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ANDROPAUSE STAGE AS EXPERIENCED BY MEN IN VHEMBE DISTRICT OF LIMPOPO PROVINCE, SOUTH AFRICA

by

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DECLARATION

I, **Nyadzani Rachel Tshabuse**, hereby declare that this thesis, titled, **'Andropause Stage as Experienced by Men in Vhembe District of Limpopo Province, South Africa'** submitted by me to the University of Venda in fulfilment for the degree of master's in nursing science, is my original work. No part of this thesis has been published or submitted previously for a degree at this or any other institution. The literature resources I have used or cited have been acknowledged by means of complete references.

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DEDICATION

This study is dedicated to my:

- Supervisor, Dr N.D. Ndou
- Co-supervisor, Mrs T.E. Mbedzi
- Husband, Mr M.A. Ligunuba
- Mother, Mrs Merium Tshabuse
- Friend, Mr M.P. Ngobeli
- Children, Raymond, Muofhe, Austin, Ndivho and Mirafho
- Siblings, Emmanuel, Pauline and Meki

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ABSTRACT

Introduction: The impact brought by Andropause amongst married couples is escalating. Its significance is nowadays unmasked and bring forth to cracked marriages that finally result in unforeseen divorces, when advancing males are no longer sexually satisfying their loving partners. Therefore, men are left with no options than to hang around with multiple partners just to ease their standing impotence. The practice might result in family violence, physical abuse and HIV and AIDS transmission.

Purpose: The purpose of this study was to explore the experiences of men during andropause stage in Vhembe District, Limpopo Province, South Africa.

Objective: The objective of the study was to explore and describe the experience of males during andropause stage.

Method: The researcher employed a qualitative approach with descriptive phenomenological design. The population of the study comprised of men aged 50 years and above who have reached andropause stage, who were the members of Munnandinnyi Men's Forum (MNNMF) at Lwamondo Tshifulanani village in Vhembe District of Limpopo Province, South Africa. The researcher used non-probability purposive sampling technique. Unstructured face-to-face in-depth interviews were applied as a data collection tool. The central question was pretested to prevent misinterpretations by the participants. The researcher collected data and the sample size was determined by data saturation. Data transcribed verbatim and was translated from Tshivenda to English. Data was analysed using Tesch's eight steps criteria. The researcher ensured that trustworthiness was applied using credibility, dependability, transferability, and confirmability. Ethical considerations were maintained throughout the study.

Keywords: androgen, andropause, experience, hormones, testosterone

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CT-S	Computerized Tomography Scan
DM	Diabetes Mellitus
ED	Erectile Dysfunction
GH	Growth Hormone
HGH	Human Growth Hormone
HIV	Human Immunodeficiency Virus
LH	Luteinizing Hormone
MNNMF	Munna NdiNnyi Men's Forum
NGO	Non-Governmental Organization
PE	Premature Ejaculation
PHC	Primary Health Care
TDS	Testosterone Deficiency Syndrome
UVREC	University of Venda Research Ethics Committee
WHO	World Health Organization

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

CHAPTER 1

OVERVIEW OF THE STUDY

1.1 Introduction and background

As women advance the period of menopause, so men do reach andropause stage as well. Andropause refers to the clinical and biochemical syndrome associated with progressive age and is categorized by a deficit in serum testosterone. Grzegorz, Makara-Studzinska & Slabuszewska-Jozwiak (2015), indicated that the declining general and sexual conditions which is related to lessened testosterone levels was recognised by Hellers and Meyers in 1994, and they were the first to utilise the term “male menopause”. According to Mousavi, Mahmoudi, Goodari & Vakilian (2018), andropause varies with individuals because it can produce different signs and symptoms in different people.

Risk factors that may trigger andropause symptoms other than hormonal changes include lack of exercise, smoking, alcohol consumption, stress, anxiety, and sleep deprivation. According to Mousavi *et al*. (2018), study findings indicate that testosterone deficiency in men has physical, psychological, and sexual symptoms such as hot flashes, depression, mood changes, fatigue, and decreased musculoskeletal strength memory and concentration which is mainly caused by a drop in the level of testosterone. Total testosterone levels above 12 nmo/l (346 ng/dl) or free testosterone levels above 250 pmol/l (72 pg/ml) do not necessitate replacement. The total serum level below 8 nmol/l (23 ng/dl) or free testosterone below 180 pmol/l (52 pg/ml) requires substitution.

The findings of the study conducted in Northeast and southwest of Tehran indicated that the prevalence of the andropause symptoms was higher in men aged 55 and above with a significant decrease in their sexual satisfaction and quality of marital life, whereas the findings of the study conducted in Netherlands revealed andropause symptoms higher in men aged 40 to 60 years.

Hakimi, Ghasemi, Mirghafourvand & Hassanzadeh (2019) referred to andropause as gradual drop in testosterone levels. This occurs when the Leydig cells responsible for testosterone production do not secrete the hormone as often as it is supposed to do. When the oestrogen level is higher, it reduces the amount of testosterone available in the cells and this is where the most common associated symptoms include reduction in energy, weight gain, decreased libido, apathy, decrease in bone mass, and reduction in muscle mass, hair loss, metabolic disorder, urinary problems, and general decrease in pattern of sleep result. The study conducted in Brazil, Germany, Japan, Spain, and the US revealed that men experienced loss of sexual desire, erectile dysfunction (ED), premature ejaculation, and delayed or absent orgasm. Men with sexual problems reported diminished relationship happiness and sexual satisfaction compared to men without sexual problems (Rosen, Heiman, Long & Fisher, 2016).

In Korea, the findings of a study revealed that men do not want to talk about ED as it is a storm and a tricky problem to tackle. Men considered buying sexual stimulants online that were counterfeits when the medication made them sick. Between April 2016 and March 2017, Health Canada seized nearly 55,000 sets of counterfeit drugs on their way into the country. The study conducted in Tanzania revealed that ED had affected adult men at a higher rate (Pallangyo, 2016). The findings of the study conducted by Samipoor, Pakseresht, Rezasoltani & Leili (2017) in Europe specified that men experienced hot flushes, ED, decreased physical functioning, reduced

libido, and fatigue. Mousavi *et al.* (2018) showed that the most common signs and symptoms of andropause that men experienced were lower frequency of morning erections, inability to walk more than one-kilometre distance, difficulty in ending vigorous physical tasks such as lifting heavy objects, kneeling, bending, and stooping. Their response to andropause symptoms was testosterone replacement. According to Panti, Olatinwo, Tunau & Lukman (2017), European and North American women revealed that from the time when ED had affected their sexual partners, they were frustrated that they could not do anything to remedy it. They reported having less intercourse with reduction of orgasm, stimulation, sexual desire, and pleasure after their partners developed ED.

In Arak (Iran), men reported that their sex drive has decreased, others reported the feeling of having no value for society (Mousavi, Mahmoudi & Vakilian, 2018). The study further reported that the age with high rate of andropause were men of 50 years and above with a declining sex drive and losing value had the highest score. The findings of the study conducted in Belgium, Estonia, Finland, Hungary, Italy, Poland, Sweden, and United Kingdom, after the men of ages from 40-79 were interviewed regarding their sexual, physical, and psychological health during andropause symptoms, revealed incidence of poor morning erections and diminished sexual thoughts, linked to low testosterone production. The symptoms vary in different people and were sexual dysfunction, mood swings and irritability (Samipoor, Pakseresht, Rezasoltani & Leili, 2017).

Maha (2013) reported that in Kuwait men with andropause symptoms easily fall asleep after dinner. They also experience inability to concentrate, weakness, fatigue, anger, excessive sweating, and fatigue. The study conducted in Iran by Sofimajidpour, Teimcori & Gharibi (2015) revealed that men during andropause stage experienced short temperedness, decreased energy level, reduced power and

physical endurance, height loss, reduced feeling of joy of life, bad morale, decline in general well-being, lack of motivation, decreased ability to play sport, having hit rock-bottom, lacking vitality, heart palpitations, feeling burnt out, decrease in beard growth, while others felt losing weight, feeling panic, feeling fidgety and getting upset easily about little things, reduced strength and durability of erection of the penis and reduced performance.

Kuwaiti men considered issues that concern men's health status in relation to their sexual life, loss of libido, impotence and ED as humiliating and forbidden. Kuwaiti men believed that in their culture men do not experience andropause stage. Stigma is attached to ED in the society which makes men not to talk boldly about sexual issues and sexual related problems. Urologic problems resulting from andropause was the first problem that frequently persuades men to request a medical check-up and that is where comorbidities appeared (Odu, Olajide & Olugbenga, 2017).

In Casablanca, Morocco, men reported decreased penile erection, sexual dysfunction and premature ejaculation, with the results similar to those reported in Western societies. The results of a survey conducted in Pakistan, Egypt and Nigeria showed that the incidence of ED was similar to that in sub-Saharan Africa, the Middle-East, South Asia, United States and Western Europe. The findings further reflected men with ED reported depression associated with increased risk of ED (Rezaei, Azadi & Pakzad, 2018). In Hong-Kong, study findings identified similar andropause symptoms that are consistent with other studies, among Chinese. They indicated the importance of using Chinese herbs in addition with a balanced diet and engaging in regular exercises in response to andropause symptoms.

A study of serum testosterone level was conducted in South Africa at Steve Biko Academic Hospital. Spontaneous erection and infertility were the clinical manifestations identified with androgen deficiency. Tanja & Rheeder (2015) attested that patients reported a substantial number of symptoms of androgen deficiency in aging male with obesity had a major role to play in the pathophysiology of hypogonadism. Schurink & Claassen (2005) conducted a study in Gauteng Province, South Africa, and the findings were sexual deterioration, decline of power in the working environment, changing relationships, self-doubt, becoming more emotional, decline in making decisions and in self-confidence in sexual activities. According to Sebua, Semenya & Potgieter (2014), men in Mpumalanga visited the traditional healer who utilise 154 plant species like Aloe Angolensis to boost appetite and Turfaea Obtubi Folia (blood purifier) are the best concoction to ED and are side effect free. After given a concoction to drink, as bitter as it was, the problems were attended to and were in their peak. The following two months the penis started shrinking and was back to their ED state. In Vhembe District, Limpopo Province in South Africa, ED is a significant symptom of andropause, and has been a problem of inability to sustain an erection during coitus as well as decreased libido. The inclusion of traditional healers and twelve species to attempt the ED in men were used.

The species like Azanthozy Lumhumile, Osyris Lanceolata and Securidaca Longepedicunculata were used as treatment of ED (Rakuambo *et al*., 2006). According to Neluvhola (2006), the president of the council of traditional healers in Vhembe District, people with sexual problems were put in herbal sexual stimulants therapy called Mpesu (a herbal tree which is believed to cure sexual dysfunction in men). Mpesu is commonly prescribed by the traditional healers following certain

procedures. The dosage of Mpesu is measured by the traditional healers to avoid the continuous erection of the penis. The Mpesu and Tshitundetshapfene concoction were approved by the University of Pretoria ten years ago. According to Mukwevho (2017), men at Vhembe District treat ED with Marula beer. After a week of drinking Marula beer, men affirmed that the bedroom performance improves (Wu *et al*., 2010). In Sowetan (Sunday World, 2007) it was reported that men visited the traditional healers to seek help for ED. Muvusa-Nkunzi, was prescribed, a libido-boosting mixture and after ingestion mixed with fresh milk as prescribed, they experienced pains. The traditional healer confirmed the effectiveness of concoction which is achieved after some pains. Within two hours, both started urinating blood and rushed to hospital for admission.

The previous studies answered the questions who, why, what, where and how the studies were conducted even though other studies failed to specify the reason for conducting the research study. They were important as they indicated the negative impact of andropause stage and how it affects the social life. The gaps, shortcomings the researchers intended to attend were filled. The previous studies served the specific problems that made the researchers to conduct the study (Gunawan (2015).

Previous studies experienced the challenge of participants who could not feel at ease to bring all the information needed for a study because of their religions, age, lack of knowledge, not been educated and lifestyle. Other studies had a challenge of data unavailability and accurate information could not be furnished. Researchers failed to recognise that the topic selected for the research study was once researched before by the previous researcher. They failed to critically analyse the topic they have selected to understand the published topics. Some of studies failed to select the sampling for inclusion purpose.

1.2 Problem Statement

The researcher is a registered professional nurse responsible for rendering holistic comprehensive health care services to the community. As the researcher was busy executing the holistic comprehensive health care services to the patients at the designated Primary Health Care (PHC) facility. She assessed the considerable of men clients from the age of 55 and above whom had similar health-related problems as their main subjective complaints, like poor urine stream, poor erection and feeling tired. Others disclosed their problems with ease, yet others were not specific. To counteract the clinical manifestations of andropause, men used traditional herbs other than the Western medicines. They also preferred taking over the counter medications as another solution to act against the clinical manifestations. Much of the time the clients presented with signs like abdominal distention.

The common challenge explained was ED. Their response to this challenge was to engage in unsafe sex with multiple partners to prove their erection status, yet others do away with personal hygiene as a sign of social withdrawal. One day the researcher had observed the group of men entering one of the local pharmacies. Inquisitiveness pushed the researcher to find out the most attracting factor in the pharmacy and it was nothing other than the sexual stimulants in the form of tablets. Some took tablets on the spot, yet others went away with them. That was the fast business the researcher observed. Plenty forms of sexual stimulants are even sold in the streets. The researcher had a problem that the practices men are engaged to, as a means of measuring their sexual performance, predispose them to the potential risks of contracting HIV and AIDS. Therefore, the researcher moved with compassion to conduct research on andropause stage as experienced by men in Vhembe District of Limpopo Province, South Africa.

1.3 Significance of the Study

Cueva (2018) defined the significance of a study as a part of the introduction of a thesis or research which determines who benefit from the study and what specific audience will benefit from its findings. The findings of the study will benefit men to deal with sexual and reproductive problems and society in various spheres, namely, nursing practice, social aspect, policymakers and family.

1.3.1 Nursing Practice

The findings of this study could be significant in establishing a support system of health professionals aiming at addressing the challenges brought on by andropause stages. The study findings may improve the standard of nursing practice to plan for the andropause client's programme to alleviate the stress and anxiety associated with the symptoms.

1.3.2 Family Sphere

The study findings could be significant in re-establishing the love, trust between the spouse and respect because of andropause manifestations. The family will gain knowledge about the andropause stage and respond and behave according to the individual manifestations.

1.3.3 Social Aspect

Research findings may benefit the society at large through gaining knowledge and understanding regarding the andropause stage. The sexual relationships may change which may guide the men's response during the stage of andropause.

1.3.4 Policymakers

The recommendations from the study may assist policymakers when they review

policies or develop guidelines which will be based on empirical evidence to promote quality life for men in Vhembe District of Limpopo Province, South Africa.

1.4 Study Purpose and Objective

1.4.1 Purpose of the Study

Purpose of the study was to determine the experience of men during andropause stage in Vhembe District of South Africa.

1.4.2 Objective of the Study

The objectives of this study were to:

- Explore the experiences of men during andropause stage in Vhembe District of Limpopo Province, South Africa.
- Describe the experiences of men during andropause stage in Vhembe District of Limpopo Province, South Africa.

1.4.3 Research Question

The research question for this study was:

> *What are the experiences of men during andropause stage in Vhembe District of Limpopo province, South Africa?*

1.5 Definitions of Concepts

1.5.1 Experience

Experience refers to practical knowledge, skill, or practice derived from direct observation of or participation in events or an activity (Webster's New World English Dictionary, 2019). In this study, experience refers to practical knowledge, skill of

dealing with andropause symptoms.

1.5.2 Andropause

Andropause refers to the clinical and biochemical syndrome associated with advanced age and is characterized by a deficiency in serum testosterone levels (Abootalebi, Kargar, Jahanbin, Sharifi & Sharafi, 2016). In this study, andropause refers to the period in which sex hormones called testosterone are reduced in their normal levels.

