. Individual qualitative in-depth interviews were conducted, and key topics were recorded for further examination.

The research population was comprised of individuals aged 40-77 years. The participants lacked a fundamental understanding of the menstrual cycle and the menopause. Menopause was described by the majority of participants as a loss of fecundity, a gain in weight, and a decline in beauty. The primary issue raised pertained to men's sexual lives. The men had not been informed about menopausal therapy options. The men in the study found it inappropriate to talk to a female researcher and were hesitant to discuss their wives with other men. This, in their opinion, was another important discovery. Their participants were hesitant to speak with a female researcher, possibly due to apprehension about having "interrogated" or "judged" because of a healthcare worker in a field they were unfamiliar with. Another problem was that discussing the relationship between men and women isn't common in Turkish culture, where families are revered as sacred units. It was challenging for female healthcare workers to speak with men in this setting due to unwritten communication norms, and vice versa. In conclusion, they mentioned, that for men to better assist their spouses and ensure a seamless transition for both of them into the postmenopausal years, interventions aimed at raising men's knowledge of menopause are required.

While the menopausal phase and its frequency, as well as the time of the last menstrual cycle, are common to all women, menopause itself is not. Research involving White women has primarily contributed to our understanding and perspectives of menopause; much of this research used clinic-based samples of women rather than population-based ones. Until recently, most of the knowledge about the timing of the natural final menstrual cycle was influenced by the nature of the populations of women studied and some other methodological discrepancies in the studies of this phenomenon.

Age of menopause and determinants of menopause age: A PAN India survey by

IMS was conducted in 2016. The survey was carried out throughout all regions—South, West, East, and North—in 21 chapters of the Indian Menopause Society. The participants were twenty-three medical professionals. Five regions of India were recognized: East (Guwahati and Kolkata); West (Ahmedabad, Rajkot, Nagpur, Pune);

Center (Bhopal, Indore, and Raipur); North (Agra, Jaipur, Jalandhar, Jammu, Lucknow,

Ludhiana, Faridabad, and New Delhi); and South (Bengaluru, Calicut, Chennai, Hyderabad). Women who were with patients in the gynaecological outpatient department were interviewed for the survey. Inquiries were also made concerning their usage of contraceptives, abortion, and marital and parity status. Menopause age and surgical vs natural menopause were inquired about by the women going through menopause. The date of the perimenopausal women's last menstruation was requested of them. Inquiries concerning the women's eating and social habits, such as drinking or smoking, were also made. Out of the 2108 entries, 1707 (91%) belonged to postmenopausal women, and 401 (19%) to perimenopausal women. Of the women surveyed, about 1415 experienced natural menopause, and 292 underwent surgical menopause.

Women's health is generally overlooked after their reproductive years. In India, policies and programs prioritize services related to child and maternal health for those of childbearing age. Premature menopause can lead to significant morbidity and mortality, particularly for cardiovascular illnesses. Premature menopause is often linked to increased morbidity among women, making it a significant issue for healthcare providers to address. Premature menopause can disrupt marital relationships by causing women

to lose interest in sexual activity. Premature menopausal women often experience psychological challenges, including negative attitudes towards sex, low selfconfidence, and low life satisfaction.

To gain insight into the Prevalence and Determinants of Premature Menopause among Indian Women: Issues and Challenges Ahead (2017) by Suresh Banayya Jungari and Bal Govind Chauhan a study among Indian women by considering all the aforementioned factors and consequences. This study investigated cross-sectional survey data from the 2005-2006 National Family Health Survey (NFHS-3) performed by the International Institution for Population Science (IIPS), Mumbai. The survey was done throughout all 29 states. This population-based study, comparable to the Demographics Health study, offered precise estimations of fertility, death rates, family planning, child and maternal care services usage, and other related factors. They found that premature menopause is prevalent in India, with a rate of 5.5%. In Andhra Pradesh, 14.6% of women experienced early menopause, a significantly high number. The high rate of menopause that is premature among Indian women is concerning.

According to Dasgupta and Ray (2009), women in rural regions have a higher risk of early menopause due to limited access to healthcare facilities. The study found that smoking and tobacco intake are substantially linked to premature menopause. The study had some possible drawbacks. It did not address the causes of premature menopause.

