

# **'Male Menopause'-A Study of its Socio-Psychological causes and consequences among University Professors**

By

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'Male Menopause' is the concept focusing more attention globally in the recent past both among medical and social researchers. Though there is difference among the medical professionals on the mere existence/coining the word of 'Male Menopause' itself, yet it is gaining importance. In many countries, researchers are now showing more interest in understanding the sexual behavior and its consequences on life style and work style of males in their middle ages. Unlike the sudden hormone plunge among women during menopause, the hormone change occurs among men over a period of many years. Some men are never affected by lower hormone levels at all-while some have physical and psychological symptoms that include changes in sexual function.

Androgens are the class of hormones that impart masculine effects in the human body, and among them Testosterone is the most active hormone. According to certain clinical studies in Europe, after age 40, testosterone levels in the blood begin to decline gradually at a rate of about one percent a year. Male Menopause is related to decline in quantities of testosterone hormones in middle ages, especially after 40's which is associated with decline in sexual urge, erection not rigid more feeble, and refractory period between erection gets prolonged. It also leads to fatigue, forgetfulness and anxiety, weight gain, indecisiveness and declining of self confidence which ultimately leads to 'Mid life-Crisis'.

A study conducted in USA, highlighted that more than 25 million men are now passing through Male Menopause and 52 percent of men between 40 and 70 suffer from varied degree of erectile dysfunction. The study also highlighted that men like women experience complex emotional symptoms including irritability, indecisiveness, depression and physical symptoms like fatigue, weight gain, memory loss, and sexual symptoms like reduced libido, fear of sexual failure etc.,(Jed Diamond, 1998)

**The value of the study:**

Though the problem of Male Menopause is growing globally, much research is not focused on its complex related issues in Asia, especially in India. Though certain studies are conducted in Europe on the effect of menopause on men, the majority of them followed the Medical/clinical approach and only a few have studied the psychological, familial and Career/work related influence of Male Menopause.

Mid life is very crucial for males when they have to decide not only their own career but also their children's career. This aspect is still more crucial among the University Professors as they are the agents to impart knowledge and build up the career of the students. In varying degrees, many Professors after the age of 45 will experience the symptoms of Male Menopause. Most of them are not aware of underlying reasons and causes for Male Menopause symptoms.

Further, many of the professors are not aware of the medical remedy like 'Testosterone Replacement Therapy' and life style changes to cope up with the Midlife Crisis. Thus, there is very high need to study the social and psychological causes and consequences to educate them on how to prevent, delay, reduce or eliminate Male Menopause symptoms among University teachers. The present study focuses on the following aspects. 1) Awareness and Perceptions of the respondents about the on-set of Male Menopause, its causes and consequences 2) Life style aspects of the respondents which include Food habits, Personal habits and Hobbies, Physical exercises and Spiritual activities. 3) The fourth major aspect covered was the 'Health Profile' of the University Professors. This includes current health problems of the respondents and their family members, and treatment undergoing etc. 4) The next major aspect covered was on 'Sexual behavior' of the Professors which is crucial for the study. A special thrust was given on the aspects related to Male Menopause 5) Further a comprehensive effort was made to study the general 'Life satisfaction' of the respondents. This covers the aspects like a) Job satisfaction b) Satisfaction on family relationships and c) Social satisfaction. Finally, appropriate three point scale Indices were developed on these aspects to study their influence on the level of problem of Male Menopause and vice-versa.

### **Study area and Method:**

The study was carried out at Sri Venkateswara University, Tirupati; Andhra Pradesh, India. The University mainly constitutes two Schools namely School of Arts and School of Sciences. 25 Professors aged above 45 years were purposively selected for the study from each School.

A pre-designed schedule was used to collect information. For the preparation of interview schedule and for collection of information, guidance from a senior doctor from the local institute namely 'Sri Venkateswara Institute of Medical Sciences' was sought. The information was collected through Personal Interview of the Professors by the researchers themselves.