1.5.3 Testosterone

Testosterone is the key male sex hormone that regulates fertility, muscle mass, fat distribution and red blood cell production (Park, Ahn & Moon, 2019). In this study, testosterone is the primary sex hormone and anabolic steroid in males.

1.5.4 Androgen

Androgen is a substance capable of developing and maintaining masculine characteristics in reproductive tissues (notably the genital tract, secondary sexual characteristics, and fertility) and contributing to the anabolic status of somatic tissue (Handelman, 2020). In this study, androgens are a group of hormones that play a role in male traits.

1.5.5 Hormones

Hormones are chemical substances produced by glands in the body that are carried in the blood to act on other organs in the body (Mandal, 2019). In this study, hormones are chemicals that are secreted directly into the blood, which carries them to organs and tissues of the body to exert their specific functions (Perera, 2020).

1.6 The Study Structure

The study is presented in chapters that portray the different steps of qualitative research:

Chapter 1 This chapter is an overview which reflects an introduction, significance of the study, study purpose and objectives, research question and definition of the concepts.

Chapter 2 This chapter is a literature review discussing the data related to the study.

Chapter 3 This chapter covers the research methodology which describes the qualitative research approach, study setting, study population and sampling, measures to ensure trustworthiness, plan for data collection and management, ethical considerations and plans for dissemination of the research results.

Chapter 4 This chapter presents the data analysis and discussion of findings following the analysis of participant's transcripts.

Chapter 5 This chapter provides the summary of the study, discussion of the findings in relation to existing literature, contributions of the study, limitations of the study, recommendations and conclusions.

1.7 Summary

This chapter entailed the background of the study, problem statement, significance of the study, study purpose and objectives and research question. Andropause stage as experienced by men in Vhembe District of Limpopo Province was explored

using a qualitative study. The significance of the study was highlighted.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

A literature review is a survey of scholarly sources on a specific topic that provides an overview of current knowledge; identify relevant theories, methods, and gaps in the existing research. It is described as a more or less orderly way of gathering and synthesizing previous research (Snyder, 2016). It provides with a summary of what has been said, who the main writers are, what the prevailing theories are, hypotheses and what questions are being enquired. Literature review aids the researcher to build the knowledge in the field.

The literature is revised to identify irregularities and gaps in research, conflicts in earlier studies, open questions left from other researchers, preventing repeating the mistakes that other researches might have committed. The purpose of the literature review is to provide the foundation of knowledge on topic, identify areas of prior scholarship to prevent duplication and give credit to other researchers (Kennedy, 2019). The literature was sourced from Google Scholar, Journal articles, Internet databases such as EBSCOHOST and ScienceDirect.

2.2 Advantages of the Literature Review

A literature review gives an opportunity for the researcher to evaluate the contemporary state of the study on a topic. The research topic will be identified of the number of researchers who have written the most on the particular topic and further exploring on the topic.

It identifies the approaches that might be of the most benefit to develop a topic (Pare & Kitsiou, 2017). The literature review gives the researcher an opportunity to share information with other researchers and scholars. Writing an appropriate literature review helps to resolve contradictions and conflicts that occurred in the past and the gaps in research are filled (Priya, 2017).

2.3 Causes of Andropause

The World Health Organization (WHO) reported that by the age of 70 androgen levels are only 10 percent of what they were at the age 25, while significant hormone loss will have already occurred by the age 40, by 55 most men will have lost enough testosterone, hence, it is associated with andropause (MacGill, 2017). Andropause is usually triggered by low testosterone which is responsible for male physical characteristics such as body and facial hair, deep voice, muscle strength, strong sexual drive, and competitive behaviour.

Androgen deficiency can be contributed by genetic and a common chromosomal disorder like Klinefelter syndrome which is a congenital genetic condition among men. According to Badr (2018), chromosomes tend to have extra X, yet the normal male chromosomes arrangement is 46XY, but with the condition are 47XXY. So, men with Klinefelter syndrome have severely reduced fertility as their ejaculations contain no sperms (azoospermia).

Medical problems like undescended testes before birth lead to andropause and infertility. Infections such as mumps after puberty can damage the sperm producing tubes in the testes leading to androgen deficiency. Cancer treatment, particularly chemotherapy and radiotherapy, damages sperm producing tubes, hence, andropause symptoms. Obesity is strongly linked to lower testosterone, particularly in ageing men. Mandal's (2019) study findings revealed that testosterone levels are

higher early in the morning and lower late in the evenings. Andropause may be caused by chronic conditions, low testosterone, use of medication, and aging.

2.3.1 Chronic Conditions

According to Murrel (2019), some chronic conditions like cancer, chronic lung disease and other diseases may trigger andropause symptoms in men. The andropause symptoms may present as sexual challenges in many cases. Researchers discovered that men who had restless legs syndrome (RLS) which according is the uncontrollable urge to move the legs, were about 50 percent more likely to develop ED as an andropause symptoms.

2.3.2 Low Testosterone

Andropause is a complex of symptoms in ageing men who have low testosterone levels or a general decline in male hormones, including testosterone and dehydroepiandrosterone. This is a substantial male hormone responsible for sex drive stimulation. The normal testosterone in adult men ranges above 300 ng/dl and below is said to be low, hence reducing the desire for coitus. Androgen deficiency is a fall in the testosterone production and plasma concentration because of a decline in Leydig cell mass in the testicles, a symptom of this decline in the human body affects physical, psychological, and sexual aspects of life.

The testosterone which is the steroid hormone that stimulates the sexual characteristics is declined. When one is hooked by its signs and symptoms it affects marriage and the entire world. Different studies indicate its impact in different countries, families, and individuals. The decline in testosterone is the biggest worry that men face because of the chance that their sexual desire and performance will be affected (Health Line Editorial Team, 2019).

2.3.3 Use of Medication

Some medications that are prescribed to treat other illnesses are found to be causing testosterone levels to drop down giving an opportunity for andropause symptoms to manifest. Treatments like ACE inhibitors to treat blood pressure, and beta-blockers can also lower testosterone level. Chemotherapy treatments for cancer, corticosteroids, and opioids pain relievers may be harmful suppressing the testosterone levels. The use of marijuana and illicit drugs such as opiates has been linked to a decrease in testosterone production resulting in a lack of sexual drive.

2.3.4 Aging

Male menopause is the common term for andropause and describes age-related changes in male hormone levels (Rogers, 2018). Badr (2018) suggested that andropause is becoming a worldwide concern as the total population of old age men increases. Men in their advancing age recognize psychological and physical changes alluded as the andropause symptoms. The findings of the study conducted by Rogers (2018) revealed that around 4-5 million of American men tested and found to be having low testosterone levels and were treated to increase their sexual drive. Low testosterone affects almost 40% of men aged 50 and older. The natural decline starts after age 30 and continues about 1% each year (Murrel, 2018). According to Williams (2017), when men advance in age, the production of growth and testosterone is reduced, beginning in middle age.

2.4 Diagnosis of Andropause Syndrome

Diagnosing andropause syndrome and other related sexual symptoms starts with history collection regarding health history and any other medical conditions that could cause the problem. Sexual life history is significant for proper diagnosis. The examination includes the following: **Physical:** examination of the penis and testicles;

Blood and urine test**:** checking on problems like diabetic mellitus, low testosterone and heart diseases; Mental health examination or psychological exam: to find out if stress and sadness are the leading cause of andropause syndrome; **Ultrasound:** the test is performed to check blood flow problems; **Laboratory tests:** lipid profile, serum creatinine test and prolactin level.

2.5 Signs and Symptoms of Andropause.

Andropause signs and symptoms are categorised into physical, psychological, and sexual.

2.5.1 Physical Clinical Manifestation

Deficiency in testosterone brings about weakening of the tissues, hence muscles cramps and numbness is a common complaint. Cramps affect hands, back, legs and feet and paraesthesia of the distal parts in both hands and feet, which usually happen in the early hours of the morning. Andropause brings about progressive rounding of shoulders, loss of height and gynecomastia. Bone reduction may lead to vertebral collapse and kyphosis. Overall alignment of the structures in and around the spine is affected by altered posture, hence the back pain is a frequent main complaint among men with low testosterone levels (Badr, 2018).

Men with andropause frequently experience low sex drive, fatigue and may suffer hopelessness. When they ejaculate, there may be a low volume of semen and they show outbursts of anger, poor spatial orientation or diminished intellectual capacity. Testosterone deficiency increases the risk of cardiovascular diseases, death from a cardiovascular event level, excess belly fat and abnormal cholesterol level (El-Hamd, Saleh & Majzoub, 2019). Low testosterone is associated with a higher incidence of prostate cancer. The number of erections decreases, and weaker

erections become common. A clinical study about the effects of andropause was conducted in Toronto, Canada, Los Angeles and greater USA and the results showed symptoms of loss of libido, impotence and lack of energy. There is abdomen enlargement as a result of excessive fat deposition around the abdomen adding on to the already weak and wasted muscles. According to Badr (2018), male's fractured hips have higher death rate and is related to low levels of testosterone. Tendons lose elasticity, hence swelling and walking a short distance cause pain. Ligaments lose elasticity causing stiffness of the joints. Skin becomes dry and thickness is reduced, getting wrinkled is more evident on the face.

2.5.2 Psychological Clinical Manifestation

Andropause is considered as a covert threat for men's family life where most men deal with anxiety in this lifetime. Anhedonia, often described by the affected individuals as inability to experience joy, is the basic symptom of exhaustion feeling, lack of energy, resulting in reduced psychomotor drive, leading to a slower thinking process and functional cognitive impairment (Jakiel, Makara-Studziska, Ciebiera & Slabuszewska-Jozwiak, 2015). Knight & Nigam (2017) indicated that the reduced level of testosterone is associated with various physiological and psychological changes which are increased risk of memory problems, sadness, lethargy, and decreased endurance.

Other changes include decline in self-confidence, mood swings, emergence of anxiety, fear about losing potency, inability to control emotions, forgetfulness, irritability and mood swings, poor concentration, loss of purpose and direction. Memory gets impaired leading to dementia; this memory loss, according to Resnick, Matsumoto & Snyder (2017), is referred as "related memory loss." Testosterone plays a role in certain behaviours, including aggression and dominance; it is

responsible in boosting self-esteem and increases competitiveness. When its level declines, it may result in a low confidence and lack of motivation and lower a man's ability to concentrate, causing feelings of sadness, sleep disturbances and lack of energy (Pietrangelo, 2018).

2.5.3 Sexual Clinical Manifestation

Samipoor, Pakseresht, Rezasoltani & Leili (2017) revealed that sexual activity declines gradually from 40 to 55 years. Aging and hormonal changes were more strongly related to sexual activity and nocturnal erections than to libido. The symptom varies in different people and includes sexual problems like decreased libido, and irritability and has a detrimental effect on the quality of life. Testosterone depletion leads to sexual evolution in men characterized by poor frequency of sexual intercourse, impotency, ejaculation problems, phimosis, and sclerosis of penis and it becomes flaccid and reduced in size thereby affecting the overall length.

2.6 Effects of Testosterone Deficiency

The effects of testosterone have been discussed as fatigue which is the most common effect of low testosterone in men. One will experience loss of energy or feeling tired. Low testosterone affects the mental focus and causes memory impairment. The affected individuals show forgetfulness signs, trouble in concentrating and cognitive decline. The individual personality does change making someone not to feel happy. Testosterone builds muscles and when it declines, they become weak. Sex accessory structures like seminal vesicles and other glands reduce in size. Scrotum and penis may shrink, hence decreased libido. Andropause may result in a profound alteration to the quality of someone's life affecting functioning of multiple organ systems. Some researchers argue that men experience a hormonal impact resulting in hormonal in consequences that are physical,

psychological, social, sexual, and spiritual symptoms. The low level of testosterone results in a low confidence and lack of motivation and lowers a man's ability to concentrate, causing feeling of sadness, sleep disturbances and lack of energy (Pietrangelo, 2018). It was indicated that men with high blood pressure and atherosclerosis occlusions are at higher risk (Knight & Nigam, 2017). A clinical study in Toronto and Los Angeles on andropause symptoms revealed depression, loss of libido, impotence, and lack of energy.

2.7 Management of Andropause

Before attempting the pharmacological medications, the doctor may suggest lifestyle modification as the first step and these are exercise, a healthy diet, smoking cessation, and limiting alcohol consumption (Zorn, 2016). The treatment includes non-surgical, oral pharmacological treatment, transurethral therapy, extra cavernous injection, vacuum constricting device, and/or surgical treatment: penile vascular surgery, penis pump surgery and implants and prosthesis. The recommendations regarding treatment indicate that testosterone treatment programme use the minimal dose necessary to increase testosterone levels to the normal physiologic range of 450 to 600 ng/dl (Mulhall *et al.,* 2018).

In China and India, physicians have recommended drinking large quantity of one's own urine as a cure for ED since there is a little amount of testosterone in urine. In Asia, medical practitioners believe that consumption of genitalia of Cape fur seals can enhance sexual performance (Lotter, 2017). In some individuals, mild side-effects may occur and include: the face and upper chest may appear red or flushing, headaches may be experienced with blurry vision, increased light sensitivity, stuffy or runny nose and back pain. The experience of severe side effects that warrants an immediate health care professional's intervention are loss of vision, hearing loss and

erection that lasts for four hours and more (priapism).

2.8 Andropause Hormonal Therapy

Testosterone therapy is a procedure which involves introducing synthetic testosterone into the body to replace the depletion. According to Allen (2019), andropause in London is solved by injecting testosterone producing cells to boost testosterone. Skin cells are reprogrammed to become pluripotent stem cells, which can become any cell in the body. The study provides a way to generate possible transplantation materials for clinical therapies. Scientists have created cells almost identical to the cells in testes that produce testosterone. Men who are on testosterone therapy are likely to have heart attack and stroke.

Testosterone therapy may harden the arteries potentially, leading to blood clots, causing stroke and heart problems. Hormone replacement is the most effective therapy infusing the necessary hormones into the human body. They are in the form of pills, patches, creams, and suppositories which bring the positive results of reducing symptoms of andropause, including fatigue and depression. According to McGill (2017), the greatest risk of heart problems and transient ischaemic stroke attack are highest within the first 2 years on hormone therapy. Hormone therapy has been investigated to delay changes in body composition, strength, physical and cognitive function.

2.9 Options for Administering Andropause Hormonal Therapy

The diverse options for administering testosterone therapy are the following: Skin patches (transdermal), buccal patches, Testosterone topical jell and cream, injections and implants, subcutaneous testosterone therapy, oral testosterone therapy, and nasal testosterone therapy (Barbonetti, Andrea & Francavilla, 2020).

▲ Skin Patches (Transdermal)

Hoffman (2021) indicated that skin patches are easy for the body to absorb and are worn on the upper body or scrotal skin. Like any other treatments, patches in some individuals cause skin irritation, but are to be applied once or twice per day (Christiansen, 2020).

▲ Buccal Patches

These are introduced to the upper gums and are sticked twice per day but can cause gums irritation and are called striant in the form of tablets. Mucoadhesive tablets applied to the gums of the mouth provide continuous release of testosterone.

▲ Testosterone Topical Gel and Cream

Topical gel called Androgel and Testim are rubbed onto the skin, especially on the shoulders, abdomen and upper arms. It must be used with caution as the side effect may cause health reactions (Jewell, 2019).

▲ Injections and Implants

The injection is given intramuscularly, and the dose is determined by the physician with intervals of two to ten weeks. Testosterone injections are as follows: Aveed, Depo-Testosterone, Testosterone Ester Combinations, Testosterone Andecanoate, Testosterone Cypionate, Testosterone Propionate, Testosterone Enanthate, Xyosted, Implant is implanted as pellets in the soft tissues. This type of method produces an immediate improvement but is expensive. The injections should be administered under close supervision by the health professional. The blood pressure should be monitored as it can be aggravated and could lead to heart attack and death.

- **Subcutaneous Testosterone Therapy**

This in another therapy method that requires minor surgery each time a new dosage is given. Every three to six months, a new pellet is inserted under the skin. The adverse effect may result during the procedure as infection. The prescribed dose varies with individuals.