The study's secondary dataset made it difficult to discern between natural and medical causes of menopause.

Previous research has found that age at menarche, duration of last child's nursing, and age of first pregnancy are important predictors of menopause (Dasgupta, Pal, & Ray, 2015; Sapre & Thakur, 2014). On the other hand, contradictory findings from a study carried out in North India (Kriplani & Banerjee, 2005) indicated no relationship between age at menopause onset and sociodemographic or reproductive characteristics.

Individuals, healthcare professionals, and society at large must all comprehend the complex effects of menopause on their overall quality of life. Another survey to study the Prevalence of Menopausal Symptoms and its Effect on Quality of Life among Rural

Middle-Aged Women (40–60 Years) in Haryana, India by Meenakshi Kalhan, Komal Singhania, Priyanka Choudhary, Seema Verma, Pankaj Kaushal, and Tarun Singh was conducted in 2018-2019. The quality of life (QOL) of individuals experiencing postmenopausal symptoms is ultimately impacted by social implications. In developing nations like India, the high percentage of women who have low quality of life during menopause will significantly impact public health care. Just 14% of the study individuals in this study were peri-menopausal, but the bulk of subjects (86%) were postmenopausal.

Menopausal symptoms were found in the Somatic-vegetative, psychological, and

Uro-genital domains in this study with rates of 79%, 88.2%, and 32.7%, respectively. According to this survey, 87.7% of all domains had a general prevalence of menopausal symptoms. Here, the most prevalent symptoms were anxiety and tiredness, both physically and mentally. Over three-quarters of the women in this study reported experiencing symptoms associated with menopause, and nearly two-thirds reported having a low quality of life. Perimenopausal women experienced considerably more symptoms such as hot flashes, sweating, and sadness than postmenopausal women did; nevertheless, postmenopausal women reported more joint and muscular soreness.

Therefore, compared to postmenopausal women, perimenopausal women need greater attention because they are more likely to experience physical and psychological symptoms.

For someone to be in good well-being on all levels, they must be in a state of wellness. It makes it possible for people to go about their everyday lives, achieve their objectives, and lead fulfilling lives. When talking about health considering HIV, we know every woman's menopausal and HIV experiences are different. Women with HIV who are going through menopause need extensive, interdisciplinary treatment. In addition to managing HIV, this entails attending to the particular health requirements linked to menopause, such as bone, cardiovascular, and mental health.

Further, people living with HIV are experiencing longer and healthier lives worldwide, mostly because HAART, or highly active antiretroviral therapy, is being used so widely. This extended survival for HIV-positive women on successful HAART means that many of them will probably live well throughout their postmenopausal years, after menopause. However, there are still a lot of unanswered questions about how HIV affects HIV-positive women's aging process as they reach and experience menopause. Due to increased life expectancy from combination antiretroviral medication, a significant proportion of HIV-positive women in Africa south of the Sahara (SSA) enter midlife and go through menopause.

A study in 2017 based on early menopause (EM) prevalence and related variables in a cohort of HIV-positive and HIV-negative control in Jos, Nigeria. Included were HIV-positive women receiving care in an outpatient setting as well as their unfavorable peers from the general public. One year after the last menstrual cycle, a person enters menopause. Menopause onset around ≤45 years old age was characterized as Early menopause (EM). To identify variables that were independently linked to EM, baseline characteristics were evaluated and logistic regression analyses were performed. 58 of the 253 women who were included in the study reached menopause before the average age, resulting in an EM prevalence of 22.9%. In addition to being younger, women with EM also had shorter HIV infection histories. In this study, they discovered that EM was independently correlated with HIV infection, early menarche, and sexual activity, with EM rates being considerably higher among HIV-positive women. Previous studies that concentrated on HIV-positive women have found a high incidence of EM similar to this
study.

However, a large study among general population women in the UK and an Italian study among HIV-positive women have both revealed lower prevalences. HIV infection and early menopause are likely to have a complex relationship that can be influenced by a variety of circumstances. Numerous EM-related factors have been linked to an increased risk for early natural menopause in HIV-positive individuals, according to
studies.