### **I. Life style:**

Creation of more healthy 'life style' to combat the varying changes of physiological and psychological aspects after forties is the key factor for happy living. The practice of regular physical exercise to keep up the fitness and adoption of Meditation and spiritual practice to keep up the peace in mind along with regulated eating practice are essential for all the people especially at later ages. Eliminating tobacco use, limiting alcohol consumption and eating organic food should be the part of every man's Life Style.

The Life style pattern of the respondents was assessed through the development of an index based on the response to the following related aspects.

- a) Level of balanced diet intake
- b) Level of in-take of liquor
- c) Level of smoking habit
- d) Level of daily physical exercise
- e) Level of daily spiritual/Meditation practices
- f) Level of general physical health

The responses to these aspects were structured as a) Good b) Moderately good and c) Not good, and the scores allotted were 3, 2 and 1 respectively.

The total score range was between 6 to 18 and the score between 6 to 9 indicate that life style pattern was 'not good' the score between 10-14 indicate 'moderately good', and above 15 indicate 'good' life style pattern.

**Table No: 1. Pattern of Life style among university professors**

<b>Pattern of Life Style</b>	<b>No. of respondents</b>	<b>Percentage</b>
a) Good	9	18.0
b) Marginally good	30	60.0
c) Not good	11	22.0
<b>Total</b>	<b>50</b>	<b>100.0</b>

Beyond expectation, more than sixty percent of the university professors are practicing only 'marginally good' life style pattern and only 18 percent are practicing 'totally good' Life Style in their day to day behaviour.

It is good that the consumption of tobacco and alcohol is very limited among the professors, but the practice of eating 'organic food' is meager. Though many of the teachers are well aware of the ill effects of the food cultivated with the usage of pesticides and chemical fertilizers, they are not shifting from these food items, due to lack of seriousness. Many of them are not seriously practicing regular exercise and meditation, even though they know its importance. This is because they are not well acquainted with the changes in their bodies, combined with a hesitation about seeking medical advice.

## **II. Sexual Behaviour:**

The decline in sexual power/desire is the most significant factor during mid life among men which lead to frustration, self doubt and stress. The weakening of sexual power affects the self-image and self-perception of a man adversely. In fact, some men will de-personalize with women which serve as a defense mechanism against fading sexual power during the menopause period.

Most men feel that the decline in sexual urge is a 'sense of losses. In many cases to cope up the sense of loss, the sex will be replaced through different aspects like deepening intimacy, or allowing more freedom to partner than before and through the sense of doing things together and getting old together. In some cases, this will go as far as exploring new religious values and of traditional roles to become less structured. The creation of these new symbols as substitute for sex leads to changing relationships during menopause period.

**Table No: 2.The pattern of sexual behaviour**

<b>Pattern of sexual behaviour</b>	<b>Satisfied/ Frequently</b>	<b>To some extent satisfied /Occasion ally</b>	<b>Not satisfied/ never</b>	<b>Total</b>
1. Level of desire on sex	32.00 (16)	64.00 (32)	4.00 (2)	100.0 (50)
2 Knowledge on sexual hygiene	16.00 (8)	84.00 (42)	-	100.0 (50)
3. Seeking medical remedy to avoid sexual problem	8.00 (4)	26.00 (13)	(66.0) (33)	100.0 (50)
4. Erectile dysfunction	48.00 (24)	30.00 (15)	22.0 (11)	100.0 (50)
5. Frequency of sexual participation	12.0 (6)	64.0 (32)	24.0 (12)	100.0 (50)
6. Sexual intimacy and co-operation by spouse	24.0 (12)	(44.0) (22)	32.0 (16)	100.0 (50)
7. Need for external sexual stimulation	36.0 (18)	36.0 (18)	28.0 (14)	100.0 (50)
8. Use of aphrodisiacs	6.0 (3)	14.0 (7)	80.0 (40)	100.0 (50)

From the above table, it was clear that most of the respondents (84%) had knowledge on sexual hygiene. Nearly half of them have experienced erectile dysfunction now and then. More than 70 per cent felt that external stimulation (watching TV/ reading pornography etc.,) was necessary to get urge/desire on sex, and however only 20 per cent of the respondents were reported of using aphrodisiacs.

