

Male Menopause: Concept Challenges and Coping Strategies

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ABSTRACT: *Men's health is globally in crisis and worsening due to limited healthcare policies, and under-developed societal awareness and education. Men frequently realize reproductive health services as being meant for females because of this they do not see a place for themselves in those services. Male menopause, or more accurately, testosterone deficiency syndrome (TDS) is one of the new issues which can affect the quality of life in older men. It is a natural phenomenon that occurs with age in men and is diagnosed by clinical manifestation and a decrease in serum testosterone levels; it affects the performance of many systems of the body from the head to toe. Moreover, age-related comorbid diseases such as diabetes, heart disease, renal disease, obesity, metabolic syndrome, and some medications such as glucocorticoids, cigarettes and alcohol also contribute to the decline in testosterone levels. There are numerous challenges faced by men in Africa during the climacteric period and they are accentuated by several intermediating factors which range from ignorance, to cultural taboos and even lack of adequate facilities to cater for their health needs. If these middle-aged men continue to experience the challenges of male menopause without effective coping strategies, their quality of life is at stake. This paper therefore stresses challenges of male menopause and recommends lifestyle changes, healthy emotion focused coping strategies and other relaxation techniques to improve the quality of life of elderly men experiencing male menopause.*

KEYWORDS: coping, male, menopause, challenges

INTRODUCTION

Health issues associated with advanced involuntional processes are expected to affect a growing proportion of the world's elderly population, which is expected to expand from 593 million in 1999 to 1.97 billion by 2050 (Dawid, et al., 2022). Due to inadequate healthcare regulations and a lack of public awareness and education, men's health is deteriorating over the world (Dejonge &

Barratt, 2019). Many men incorrectly assume that reproductive health services are only for women and so do not see the need to utilize them (UNFPA, 2017). In addition, Crimmins (2019) notes that men's perspectives on health, disease, and seeking treatment are negative due to the fear of threatening one's masculinity if one does seek assistance. As a result, research into the impact of ageing on male reproductive health has lagged behind compared to that of the female reproductive health, which has been studied extensively (Selvaratnam & Robaire, 2019).

Changes in men's health, careers, and relationships are common as they reach middle age. This change might make it difficult for middle-aged men to readjust their sense of identity and perspective on life (Samipoor et al., 2017). Alterations in a man's physical, mental, and emotional well-being occur throughout the ageing process known as male menopause, sometimes called Testosterone Deficiency Syndrome (TDS), andropause, or late-onset hypogonadism. The predominant sex hormone in males, testosterone, is essential for the growth and maintenance of male sexual traits, as well as muscular mass, bone density, and general health. Testosterone levels gradually fall in males beginning in their thirties. This drop, however, is slow and, for the vast majority of males, does not result in any noticeable symptoms (Mohammadi et al., 2022).

Serum total testosterone concentration typically decreases with ageing in males, starting about age 40 (Lamberts et al., 2016). Male menopause typically does not manifest in males until middle age (Andre, 2017). While menopause often begins in women between the ages of 35 and 40 (Majeed et al., 2020). Low testosterone levels can cause a variety of physical, sexual, and mental problems in certain men. In contrast to menopause, which typically begins around age 50 and involves a complete cessation of reproductive function, the gradual decline in male hormones does not lead to a complete cessation of fertility, but rather to symptoms such as fatigue, reduced energy levels, decreased libido, erectile dysfunction, mood swings, irritability, depression, decreased muscle mass, increased body fat, and decreased bone density. According to global data, more than 480,000 males over the age of 40 undergo andropause, the degree and magnitude of which varies progressively over time. Mohammadi, et al., (2022), also noted that the severity of male menopause may be mild, moderate, or severe. The quality of an older man's sexual life is one aspect of quality of life that may suffer under the effect of male menopause.

While Hakimi et al. (2019) found that 22.7% of Japanese men experience menopause, 51.5% of Iranian men also do, and 3.5% of these men experience severe symptoms. Among healthy adult males, a total testosterone level of 300 to 1,000 ng/dL (nanograms per deciliter) is considered normal. It should be noted, however, that reference ranges may differ slightly depending on the analytical laboratory. Symptoms of testosterone shortage begin between the ages of 40 and 55, when men begin to experience hormonal shifts (Abootalebi, 2019). Baylor College of Medicine (2018) found that low testosterone affects at least 30% of males worldwide between the ages of 60 and 70, and 70% of men between the ages of 70 and 80.