A study on Knowledge, attitudes, and practices about menopause and menopausal symptoms among midlife school teachers (2017) by Shabana Sultan, Amita Sharma, and Nitin Kumar Jain was conducted to Understand women's views and knowledge about menopause, which has a variety of effects on their health, was the goal of the study. 150 Bhopal city teachers, ages 40 to 60, were involved. 92% of women knew about menopause, according to the results, and 84% thought it was a normal phase.

However, 56% of women reported having problems with their sexual lives and 66% reported having problems with their ability to work. Just 4.6% of people were using hormone replacement treatment, even though 88% of people were aware of it because of potential negative effects. The research findings indicate that although the majority of women are familiar with menopause, they do not adopt healthy lifestyle changes.

All women experience the menopause, yet education around the topic is limited. Menopause knowledge and education in women under 40: Results from an online survey (2022) by Joyce C. Harper, Carly Munn,

Leigh Vaughan, Vikram Talaulikar, Melanie C. Davies. This survey seeks to better understand the knowledge and attitudes of women under 40 concerning Menopause, with a focus on women over 40. The findings revealed that more than 80% of women under the age of 40 either knew nothing about menopause or knew little. Women over 30 consulted official websites and scientific material more than other age groups, but women under 20 learned from family members. These women believed that menopause teaching should begin in schools. The study suggests that many women under 40 have little awareness of menopause, with those under 20 being more passive than those over 30. Menopause education methods should start from school and continue beyond schools, using the workplace, social media, and public health campaigns.

In conclusion, the potential for menopause education in schools to eliminate cultural taboos and increase health literacy has attracted attention. It aids in students' comprehension of the physiological shifts, effects on both physical and mental health, and coping mechanisms related to menopause. This thorough teaching can promote a more encouraging atmosphere and lessen stigma. People who are knowledgeable about menopause are more equipped to handle this stage of life, make wise decisions, and ask for help when they need it. It recognizes that both men and women can benefit from knowing menopause and its impacts, and it addresses a topic relevant to a major percentage of the population while promoting gender inclusion.

CHAPTER III

Methodology

Research Design:

This study employed a qualitative research design to explore the Knowledge and awareness levels of middle-aged men.

Participants:

Participants were recruited through simple random sampling through different references and online platforms targeting men aged 20 to 30 years old. A total of 8 participants (mean age = 22.88 years) took part in the study.

Data Collection and analysis:

Each participant had a semi-structured interview to get detailed information about how they understood menopause. The interviews were videotaped. Later, the video files were converted into audio files, which were then transcribed verbatim for thematic analysis. To become familiar with the content, transcripts were read several times over. Line-byline coding was used to generate the initial codes. A consensus was then reached by comparing and discussing the codes. After that, codes were arranged into prospective themes according to trends and parallels found in the information.

By verifying themes against primary data, solving disagreements, and identifying overarching themes, the study examined and refined themes. The mapping and interpretation of these themes were guided by the research question, which focused on middle-aged men's awareness and knowledge of menopause, biological phase information, causes, symptoms, and health implications. The accuracy of the identified themes was verified by a second check.

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CHAPTER IV

Results

The topic of Menopause showcases a multifaceted exploration into menopausal awareness and knowledge among men. The conversation delves into various aspects, including understanding menopause, potential

causes, lifestyle factors, and support mechanisms for women experiencing menopause. The discussion highlights a collective lack of awareness and misconceptions surrounding menopause, with participants acknowledging gaps in understanding and minimal discussions about the
topic in their social circles.

Despite recognizing the importance of education and awareness campaigns, there is a prevailing sense of silence and taboo associated with discussing menopause, particularly among men. The discourse underscores the need for increased awareness, education, and open dialogue to bridge the gap in understanding and supporting women during this significant life transition.

The primary themes that emerged from the discussions are listed below

1. BIOLOGICAL CONTEXT
2. ETIOLOGICAL FACTORS
3. PHYSIOLOGICAL IMPACTS
4. KNOWLEDGE GAPS
5. THERAPEUTIC APPROACH

Major theme: Biological Context

Awareness of the biological context of the menstrual cycle and menopause in men is critical to advancing compassion, assisting the well-being of women, establishing family planning choices, advocating for workplace and societal changes, and cultivating healthier relationships and communities.

Sub-theme: Menstrual Cycle Dynamics

Menopause was defined as the end of a woman's menstrual cycle. Their comprehension demonstrates a rudimentary grasp of the biological process.