**The patterns of sexual behaviour:** An index was developed to understand the pattern of sexual behaviour based on the related aspects like

- a) Level of desire on sex
- b) Level of knowledge on sexual hygiene
- c) Regularly seeking medical remedy to avoid sexual problem
- d) Feeling of erectile dysfunction
- e) Level of frequency in sexual participation
- f) Level of sexual intimacy and Co-operation by life.
- g) Level of need for external stimulation to get sexual urge
- h) Level of use of aphrodisiacs.

A three point scale was developed based on the response to the above aspects and the total score range was 8 to 24. The score between 8 to 13 indicate 'Weakened sexual behaviour' between 14 to 19 indicate to 'some extent normal behaviour' and above 20 indicate 'normal' sexual behaviour

**Table No: 3. Index on the Pattern of sexual behaviour.**

<b>Level of Sexual behaviour</b>	<b>Number of Respondents</b>	<b>Percentage</b>
Normal	12	24.0
To some extent normal	24	48.0
Weakened	14	28.0

Based on the Index, it can be generalized that among half of the respondents (48 percent) the sexual behaviour was 'to some extent' normal and among the 28 per cent, it was weakened. The remaining only 24 per cent have reported of having regular urge and normal potency in sex with their wives.



### III. Perceptions on Male Menopause:

The onset of Male Menopause stems in essence from aging process, leading to sexual problems which ultimately results in psychological symptoms. Male Menopause is like adolescent puberty where a man faces irritability, worry, indecisiveness and depression. It is appropriate to study the awareness of this concept among the respondents along with their level of understanding of the symptoms.

**Table No: 4. The Perceptions/Awareness on male menopause**

<b>Perceptions / Awareness on M.M.</b>	<b>Fully aware/satisfied</b>	<b>To some extent aware /Satisfied</b>	<b>Not aware/ not satisfied</b>	<b>Total</b>
1. Heard about male menopause/Libido	6.0 (3)	16.00 (8)	78.00 (39)	100.0 (50)
2. Idea on the beginning of MM/Declining sexual urge	56.00 (28)	22.00 (10)	24.0 (12)	100.0 (50)
3. Awareness on symptoms of MM	8.00 (4)	24.00 (12)	68.0 (34)	100.0 (50)
4. Awareness on causes of MM	54.00 (27)	24.00 (12)	22.00 (11)	100.0 (50)
5. Knowledge on sources of information on MM	8.0 (4)	16.0 (8)	26.0 (38)	100.0 (50)
6. Interaction between husband and wife on MM	10.0 (5)	14.0 (7)	75.0 (38)	100.0 (50)
7. Knowledge of wife on MM	4.0 (2)	18.0 (9)	78.0 (39)	100.0 (50)
8. Level of sharing views on MM with well wishers	2.0 (1)	20.0 (10)	78.0 (39)	100.0 (50)
9. Knowledge on precautions to prevent	56.0	22.0	22.0	100.0

MM	(28)	(11)	(11)	(50)
10. Awareness for medical treatment for MM	6.0 (3)	22.0 (11)	72.0 (36)	100.0 (50)
11. Knowledge on Hormone Replacement Therapy	4.0 (2)	16.0 (8)	80.0 (40)	100.0 (50)

Through, nearly three fourth of the respondents experienced certain symptoms of M.M. hardly 6 percent of them heard about this concept. More than 77 percent never heard the term M.M, but they know about libido. Regarding the awareness on causes and symptoms of M.M, around 55 percent had correct knowledge. The interaction between husband and wife on matters related to MM, was meager, and only 4 percent reported that their wives had knowledge on M.M. More than half of the respondents knew about the precautions and treatment for M.M, but only 4 percent of the respondents had knowledge on H.R.T.