- **Oral Testosterone Therapy**

The testosterone capsules are administered orally through a metered-dose pump applicator. They are said not to cause liver diseases like what earlier medication does.

- **Nasal Testosterone Therapy**

It is testosterone therapy where the medication is given per nasal three times daily. The nasal gel formulation was approved in May 2014, by the USA FDA for testosterone replacement therapy (Christiansen, 2020). The recommended dose is two pumps three times daily. The treatment is available in many European countries.

2.10 Individuals Not Eligible for Therapy and Side Effects

Men with prostate cancer are not eligible as it may cause the cancer cells to grow. Individuals with urinary tract infections, untreated severe sleep apnoeas, and uncontrolled heart failure is not considered for the therapy replacement as well. According to (Bandukwala, 2020), the individuals should be screened for prostate cancer which is rectal examination test prior therapy.

Like any other treatments, testosterone therapy has side effects on human body such as acne and other skin diseases, mild fluid retention, stimulation of prostate tissue, with increased urination symptoms or decreased stream or frequency, limiting

sperm production or causing testicles to shrink, breast enlargement, increased risk of blood clots travel through blood stream and lodge in the lungs blocking blood flow (pulmonary embolism), sleep apnoea and may increase risk of heart attack or stroke. Christiansen listed the long-term side-effects of testosterone replacement therapy which are: increased risk of death, polycythaemia (increased concentration of haemoglobin levels from a rise in red blood cells) hip fracture and worsening of urinary symptoms.

2.11 Lifestyle Modification

Andropause may be precipitated by lifestyle choices of individuals. Some individuals do not control the symptoms with treatments and hormone therapy, but practice self-care and using healthy coping skills. Getting adequate rest and reducing stress can help coping with physical, mental and sexual effects that occur with aging. A daily routine health activity such as yoga can be significant. There are steps that might help to eradicate or control the manifestations namely: quitting smoking and nicotine replacement such as over the counter gum or lozenges. Losing excess body fat either by engaging in exercises and include physical routine in daily activities. Both cross-sectional and prospective epidemiologic studies suggested that overweight, obesity and metabolic syndrome are associated with the risk of andropause.

The largest population from the health professionals Follow-up Study in the United States showed an increased risk of developing andropause with obesity (Maiorino, Bellastella & Esposito, 2018). In a study examining the effect of weight loss on quality of life among 37 men after a follow-up in 28 days, the weight loss programme seemed to have been beneficial on sexual life among men. Physical exercise showed beneficial effects on self-esteem and mental health with a positive impact on psychological issues associated with sexual dysfunction. Dietary patterns with high

content of whole grain foods and legumes, vegetables and fruits, limiting red meat, full-fat dairy products and food beverages high in added sugars are associated with a reduced risk of andropause (Maiorino, Bellastella & Esposito, 2018).

2.12 Benefits of Exercise Towards Andropause

Andropause manifestations may be delayed to progressing by undergoing regular exercises as it causes a rise in anabolic hormones. Exercise was effective intervention to achieving increased health span. According to Bhattacharya & Chatterjee (2020), the levels of testosterone and insulin levels improves. Exercises promote the improvement of the burning down of glucose to produce energy paired with the fall of cortisol secretions. To prevent ED, men in Japan engaged to exercises such as muscular strength, aerobic capacity, and flexibility.

The study findings, according to Kumagai, Myoenzono, Yshikawa, Tsujimoto, Shimomura & Maeda (2020) in Japan, revealed that aerobic exercises in adult men with sexual dysfunction increased their serum testosterone levels. The regular aerobic exercise was found to be an effective strategy for improving sexual functioning in men. It can increase muscle mass and strength, hence, reducing weight and morbidity rate. After exercise trainings, individuals display a younger phenotype and significant increase in testosterone in body mass (Hayes, Herbert and Sculthorpe & Grace, 2017).

2.13 Theoretical Framework

Theory is a wisely thought-out explanation of observation of the natural world that has been constructed using the scientific method, and which brings together facts and hypotheses (Angielczy, 2017). Frankl's theory of meaning served as a theoretical foundation for interpreting the research findings. The research results

revealed men experiencing existential frustration due to the sexual challenges that affect their daily sexual life. The researcher conceptualized Frankl's theory which is relevant and suitable for this study. The theory was applied as a framework for comprehending the experiences of men during the andropause stage. Frankl's theory (1984) (man's search for meaning) indicates that striving to find meaning in one's life is the major motivational force in man. Men were frustrated as they were struggling to find meaning of life when they experience challenge associated with andropause stage.

2.13.1 Frankl's Logo Therapy Theory of Meaning

According to Cuncic (2021), logo therapy refers to therapeutic approach that helps people find personal meaning in life. In his theory he established logo therapy which, according to him, is a therapeutic approach that aids people find personal meaning in life, a psychotherapy that is concentrated in the future and on our ability to withstand hardship and frustration through a search for purpose. Logo therapy benefits people to cultivate skills of life to deal with the challenge, like acceptance: it improves people's sense of meaning and is active at improving quality of life, reducing depression, emptiness syndrome, and increasing marital satisfaction in marriages of couples with sexual challenges (Jafari, Khenarinezhad, Abutalebi & Bagheri-Nesa, 2018). That is where others even asked silly questions to say what life is then? Why should I carry on with life? This is the moment where life seems to be of no use and without meaning. But life has meaning no matter what the circumstances might be. Logo therapy manifests through expression of an individual functioning, hence, Frankl views as humanistic existential school of thought (Figure 2.1).

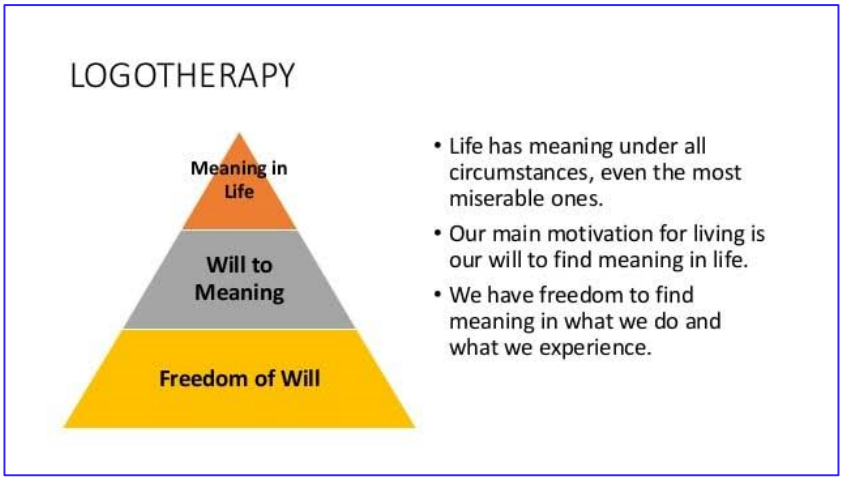

Figure 2.1: Logo therapy

2.13.2 Philosophical and Psychological Concepts

Frankl in his theory developed three philosophical and psychological concepts: "***freedom of will***" which proclaims that humans are free to make decision (Rajeswari, 2015). This concept allows men with andropause symptoms to attain enough space to shape their own life in creating a useful environment. What could make life worthy to live is within the individual himself to define. Challenges or no challenges, men should perceive life as having meaning in it.

The "***will to meaning***" as the second philosophical and psychological concept, indicates that humans are free to accomplish goals and purposes in life. In this study, men searched for meaning of life during their encounter with sexual challenges. They differed when it came to decision-making. Some decided to withdraw themselves from other people, yet others happened to seek advice from traditional healers and medical doctors.

Passing through difficult experiences warrant someone to try and find a purpose in it. In the midst of sexual difficulties, men should always see meaning, embracing

freedom to find purpose (Cuncic, 2021). The third concept is "***meaning in life***" and is based on the idea that meaning an objective reality rather than merely an illusion or personal perception. The study findings showed that men with andropause symptoms, after accepting that they have sexual challenges, their perception changed, and things were perceived at a different angle.

Frankl does not argue that life itself does include distress, frustration; dissatisfaction and that individual's ultimate freedom lay in their response whether positive or negative. Likewise, if there is meaning in life, also there is meaning in frustration and that is where Frankl see life as whole. Frankl defines distress as an ineradicable part of life, even as fait and death, without distress and death he sees life as lacking.

The challenges that men during andropause encountered, indicate the completeness of life. Those sexual challenges, according to (Perera, 2020), prepare the individuals for anger and discomfort. The individual's attitude toward frustration and anger can enable one's will to discover meaning under any circumstance. Hence, the reaction to find meaning among individuals varies. In this study, men responded differently when it comes to decisions dealing with their challenges.

The study findings revealed that during andropause stage, men were facing personal sexual and psychosocial challenges. The personal challenges were ED, premature ejaculation, loss of libido, and avoidance of sexual discussion. With psychosocial challenges, the loss of sexual intimacy, physical and emotional abuse, extramarital affairs, separation and divorce in the family were the reported problems. As a means of survival, Frankl applied strategies to believe that it is possible to turn frustration into achievement. The sexual challenges that men were going through as mentioned in the study can be turned into ecstasy after the effective drugs had enough potency and have reached the desired effect (Frankl, 2006).

2.13.3 Techniques of Logo Therapy

According to Cuncic (2021), Frankl established two techniques as psychotherapy in clients with depression, anxiety, phobias, and obsession. The techniques are: dereflection, paradoxical intention, Socratic dialogue, and the study by Peterson (2021) explains the other techniques that are beneficial in logo therapy and are: use of stories, mountain range exercises and movies exercises.

2.13.3.1 Dereflection

De reflection is the first technique aimed at assisting clients focus attention away from problems and complaints and toward something positive (self-distancing and self-transcendence) meaning to be able to reach out beyond oneself to be able to encounter a higher being and to fulfil meaning (Frankl, 1969). Men experiencing andropause symptoms have ability to reach out beyond their sexual problems no matter how stressful the situation is. Understanding the meaning of life and accepting that the human body undergoes certain stages, prepares one to regulate with life; otherwise, one has to experience existential frustration which someone may not bear.

2.13.3.2 Paradoxical Intention

Paradoxical intention as another effective technique assists in drawing away anxiety, fear and phobias. According to Frankl, fear is removed when action or intention focuses on what is feared the most. To conquer fear someone needs to turn the most terrifying thoughts into something laughable. In this notion men with the fear of premature ejaculation, potency, loss of erection, should tackle their challenges as jokes and this can soon be considered not problems any longer. These techniques can support men to establish confidence in making love and would be the most enjoyable game in their lives instead of being a fearful activity. Hence, logo therapy

offers the support in the face of frustration and healing for the sick (Cocchimiglio, 2021).

2.13.3.3 Socratic Dialogue

Another tool in logo therapy developed by Frankl is Socratic dialogue that walks the individual through a process of self-discovery in their own words. It permits one to recognize they already have the answers to their purpose, meaning and freedom (Madeson, 2021). In this study, men have all the techniques developed by Frankl to help them find meaning during andropause stage. The strategies improve men during andropause stage to choose the appropriate choices to answer to their sexual challenges. The study findings postulated that men during sexual challenges consulted traditional healers hoping that their sexual challenges will be addressed. Some thought of consulting medical doctors for intervention while others visited pharmacies to purchase sexual stimulants.

2.13.3.4 The Existential Theory

Existential theory is a philosophy that promotes humans to choose their own existence and meaning (Holland, 2020). Frankl's principal motivation is to discover the purpose of existence, hence existential theory. The original title of Frankl's book in German is "Trotzdem Ja Zum Leben Sagen" translated in English to mean "saying yes to life in spite of everything." In this study, men during andropause manifestation, who valued life as nothing, feeling sad, frustrated, feeling less of a man, should say yes to life in spite of sexual dysfunction, premature ejaculation and many horrific sexual challenges they are experiencing. This notion helps them to find meaning to life and help them instil value to life and find purpose of living in all men's discouragement through creative, experiential, and altitudinal values (Murphy, 2018).

The study findings explain that men with andropause symptoms comprehended the bodily changes brought by andropause symptoms, they accepted that they should change their behaviours, adapt to new living styles to control the symptoms. The notable quotes from Frankl's "man search for meaning include": "when one cannot be able to change a situation, s/he is challenged to change oneself." It simply instructs men with sexual challenges that whenever they are faced with the instance that cannot be reverted, better they should adapt with applying the useful lifestyle modification suitable for the standing problem (Frankl, 2006). Frankl's theory envisages that having a meaning or uncover purpose in life appears to be connected to the overall health, happiness, and life satisfaction. Frankl noticed people who experienced purposelessness responding with behaviours that were detrimental to themselves, others and society (Devoe, 2012). According to Franke's theory, an anticipatory anxiety was identified, which is defined as fearing an outcome so much that it makes that outcome more likely. The study findings disclosed men being afraid of intimacy after regularly failing to satisfy their sexual partners. Psychologically their minds were preoccupied with terror that cannot be wiped off nor ignored, even when trying sexual attempts; they panic that premature ejaculation might be the result and repeats itself. According to Frankl's theory, individuals seem to be responding to this experience with unusual behaviours that hurt themselves, others, society or all three (Frankl, 1969).

According to Cuncic (2021), developing relationships with other people around can assist one to develop a sense of meaning. Social support is seen as a treatment on its own; even in the doubtful condition, life can always have meaning. The study findings asserted that men experienced suicidal ideations as a result of rejection to social support by spouses, family members and or friends. Some developed abusive behaviours, whereas others were hazardous to themselves and people around them

(children). Conflicts within the family emerged and the end result was separation and divorce. The findings of the study specified that other men were left alone in the family as a way of separation.

2.14 Summary

The literature review covered aspects of the experiences of men during andropause stage in Vhembe District of Limpopo Province, South Africa which are: ED, premature ejaculation, and loss of libido. The study is aimed at exploring in-depth evidence and description of data through participants' interviews regarding the experiences of men during andropause stage in Vhembe District of Limpopo Province, South Africa. Chapter 3 will describe the research methodology in detail.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

Jansen & Warren (2020) defined research methodology as the way in which the researcher scientifically designs a study to ensure valid and dependable results. It appears to be an overarching concept under which a variety of issues may be placed (Rahman, 2017). Research methodology indicates the logic of development of the process used to generate theory that is a procedural framework within which the research is conducted (Haradhan, 2018).

The purpose of research methodology is to address the objectives of the study through exploration and description of the research question (Walliman, 2016). This chapter describes in detail research design, population, sample, sampling methods, sample size, the inclusion criteria, the pilot study, the setting, gaining access to the setting, data collection methods, data management analysis, measures taken to ensure trustworthiness and ethical considerations.

The researcher employed a qualitative approach to inquiry, the collection of data that was conducted in a natural setting sensitive to the people and places under study, and data analysis that is both inductive and deductive and establishes patterns or themes (Creswell, 2018). A qualitative approach was applied to explore specific research questions and attempts to address the post-positivist approach of challenging the traditional belief of absolute truth.

3.2 Qualitative Research Approach

According to Rahman (2017), qualitative research is an investigation process of understanding based on distinct methodological traditions on enquiry that explore a human problem. It consists of a set of interpretative material practices that make the world visible. Qualitative research investigates local knowledge and understanding of a given programme, people experience, meanings and relationships, social processes and contextual factors that marginalize a group of people.

In qualitative research, the researcher builds a complex, holistic picture, analyses words, reports details of participants, and conduct a study in a natural setting. The researcher employed qualitative research since the approach produces a detailed description of participants' feelings, opinions, and experiences during andropause stage and interprets the meaning of their actions (Rahman, 2017).

Qualitative research attempts to investigate the answers to the questions starting with how many, how much, and to what extent. A phenomenological approach was applied to explore the male's experiences during andropause stage. The method of collecting data is through interviews to understand and interpret a participant's perception on the meaning of an event. Qualitative researchers are interested in people's beliefs, experiences and meaning systems from the perspective of the people.