"A time or a period where this reproductive cycle of female would stop." (Participant 2)

"Menopause is when the menstrual cycle of a woman stops." (Participant 8)

Few men mistakenly believed that the menstrual cycle and menopause were the same phases. A lack of in-depth understanding of women's reproductive health is likely the cause of this confusion. There might be a lot of false information or misconceptions about menopause that cause uncertainty and misperception. Word-of-mouth, the media, or antiquated medical procedures can all contribute to the spread of this false information.

"If the egg is not in contact with the sperm, it breaks and comes out. So there is a cycle that happens every month. The woman has to face it because when it breaks and falls, there is a bleeding phase." (Participant 1)

Major theme: Physiological Impacts

Menopause impacts relationships, health, workplace dynamics, and personal growth. Men who understand its effects can navigate relationships more sensitively, promote health awareness, and create a supportive work environment for women experiencing menopausal symptoms. This knowledge can also help men challenge stereotypes, break down taboos, and contribute to a more inclusive society by understanding women's health issues.

Sub-theme: Physical symptoms, Emotional and Psychological Effects

Participants mentioned physical symptoms such as pain, dryness, fatigue, and changes in appearance like dark circles. These observations reflect common physical manifestations associated with menopause. Participants also stated mood swings, irritability, and changes in emotional well-being. These are typical psychological effects often associated with hormonal changes during menopause. Men have traditionally dominated healthcare research and education, which has resulted in a lack of knowledge and awareness of

women's health issues, particularly menopause. This can lead to medical professionals ignoring or downplaying menopausal symptoms, which would increase the general lack of knowledge.

"Maybe some changes can happen in the body. Because your whole cycle is changing. So, in that period, I think there might be some pain or mood swings like usually happens in periods" (Participant 8)

"Hair dryness, dryness of lips, okay. After that, then sometimes it is said that because of sleep, dark circles come, but sometimes because of this, dark circles also start coming, below the eye. So, we can see this physically and if we say emotionally, like, you know, there is a little irritation" (Participant 1)

"It will have a lot of impact on your lifestyle. Like, you will have to do daily tasks which will be very problematic for you. Like, you have to do daily activities or you have to do anything, like if you are traveling or whatever. So, they will have a sprain feeling in their body that they are not able to face it. There are hormonal changes, mood swings, and there is irritability." (Participant 8)

"They feel really weak, they don't feel like doing something, the body doesn't give that much energy that needs is required by her. And there are a lot of different symptoms as per the different women." (Participant 7)

"Mood swings go on, you know, changes in your diet, you don't feel like eating, you feel like you're getting too hot, you're getting pain, you get to see all this a lot." (Participant 6)

The above statements highlight the wide range of symptoms experienced by women during menopause, including mood swings, changes in appetite, fluctuations in body temperature, and pain. These symptoms can significantly impact daily life, causing discomfort and distress. The reference to "changes in your diet" suggests hormonal fluctuations may influence appetite. Additionally, "feeling too hot" implies hot flashes, while "pain" could refer to various physical discomforts. Overall, it emphasizes the complex and challenging nature of menopause, underscoring the need for understanding, support, and effective management strategies to navigate this transitional phase successfully.

"I've noticed quite a lot in women in my life is basically they have a lot of body ache or body pain there is a lot of cramps there's a lot of fatigue there is a lot of not willingness to get up and do things which I understand because there is a constant pain that is going through apart from that emotionally, of course, there are much more heightened emotions as well they are more susceptible to get hurt." (Participant 3)

It was also mentioned that weakness in the bones is an age-related symptom and not menopausal-associated.

"It is a human condition, the human body, the bone starts deteriorating after the age of 40. This means it must happen that the bone starts deteriorating. So, irrespective of the fact whether it is in menopause or not, but after a certain age, the weakness of the bone remains." (Participant 8)

This shows that the insufficient recognition of the extent of bone deficiency during menopause is a prevalent issue. Oftentimes, menopause is perceived merely as a natural progression in a woman's life, thereby diminishing the recognition of its substantial ramifications on bone health. This misconception may result in the neglect or underestimation of the profound effects it can have on bone density. Consequently, proactive measures to counteract bone density loss may not be pursued adequately, consequently predisposing women to the risk of osteoporosis and associated fractures in later stages of life.