Thus, it is very clear that, the M.M. concept is not yet popularized even among the highly educated teachers at university level.

### **Level of experience of symptoms of M.M**

The general symptoms of M.M are listed out and the respondents were asked to report how many of them they had experienced. Based on the response, an index was developed to understand the level of experience of the symptoms of M.M. The list of symptoms given to the respondents was as follows. a) Mood Swings b) Nervousness and Irritability c) Neck aches and back aches d) Memory lapses/losses e) Decreased concentration f) Loss of interests and self confidence g) Increased anxiety / fear / depression h) Decrease / loss of sexual

enjoyment I) Feeling fat / gaining weight j) Taking longer to recover from illness / injuries k) Fatigue / weakness and l) Stiffness and pain in muscles / joints frequently.

The response to these aspects were structured as a) Daily, b) occasionally, c) never and the total score range was 12 to 36. The score between 12 to 19 indicate 'fully experiencing of M.M. Symptoms,' between 20 to 28 indicate 'moderately experiencing' and the scores above 29 indicate 'never experienced' of any symptoms.

**Table No: 5. Index on level of experience of M.M**

<b>Pattern of Life Style</b>	<b>No. of respondents</b>	<b>Percentage</b>
Fully experienced	15	30.0
To some extent experienced	22	44.0
Not experienced	13	26.0
<b>Total</b>	<b>50</b>	<b>100.0</b>

It is interesting to note that only 26 percent of the respondents were not experienced any symptom or M.M. The Majority of them (44%) have experienced to 'certain extent' most of the symptoms and, the other 30% have 'fully experienced' the M.M symptoms.

#### **IV. The pattern of work style:**

It is evident from the table no.6, that more than 70 per cent Professors usually become more 'emotional' to work challenges. They

were not able to solve the challenge in patience and simple mood. Most of the professors (62%) were not able to adjust psychologically with their colleagues. Some of them (22%) frequently felt that they were not able to work hard as they were in the past. Feeling of loss of interest in profession and decline of power in decision making was also emphasized by the professors. In general the professors accepted that their status of work performance is gradually declining with increase in age.

**Table No: 6. Work style pattern**

<b>Work Style Pattern</b>	<b>Never</b>	<b>Occasionally</b>	<b>Frequently</b>	<b>Total</b>
1. Feeling of working less work at present as compared to past	15.0 (8)	62.0 (31)	22.0 (11)	100.0 (50)
2. Feeling of loss of interest in profession	28.0 (14)	32.0 (16)	40.0 (20)	100.0 (50)
3. Decline of decision making power at work place	44.0 (22)	20.0 (10)	36.0 (18)	100.0 (50)
4. Feeling of Psychological unadjustability with colleagues	18.0 (9)	20.0 (10)	62.0 (31)	100.0 (50)
5. Feeling of dissatisfying students in class	26.0 (13)	32 (16)	42.0 (21)	100.0 (50)
6. Feeling of emotion towards work challenges	24.0 (12)	6.0 (3)	70.0 (35)	100.0 (50)
7. Feeling of fatigue to study /read	22.0 (11)	12.0 (6)	66.6 (33)	100.0 (50)
8. Feeling of less energetic because of lack of sexual behaviour	20.0 (10)	12.0 (6)	68.0 (33)	100.0 (50)

The pattern of work style of the teachers was assessed through an index based on different aspects given below.

- 1) Feeling of doing less work at present as compared to past
- 2) Feeling of loss of interest in profession
- 3) Feeling of decline in decision-making power at work place
- 4) Feeling of psychological unadjustability with Colleagues
- 5) Feeling of dissatisfying students in class
- 6) Feeling emotional towards work challenges
- 7) Feeling of fatigue to study/ Read
- 8) Feeling of less energetic because of lack of sexual desire

The response to the above aspects was structured as a) Never b) Occasionally c) frequently and the scores allotted were 3, 2 and 1 respectively. The total score range was between 8 to 24. The scores between 20 – 24, indicate the good performance, between 14-19 indicate average level and the score of less than 13 indicate poor performance.