The roots of qualitative research lie in social and cultural anthropology, philosophy, psychology, history, and sociology. Its purpose is to define and interpret issues or phenomena analytically from the point of view of the individual being studied, and to produce new concepts and theories (Haradhan, 2018). The researcher employed the qualitative method to empower individuals to share their stories, hear their voices, and minimize the power relationships that often exist between a researcher

and the participants in a study, as well as to understand context or settings in which participants in a study address a problem (Creswell, 2018). Qualitative research emphasizes less on counting numbers of people who think or behave in certain ways and need more emphasis on explaining why people think and behave that way. The researcher has the opportunity of collecting data directly from the participants through direct encounters with individuals, through one-to-one interviews or group interviews or by observations. Data are used to develop concepts and theories that help us to understand the social world. The sampling seeks to demonstrate representativeness of findings through random selection of subjects. It seeks to gain a better understanding of people's thoughts, attitudes, and behaviours. The possibility for a qualitative approach to make it easy to gather and analyze data on deeper levels, useful for exploring facts, made the researcher to employ this approach Jaikumar (2018).

3.3 Phenomenological Research Design

Research design is the system for gathering, analysing, interpreting, and reporting data in research studies (Boru, 2018). Qualitative research designs are intended to describe the dimension of the phenomenon of interest as well as explore its nature and the way it is manifested. The researcher employed a phenomenological design because little is known about the phenomenon under study. The study attempted to explore and describe the experiences of males during andropause stage. The design provides an in-depth, rich collection of data from various sources to gain a deeper understanding of participants, including their opinions and attitudes (Nassaji, 2015). Phenomenological research design is a method to discover individuals' life experience (Haradhan, 2018). The design is grounded in the meaning of experience, insight, thought, memory, imagination, and feeling. In phenomenological design, the in-depth discussions are the key source of data. The researcher requested the

participants to describe their lived experiences without leading the discussion, setting aside her feelings, beliefs and perceptions. Through this design the researcher constructed the universal meaning of the experience and arrived at a more profound understanding of the phenomenon, transcending and suspending the past knowledge and experience to understand the phenomenon to a deeper level. The researcher attempted to approach the issues with a sense of newness to pull out data that were more indicative and significant (Neubauer, Witkop & Varpio, 2019). The experiences of men during andropause stage were explored. Members of Munnandinnyi Men's Forum (MNNMF) described their experiences.

3.4 Research Setting

Research setting is a specific place where data are collected in a real-life environment. According to Majid *et al*. (2018), nature, context, environment, and the logistics of the study setting may influence how the research study is conducted. The study was conducted in Vhembe District which lies within the Northern part of Limpopo Province. It contains the following municipalities: Makhado, Musina, Mutale, Thulamela and Collins Chabane (Figure 3.1). Thulamela municipality was selected for the study. Within Thulamela there are many villages and, amongst other, Tshifulanani was the one in which the participants resided. The study was conducted at Munna Ndi Nnyi Men's Forum (MNNMF) at Tshifulanani village.

Figure 3.1: Vhembe District map and four municipalities

3.5 Research Methods

Research methods are the strategies, processes or techniques employed in the gathering of data or evidence for analysis to discover information (Kelly, 2020). Research population, sample and sampling technique, sample method and sample size, data collection, and data analysis are described in this section.

3.5.1 Research Population

According to Surbhi (2017), population is the collection of all elements possessing common traits that encompass the universe. The population in this study consisted of all men aged 50 and above in Vhembe District of Limpopo Province who are members of Munna Ndi Nnyi Men's Forum (MNNMF) which was established in 1997 in Vhembe District with the aim of motivating, assisting, engaging, and inspiring them to be examples of change in their community and built a society where all people who live in it are free without fear. The forum is comprised of 110 members of Vhembe District. The reason for selecting MNNMF is that membership is comprised of men from the whole of Vhembe District.

3.5.1.1 Target Population

Target population is defined as the group of individuals that the intervention intends to conduct research on and draw conclusions from (Gregory, Stevenson & Fraser, 2017). The target population represents the entire population for which any given study intends to examine and, in this study, were men above the age of 50 years and have reached andropause stage.

3.5.1.2 Accessible Population

Accessible population encompasses the individuals to which the researchers can draw their conclusions (Fleming, 2019). In this study, the inaccessible population is comprised of individuals who are eligible to participate in the study but are unwilling to participate or would not be available at the time of data collection. The accessible population was the men from the age of 50 and above who are members of Muunandinnyi men's forum who were willing to voluntarily sign the informed consent forms.

3.5.2 Sample and Sampling Technique

3.5.2.1 Sample

For the researcher to study the entire population is unwieldy and even costly, thus, the researcher worked with samples. A sample is a subgroup of members of a population chosen for participation in a study. The sample of this study consisted of MNNMF men from the age of fifty and above who stood a chance of being selected for inclusion in the study. The knowledge and experience of andropause manifestation the group possess, made them to be included in the study.

3.5.2.2 Sampling of Participants

The researcher used non-probability purposive sampling method to select participants. Non-probability purposive sampling is a technique (total population) in which not every element of the population has an opportunity for selection to participate in the study. According to Etikan, Abubaka & Alkassim (2016), purposive sampling (judgmental sampling). It is a selection of participants who possess certain characteristics, such as having experience or being knowledgeable of culture or phenomenon for a qualitative study (Martinez-Mesa, Gonzalez-Chica, Duguia, Bonamingo & Bastos, 2016). It relies on the judgment of the researcher. The

researcher used purposive sampling to select men from the age of 50 years and above who were at andropause stage. Non-probability purposive sampling was employed so that good participants, who are rich sources of data in relation to the research question, were selected from the population of interest.

Non-probability sampling is a sampling technique where the samples are gathered in a process that does not give all the participants or units in the population equal chances of being included in the study. This type of sampling can be very useful in situations where the researcher needs to reach a targeted sample quickly (Palinkas, Horwitz, Green, Wisdom, Duan & Hoagwood, 2015).

3.5.2.3 Sample Size

According to Zamboni (2018), a sample size is a group of subjects that are selected from the general population and is considered a representation of the real population for the specific study (Boddy, 2016). Malterud, Siersma & Guassora (2016) proposed the concept “information power” to guide adequate sample size for qualitative studies. The concept “information power” indicates that the more information holds the sampling technique selected within a research study is reflective of the research design and research question. The sample size of the study was determined by data saturation.

3.6 Unstructured In-Depth Face-to-Face Interviews

Unstructured in-depth face-to-face-interview is the communication between the researcher and the participant that begins with a broad question. Participants were encouraged to elaborate on a topic, introduced new topics, and there by controlled the content of the interview; commonly used to collect qualitative data (Grove & Gray, 2015). It is free flowing and is conducted like a normal conversation; it also

helps the researcher to develop a construction of a phenomenon that is consisted with that of a participant. In this study, the researcher collected data using unstructured in-depth face-to-face interviews to gain understanding about participants' experiences during andropause stage. The unstructured in-depth face-to-face interview encouraged the participants to define, narrate and explain their important dimensions of a phenomenon and elaborate on what was relevant to them (Creswell, 2018). The researcher was motivated by the strength that interviews possess which was the tendency for participants to socialize and cooperate effectively. The interviewer also probed with further questions and/or explored inconsistencies to gather more in-depth information on the topic and increased detailed exploration about their experiences during andropause stage. The researcher considered the participants right to anonymity and confidentiality and their right to refuse to answer certain questions.

Not every person in the research setting made a good informant, but the researcher selected the participants who were knowledgeable enough to serve as a guide and interpreter of the setting's unfamiliar language and culture. In this study, an unstructured in-depth face-face interview was conducted at Tshifulanani village at MNNMF where 17 participants only were interviewed. A central question was asked to all participants in English and Tshivenda (Annexure G).

- **English**

  "As you have reached andropause stage, kindly share with me your experiences."

- **Tshivenda**

  "Sa I zwi vho no swika kha tshiimo tshine thonga i si tsha gogodela sa kale, a vha ntalutshedze tshenzhemo yavho."

An unstructured in-depth face-to-face interview is a qualitative research technique that involves conducting intensive individual interviews with fifteen participants to explore their perspectives on an idea, programme, or situation. In this study, the researcher transcribed the data in written form to make it useful and arranged the data as per themes and all the sequence were followed and arranged accordingly. All the information which did not fit any of the categories was included in "miscellaneous "or other category (Showkat & Parveen, 2017). A central question was asked to all the participants (Annexure G).

3.7 Pre-Test

According to Caspar (2016), a pre-test is the assortment of both qualitative and quantitative techniques and activities that researchers use to assess survey procedures and questions prior to data collection. Five participants were not included in the study but used in the pre-testing of the central question. The central question was clear that all participants could answer with no need for clarification. The type recorder was well documented. The time allocated for each participant was adequate for each interview. The interview sessions were conducted in the Venda language.

The researcher ensured that respondents were at ease with the questions and not puzzled. The practice of pre-testing is regarded as an effective technique for improving validity in qualitative data collection procedures and the interpretation of findings (Oyedunni, Arulogun & Oubiagele, 2017). Pre-testing offers a chance to review study materials and data collection procedures to confirm that suitable questions were being asked. The employed type of interview was appropriate for this study as it provided the opportunity for the participants to uncover their experiences during andropause stage.

3.8 Data Collection

According to Creswell & Poth (2018), data collection means anticipating ethical issues involved in gaining permissions, conducting a good qualitative sampling strategy, developing means for recording material, and storing the data securely. The researcher communicated with MNNMF's chairperson to gain permission for conducting the research interviews. The chairperson assembled all men at the forum who were above the age of 50 years which was the targeted age of andropause symptoms. The researcher collected data. The dates, venue and time were discussed with the participants to avoid inconvenience. All the participants informed about the purpose of the study on their meeting day before conducting interview and were conversant that the tape recorder will be used for recording. Each participant was interviewed for 35 minutes. One central question was asked to all participants. During interview, the researcher asked follow-up questions that naturally emerged, and the participants entered the inner world and delivered deeper experiences. The data saturated after the researcher interviewed 10 participants and continued to interview 7 extra participants. The researcher spent three weeks in the field collecting data until data saturated. The data collected were transformed into written text for analytic purposes. The recorded data were transcribed verbatim and translated from Tshivenda to English and kept in a safe place for confidentiality purposes.

3.9 Data Management and Analysis

Data analysis is the process of systematically applying statistical and or logical techniques to define and illustrate, summarize, and outline, and assess data, a process of cleaning, transforming, and modelling data to discover useful information for decision-making (Johnson, 2021). The researcher used audio recording data collection, to transcribe data verbatim before the analysis could begin. The

researcher analysed data following Tesch's eight steps of coding criteria (Creswell, 2018).

▲ **1. Get a sense of whole**

The researcher started by establishing a rapport with the participants using communication skills that triggered them to be enthusiastic. The researcher read carefully through all the transcriptions to understand information provided men experiencing andropause symptoms. Getting deep in the topic made the researcher to gain the sense of interview, and able to break them down into parts to be meaningful. Ideas that came to mind were jotted down before the researcher even forgets.

▲ **2. Choose one interview document.**

The interesting interviews were the once that the researcher picked first and read them through, analysed underlying meanings. All the documents were read through and wrote the topics in the margin.

▲ **3. Cluster together all similar topics.**

A list of all the topics were made after reading several interviews and documents from participants one column per data document. Similar topics were clustered together and arranged in columns on the same sheet. All the headings that represented the main topics were arranged as major themes, the unique topics as well as leftovers.

▲ **4. Go back to the data.**

The researcher checked a list of topics and got back to the data. The topics were abbreviated as codes and this allowed the researcher to go back to the data and

wrote the codes next to the appropriate segments of the text. The researcher opened segments for new categories and codes that emerged, wherever the new ideas about the data came, the researcher had to write it down in the notes before were forgotten. (analytic memos).

▲ **5. Find the most descriptive wording for the topics and turn into categories.**

The researcher grouped all the topics derived from interview that related to each other to reduce them since the normal number of categories was between 20 and 50. The researcher classified the qualitative information by looking for themes, dimension or categories of information. The identification of major and sub-themes by drawing columns between categories showing their interrelatedness.

▲ **6. Abbreviate each category.**

The researcher made a final decision on the abbreviation of each category and alphabetised the codes to ensure that no duplication had ever been made. The researcher made the final decision and tests were made by assembling data material belonging to each category.

▲ **7. Similar data assembled.**

The researcher performed a preliminary analysis by putting data belonging to each category together, looking at all the materials in one category at a time with the focus on the content keeping the research question in mind to discard the irrelevant data. The data on the experience of males during andropause were assembled in one place per categories.

▲ **8. Record data.**

The recording of the existing data was done as the researcher found it necessary during the process of analysis. The researcher was able to operate themes, categories and sub-categories from the collected data. She interpreted, reported, and recorded the data. Same data were transcribed verbatim and transcripts were coded using an independent coder. The collected data were recorded.

3.10 Measures to Ensure Trustworthiness.

Connelly (2016) defines trustworthiness as a degree of sureness in data, clarifications, and methods applied to ensure the quality of the study. It demonstrates the true value, provide the basis for applying it, and allow for the external judgement to be made about the consistent of its procedures and the neutrality of its findings or decisions. The researcher established that the research findings were credible, transferable, confirmable, and dependable to ensure trustworthiness because a qualitative study cannot be transferable unless it is credible, and it cannot be credible unless it is dependable (Gunawan, 2015). Qualitative research is regarded as trustworthy when it accurately represents the experiences of the study participants. The researcher ensured trustworthiness by applying dependability, credibility, transferability, and confirmability criteria."

3.10.1 Credibility

According to Moon, Brewer, Januchowski-Hartley & Blackman (2016), credibility refers to the degree to which the research represents the actual meanings of the research participants or the "truth value." Confidence in the truth was established through prolonged engagement and member-checks. Credibility deals with the focus of the research and refers to the sureness in how well the data address the intended focus. It establishes whether the research findings represent plausible information

drawn from the participant original data and was a correct interpretation of the participant's original views. Prolonged engagement and member checks helped to establish credibility and contributed to trustworthiness (Korstjens & Moser, 2018).

Member checks occurred when researcher asked participants to review the data collected by interviewers and the researcher's interpretations of that data, participants generally appreciated the member checking process because it gave them a chance to verify their statements and filled in any gaps from earlier interview.

- **Prolonged Engagement**

Prolonged engagement entails building trust and spending time with the participants. During the first week the researcher got time to know the participants and introduced herself, establishing the rapport, trust and understanding. She explained the purpose of including the participants in the research project. The research topic and the researcher, s expectations were explained to the participants so that they could decide whether to be part of the study or withdraw and to prepare their state of readiness. The researcher encouraged them to express their experiences during andropause stage the researcher spent a month in the field collecting data until the data reached saturation.

- **Member-Checking**

Is an integral part of creating trustworthiness in qualitative research (Candela, 2019). The researcher seeks to improve the accuracy, credibility and validity of what has been recorded during a research interview. This is a technique that involves continuous verifying of the data, analytic categories, interpretations, and conclusions with participants.

3.10.2 Transferability

Korstjens & Moser (2018) defined transferability as the degree to which results of qualitative research can be transferred to other contexts or settings with other participants. According to Moon *et al*. (2016), transferability is the degree to which the phenomenon or findings described in one study are applicable or useful to theory, practice, and future research, that is, the transferability of research findings to other contexts. It is the degree to which the findings of the research study could be confirmed by other researchers. Gunawan (2015) addressed transferability as a naturalistic study depending on correspondences between sending and receiving contexts and reports them with adequate details and precision to permit judgement to be made by the researcher. The research facilitated the transferability judgement by a potential user through thick description. Data collected from the members of MNNMF where the researcher spent time giving description of the context. To ensure transferability, the researcher described the study context and its assumptions.