In addition, low testosterone affects 40% of men over 45 years and 80% of men over 80 years in Nigeria. The prevalence of low serum testosterone was found to be rather high (between 29.5%

and 50%) in a research by Paruk et al., (2019). However, there have been little investigations on the causes of low testosterone levels among this populations. Musa et al., (2022) found that 36% of males with type 2 diabetes in Gbagada general hospital, Lagos, Nigeria, experienced andropausal symptoms. Findings also showed that 38.9% of Lagos men and 52.0% of Ile-Ife men with type 2 diabetes reported experiencing male menopause symptoms.

In another study, Musa et al., (2022) found that among South African males aged 50 and above with type 2 diabetes, 94.7% experienced menopausal symptoms. Male menopause has been linked to significant changes in insulin sensitivity and glycemic management, according to research conducted in Nigeria and published by Sepu et al., (2021). The low testosterone level seen in 52.9% of men with type 2 diabetes mellitus suggests that its presence may contribute to clinical illness in this population.

One in four males over the age of 30 suffers from decreased testosterone levels, which can have a significant impact on a couple's ability to be physically intimate with one another (Elist, 2021). According to Elist (2021), having low testosterone levels can negatively impact the quality of sexual relationships leading to arguments, emotional distance, and the worst sensation of all: not being desired. Some drugs, including glucocorticoids, tobacco, and alcohol, as well as age-related comorbid diseases including diabetes, heart disease, renal disease, obesity, and metabolic syndrome, all contribute to the fall in testosterone levels (Rezeai, 2018).

Ignorance, cultural taboos, and a lack of facilities to care for men's health requirements are some of the mediating variables that amplify the difficulties African males encounter throughout the climacteric phase. Men's and women's menopausal adaptations vary depending on a number of characteristics, including but not limited to age, education, economic status, family structure, health status, social interactions, sexual experiences, sexuality development style, living conditions, and culture (Omokanye et al., 2019). The SDG3 aims to ensure healthy lifestyles and promote well-being for all at all ages (United Nations, 2015). If middle-aged men continue to experience andropausal syndrome without appreciative health intervention, coping mechanisms, they may lag behind in this regard.

Concept of Male Menopause

Some elderly men are experiencing new problems, such as male menopause or, more correctly, testosterone deficiency syndrome (TDS), which can negatively impact their quality of life. Serum testosterone levels naturally decline with age in males, and this phenomenon has far-reaching effects on health and well-being, from the brain to the feet (Abootalebi et al., 2016). Bone density is maintained in part by testosterone, and the hormone is also responsible for major sex characteristics (Majeed et al., 2020). Symptoms of testosterone shortage begin between the ages of 40 and 55, when men begin to undergo hormonal shifts (Abootalebi, 2019).

In contrast to women, men do not experience infertility in andropause; nonetheless, their success in fertility lowers dramatically (Allakbari, et al., 2019). Male menopause is a sequence of geriatric

operations that physically quite closely resembles menopause in women and occurs in ages over 45. Fatigue, impatience, despair, rage, increased irritability, decreased sexual activity, decreased muscle mass, flushing, cognitive impairment, nocturia, hair loss, constipation, and bone pain are the most commonly reported symptoms of male menopause. This condition progresses slowly since it is linked to a lack of androgens in males over the age of 50. And since testosterone production is affected by cardiovascular disease, long-term use of some medications, stress, depression, poor sleep quality, diabetes, metabolic syndromes, obesity, and alcoholism, male menopause can occur in men who have lost their sexual function due to accidents or advanced prostate treatment (Allakbari et al., 2019). Men's testosterone levels can drop due to many different things, including smoking, obesity, alcohol usage, stress at work, poor diet, and lifestyle choices, and even some chronic diseases.

Challenges of Male Menopause

Menopause is a term used to describe the natural decline in reproductive hormones, specifically estrogen and progesterone, in women. It marks the end of a woman's fertility and is typically characterized by the cessation of menstruation. While menopause is a natural process that occurs in women, it does not have a direct equivalent in males. However, aging does bring about changes in hormone levels and overall health for men, which can have similarities to some symptoms experienced during menopause in women. This period is sometimes referred to as andropause or late-onset hypogonadism.

Effects of Male Menopause on Males

Physical changes

Male menopause, which has a wide-ranging impact on middle-aged men's health, presents with some unique difficulties. Reduced muscular strength, decreased bone mineral density, increased body fat, weariness, hot flushes, muscle tissue loss, impaired insulin sensitivity, and anemia are the most prevalent physical challenges that men confront. This is according to (Ali & Parekh, 2020). Changes in muscle mass, fat percentage, bone density, and hair distribution are just some of how men's bodies might shift as they age. Majeed et al. 2020 suggest a link between these alterations and falling testosterone levels. Low levels of testosterone in the blood are linked to an increased risk of mortality from cardiovascular disease, metabolic syndrome, and type 2 diabetes by two to three times. Due to these causes, male death rates are rising (Samipoor et al., 2017).