**Table No: 7. Index on the work pattern**

<b>Pattern of Work Style</b>	<b>No. of respondents</b>	<b>Percentage</b>
Good	8	16.0
Average	29	58.0
Poor	13	26.0
<b>Total</b>	<b>50</b>	<b>100.0</b>

The impact of the symptoms of Male Menopause reflected in the work style of university profession. Only 8 percent of the respondents have shown positive work style and never felt the symptoms of fatigue, indecisiveness, and unadjustability. However, more than 55

percent have shown average performance, and the other 26 percent were poor in work style.

## V. Pattern of family relationships

Male people in mid life generally feel pressure to assist their children financially or to take care of their elderly parents. In addition they may worry about their own health, and feel pressure of adjusting to various family obligations. The maintenance of positive and cordial relationship with wife and other family members will be a challenge at this middle age. The Male Menopause plays the vital role on the maintenance of family roles and relationships.

**Table No: 8. Pattern of Family relationships**

<b>Pattern of family relationships</b>	<b>satisfied</b>	<b>To some extent Satisfied</b>	<b>Not Satisfied</b>	<b>Total</b>
1. Level of satisfaction on married life	58.0 (29)	24.0 (12)	18.0 (9)	100.0 (50)
2. Involvement of wife in decision making	24.0 (12)	12.0 (6)	64.0 (32)	100.0 (50)
3. Level of emotional intimacy with wife	56.0 (28)	16.0 (8)	28.0 (14)	100.0 (50)
4. Experience of frustration on families matters	30.0 (15)	40.0 (20)	30.0 (15)	100.0 (50)
5. Level of difference of opinion with wife	42.0 (21)	16.0 (8)	42.0 (21)	100.0 (50)
6. Feeling of abstaining sex with wife	46.0 (23)	12.0 (6)	42.0 (21)	100.0 (50)
7. Level of intimacy with children	76.0 (38)	14.0 (7)	10.0 (5)	100.0 (50)
8. Level of feeling pressure to assist	48.0 (24)	16.0	36.0	100.0

children		(8)	(18)	(50)
9. Level of satisfaction on development of children	64.0 (32)	28.0 (14)	28.0 (14)	100.0 (50)
10. Level of satisfaction on care provided to the children	44.0 (22)	16.0 (8)	40.0 (20)	100.0 (50)

The overall level of maintenance of cordial relationship by professor with their family members was 'to some extent satisfactory' only. More than half of them felt satisfied on their married life, emotional intimacy with wife and intimacy with children. However, 64 per cent of them did not involve their wives in decision making and 46 percent 'frequently' felt of abstaining sex with spouses. One -third of them, frequently experienced frustration on family matters. The over all observation, indicated that mid life crisis, was experienced by most of the professors.

An index was developed on the pattern of family relationships maintained by the respondents based on the following aspects:

1. Level of satisfaction on married life.
  - a. Level of involvement of wife in decision – making
  - b. Level of emotional intimacy with wife
  - c. Level of experience of frustration on family matters
  - d. Level of difference of opinion with wife
  - e. Level of feeling of abstaining sex with wife
  - f. Level of intimacy with children
  - g. Level of satisfaction on development of children
  - h. Level of satisfaction on care provided to the parents

i. Level of feeling of pressure to assist children

The responses to the above aspects were structured as a) satisfied b) to some extent satisfied c) not satisfied and scores allotted was 3, 2 and 1 respectively.

The total score range was between 10 to 30. If the scores lies between 10 to 16, the maintenance of family relationship was poor, between 17 to 23 indicate 'average level' of maintenance and the score above 24 indicate the 'positive and good' family relationships.