3.10.3 Dependability

Dependability refers to the consistency and reliability of the research findings and the degree to which research procedures are documented, allowing someone outside the research to follow (Moon, Brewer, Januchowski-Hartley & Blackman, 2016). It involves participants' evaluation of the findings, interpretations, and recommendations of the study. Dependability reflects how one can determine whether the findings of an inquiry would be consistently repeated if the inquiry were repeated with the same participants in the same context. It also indicates how probable it will be for another researcher to use the study and produce similar outcomes at a later stage. To ensure dependability, the researcher utilized stepwise replications in which all steps were replicated to compare the findings as well as

enquiry audits. The researcher kept a detailed record of the decision made before and during research, description of the research, and documented-verbal communication observed during in-depth individual interviews. The researcher shared the transcript with another experienced researcher who independently did the analysis and compared the codes.

3.10.4 Confirmability

Nowell, Norris, White & Moules (2017) indicated that confirmability is concerned with establishing that the researcher's interpretations and findings are clearly derived from the data, requiring the researcher to demonstrate how conclusions and interpretations have been achieved. Confirmability refers to the objectivity, that is, potential for correspondence between two or more independent people about the data's exactness, relevance or meaning. It is concerned with establishing that data and interpretation of the findings are not fabrications. It relies on the reasoning that findings can be generalized and transferred to other settings or groups. It is more concerned with establishing whether data represent the information provided by the participants and that the interpretations are not fuelled by the researcher's imagination.

The rationale to each decision made by the researcher was described to ensure that the researcher was not bias with the findings or skewed in any way. To achieve confirmability, the researcher demonstrated that results were clearly linked to the conclusion in a way that it could be followed and as a process repeated. For the criterion to be achieved the researcher ensured that the findings reflected the participant's voice and the condition of inquiry, and not researcher's motivations, or perspectives. Confirmability was also achieved by documenting all the procedures for checking and rechecking the data throughout the study.

3.11 Ethical Considerations

Ethics is rooted in the ancient Greek philosophical enquiry of moral life. It refers to a system of principle which can critically change previous consideration about choices and actions. The protection of human rights through the application of appropriate ethical principle is important in any research study, i.e., in a qualitative study, ethical considerations have a particular resonance due to the in-depth nature of the process (Arifin, 2018). The strategies adopted were to ensure that the participant's identity is protected through recruitment and dissemination processes, to deal with participants from different cultural backgrounds, and to handle and manage distress during interview. There are a number of ethical issues in conducting research as discussed below:

3.11.1 Permission to Conduct the Study

The proposal was presented to the University of Venda Department of Nursing and to the Faculty of Health Sciences to improve the proposal standard. The University of Venda Research Ethics Committee (UVREC) granted the researcher ethical clearance giving her the permission to conduct the study (Annexure A). Munna Ndi Nnyi Men's Forum (MNNMF) further granted the researcher permission to conduct the study in their organization (Annexures B & C). In this study, ethical considerations were regarded as the core principles because credibility in trustworthiness was ensured. The researcher obtained the informed consent from all the participants.

3.11.2 Informed Consent

This is when a person is knowingly, voluntarily, and intelligently and in a clear and manifest way, gives his/her consent (Fouka & Mantzorous, 2018). Informed consent pursues to incorporate the right of autonomous individuals through self-

determination, while preventing assaults on the integrity of the individual and protect personal liberty and veracity (Arifin, 2018). The process of obtaining consent was followed in this research (Annexure F). The participants were given freedom to voluntarily participate in the study. The researcher informed them about the research, purpose of the study, and data collection process, they could decide whether to participate or decline. But instead, the entire participant's agreement obtained after a thorough explanation of the research process (Annexure D). All participants were required to provide written consents after being approached individually. They were given time to ask questions and any concerns were addressed in their own language which was Tshivenda.

3.11.3 Privacy and Confidentiality

Anonymity and confidentiality are moral practices intended to safeguard the secrecy of human subjects while collecting, analysing and reporting data (Allen, 2017). To preserve anonymity and confidentiality, the participant's name and identity in the data collection, analysis and reporting of the study findings, were not revealed. Instead, the interview session, data analysis and dissemination of the findings was managed. Pseudo names were used throughout the process where participants remained unspecified. The issue of confidentiality is closely connected with the right of beneficence, respect for dignity and fidelity. It is suggested that anonymity is protected when the subject's identity cannot be linked with personal responses (Arifin, 2018). Confidentiality is when individuals are free to disclose and reserve as much information as they wish to people they select. The researcher used pseudonyms and distorting identities, and details of interviews when transcribing the recorder used. Researchers should always bear in mind all psychological and social implications. Participants were informed of their right to confidentiality.

3.11.4 Beneficence and Non-Maleficence

The principle of beneficence includes the professional mandate to do effective and significant research to better serve and promote the welfare of the participants. The researcher declared to protect the participants from unethical, incompetent, or illegal practice. Beneficence relates to the benefit of the research while non-maleficence relates to the potential risk of participation. Non-maleficence requires a high level of sensitivity from the researcher about what constitutes “harm.” Discomfort can be psychological, emotional, social, and economic in nature. Prior and post interview, participants were physically, socially, psychologically, emotionally, spiritually and economically protected from any experience that may be potentially detrimental (Varkey, 2021).

3.11.5 Anonymity

Anonymity is the condition in which the individual subject is not known to researchers. The researcher never enquired the participant’s names, phone numbers, ID numbers, email addresses, and physical addresses. The participants were addressed on pseudo names during the interview process for their personal information to remain confidential. The researcher respected their anonymity throughout the study.

3.11.6 Principle of Justice

Pieper & Thompson (2018) advocated that the principle deals with the concept of fairness. Therefore, researchers designing interview should consider what is fair in terms of recruitment of participants and choice of location to conduct an interview. It provides a framework for thinking about the decision in ways that are fair and equitable.

The participants received equal opportunity when an inclusion or exclusion criterion was followed during selection. An experimental strategy that is likely to be used should be tested in the populations of people who are likely to use it, to ensure that it is safe, effective, and acceptable for all the potential users. In this study, the researcher ensured that the question asked in the interview was relevant to the population participating in the study and no one was exploited.

3.11.7 Human Dignity

According to Steinmann (2016), the study findings indicate that dignity has come to display three elements in constitutional adjudication post-World War II: the ontological element which entails that human beings have equal inherent human dignity that cannot be diminished, the claim that inherent human dignity has to be recognized and respected and the third element being that the state have a positive obligation to progressively realize human dignity through the mechanism of socio-economic rights. The researcher informed the participants of their rights in the study and they were respected. Participants were respected, and their ideas and views were paid attention.

3.11.8 Respect of Person

The respect of person in a research study is the recognition of a person as a unique, autonomous human being who has the capacity to freedom of choices and makes decision. The decisions made by the participants were respected throughout the study. Researchers respected the knowledge, insight, experience and expertise of participants. Researchers and human research ethics committee members need to be aware that modern considerations of this value include: the need for a valid consenting process, the protection of participants who have their capacity for consent compromised, the promotion of dignity for participants, and the effect that

human research may have on cultures and communities (Pieper, 2018).

3.11.9 The Right to Self-Determination

Self-determination represents the absolute legal right people have to decide their own destiny in the international order (Nasir, 2018). According to Burns & Grove (2017), the right to self-determination is based on the ethical principles of respect for persons and controlling their own destiny. The right to informed consent and decision were granted to all the participants in the study to avoid any form of intimidation, bulling and terrorization. Every participant signed the consent form to be part in the study after the researcher had explained the study process.

3.12 Summary

Throughout the interviews, the researcher ensured that ethical conducts were taken into consideration. The research aimed at establishing the experiences of men during andropause at Vhembe District, Limpopo Province, South Africa. Thus, the rationale of the study and the problem statement have been stated to justify the significance of conducting the study. The population of the study consisted of men from the age of 50 years and above who are the members of MNNMF. The researcher employed non-probability purposive sampling to fairly select the participants suitable for the study. The researcher employed a qualitative, descriptive, and phenomenological approach to discover the experiences of men during andropause stage. The quality of data was ensured through the measure to ensure trustworthiness where credibility, transferability, confirmability, and dependability criteria were applied. The data collection technique applied in this study was unstructured in-depth- face-to-face interview. The sample and sampling techniques were described in this chapter as a way of accessing the study population.

CHAPTER 4

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

The previous chapter focused on the research design and methods. This chapter gives attention to data presentation, analysis and discussion of andropause as experienced by men in Vhembe District of Limpopo Province, South Africa. Data were collected at Munnandinnyi Men's Forum (MNNMF) located at Tshifulanani village of Thulamela municipality in Vhembe District of Limpopo Province, South Africa. The purpose of analysing data is to obtain usable and useful information. The analysis may describe and summarize the data, identify relationships between variables, forecast outcomes and compare variables. Prior commencement of interviews, the researcher informed the participants that whatever is discussed during interview will be kept confidential. The researcher asked permission from the participants for recording the interview with the audiotape. The language used to collect data was Tshivenda.

In qualitative research, the researcher explores the application of a theory or model in a different context or hoping for a theory or a model to emerge from the data. The researcher can also be looking for ideas, concepts and attitudes, often from experts in the field. Desai (2019) addressed the purpose of the discussion section which is to interpret the results presented in the paper as recorded and transcribed verbatim. Data articulating the comparable ideas were grouped together into themes and sub-themes. Data were analysed using eight steps of qualitative data analysis outlined .

Three themes were identified, namely, personal sexual challenge, psychosocial challenge and coping mechanisms. The personal sexual challenges were ED, premature ejaculation, loss of libido, lack of sexual discussion. The psychosocial challenges were loss of sexual intimacy, physical and emotional abuse, depression, anxiety, extramarital affairs and separation and divorce in the family. The coping mechanisms included the use of Western medications, counselling, spouse support, acceptance of bodily changes and physical and emotional abuse.

4.2 Demographic Profile of the Participants

Data were collected from 17 men from the age of 50 and above. Table 4.1 shows the demographic profile of the participants.

Table 4.1: Demographic profile of the participants

Participants	Gender	Age (Years)	Occupation
P1	Male	51	Working
P2	Male	54	Working
P3	Male	54	Working
P4	Male	59	Pensioner
P5	Male	59	Working
P6	Male	56	Working
P7	Male	58	Pensioner
P8	Male	58	Working
P9	Male	56	Working
P10	Male	56	Pensioner
P11	Male	58	Working
P12	Male	50	Working
P13	Male	50	Working
P14	Male	54	Working
P15	Male	55	Working
P16	Male	63	Working
P17	Male	61	Pensioner

4.3 Discussion of the Findings

The study findings revealed the challenges that men experienced when they reach andropause stage. The themes were categorized into three themes namely: personal sexual challenges, psychosocial challenges and coping mechanisms. The themes and sub-themes are indicated in Table 4.2.

Table 4.2: Themes and sub-themes

Themes	Sub-Themes
1. Personal sexual challenges	1.1. Erectile dysfunction
	1.2. Premature ejaculation
	1.3. Loss of libido
	1.4. Avoidance of sexual discussion
2. Psychosocial challenges	2.1. Loss of sexual intimacy
	2.2. Physical and emotional abuse
	2.3. Depression
	2.4. Anxiety
	2.5. Extramarital affairs
	2.6. Separation and divorce
3. Coping mechanisms	3.1. Use of traditional medication
	3.2. Use of Western medication
	3.3. Counselling
	3.4. Spouse support
	3.5. Acceptance of bodily changes

During data collection it was found that negative emotions caused by premature ejaculation resulted in communication breakdown and created sexual disharmony. Men reported the feeling of being ashamed when they failed to sexually satisfy their partners. Partners in many families after receiving no sexual activities, they

concluded that the husbands were either cheating on them, they became bitter, provoking, and quarrelsome. Other men reported that wives were no longer submitting to them; instead they withdrew from performing household duties. Some women were physically assaulted after husbands were tired of being provoked, hence, family violence. Some men alleged that their wives bewitched them, and many marriages fell apart, some even went to the extent of divorce after sexual fights were unresolved and intolerable.

4.3.1 Theme 1: Personal Sexual Challenges

Findings of the study revealed men from the age of fifty and above experienced the loss of penile erection, loss of penile firmness, and rigidness enough to have sexual intercourse. Some men had their penis went flaccid that they had partial sexual intercourse, others were struggling to get erections, yet many did not get erections all.

The findings of the study revealed that ED caused individuals to be embarrassed, suffer the effects of anxiety, guilt, sense of emptiness, decrease in quality of life, feel half of the man someone should be and inferior after failing to get enough erections that is adequate for sexual intercourse. Personal sexual challenges experienced are ED, premature ejaculation, losing erection, loss of libido and avoidance of sexual discussion.

4.3.1.1 Sub-Theme 1.1: Erectile Dysfunction

Men undergo stress and lose confidence in sexual activities. It was indicated in the study that men with sexual partners isolated themselves avoiding coitus at all costs. They avoided any discussion either with wives or children. ED was reported to have caused serious negative effects on the quality of the life in the family. Men reported

that a sense of fullness and relationships were adversely affected.

▲ **Participant 1 indicated that:**

> *"I experienced the loss of penile erections. As a man of pride, I could not discuss this issue with anyone. The problem got worse, some days I would have erection that could not last for long and ejaculated prematurely. I became anxious and depressed when thought of having sexual intercourse. My penis could not become hard, firm, and rigid enough for sexual intercourse. I realized that I truly have a serious sexual challenge. I withdrew from my wife; I became irritable spending much of the time sleeping. One day I thought of consulting the traditional healer I have heard about. He introduced my case to his ancestors by throwing bones on the ground to identify the medicines to be prescribed. I was given the powdered medicine to drink which I was expected to dilute with water and had to take it in the morning and evening. With the very same medication I was expected to bath using a bowl and the dirty water should be emptied over the road believing that the condition would improve. The medication is be taken until the improvement is seen. Truly speaking I saw better results, my erections resumed, and I can now reach orgasm."*

ED is characterized by the inability to sustain erection firm enough to have sexual intercourse. Physiologically, ED can happen when blood flow to the penis is inadequate or when the nerves responsible for releasing chemicals that increase blood flow to the penis are impaired. MacGill (2017) described secondary symptoms that premature ejaculation may cause which are low self-esteem, depression and distress because of inability to sustain erection. Men who are over the age of 50, or with chronic conditions like diabetes mellitus and hypertension, who are smokers, lacking exercise, abusing alcohol and obese can be the targets of ED and it increases with age. Some men may suffer loss of libido and morning erections as other types of ED that affect men which, also according to (Rastrelli *et al*., 2016),

have been associated with declined testosterone levels.

Loss of libido has also been caused by multiple types of chronic illnesses. Simultaneous presence of severe ED and impaired morning erections were reported, respectively. Few studies have evaluated ED prevalence worldwide and a systematically higher prevalence of ED in the United States and South-eastern Asian countries than Europe or South America. Brazil, United States, and Netherlands were found in new ED cases ranging from 19 to 66 per 1,000 men every year (Faysal, Yafi & Hellstrom, 2016).

4.3.1.2 Sub-Theme 1.2: Premature Ejaculation

Premature ejaculation is another sexual challenge that men experience in their sexual life. This is when ejaculation occurs faster after vaginal penetration and that cannot be controlled. Psychological or mental health issues can be involved in premature ejaculation and may include depression, worry, blame, lack of confidence, relationship problems, and other emotional problems may aggravate this condition. Nazario (2020) postulated that the cause is still unknown, men who have low levels of serotonin in their brains tend to take a shorter time to ejaculate. According to Lee (2016), premature ejaculation may result alongside ED. Men in Korea felt that they were failing to satisfy their partners in terms of partner's sexual satisfaction and frequency of orgasm.

Premature ejaculation was found to be prevalent in sexual dysfunction in men. The cause of premature ejaculation is rooted in physical, psychological, or emotional issues (Lee, 2016; Stoppler, 2019; Nazario, 2020). Premature ejaculation is the inability to achieve and maintain erection that allows for a satisfying sexual experience. It is when ejaculation occurs faster than anyone would like (MacGill, 2017). The study findings showed men ejaculating within a short time soon after

vaginal penetration. The study reflected men with premature ejaculation losing their self-esteem, developed anger and stress in their marriage relationships.