Sexual Challenges

Male menopause can have negative effects on physical, mental, and emotional elements of quality of life, including sexual function. As men age, their sexual function may vary. Sexual dysfunctions include low desire, inability to get or keep an erection, and altered sexual performance. Decreased testosterone may play a role in these shifts, but it is not the only element at play; additional variables include general health conditions, drugs, and mental health (Abootalebi, et al., 2020). As a result of both biological and psychological mechanisms, sexual health is also crucial to general well-being (Rezaei et al., 2020). Sexual problems such as low libido and erectile dysfunction are

only some of the difficulties Samipoor et al. (2016) documented. The quality of life for 83.3% of men over 60 years is diminished due to sexual dysfunction. Sexual relationships may suffer as a result of the affected person's poor self-esteem, anxiety, or depression.

Similar to the steady and less dramatic hormonal changes women undergo during menopause, males too endure a gradual and less dramatic decline in testosterone levels. According to research published in the journal *Sexual Medicine* by Fillit et al. (2016), low testosterone levels can negatively impact the quality of sexual relationships by creating the impression that the male partner is no longer interested in or desirous of the female partner. This can lead to many negative outcomes, including arguments, emotional distance, and the crushing realization that the partner is no longer wanted.

According to a study conducted by Amoo et al. (2017), 44% of men between the ages of 30 and 70 suffer from erectile dysfunction, with 8% experiencing severe symptoms and 36% experiencing moderate ones. Furthermore, 39% of these men dismiss erectile dysfunction as a myth and deny the existence of andropause, while 24% attribute erectile dysfunction to various non-scientific causes, usually blaming their wives. So, they make it an excuse to date younger people, just to find that the issue still exists.

Psychological/Emotional Challenges

Male menopause has been linked to several psychological and emotional changes in males that can have a profound effect on their behavior. It's been called "reverse puberty" by others. That is to say, a guy who has previously had a high degree of happiness and contentment in his marriage, work, friendships, and financial belongings may start to experience his level of happiness and contentment dropping every year. Depression is a possible side effect of male menopause, which has been linked to a decrease in self-confidence and drive. As men age, they may suffer shifts in their mood, irritation, and weariness. Hormonal fluctuations, psychological variables, and changes in one's environment and way of life can all play a role.

Depression, anxiety, stress, insomnia, feelings of inferiority, and fatigue are all common side effects of low testosterone, which can also hurt men's quality of life. Because testosterone is the primary androgen hormone responsible for the primary and secondary male sex characteristics, a decrease in testosterone levels will cause changes in sexual and psychological function and body composition, as stated by Ali and Paker (2020) and Abootalebi et al., (2016). Furthermore, these shifts include depression, poor concentration and memory, anxiety and irritability, sleep problem, loss of libido, erectile dysfunction, decreased muscle mass and strength, loss of body hair, hot flushes, excessive sweating, lack of motivation, and deterioration in general health.

Pain levels varied from low (such as sensitive and bothersome) to fairly severe (as described by Hakimi et al., 2021). Furthermore, Grunfeld (2012) reported shame as a result of breast expansion, and impairment in cognitive performance, such as trouble with form filling, memory loss, and inability to finish task-based activities. Frustration, worry, and a lack of confidence were some of

the feelings reported by men with cognitive impairment. Sexual dysfunction, reduced libido, overall exhaustion, mood swings, cognitive dysfunction, impatience, difficulties functioning and not enjoying life, night sweats, and occasionally heart palpitations and shrinking height were observed by Samipoor et al., 2016. In addition, menopause in males is seen as a hidden danger to family life. Most guys experience anxiety at some point in their lives, but they might not understand why.

Coping Strategies for Male Menopause

According to Abootalebi et al. (2016), lifestyle, exercise, food, and testosterone replacement treatment are all effective methods for treating male menopause. It has been shown that middle-aged males are particularly adept at using healthy, emotion-focused coping mechanisms such as meditation and breathing techniques that help to quiet the mind, relax the body, and reprogram the amygdala. Taking a moment to pause and breathe deeply has been shown to reduce stress and improve decision making. In addition, keeping a diary may be a helpful and introspective way for people to process difficult emotions and experiences. It's been said that laughing is the best medicine, and Margolese (2020) agrees. Humour relieves stress and lifts spirits by acting as an outlet for unpleasant emotions and triggering a physiological response that lowers the body's production of stress hormones.