**Table No: 9. Index on maintenance of family relationships**

<b>Pattern of Relationship</b>	<b>No. of respondents</b>	<b>Percentage</b>
Good	14	28.0
Average	23	46.0
Poor	13	26.0
Total	50.0	100.0

In general the pattern of maintenance of family relationships among respondents was at satisfactory level. Only 26 percent had poor /strained relationships with family members. Though the experience of symptoms of menopause was high, yet the respondents were able to maintain positive relationship with family members. Around 30 percent have reported good relationship maintenance and the other 46 percent had average maintenance of relationships.



## VI. Level of satisfaction of family's social status

After middle age, the males will have strong desire to keep their family at a high place in society. They will be more concerned of acquiring own house, good settlement and placement for children which results in lot of stress. The level of satisfaction on these aspects indicates the level of peace of mind in later ages.

**Table No: 10. Level of Satisfaction on Social Status**

<b>Level of Socials Status</b>	<b>satisfied</b>	<b>To some extent Satisfied</b>	<b>Not Satisfied</b>	<b>Total</b>
1. Level of satisfaction on family's economic position	38.0 (19)	22.0 (11)	48.0 (24)	100.0 (50)
2. Level of satisfaction on Children Education and Placement	58.0 (29)	12.0 (6)	30.0 (15)	100.0 (50)
3. Level of satisfaction on achieving desires in Social Life	32.0 (16)	16.0 (8)	52.0 (26)	100.0 (50)
4. Satisfaction on carrier achievement	70.0 (35)	16.0 (8)	14.0 (7)	100.0 (50)
5. Level of satisfaction on mental peace	42.0 (21)	18.0 (9)	40.0 (20)	100.0 (50)
6. Level of satisfaction on family's placement in Society	48.0. (24)	18.0 (9)	34.0 (17)	100.0 (50)

Nearly three – fourths of the professors (70%) were satisfied on their career achievement, but only 32.0 per cent were satisfied on their achievement of desires in social life. More than half of them had satisfaction on their children's education and, how ever only 42 percent expressed of having mental peace. Nearly half of them were not

satisfied on their family's economic position. Thus, the professors are academically satisfied but not equally satisfied socially.

The overall level of satisfaction of family's social status was assessed through an index based on the following aspects.

- a) Level of satisfaction on families economic position
- b) Level of feeling of financial burden to assist children
- c) Level of feeling of not achieving desires in social life
- d) Level of satisfaction on children's social position
- e) Level of satisfaction on placement of family in society

The responses to the above aspects were structured as a) satisfied b) to some extent satisfied and c) not satisfied and the ranks allotted were 3, 2 and 1 respectively.

The total score range was between 5 to 15 and, the score between 5 to 7 indicate poor satisfaction, between 8 to 11 indicate average level of satisfaction and score of 12 and above indicate full satisfaction on placement of their families in society.

**Table No: 11. Index on level of satisfaction on social status**

<b>Pattern of Relationship</b>	<b>No. of respondents</b>	<b>Percentage</b>
Fully satisfied	11	22.0
To some extent satisfied	26	52.0
Not satisfied	13	26.0
<b>Total</b>	<b>50</b>	<b>100.0</b>

In general most of the respondents are not fully satisfied on their status in society. More than half (52%) reported average level of satisfaction and nearly one third of them were not at all satisfied in this regard. Usually the level of satisfaction depends upon the level of aspirations. When aspirations are too much, satisfaction will be only limited. The complex symptoms of male menopause will have crucial impact on the level of achievement of desires and placement of family in society.

**VII. Impact of Life Style pattern on the experience of M.M symptoms.**

An attempt was made to study the correlation between Life Style patterns on the experience of M.M. Symptoms among the professors.