- **Participant 4 indicated the gradual change in his life which even affects his eating habits and elucidated that:**

> *"I reached orgasm prematurely. Due to premature ejaculation, my spouse does not usually reach orgasm. I am always anxious to make love. Premature ejaculation resulted in embarrassment, frustration and anger."*

Psychological problems such as stress, depression, biological factors, and other factors that affect mental and emotional health can exacerbate this condition. Men dealing with premature ejaculation tend to reach orgasm within one minute of being stimulated sexually, being unable to delay ejaculation. According to MacGill (2017), this condition affects one out of three men and can lead to frustration and nervousness. Men who are affected with premature ejaculation do not admit that they have sexual challenges. Premature ejaculation dwindles the bond between both partners and diminishes the feeling of trust and security as well as an emotional attachment.

4.3.1.3 Sub-Theme 1.3: Loss of Libido

The study findings revealed that some men experienced loss of libido, especially when the response by the sexual partner is delayed. The bad conversation contributed to loss of libido in men. It was reflected that men store information that happened in the past more than women do. The study findings revealed that when men are emotionally affected, they cannot be sexually aroused, but lose erection.

- **Participant 6 indicated that:**

> *"I have a challenge that, if I feel an urge for sex, and my partner delays to respond, I end up losing my desire, and suddenly my penis go limp and flaccid. That is my most painful part of my experience. I must wait till my body gets vibrant again. If I happen to achieve my orgasm, I get satisfied for the whole month."*

Zorn (2019) defined low libido as the diminished sexual desire, but the definition varies according to the individual's level of satisfaction of his own sexual desire. The individual with low libido will present with lack of sexual desire or not want to initiate coitus. The cause may be psychogenic if there are no previous sexual symptoms, but first episode and the problem may not be erection. The loss of nocturnal erections will suggest a neurologic or vascular cause. Thus, when erection is not sustained, its loss may be due to an underlying psychological cause or vascular problem. Other causes may include medications consumption, fatigue, depression, relationship problems, smoking and hypoactive sexual disorder.

If the problem is psychologically related, the doctor may recommend therapy. For someone to get the proper diagnosis, the doctor needs to know if the root of the problem is physical, psychological or both. Many people wonder how much sex they should be having; how much sex is enough for a married couple or if they are normal compared to others. The good news is that marital satisfaction is not simply a function of sexual frequency. People are looking at the quality of their sexual interaction and not just the quantity. The findings of their research show that there is a decrease in both frequency and satisfaction as couples are together longer. Having low level of sexual desire is a problem stated by sex therapists (Zorn, 2019).

It is commonly believed that men are more sexually active as compared to women. But often they encounter doubts related to their sexual incompetence, which can cause mistrust and uncertainty in their sexual relationship. Fear related to their

sexual performance, sex position, ejaculation period, a satisfying orgasm, and rough acts in bed destroy their passion for sex. With their fear running through their mind, men not only fail to satisfy their female partners, but are unable to enjoy the act themselves. According to Snyder (2019), having regular sex can result in certain health benefits, including improved immune system function, reduced blood pressure, lower stress level, and less risk of cardiovascular events. It was found that men who ejaculated at least 21 times per month had a lower risk of prostate cancer compared with those who ejaculated 4-7 times per month.

- **Participant 4 shared his feelings about having sex in this very age and indicated the following experience:**

  "Since I am advancing in age, I have a decreased frequency in sexual intercourse due to loss of sexual interest. I can even spend more than a month without making love because of lack of interest."

When a man cannot perform intercourse and satisfy his own partner's sexual needs, he feels devastated and very much alone. Nwadike (2019) indicated that not having sex in a relationship can make a person insecure or anxious. Sex improves communication and feelings of intimacy. People who feel as though they do not have sex may worry that there is something wrong with their relationship or fear that there is no longer attraction between the couple.

Study findings by Loprinzi & Frith (2018) revealed that people who have sex often are better at recalling memories and help brain to grow neurons and work better in general. Men who have sex more often tend to say they are happier than those who get less of it. The findings of the study revealed that loss of sexual interest in men had influenced issues of intimacy, and closeness to their sexual partners. Men withdraw emotionally and physically because of fear of failure.

▲ **Participant 4 explained that:**

> *"I also could make love to my wife so often and could sense that she got the satisfaction she needed. But nowadays I just cannot have sexual intercourse with her like I used to do, once in three month or even longer and sometimes I do not feel any urge to do, I just look at her and nothing is done. There are times I feel I need her, is then I will try to make love."*

Losing sexual interest is sometimes related to factors like despair, weariness, tension, alcoholism, and illicit drug use. Being in a long-term relationship and becoming over familiar with the sexual partner, loss of sexual attraction and frequent argument.

4.3.1.4 Sub-Theme 1.4: Avoidance of Sexual Discussion

According to the findings of the study a lot of men had difficulty in discussing sexual problems with the spouse, hence experiencing emotions like anger and resentment. Men do not disclose their sexual challenges to their sexual partners.

▲ **Participant 5 shared his experience and said:**

> *"Sharing this issue with the partner depends on who the partner is, her behaviour and how the husband relates to her. I cannot discuss my sexual problems with my wife; I know she will change the subject and make it a huge issue. So, I feel I am not ready to say a word regarding this issue. Many are the times when other issues that affected my family were attempted to be addressed, but later it was like I said something other than that when my wife shouted and became so violent, and the problem also cascaded to innocent kids. I am always afraid to discuss the issues that affect my sexual life. She can abandon me in the house."*

> *"Some participants confirmed by indicating the difficulties of discussing the sexual challenges with their sexual partners. They reported that is impossible that their sexual life be discussed in the family, but rather outside with other men."*

Generally, men are more reticent and preserve their feelings to themselves without conveying their inner feelings. This led them to emotionally and physically withdraw from their partners. They fear that any physical affection will precipitate a request or desire for intercourse from their partners and remind them of their inability to achieve erection, tending to lose their sexual interest and erectile responsiveness. They feel guilty, embarrassed making it difficult to talk about this issue. Due to the stressful nature of premature ejaculation, men are not apt to discuss their issues and view premature ejaculation as a sign of their masculinity.

▲ **Participant 11 had this to say:**

> *"I was left alone in the house. I regret that if maybe I included my wife in my social life, I would not have lost her."*

Although it can be difficult, working on open communication in a relationship can help reduce the strain of ED because ignoring the problem is what makes it worse. Having a conversation about these feelings can clear up misunderstanding and reassure both partners. Sex is not as important as the person's health and well-being. There are other forms to maintain physical intimacy, for example, nonsexual touching which includes kissing, hugging and handholding, can make people feel closer and help men with ED feel supported (Brito, 2020).

Hinchliff, Lewis, Wellings, Datta & Mitchell (2021) in their study supported that healthy discussion between couples is the best way to identify the underlying cause and overcome the emotional burdens associated with the situation. In many cases,

ED is treatable with a range of effective treatments and can restore normal sexual function. A doctor can help couples understand their options. It is significant for the partners to comprehend andropause stages that they be supportive. Some approaches like counselling, other forms of intimacy and lifestyle changes may be helpful (Brito, 2020). The support given by spouses may help men to realize that they are not judged but loved.

4.3.2 Theme 2: Psychosocial Challenges

Men with ED experienced psychosocial challenges that were the major contributory factors and were easily recognized as the symptoms displayed within their lives. Some experienced the stress that placed them in a state of isolation and avoiding other people, including the family members. Depression had been another challenge that the study revealed among men with ED. Others suffered sexual anxiety which caused them to avoid sexual activities with marked effects on their self-esteem. Relationship problems like communication breakdown had been reported as the leading factor within the family and men ceased from interacting with the spouses and family members. Extramarital affairs like psychosocial challenges were markedly followed by physical and emotional abuse which contributed to separation and divorce in many marital cases.

▲ **Participant 6 reported that:**

> *"We basically lose confidence in ourselves as we know that we are no longer sexual competent, and we turn to avoid coitus thinking that failure to keep erection may repeat itself thus, we feel insecure and pressured. Because the erection problem is stored in our minds, we keep a distance from sexual partners and withdraw ourselves. We are so stressful and anxious about our sexual failure and is the reason why we most of the time, act strange, weird and depressed."*

Althof (2015) attested that male sexual dysfunction, including premature ejaculation is a complex amalgam of interrelated biological, psychological, and contextual variables that can combine to produce distressing symptoms for affected men. Emotional and physical withdrawal from sexual partners tend to be the resolving factors among men with ED. The study also indicated that men with ED suffer interpersonal difficulties and relationship conflicts resulted. For some men, there have been issues of performance anxiety related to fear of rejection, or the desire to please the partner. Early psychological trauma has been a significant factor in other men. Within the families, emotional and physical abuse was identified after frustrations intrude in men's lives.

4.3.2.1 Sub-Theme 2.1: Loss of Sexual Intimacy

Andropause symptoms have led men to a loss of intimacy in marriage and long-term relationship, affecting the emotional well-being of both partners. The findings of the study disclosed that men who experienced andropause symptoms dissociated themselves from their sexual partners and wives. Many relationships were found to be under strain making it difficult for men share their sexual challenges. Some avoided engaging in intimate relationships to avoid embarrassment. Men felt like losing some of the closeness shared with their sexual partners. Some experienced anger, shame, and being turned away from partners.

▲ **Participant 7 explicated that:**

> *"The sexual relationship with my wife has gradually changed since the beginning of my poor erections. I hate to have intimacy with my wife because of my failure to sexually satisfy my wife."*

ED causes partners to feel less connected or feel hurt. Men reported decreased relationship happiness and sexual dissatisfaction. Premature ejaculation (PE) as

another problem caused by ED is reported to have been causing breakup of relationships. According to Brito (2020), the spouses feel confused, anxious, undesirable, unrealistic expectation about sexual performance, history of sexual repression and lack of confidence.

4.3.2.2 Sub-Theme 2.2: Physical and Emotional Abuse

The findings of the study indicated that men experiencing andropause symptoms, who failed to sexually satisfy their wives, abruptly ceased the sexual intimacy with sexual partners. Wives changed their behaviours and turned to be abusive to husbands and accused husbands of cheating on them. In this study, men abused their wives by shutting down the lines of communication to everyone around them. Some men moved from their bedrooms where sexual partners were left alone because of emerged frustration and depression. A lot of men did lock themselves in their rooms trying to avoid everything happening in the house. Wives in response to what men were doing reported having neglected all the house activities. Some men were left alone in the families after the wives were psychologically and emotionally smashed with the lifestyle that seemed to be the ongoing process. The study findings revealed men experiencing symptoms like negative thoughts, nightmares, outbursts and insomnia. Some had trouble in establishing a relationship with others.

- **Participant 9 reported the psychological abuse where the wife withholds her money from him, he said:**

  "My wife behaves somehow I do not understand. She is not the same woman I use to know. She speaks in a high-pitched sound and shouting. Most of the time, she promised me that she will leave the house for good. I have identified her disrespect on me, she no longer serves me with food, or cooking, I must serve myself and do all by myself as a bachelor. She accuses me of cheating on her and pointed that is the reason I am not sleeping with her. She went

on saying that the woman I am running around with has bewitched me that I be sexual paralyzed at home. She makes me feel I am not a man enough in my house, I feel so embarrassed when we always interact."

- **Participant 9 added that:**

"Looking at my wife, I was filled with hatred to my wife as if she knew something about my sexual incompetence. I realized I should change bedroom and never shared with her. The first day I left the bedroom she enquired that we have discussion regarding the family matters. I no longer interacted with my wife and she could sense that something terrible was going on but failed to voice out. The poor woman was left alone in the room trying to figure out the reason. My hatred progressed to stress, anger, and anxiety. I never wanted to avail myself at work thinking that may be everyone knows about my sexual challenge. Sometimes I could not eat for some time meditating on my challenge. My wife organized the pastor for me, and I refused to talk to him."

"My wife was in anger and despair. She no longer could greet me; she was only talking to kids. She ensured that my clothes were neglected. My problems were worsened every day and could neither help me. In the seventh month my children were not in the house, and I never asked their whereabouts. This was killing me, and I felt I was deeply depressed. After a week people from my work visited me to enquire of my unreported absence. I reached a point of been taken to EAP (Employee Assistance Program). My wife left me after she saw no point of staying with a man who abandons wife and children."

"I started buying sexual stimulants "tiger power" after I Googled from the internet. It was not like before as I could see the difference. Other stimulants I used were (male extra). But I was left alone in the house. I regret that if maybe I included my wife in my

social life, I would not lose her."

There are several types of abuse that occur in intimate romantic relationships. Psychological abuse follows physical abuse in relationships. Gordon (2020) referred to emotional abuse as a way to control another person by using emotions to criticize, embarrass, shame, blame, or otherwise manipulate another person. Psychological abuse has been variously considered as the use of verbal and non-verbal acts which symbolically hurt the other or the use of threats to hurt the other, behaviour that can be used to terrorize the victim that do not involve the use of physical force, the direct infliction of mental harm, or ongoing process in which one individual systematically diminishes and destroys the inner self of another. Emotional abuse was defined as a serious form of abuse that may be preceded by periods of physical abuse. Within a marriage, emotional abuse may have a person feel as though they are worthless or do not deserve better.

4.3.2.3 Sub-Theme 2.3: Depression

Depression is an illness marked by persistent sadness, feelings of desperateness and pessimistic outlook (Bandukwala, 2019). Impaired sexual function in men with premature ejaculation is grossly linked with depression. Low sexual performance in men because of low levels of testosterone predisposes the individual to psychological factors such as misery, strain, or unease. The study findings by Xia, Li & Liu (2016) uncovered that depression provides evidence that is associated with a significantly increased risk of andropause symptoms. This study's findings report that men with andropause symptoms were found to have various psychological problems, such as depression, bother, and low self-satisfaction.

Men with depression suffered higher levels of partner frustration, lack of confidence, or disappointment. It was reflected that the relationship between the depression and

ejaculation problems might be bidirectional, hence men's life, including sexual confidence, interpersonal relationship, and couple's sexual relationship is affected (Xia, Li & Liu, 2016). The symptoms of depression include low self-esteem, loss of interest in formerly pleasurable activities such as hobbies and sex, fatigue, changes in appetite, sleep disturbances, apathy, drug and/or alcohol abuse and suicidal thoughts.

4.3.2.4 Sub-Theme 2.4: Anxiety

In the bedroom, men had difficulty in having sex because of previous humiliations haunting in their thoughts triggering anxiety sexual performance. Anxiety among men was seen as an obstacle to have coitus. With unceasing worry about sex, men could not enjoy their sexual activities.

- **Participant 17 had to say:**

> *"Whatever comes to my mind is the previous poor sexual performance that I had with different sexual partners. I tried many sexual attempts to make love but never succeeded. It means I am sexually unfit."*

Anxiety is viewed as cognitive interference that distracts attention from sexual stimuli, thus inhibiting sexual arousal. It is specifically considered to play a major role in the development of and maintenance of problems related to sexual functioning. According to the study conducted by Luo (2017), the situational stress in sexual dysfunction takes the form of "performance anxiety" and appears to interfere with sexual functioning through altering the neural substrate of sexual behaviour further contributing to the maintenance of sexual arousal.

Clinical practice reveals negative thoughts that could lead to a state of anxiety and

sexual problems, such as feeling stuck, fearing that the partner will breakup, or cheat on the individual. In Greece, men with sexual problems reported significantly trait anxiety and sexual dysfunction group endorsed higher state anxiety scores. Anxiety can cause someone to feel uncomfortable before and during sexual activity which affects erection (Hall, 2020). Recent studies have pointed out that sexual symptoms may be differentially affected by anxiety.

4.3.2.5 Sub-Themes 2.5 and 2.6: Extramarital Affairs, Separation and Divorce

The findings displayed ED as being the frustrating sexual challenge that had a negative impact on relationships. Marriage breaks down was found to be the result following lack of sexual intimacy and sexual dissatisfaction. Divorce was reported among families where the couple found the situation to be intolerable.