Therefore, it is important to understand that, although age-related bone weakness affects both men and women equally, women's hormonal changes during menopause exacerbate bone loss. As a result, even though bone weakness may be linked to aging, menopause has a major impact on women's bone health

and should be taken into account when diagnosing and treating bone-related problems, especially in postmenopausal women.

Major theme: Etiological factors

Sub-theme: Age-related factor

Most of the individuals were able to recognize that it's a natural phenomenon and occurs after a particular age.

"Every woman uh around the age of 50 plus goes through a phase where like their periods reduce and then they can completely stop" (Participant 4)

"It is more in the old age, but it is not clear to me. I think it is after 40." (Participant 8)

"It happens to women after the age of 40 or 50." (Participant 7)

The confusion about the correct age when menopause occurs can stem from various factors. One reason is the variability in the age of onset of menopause among women. While the average age of menopause is around 50 years old, it can occur earlier or later for individual women due to factors such as genetics, lifestyle, and overall health. This variability makes it challenging to pinpoint an exact age for menopause. Furthermore, societal taboos and a lack of open discussion about menopause may contribute to misinformation or misconceptions about when it typically occurs. Menopause is often viewed as a private or uncomfortable topic, leading to limited public awareness and education about its timing and implications. formal language

Sub-theme: Lifestyle influences

Participants' awareness of lifestyle factors impacting female menopause may stem from the broader recognition of lifestyle's influence on health outcomes, as well as its implications during pregnancy. Men, in general, often correlate unhealthy lifestyle choices with adverse health effects. Therefore, they may have extended this understanding to associate behaviors such as cigarette smoking, alcohol consumption, and poor dietary habits with the onset of early menopause in women. This awareness likely reflects a broader societal understanding of the interplay between lifestyle choices and health outcomes, including reproductive
health.

"I think lifestyle factors play a role in any life. So yeah. Increase in alcohol, smoking, or drinking. Let's say very basic examples. Even the way the diet that you eat. I'm pretty sure that you know that might affect it to some degree. There can be other factors too sleep cycle and stuff like that." (Participant 3)

Sub-theme: Artificial Induction

Very few participants were aware that Menopause can be artificially induced. The limited awareness among participants regarding the artificial induction of menopause may be attributed to a lack of exposure to information concerning medical procedures capable of inducing this physiological state.

"So, artificially if you are talking about. So, it is introduced through medication. and surgeries as well. When we remove our ovaries and uterus that is one of the reasons. One of the reasons for example, if someone has cancer. So, ovaries have been removed, the uterus has been injured, and the uterus has been removed. So, mostly what happens is they remove the organ. So, if they remove the organ then the person can live but there can be also a possibility for menopause." (Participant 7)

It is plausible that men, may not have encountered discussions regarding women's health issues, particularly those involving medical interventions, as frequent topics of conversation. As such, the existence, and implications of medical procedures for artificially inducing menopause may not have been prominent within their spheres of discourse or everyday interactions.

"I believe artificial menopause can also be induced but I do not have any idea about the procedure" (Participant 3)

The complexity of medical interventions for inducing menopause, coupled with the technical terminology and biological processes involved, can present significant challenges for individuals without a healthcare background.

Efforts to provide clear and accessible information, as well as opportunities for education and discussion, can help bridge this knowledge gap and empower individuals to make informed decisions about health.

Major theme: Therapeutic Approach

This theme is essential assess learning about hormone therapy for managing menopause and check awareness levels among men about gender-specific health issues. This makes them more attuned to the unique healthcare needs of women, including reproductive health, menstrual cycles, and menopausal transitions. This awareness may motivate men to advocate for better access to healthcare services and resources for women in their communities.

Sub-theme: Hormone Therapy

"Like, you know, to maintain hormones, we give hormone therapy, whereas there are two hormones in a woman. One is progesterone and the other is estrogen. So, we try to balance them with hormone therapy so that we can manage the causes and symptoms of the woman." (Participant 1)

This suggests a prevailing ambiguity regarding the precise definition of hormone therapy. Contrary to widespread belief, hormone therapy does not exclusively entail the regulation of progesterone and estrogen levels. This misconception underscores a broader ignorance concerning the underlying mechanisms and outcomes associated with hormone therapy, thus fostering the proliferation of myths and misconceptions.