**Table No: 12. Relation between life style pattern and experience of M.M. Symptoms**

Pattern of Life Style	Experience of M.M symptoms			Total
	Fully experienced	To some what experienced	Not experienced	
Good	22.0 (2)	22.0 (2)	56.0 (5)	100.0 (9)
Average	20.0 (6)	60.0 (18)	20.0 (6)	100.0 (30)
Bad	64.0 (7)	18.0 (2)	18.0 (2)	100.0 (11)

The findings clearly show the idea that positive and good Life style pattern prevents/delay the onset of M.M. Symptoms. More than half of the professors who follow good life style pattern never

experienced the M.M. symptoms. On contrast more than 60 percent of those who followed bad life style have fully experienced the M.M. symptoms. The incidence of M.M symptoms was also more among those followed the moderately good life style pattern. Thus life style pattern is the crucial factor in determining the beginning of M.M.

**VIII. Impact of the experience of M.M. Symptoms on work pattern.**

Here, the experience of male menopause symptoms was correlated with the work pattern / performance of the professors to assess the level inter-relationship between them.

**Table No: 13.Relation of between the level of experience of M.M. Symptoms and work style.**

Level of experience of M.M. Symptoms	Pattern of work style			Total
	Good	Average	Poor	
Fully experienced	6.7 (1)	53.3 (8)	40.0 (6)	100.0 (15)
To some what experienced	9.1 (2)	63.6 (14)	27.2 (6)	100.0 (22)
Never experienced	38.5 (5)	53.8 (7)	7.7 (1)	100.0 (13)

The impacts of M.M symptoms on the general work pattern of professors are evident from the above table. The trend is not very clear because of the limited sample in certain boxes. More than 38 percent of those who had 'never experienced' the symptoms have shown good performance as against only 6.7 of those who had fully experienced with M.M. Symptoms. Similarly, many people who were

moderately experienced with symptoms have also shown poor performance.

### **Conclusion:**

The decline of physical strength, and mind power after middle ages, affected the quality of life of males. The decline in mind power and a sense of loss contributed to the decline in self-confidence. The inability to control emotions, high irritation level, coupled with on set of menopause created a setup to reduce the performance of the professors. The combination of physical and psychological changes resulting out of growing age (after 45), cause sexual symptoms which are the most bothersome for many of the professors. Though they are aware of the decline in sexual power, they were not well aquatinted with the causes, symptoms and precautions to overcome menopause impact. Combined with a hesitation about seeking medical advice, lack of scientific physical exercise and with concerns about own health and family issues most men are allowing the menopause to be set in gradual motion. After 45, important physical and psychological changes require certain adaptations to adjust their priorities to the situation by not expecting same as when they were young.

The important roles during middle age are related to family and the workplace. Within this scope, the common relationships are with aged parents, children, spouse, colleagues, students, the community and friends. In the present study, we noticed typical changes in the

type of relationships in the above circle and level of changes varied from person to person.

In the present study most of the respondents felt that they had both "physical loss" (appearance, activeness & sexual) and 'emotional loss' (Family and career related). This sense of loss imparted significant effect on their work pattern. Most of the respondent had the feeling that they were not as actively involved as they were during their young age. In many cases, the decline of interest on research and new innovation was clearly noticed. Thus, the male menopause symptoms brought significant changes among the professor in their relationships at family level, community level and their work performance.

### **Implications:**

The university set up may consider the provision of counselors with reading material to create more awareness among staff on mid-life transition, Menopause causes and of its prevention roles.

Medical support with emphasized health care scheme has to be implemented to impart more self-confidence to combat the challenges in late middle ages.

More interactive sessions are to be organized among students and staff to re build the positive relationships. Improved retirement benefits will increase the confidence to face economic challenges of aiding children and parents.

Awareness also has to be created among partners/spouses on the changes in mid life and obtain necessary insight to co-operate with their men.

Wide spread popularizing programmes on the practice of good life style including scientific physical and mental exercise, dietary practice, especially emphasizing on organic food have to be implemented in all universities at national level.

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