Spending time in nature, taking a bath, drinking tea, or otherwise caring for one's body in a way that makes one feel good is cited as a coping mechanism by Olanrewaju, et al. (2019). Additionally, try activities like practicing mindfulness, making a list of things for which you are thankful, meditating, visualizing a happy location, or looking at images of people, places, and things that make you happy.

Transactional Theory of Stress and Coping

Lazarus and Folkman (1988) developed a framework to help people manage stressful situations using objective appraisal and coping strategies. They called it the Transactional Model of Stress and Coping. Richard Lazarus and Susan Folkman define stress as the body's internal reaction to any external stimulus that is deemed harmful. They discovered that the level of stress a person experiences is directly related to how confident he or she feels about dealing with a threat. Lazarus and Folkman believe that the way we interpret or react to an event can often have a more powerful impact on our stress level than the event itself.

Transactional Stress and Coping Model

There are two types of coping methods that people use to deal with stressful situations: problem-based coping and emotion-focused coping. Task delegation, communication, and direct confrontation are all examples. In times of stress, one's emotional state can be managed via the use of good coping mechanisms such as accepting responsibility for the source of the stress or reaching out to others for moral or emotional support. However, they can also cause unfavorable responses such as guilt, avoidance, or even hostility.

Building Effective Coping Strategies Using Emotion-Focused Coping Strategy

Age-related hypogonadism is what causes male menopause. In males, testosterone levels naturally fall with age, a process characterized by a slow and steady loss of the hormone over time (Samipoor, 2017). Since testosterone loss in males is permanent, focusing on feelings as a coping mechanism might help. One of the most common coping strategies is called "emotion-focused coping," and it helps people deal with stress-related changes in their bodies, minds, and behaviors. Its focus is on meeting the emotional needs of the person receiving it, typically through the provision of solace (Newell, 2021).

Coping is a form of stress management that aims to lessen or eliminate the unpleasant feelings that might result from being exposed to stressful situations, such as anxiety, anger, sadness, and embarrassment (Newell, 2021). Emotion-focused coping mechanisms that are healthy can reduce stress, help one think more clearly, and get them ready to make changes. Newell (2020) suggests that meditating, listening to music, indulging in aromatherapy, going on a stroll in nature, keeping a diary, and having fun are all excellent ways for seniors to spend their time. Physical activity, daily activity, heart rate, oxygen intake, and cognitive function are all boosted in older persons by gaming treatments, according to studies. A single session of dancing games has also been shown to improve anxiety levels in older adults (Agaba, et al., 2017).

Building Effective Coping Strategies Using Problem-based Coping Strategy

However, not all issue-focused coping strategies are beneficial to health; for instance, ignoring a problem won't work because few problems go away until something is done about them. On the other side, healthy coping mechanisms for stress include time management (Hartin, 2021). Efforts to improve the source of the stress, or "problem-focused coping," are also discussed. Zitzman (2020) says. An individual using problem-focused coping recognises the existence of actionable solutions to the aversive event or circumstances. These endeavours require a willingness to take risks as well as a range of cognitive problem-solving abilities (Maghan, 2017). Adding diversity to your day and boosting your brain power, pursuits that get you outside or put you in touch with others may be invaluable. The finest things to do for seniors include: If you are a man going through male menopause and you find yourself thinking negative thoughts like "I'm not good enough," "I can't do this," or "I am a failure," one of the best ways to deal with these feelings is to practise optimism. Substitute a more accurate interpretation in your mind and make the conscious decision to alter your perspective. A therapist can aid males in redirecting their thinking (Harris, 2021).

Males must discuss the issue with individuals they trust, such as friends, family, and role models. The individual will be left to his own devices otherwise. In addition, there are a plethora of books, podcasts, and other resources on the topic of developing healthy boundaries, which is one of the finest problem-based coping approaches for males experiencing male menopause. Male menopausal males might take steps to simplify their lives by avoiding or withdrawing from activities that are overly taxing or time-consuming.

CONCLUSION

Coping strategies for men with male menopause is a strategy to reduce the emotional, psychological stress encountered by men during aging, aging can be disturbing and stressful for men. So they need coping skills and mechanisms to alleviate the stressful situations. The mechanisms might keep them on their feet which might also prolong their lives and help them live a healthy life.

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