"So there are three procedures. I don't know if all of them can be considered hormone therapy or not, but all of the three of them do deal with that. So first of all is proper therapy so that it's mostly just verbal talking which allows the person to kind of like, you know, come out with their needs and you know, allow them to feel at ease personally. I feel that is hormone therapy I definitely feel that way. Secondly, it's medicine administered drugs and thirdly in severe cases basically a doctor supervising that." (Participant 3)

The transcript discusses three procedural approaches to managing health conditions: verbal therapy, medication administration, and medical supervision. Verbal therapy focuses on emotional well-being and psychological resilience, indirectly impacting hormonal regulation through stress management or emotional support. Medication administration involves the provision of pharmacological agents, such as hormone replacement therapy (HRT), which may indirectly influence hormone levels. It is essential to distinguish between medications targeted at hormonal regulation and those serving other therapeutic purposes. Medical supervision oversees healthcare interventions by qualified professionals, but its direct association with hormone therapy depends on the specific interventions being supervised.

However, the client's remarks suggest a limited comprehension of this concept, possibly due to insufficient exposure to accurate information or misconceptions perpetuated by societal norms or incomplete education.

"No, there is no hormone therapy." (Participant 6)

The person expressing the opinion might not be very knowledgeable or aware of hormone therapy. They might make the incorrect claim that the term doesn't exist because they are unfamiliar with it or its uses in healthcare.

Major theme: Knowledge Gaps

This theme highlights the importance of promoting gender equality which requires dispelling myths regarding menopause. Many women go through the menopause naturally, but in order to remove barriers based on gender in the healthcare system and in society views, women going through the menopause need accurate information and support.

Giving people information about menopause gives them more control over their health. When people have access to correct information, they are better able to make decisions, stand up for themselves in medical settings, and get the help they need. Guaranteeing that women receive fair treatment and assistance during this important life transition, advances gender equality.

Sub-theme: Misconceptions

Misconceptions linking menopause to infections or foreign particles during intercourse likely stem from a lack of accurate information and understanding about the biological processes involved. Additionally, confusion between menopause and conditions like PCOD may arise due to inadequate education and awareness about women's health. Societal taboos surrounding discussions on menstruation and menopause may also contribute, preventing open dialogue and perpetuating misconceptions. Insufficient education and cultural barriers to discussing women's health contribute to these misunderstandings, highlighting the need for comprehensive and accurate sex education to dispel myths and promote understanding.

"Menopause sometimes happens due to infection too and sometimes, it happens during intercourse, that if some foreign particle comes from outside, which can cause disease, then it can also cause menopause." (Participant 1)

"Many misunderstand PCOD with menopause... I also used to see menopause as a part of the menstruation cycle because I was also thinking that it is the same." (Participant 5)

The further mentioned statement implies that menopause causes weakness and lack of energy, which is a common misconception. While menopause can lead to symptoms like fatigue, not all women experience this, and fatigue can be caused by various factors unrelated to menopause. Cultural and societal narratives about menopause as a period of decline or loss of vitality may contribute to the association between menopause and fatigue. The misunderstanding that fatigue is a common symptom of menopause may be exacerbated by ignorance of the various menopausal experiences that exist among different people. This incomplete knowledge can cause misconceptions to persist and menopausal symptoms to be oversimplified.

"And the cycles end, they feel really weak, they don't feel like doing something, the body doesn't give that much energy that needs to be required to be given to her." (Participant 7)

There is a misconception that likely stems from a conflation of correlation with causation and a lack of understanding about the natural progression of menopause. In societies where early marriage is common, women may experience menopause shortly after or during their reproductive years. However, marriage itself does not cause menopause; rather, menopause is a natural biological process determined by factors such as genetics and hormonal changes. This misunderstanding may arise due to cultural beliefs or limited education about reproductive health, leading to the erroneous association between marriage and early menopause.