- **Participant 11 expounded that:**

> *"I am currently staying alone in my house; because of family matters that emanated from lack of sexual intercourse with my wife. Because of those unbearable fights, I chose to stay alone to avoid crimes such as emotional and physical abuse. Until I found out that she was hanging out with friends and other men. That is why we got separated. I had to file for divorce as I could not stay with her knowing that she is in love with other man."*

Sexual dissatisfaction leads to an affair and adultery by the spouse, the person having an affair cannot file for divorce, so the injured party must. Violence or controlling behaviour is one of the main reasons divorce occurs. Premature ejaculation alone is not a contributory factor for divorce, but it results in personal and psychosocial challenges. Gina (2018) highlighted that there are nearly five million incidents of intimate partner violence (IPV) against women annually, with a strong

relationship to sexual violence. Women experience sexual and physical violence and, as such, the victims do not seek help due to stigma that are often imposed on survivors.

4.3.3 Theme 3: Coping Mechanisms

The findings of the study revealed that some of the men resolved on marrying more than one wife and also have extramarital affairs. It was indicated that culturally one wife is a sister. But few men in this study objected the cultural polygamous marriage.

- **Participant 13 stated that:**

  "Getting another wife (lufarathonga), who acts as a vibrant (stimulant) is the way men respond to sexual dysfunction. This is the woman who waits until the husband calls for sexual intercourse when the need arises. He indicated that it also has the consequences to bear as a man in the family. My wife divorced me and said that she doesn't want me with another person."

- **Other participants argued the idea of getting another wife as a way of resolving sexual challenge which is not the right option. They went on saying:**

  "Women nowadays do not share husbands."

- **Participant 10 expounded that:**

  "I grew up in the Christian religious family which believes in man marrying more than one wife. The family church groomed us to marry as many wives as we can because when the man has a problem with one wife, the relationship with other wives may be good. My family organized the second wife for me to marry, but they were not staying under the same roof, the second wife had her own stand and I had the sexual schedule as to where, when and for how many days in a month."

- **He went on stating that:**

> *"Having sex with concubines result in social and health consequences."*

Johnson (2020) recommended the various tips that help people with ED and enable them to have positive sexual experiences and these are: avoiding the cycle by recognizing that an inability to perform from time to time does not mean that a person is unable to have sex. It may mean that they were under stress. Shifting the focus to the cause rather the symptoms, may help a person to reduce the pressure that they place on themselves to sexually perform well every time. Other techniques include guided medications, couple counselling, sex therapy, sexual education, and stress relieving practices such as mindfulness and yoga.

4.3.3.1 Sub-Theme 3.1: Use of Traditional Medication

The use of traditional medicines, according to the study findings, was found to be the major practice in response to sexual dysfunction in men. Those who used them indicated its effectiveness and fast to reach the desired effect. Some men explicated that they regained their sexual activeness soon after the consumption. They indicated that traditional medicines are effective and without any side effect. Other men have a perspective that traditional medicines are not therapeutically tested and measured so they can be harmful to someone's life.

Participant 14 envisaged that he prefers the ingestion of mageu (mabundu) mixed with traditional medicines not stated for secrecy, that the elders prepare for them to deal with sexual dysfunction. The mixture is prepared considering the weight and spends 3 days in the traditional calabash waiting to get brewed. After use, the man reverts to his normal strength and power and the bedroom performance improves.

"I have found it working, I feel revived like in the time of youth. I become happy when my wife is sexually satisfied."

▲ **Participant 15 confirmed that:**

"Mageu is mixed with mpesu (Herbs known to treat erectile dysfunction and premature ejaculation), tshitunde tsha pfene, tsha Mbila, a tree called Mulanga, Nungu, murumbulashedo, musunzi. Muthathavhanna, mukuvhazwivhi, mukwasha, mutshalimela, intestines of Hippopotamus, its dung and some that were not stated. After the mixture by traditional healer, the small portion is taken oral as a drink with the one to be inserted via the skin to strengthen sexual activities. The body especially on the waist will show some scars of lacerations made when muti (medicine) was inserted. Being sexual stimulated will last until the scars disappeared and this simply shows the need for revitalization."

One of the participants (a traditional healer) confirmed that the concoction prepared by him is helpful. Men with the loss of libido and sexual dysfunction come in big numbers to get the treatment of ED. Only if they abide with the given prescription, their sexual problems are resolved in 1-2 weeks of treatment. All the said concoctions should be coupled by eating seeds like ground nuts, pumpkin seeds, and drinking lots of water every day, is vital. Healthy living and eating style determine healthy sexual activities. Other participants supported that the effective sexual herbal stimulants are more effective than Western ones and they do not show side effects.

▲ **Participant 17 had this to say:**

"I am still using traditional concoction from my traditional healer. I simply mix the prescribed medication (not stated) as prescribed by traditional healer and is serving the purpose. Some have doubts in using them, but they are good. Many families are functioning

because of these concoctions. Some like them and keep as a secret, they do not want people to know that they visit the traditional healers, yet some have the fear that the concoction will make the continuous erections that will not cease."

- **Participant 4 came with another version and said:**

"If we are to be fair, the profound secret that a man need from a woman during sex is vaginal tightness and as for me, my erection is maintained because my wife uses tobacco snuff, this is introduced vaginally before sex. This adds my desire because all the time I enjoy coitus with her. The snuff makes me to feel hard during penetration. That is why men go for younger girls to look for something lost from our sexual partners."

- **Another participant stated that:**

"We apply love drops as sexual stimulants. Women perform sits bath with water containing love drops making muscles rigidity before sex. Tiger Balm is another sexual stimulant which is in the form of cream, it was never explain on how to apply. Big-booi is another sexual stimulant in the form of a drink taken an hour before sex, diluted with water and only lasts for a day."

Longhurst (2019) indicated the number of love portions and aphrodisiacs using the name (Spanish fly) that have been available on the market for decades. Just a few drops of Spanish fly are supposed to give men the kind of intense erections that would make the sex blush. The true Spanish fly is made from blister beetles, specifically the substance produced by the beetle called cantharidin. Along with long-lasting erections Spanish fly containing cantharidin was found to cause several serious side-effects, including death.

- **Participant 12 came up with the practice that prolongs the sexual intercourse period:**

  "I always control my ejaculation whenever I feel the urge to satisfy my wife, I also think of something else that will keep my mind out of the act, these delay my orgasm."

- **He strongly supported the pausing strategy saying that:**

  "It works to lengthen the sexual activity."

There are three behavioural methods that can be used separately or in combination and the most successful one is the "pause and squeeze" technique developed by Masters and Johnson (https://kinseyinstitute.org/about/index.php). Squeezing the shaft of the penis between a thumb and two fingers and applying a gentle pressure below the head of the penis for about 2 seconds during premature ejaculation, makes the sexuality to resume. The second approach is the "start-stop" method. The man brings himself close to orgasm with the aid of his partner or by self-stimulation. Before climax occurs, he stops, relaxes, and then begins again, repeating the cycle until he can no longer prevent ejaculation (Brito, 2019).

- **Participant 9 noted that:**

  "Before I make love, I ensure that the basin with cold water and a cloth are within my reach. During intercourse whenever I feel the urge to reach orgasm, I wrap my penis with wet cloth for a minute; making the erection harder and stronger, to prolong the activity. I repeat this until we get satisfaction we need."

Brito (2019) revealed the techniques that delay orgasm and prolong partner sex. The technique needs to be discussed before beginning edging when making love. Wearing a climax-control condom designed specifically to delay climax is another

practice that helps males during sexual play. The condoms are typically made with thicker latex. Some has a numbing agent like benzocaine or lidocaine to reduce sensation on the surface of the penis.

This can prolong the time it takes to reach the climax. Applying a topical anaesthetic to penis to get a numbing agent used in the condoms is helpful. The anaesthetic is available in creams and sprays. The climax delaying agent can be applied to the penis 10-15 minutes before starting with sexual play or masturbate an hour or two earlier before intercourse is helpful. This also delays ejaculation.

4.3.3.2 Sub-Theme 3.2: Use of Western Medicine

Men with ED treated the symptoms using Western medicines which they get from various pharmacies. Their reports on the use of Western drugs reveal them as having good efficacy, safer and faster to reach the desired effect. The drugs were found to be free of side effects. Others preferred to use tea stimulants which are prepared only when it is to be purchased and is drunk on the spot. Few men understand using traditional with Western medicines for positive outcomes. Porter (2021) indicated the availability of medications to increase blood flow to the penis and these includes sildenafil (Viagra), avanafil (Stendra), tadalafil (Cialis), and vardenafil (Levitra).

Hormone replacement therapies can treat low testosterone levels. The treatment includes a topical jell, patches, or injections and drugs such as fluoxetine, paroxetine, sertraline, clomipramine, and tramadol that affect serotonin levels. Numbing creams and sprays may be put on the head of the penis about 20-30 minutes before sex. Men can take a group of drugs called PDE-5 (phosphodiesterase-5) inhibitors. Most of these pills are taken 30-60 minutes before sex. The best known are the blue pill (Viagra).

Vacuum devices are another therapy which the mechanical way of producing an erection for men who do not want drug treatment. The penis is made rigid using a vacuum pump scaled which is placed around and draws up blood (Hall, 2019). The non-oral drugs include penile self-injections: injection is done directly into the base of the penis to achieve and maintain erections. Urethral suppository can be placed in the penis urethra using a special applicator to stimulate an erection within 10 minutes and can last for up to 60 minutes (Porter, 2021).

- **Participant 14 considered western medicines the most useful ones.**

> *"I'm always sexually stronger that I cannot stop my intercourse even after my partner feels enough. They keep me sexually strong and boost my sexual desire. No side effects, ever since I used them, I feel safe and sexually strong."*

He went on describing the oral pills that he usually takes which is called Cialis. It is taken an hour before sexual activity and its miracle is to keep more than three hours without reaching orgasm. For two to three days, the drug will still be in the system and effective. He continued elaborating that:

> *"I had once used another sexual stimulant called clomidol tablets. This blocks the ejaculation and AK47 written (there is a war in the bedroom) is useful for erection. I use them concomitantly since they have different actions. Another one is Phto-Andro, I take it oral an hour before the sexual activity. It works alone and does sexual wonders."*

Others supported that they have confidence in the traditional sexual stimulants. They supported the fact that they neither show side effects.

- **Participant 16 explicated that:**

> *"As for me I prefer using tea called week-end special from the pharmacy. It is only sold on Fridays and Saturdays. The mixture is prepared in the pharmacy and taken on the spot. I am not allowed to take home and I do not know the reason behind. Sometimes I sexually stimulate myself with Anafranil, is in the form of tablet. I only bear its side effect of yearling for the whole day, and because no ejaculation will be maintained, I always experience penile skin laceration. I spend a week without having another intercourse because of penile pains from lacerations and that is the bad part of Anafranil."*

According to Maiorino, Bellastella & Esposito (2015), the path to greater sexual satisfaction could begin with what you eat, resulting in the right balance of hormones and conditions that will get you closer to the goal of sexual satisfaction and improved intimacy. He explained the described natural libido boosters which are pumpkin seeds that help to increase the level of testosterone, watermelon increases sexual arousal because the compounds present in it may have a "Viagra-like" effect, relaxing blood vessels and increasing blood flow.

L-arginine, an amino acid available in supplement form, may dilate blood vessels, increasing flow to erogenous zones and helping to improve arousal. Men are encouraged to add some fish in the diet with halibut which raises testosterone levels because it is high in magnesium. Magnesium makes it more difficult for testosterone to latch onto proteins in the body. As a result, testosterone is distributed in the blood, helping to boost sex drive.

Oz (2019) explained asparagus as considered one of the libido-boosting foods rich in folate, celery, bananas, peanut butter, dark chocolate, sprinkling some nutmeg in coffee or cereal can spice up sex life. Garlic contains allicin, a compound that thins the blood, hence the blood circulation improves, necessary for an erection by

relaxing the arteries. Having strong circulation allows for greater endurance in the bedroom. Walnut, an excellent source of omega-3 fatty acid, is known to boost dopamine and arginine levels in the brain, which increases the production of nitric oxide which is the essential compound for erection.

Wilson (2019) revealed that the search for a cure for ED dates back way before the introduction of Viagra in the 1990s. Natural aphrodisiacs, from ground rhinoceros' horn, topa chocolate, have long been used to increase libido, potency, or sexual pleasure. These natural remedies are also popular because they are said to have fewer side effects than prescribed medications. The herbs include panax ginseng, maca, yohimbine, ginko, mondia whitei, Horney goat weed, dehydroepiandrosterone (DHEA), propionyl-L-carnitine, and L-arginine (Wilson, 2020). For tea drinkers, ginseng tea contains the compound ginsenoside; this compound impacts the gonadal tissue responsible for sperm production. It increases sperm count while heightening sexual satisfaction and can also work to prevent or reduce ED (Oz, 2019).

Seven participants showed the importance for accepting the fact that the body undergoes different stages as the person advance in age, yet others showed different perception regarding andropause and its stages. All participants supported the idea of doing regular exercises to improve blood flow, mood, stamina and thereby improving the overall health.

Eating a healthy diet was also the mechanism that all the participants showed knowledge of and they indicated that it helps keep the rest of the body healthy and reduces the risk of being attacked by many diseases. Some did recommend that limiting alcohol intake and smoking is another practice that improves sexual activities.

4.3.3.3 Sub-Theme 3.3: Counselling

The study findings revealed that few men with ED symptoms sought counselling. Those who disclosed their sexual challenges, considered couple counselling as helpful, yet others did not regard it as effective due to stigma. Some men showed lack of understanding and knowledge regarding the importance of seeking medical assistance, to them it is a disgrace, dishonour, and humiliation. Couple counselling aids partners to learn how to communicate with and support each other and resolves any relationship problems affecting sexual intimacy. This approach involves talking with a mental health provider about the relationships and experiences.

▲ **Participant 17 had this to say:**

> *"Since I am not a typical man, I have realized I have to be open with my emotions and consider counselling as the better psychological therapy. Even though some consider it as stigma, I never worried about what others would think of my choice. I thought of seeking support to my wife and friends. I knew that the very challenge that was killing me might be experienced by other men as well. My wife advised and encouraged that I seek for counselling and therapy. I took it positive even though it was tough for me to understand."*

> *"The first session with my therapist, I was hard and adamant and did not want to state my sexual challenges. I felt it sounds better if I could discuss only with my friends. There came a period when I felt free to voice every detail of my sexual challenges. I could feel I needed the counselling sessions to mend my life. I did not want to miss any single session because there is a gradual change in my life."*

Zachary, Gerdes & Levant (2017) showed that the psychology of men with higher levels of traditional masculinity ideology tended to have a more negative attitude

toward medical help. Their findings further indicated that psychological counselling is more effective compared to the traditional once. The findings of the study revealed that men are individuals, who are tough, stay in control, never cry, work through physical pain, and do not talk about their feelings. Brito (2020) envisaged that individual counselling can give someone a private, non-judgmental space in which to talk about their difficulties with sexual challenges.

A psychologist can help a person manage stress, anxiety, or low self-esteem. Psychological treatment for men with premature ejaculation addresses sexual skills, but also focuses on issues of self-esteem, performance anxiety, and interpersonal conflicts. Combining pharmacy- and psychotherapy is the most promising intervention for lifelong and acquired premature ejaculation. This is because couples learn sexual skills, interpersonal and cognitive issues that precipitate and maintain the dysfunction.

4.3.3.4 Sub-Theme 3.4: Spouse Support

The study reported men as people who do not possibly discuss the challenges with spouse because of their innate pride. The more the partners know about the husband's sexual status, the better prepared they would be to support each other. In this study, some men indicated that they did not share the sexual challenges with wives, yet few did, their wives turned to give them the support they needed, encouraged, advised, their husbands and reminded them of their treatments. Lifestyle did change, and they achieved their sexual goals.