"If the woman happens to get married, if the menopause got very much earlier, at the age of maybe 30 or 40. So, maybe there are no chances of her getting pregnant and even she will have hormonal issues also like after that because they may not get pregnant." (Participant 7)

CHAPTER V
Discussion

The results of this study highlight the need for improved education and open discussion surrounding this normal biological transition in women's lives by revealing a sizable gap in men's knowledge and comprehension of menopause. The conversation about biological context highlights men's basic ignorance of the menstrual cycle and menopause; some participants confused the two or showed ambiguity regarding the mechanisms. The lack of discussion and social taboos surrounding women's reproductive health are probably the main causes of this confusion, which leads to false information and misconceptions being spread by word-of-mouth or out-of-date medical information.

Moreover, the investigation of physiological effects brings to light the variety of physical and psychological symptoms that women go through during menopause. Participants' identification of typical symptoms, such as changes in appearance, weariness, and mood swings, revealed a basic understanding of menopausal experiences. Misconceptions also emerged, though, such as the idea that age is the only factor contributing to bone weakness rather than the aggravating influence of menopausal hormonal fluctuations. This myth highlights the importance of thorough education regarding the complex effects of menopause on women's health.

The analysis of causative variables indicates that participants' knowledge of the age related onset of menopause varies. Confusion and false information lingered even though many people correctly identified menopause as starting around age 50, maybe as a result of social taboos and a lack of public discussion on the subject. Comparably, participants' awareness of how lifestyle choices affect menopause varied. While some were aware of the impact of unhealthy habits like smoking and eating poorly, others were not. Furthermore, the majority of participants were not familiar with the idea of artificially inducing menopause, which emphasizes the need for more information to be disseminated about medical interventions and their effects on women's health. Participants' perceptions of therapeutic approaches varied when it came to hormone therapy; some were aware of its function in controlling menopausal symptoms, while others showed doubt or confusion. This shows that more information about hormone therapy's possible advantages and disadvantages needs to be provided. Furthermore, the talk of knowledge gaps highlights the pervasiveness of myths about menopause, like the idea that it is related to infections or marital status. These myths highlight the significance of thorough sex education and candid communication in debunking falsehoods and advancing truthful comprehension of menopause for both men and women.

The results of this study, especially for men, emphasize the critical need for greater knowledge, understanding, and candid discussion about menopause.

CHAPTER VI
Conclusion

The conversation about menopause awareness among men reveals the urgent need for information, candid communication, and dispelling myths. Men tend to know very little about menstrual cycles and menopause, two important biological processes that impact women's health and wellbeing. There are still misconceptions and knowledge gaps because of social taboos, poor education, and insufficient information sharing.

The destigmatization of menopause conversations, thorough sex education, and increasing public awareness of the psychological and physiological effects of menopause are all essential components of

efforts to close these gaps. Men must also take an active role in advocating for improved healthcare access and support for women going through this life transition to advance gender equality.

Women going through this important life stage can benefit from a more sympathetic and encouraging environment if we work to increase awareness of menopause and its complexities. In the end, raising men's knowledge about menopause is crucial for women's health and wellbeing as well as for advancing gender equality and creating stronger bonds and communities.

Implications of the study:

The results highlight how crucial it is to educate people about menopause and raise awareness of it to foster mutual understanding and support between men and women.

Dispelling myths and expanding understanding of the physiological effects, biological background, and etiological elements of menopause can have profound effects on relationships, health, work environment dynamics, and personal development. Better workplace accommodations, healthier relationships and communities, and more understanding and support for menopausal women are all possible outcomes of increased awareness among men. Furthermore, improved wellness and societal perspectives on women's health problems can be achieved by advocating equality between genders through reliable knowledge and assistance for women going through menopause.

Limitations of the study:

Although this study provided insightful information, there are a few important limitations that should be noted. First off, the results' ability to be broadly applied may be constrained by the sample's size. Furthermore, the study used self-report data, which might be biased due to social desirability. Additionally, the study only looked at men as a particular demographic group, which might have left out some of the variety of viewpoints found in the general population.

Furthermore, the study did not thoroughly examine men's attitudes or behaviors toward menopausal women; instead, it focused on men's knowledge and awareness of menopause. These areas could be investigated in future studies to give a more thorough knowledge of men's assistance to women going through menopause.

Recommendations for future research:

Expanding upon the results of this study, subsequent research endeavours might explore interventions designed to enhance men's understanding and perspectives regarding menopause. Qualitative research could offer more insight into the real-life experiences of menopausal women and the assistance they receive from men, while longitudinal studies could evaluate changes in men's attitudes and behaviors over time.

Further investigation may look into the role that medical professionals play in clearing up misconceptions and educating men about menopause. Working together, healthcare professionals, educators, legislators, and community groups could make it easier to create all-inclusive educational materials and programs that encourage menopause awareness and support for women and men alike.

References

1. Shuster, L. T., Rhodes, D. J., Gostout, B. S., Grossardt, B. R., & Rocca, W. A. (2010).
2. Premature menopause or early menopause: long-term health consequences. *Maturitas*, *65*(2), 161-166.
3. Burger, H. G., Dudley, E. C., Robertson, D. M., & Dennerstein, L. (2002). Hormonal changes in the menopause transition. *Recent progress in hormone research*, *57*, 257-276.

4. Baron, Y. M. (2012). A history of the menopause. *Malta: The Dept of Obstetrics and Gynaecology, Faculty of Medicine & Surgery, University of Malta*, 26-31.
5. Kim, I. K., Choi, H. M., & Kim, M. H. (2012). Menopausal knowledge and management in peri-menopausal women. *The Journal of Korean Society of Menopause*, *18*(2), 124131.
6. Borker, S. A., Venugopalan, P. P., & Bhat, S. N. (2013). Study of menopausal symptoms, and perceptions about menopause among women at a rural community in Kerala. *Journal of mid-life health*, *4*(3), 182.
7. Parish, S. J., Faubion, S. S., Weinberg, M., Bernick, B., & Mirkin, S. (2019). The MATE survey: men's perceptions and attitudes towards menopause and their role in partners' menopausal transition. *Menopause (New York, NY)*, *26*(10), 1110.
8. Hidiroglu, S., Tanriover, O., Ay, P., & Karavus, M. (2014). A qualitative study on menopause described from the man's perspective. *J Pak Med Assoc*, *64*(9), 1031-
9. 1036.
10. Agaba, P., Meloni, S., Sule, H., Ocheke, A., Agaba, E., Idoko, J., & Kanki, P. (2017). Factors associated with early menopause among women in Nigeria. *Journal of virus eradication*, *3*(3), 145-151.
11. Hvas, L. (2001). Positive aspects of menopause: a qualitative study. *Maturitas*, *39*(1), 11-17.
12. Ahuja, M. (2016). Age of menopause and determinants of menopause age: A PAN India survey by IMS. *Journal of mid-life health*, *7*(3), 126.
13. Jungari, S. B., & Chauhan, B. G. (2017). Prevalence and determinants of premature menopause among Indian women: issues and challenges ahead. *Health & social work*, *42*(2), 79-86.
14. Kalhan, M., Singhania, K., Choudhary, P., Verma, S., Kaushal, P., & Singh, T. (2020). Prevalence of menopausal symptoms and its effect on quality of life among rural middle aged women (40–60 Years) of Haryana, India. *International Journal of Applied and Basic Medical Research*, *10*(3), 183.
15. Sultan, S., Sharma, A., & Jain, N. K. (2017). Knowledge, attitude and practices about menopause and menopausal symptoms among midlife school teachers. *International journal of reproduction, contraception, obstetrics and gynecology*, *6*(12), 5225-5230.
16. Munn, C., Vaughan, L., Talaulikar, V., Davies, M. C., & Harper, J. C. (2022). Menopause knowledge and education in women under 40: Results from an online survey. *Women's Health*, *18*, 17455057221139660.
17. Avis, N. E., & McKinlay, S. M. (1995). The Massachusetts Women's Health Study: an epidemiologic investigation of the menopause. *Journal-American Medical Womens Association*, *50*, 45-45.
18. Santoro, N., Roeca, C., Peters, B. A., & Neal-Perry, G. (2021). The menopause transition: signs, symptoms, and management options. *The Journal of Clinical Endocrinology & Metabolism*, *106*(1), 1-15.
19. Harlow, B. L., & Signorello, L. B. (2000). Factors associated with early menopause. *Maturitas*, *35*(1), 3-9.
20. Gold, E. B., Crawford, S. L., Avis, N. E., Crandall, C. J., Matthews, K. A., Waetjen, L. E., ... & Harlow, S. D. (2013). Factors related to age at natural menopause: longitudinal analyses from SWAN. *American journal of epidemiology*, *178*(1), 70-83.