- **Participant 4 explicated that:**

> *"Making the personal problems known to the spouse is significant. Making problems your own on the other side does not help, but the better way is sharing with others. Since I shared my sexual*

challenges with my wife made me a better husband to her. She intervened and was responsive to all that I was going through. It was very simple for her to understand me better and managed to help me, standing by my side. I attended men's clinic with her support as a wife. Since I have used the clinic treatment, I am a experiencing a change sexually and my life restored."

A support from a partner can be very beneficial for someone undergoing the ED challenges. According to Bandukwala (2020), the study findings report the importance of supporting the spouse as they manage the andropause symptoms and came with the following strategies: The partners should know how much they are valued. The spouse should remind them that ED hasn't changed anything. Staying positive is helpful. The partners should discuss their achievement while understanding that the condition is common and can be treated.

4.3.3.5 Sub-Theme 3.5: Acceptance of Bodily Changes

The findings of the study showed that some of men with ED accepted and admitted that they do have sexual challenges. They seemed to understand the changes the body faces as they advance in age, yet others had perception that men do not experience sexual changes even when the body grows old. This made them become reluctant to discuss sexual issues with their spouses, but rather shared the sexual pressure with other men outside the family. They consulted the traditional healers, purchasing different sexual stimulants to boost their libido to correct ED.

▲ **Participant 7 had this to say:**

"It took me some time to broach the sexual challenges with my wife. I had a terrible fear of disclosing my sexual challenge to my wife. Is after she got my sexual stimulants in our room and I was left with no option than to tell the truth. She politely enquired from me if I know about the stimulants and why am I keeping them in our

room, seeing that she was not fighting with me I had to tell, and she seemed comprehending. That is when I experienced a great relief and followed my traditional healers' prescriptions without any fear of her."

According to Murrell (2018), men during andropause stage experience sexual problems like loss of libido and ED, decrease in sexual satisfaction, decline in a feeling of general well-being, nervousness, irritability, memory problems, hot flushes, depression, and fatigue. Amongst obesity parameters, waist circumference is one of potentially modifiable risk factors for low testosterone and symptomatic androgen deficiency.

4.4 Summary

This chapter focused on data presentation, data analysis, and interpretation of the findings. Three themes and fifteen sub-themes emerged. The study findings revealed that cultural background made men with ED to believe in polygamy to resolve sexual challenges. Some men put their trust in using traditional medicines that are prescribed by the traditional healers. Some believed in Western medicines and after use they achieved sexual satisfaction, yet few went for men's counselling or for medical support. Chapter 5 focuses on the summary, recommendations, limitations and conclusions.

CHAPTER 5

SUMMARY, RECOMMENDATIONS, LIMITATIONS AND CONCLUSIONS

5.1 Introduction

Chapter 4 focused on data presentation, analysis, and discussion. This chapter entails the summary, recommendations, limitations and conclusion of the study. The purpose of the study was to explore and describe the experiences of men during andropause stage from the age of 50 years and above, in Vhembe District of Limpopo Province, South Africa.

The central research question which guided the study was: Andropause stage as experienced by men in Vhembe District of Limpopo Province, South Africa. The researcher used qualitative approach with descriptive, phenomenological design.

The researcher used purposive sampling to select the participants. Andropause symptoms have been categorized into themes, namely: Personal sexual challenges, Psychosocial factors and Coping mechanisms.

5.2 Objectives of the Study

The objectives of the study were to:

- Explore the experiences of men during andropause stage.
- Describe the experiences of men during andropause stage.

The following central question was used in this study:

- **English:**

  "As you have reached andropause stage, kindly share with me your Experiences."

- **Tshivenda**

  "Sa I zwi vho no swika kha tshiimo tshine thonga i si tsha Gogodela sa kale, a vha ntalutshedze tshenzhemo yavho."

5.3 Themes

5.3.1 Theme 1: Personal Sexual Challenges

The theme "personal sexual challenges" gave rise to four sub-themes that were thoroughly discussed during data collection and were the burning sexual challenges that men in the "said" age are facing, ranging from ED, premature ejaculation, and loss of libido, loss of sexual interest and avoidance of sexual discussion. Men with ED tended to experience premature ejaculation due to uncertainty that sexually they can be able to satisfy their sexual partners during sexual intercourse. Mohammed *et al.* (2019) postulated that men with anxiety are devastated during sexual activity, show sex avoidance behaviour and only ejaculate rapidly during intercourse because their penises have a greater sensitivity to stimulation and thus quickly reaches the critical level of stimulation required to ejaculate.

Some men with ED reiterated that they suffered from some other conditions which are hypertension and diabetes mellitus with some of them abusing alcohol and smoking excessively which could be the underlying causes as other scholars reflected that in their study findings. The most common causes of ED in men are medical conditions that block blood flow to the penis. This includes hardening of the

arteries (atherosclerosis) and diabetes, or faulty veins that let blood drain too quickly from the penis. The large number of men in the study used chronic treatments which could also interact with the lowering of testosterone levels and predisposed them to ED. Bandukwala (2020) concurred that certain stimulants, sedatives, diuretics, antihistamines, and drugs to treat high blood pressure, cancer or depression, can interfere with the nerve signals that make an erection happen. Their mindset is full of inability to attain erection that is firm and strong enough to make someone sexually satisfied. Hence, the end results will be discouragement, with anxiety, anger, fear, and frustration.

The findings of the study showed that anger always emerged from difficulty to have an erection and it was difficult for them to talk about the sexual challenge. They felt they were not man enough since they boosted their masculinity from sexual activities. It is common for men with ED to feel sad, angry, frustrated, and such feelings may lead to a lack of self-esteem and, in severe cases, to depression (Lakin & Wood, 2018). It is significant to always remember that outside negative stimuli may drastically change the sexual bedroom performance, mental health plays as much a part of sexual ability. This study findings show men developing stress and other health concerns like anxiety that contributed to decreased sexual drive and were the leading causes of ED in men. Premature ejaculation and ED may further be linked by the fact that lack of ejaculatory control may generate reactive ED, due to anxiety arising from poor sexual performance (Mohammed, Ahmad & Ramadan, 2019).

Premature ejaculation was reported among men as another type of andropause symptom. A study by Murrel (2018) showed that premature ejaculation also known as rapid ejaculation, premature climax or early ejaculation occurs faster than someone would expect. The study reported some men having regular inability to

delay ejaculation after vaginal penetration. They reported feelings of guilt, shame, and worry about sexual incompetence, anxiety about sexual dissatisfaction of partners. It has been suggested that abnormal levels of certain chemicals produced by nerve cells called neurotransmitters may contribute to ED. Some men had a problem in disclosing their sexual challenge with their partners, yet few saw the importance in discussing with their spouses, hence, they stood a better chance of getting spouse support.

Men reported experiencing the loss of erections emanated from ED. They have reported that once ED invaded their sexual life, psychologically they just cannot keep erections because of stress, depression, low self-esteem, and loss of confidence in having sex. They stress out whenever they think of mating with their sexual partners with the fear of again failing to attain erection, hence they started to withdraw themselves and they happened to lose sexual interest. Some men were physically, sexually and psychologically affected that they showed up with low energy, sadness, low self-confidence, difficulty in concentrating that made them to sexually loss erection.

Men reported the loss of sexual interest as a result of failure to attain an erection. This was the main distracting and scarring sexual problem affecting most individuals in this study. And it affects all spheres of life in men, which are physically, emotionally, socially, psychologically, economically, and financially. The study indicated the tension that emerged when men experienced shame and guilt during that frustrating period. The tension gave rise to conflicts which in turn led to divorce in some of the marriages.

In this study, men were found to be reticent in discussing their sexual issues with their partners. Instead, they turned to withdraw themselves from their wives and

developed emotional behaviours like anger and resentment. Communication breakdown was found to be the first aspect to show up in the family. The man had to live in isolation not wanting anyone to say anything. Bandukwala (2020) indicated that men do not want to try to get past the initial embarrassment and awkwardness to resolve the problem.

5.3.2 Theme 2: Psychosocial Challenges

The study identified the psychological triggers that men with ED presented with, within the family. Men experienced stress as an underlying factor of ED. The stress progressed to anxiety. The level of anxiety holds them in the corner to fear love making, hence the desire to have sexual intercourse vanishes and affect erection. Andropause affects the psychosocial and sexual spheres of marriages. Marriage partners experienced stress, hence depression. Men experienced feelings of emptiness, frustration, low self-esteem and lack of energy, hence the feeling for sex was profoundly suppressed and eventually the nervousness was the key factor to sexual dysfunction. The leading problem for failure to improve sexual urge was worries about uncertainty to achieve and maintain erection that is firm enough to please the partner hence fear of sexual intimacy stepped in.

The guilt and shame that men carried had put more weight on the failure to attain erection. Men were found to suffer depression since their self-esteem was lowered. Guilt is paired with low-self-esteem and together with feeling of emptiness was commonly linked to mental health issues such as depression and is the clinical criteria for major depressive disorder. Some men were alleged of having affairs that they could not attain erections as they were thought of having sex elsewhere and that contributed to the breakdown of some marriages. Bandukwala (2020) recommend that a man with ED may feel guilty that he is not satisfying his partner

sexually. Men become overly worried that the sexual performance is not satisfying, and this can lead to performance anxiety.

Due to prior episodes of ED, low self-esteem which is the feeling of inadequacy has a more prominent role. The study findings revealed that depression and anxiety among men do not only affect sexual relationship, but social and work activities as well. Men indicated the problems that affected their sexual life had touched the level of their work performance. Some were arranged for the employee's therapy sessions after being assessed of having emotional related problems affecting job profoundly.

The ED problem had led men to become emotionally distant from their loved ones being afraid that maybe the partners might demand sex, and with this behaviour they might be free from requested for love making and fear of failure to achieve erection had emerged. Men who are prone to have a decrease in their sexual response are more at risk to lose their sexual interest and erectile responsiveness when anxious or depressed, sexual behaviours may lead to increased performance anxiety, poorer sexual function, and avoiding sexual activity.

The study indicated that men were frustrated by humiliation. Men with ED were found to physically and emotionally abuse their sexual partners. When a man distanced himself from his wife, social isolation ensues and they decide to close the lines of communication, which is an abuse on its own. In this study, women were abused both emotionally and psychologically with the behaviours that men portrayed in isolation. Verbal abuse was reported when men started to develop some amazing ways of responding and communicating with the spouse.

Mouradian *et al.* (2014) expounded that emotional abuse often precedes, occurs with, and follows physical or sexual abuse in a relationship. Emotional abuse was

defined as psychological abuse or aggression, verbal abuse or aggression, symbolic abuse or aggression, and non-physical abuse or aggression and behaviour that can be used to hurt the other.

5.3.3 Theme 3: Coping Mechanisms

ED such as premature ejaculations, losing erections, and inability to attain erections were treated with traditional herbs poor sexual performance. According to the findings, some stores are selling sexual herbs that are said to control ED and claimed to have sexual potency with fewer side effects. Even though they are not medically tested and measured, the outcomes seem to be scoring good results in terms of its effectiveness and sexual maintenance. The traditional healers prescribed the how and when medicines should be used. Those who followed the proper instructions reported good results and their state of problems changed and restored their potency.

Men who used the mixture or concoctions homemade Vhavenda traditional drink (mabundu mixed with Mpesu) prepared by the elderly in the households are still standing better chances of attaining penile erections. They have reported positive results after using them for a predetermined period, depending on the severity of the sexual problem. The elders know what and how to give and they monitor the taking of treatment until the course is completed, if there should be extension, it is done, and whenever it warrants the additional medication, elders do not hesitate until they hear of the sexual changes.

The elders know the prescription and the dosage and how to give and they monitor the taking of treatment until the course is completed. if they should be an extension, it is done and whenever it warrants the additional medications, they do not hesitate until they hear sexual challenges. The elders extend their miles by checking the type

of penile discharge that the individual is producing to ensure the proper effectiveness and quantity of treatment. To stimulate penile erection, men use marula beer. They usually consume two litres in a week to boost libido, to strengthen erection. Marula beer acts as a laxative, sold along the roads in 2-litre plastic bottles. Men trust the results brought on by Marula beer which also revolutionized coping as it also relieves pelvic pains. It has been suggested that natural medicine options can improve ED symptoms. The traditional and complementary medicine are aimed at restoration and better overall bodily regulation with medicine to stimulate energy in vital organs while Western medicine stresses the link between cardiovascular function and ED (Lee, Tan & Chung, 2017).

Some individuals viewed the use of traditional medicines as unsafe practice looking at the weight that it is not medically tested. They consider the use of Western medicine. Still, some went to purchase stimulants over the counter. The purchasing of Viagra by men with ED is prospective. The study showed that men are probably excited with the use of Viagra. Marriages that were cracking were regained. Men are using them in the form of tablets, capsules, and solution day in and day out conforming to dietary food and exercise.

Consultation with medical practitioners for diagnosis and prescription was another option in dealing with ED in men. The doctors engage them with counselling sessions that are attended with their spouse for support purposes, to those who are willing to share with their sexual partners. According to the study findings, men who attended counselling stood a better chance of getting support from the spouse and speeding up the healing process than those who did not disclose their sexual challenges to their spouses.

Some men experienced the feeling of losing some closeness shared with their

sexual partners before attending counselling. Counselling sessions helped them to reduce performance anxiety and they found better ways of coping with sexual stress. According to Mayo Clinic (2020), counselling is most likely to help when it is used in combination with therapy. Some men had problems in discussing the ED issues with the partners and that brought the challenges in the relationship. They were so emotional that they felt angry and upset about the symptoms and it was a threat to them. For a man to express his challenges is not simple, it warrants him to accept and believe that he has the sexual challenge affecting his sexual life.

5.4 Recommendations

5.4.1 Recommendations for Research

- The study may be conducted using a quantitative approach to investigate the number of men experiencing various andropause challenges.
- The very same study may be conducted using wives of men who are on andropause stage to investigate their own experiences.

5.4.2 Recommendations for the Department of Health

- The health department may train the group of nurses who will be responsible for men's health issues only and may draft men's programmes that will help them in knowing andropause signs and symptoms in the form of awareness campaigns at the public clinics and hospitals.
- The information may be given via the radios and televisions to equip men with knowledge. This may help men to know the andropause symptoms before their manifestation. They could never live in isolation in fear of sexual challenges that do not have the way through.

- The Department of Health should come up with the strategies to cascade andropause information to women during their clinic and production period, on how should they respond because most women seem not to be supportive and that might happen in the future since they lack knowledge and that could be in the form of awareness campaigns.

- If women can acquire andropause knowledge it will not be a surprise to them when their husbands face challenges, instead, they will be ready to support their partners and make their relationships sustainable. They will be taught how to interact as many marriages are falling apart.

5.4.3 Recommendations for Churches

- Churches should adopt the strategy for teaching men's health issues like andropause education at churches.

- Divorces are happening due to lack of knowledge threfore churches should establish andropause programmes that will assist men and women on how and what to do during andropause manifestations, especially in couples' gatherings.

- This will help to prevent the criminal activities as some end up abusing each other.

5.4.4 Recommendations for Training

- The study findings reiterate that some marriages were falling apart after women abandoned their husbands due to lack of knowledge regarding symptoms that men face during andropause stage.

- The study recommends that the training of health care professionals on

andropause and its stages can be significant. This may prevent marriage breakdowns as couples will be empowered with profound knowledge and understanding regarding andropause. The misconceptions around andropause may be wiped away, like in the study some women thought that their husbands were cheating on them.

- The knowledge about andropause may aid men to seek medically tested medicines that will not be detrimental to their health.

- Awareness campaigns on andropause and its stages may be held in villages and families to rule out stigma.

5.5 Contributions of the Study

- Findings revealed that some of the men who did not communicate their stage of andropause regretted it when their wives divorced them.

- The findings of this study may prevent psychosocial challenges during andropause stage as marriages may be saved.

5.6 Limitation of the Study

One of the men of the MNNMF refused to participate, indicating that it is a taboo to discuss their andropause experience with a woman. Some of their religions could not allow to furnish information regarding andropause symptoms to the researcher. Due to Covid-19 other participants could not avail themselves to be part of study.

5.7 Conclusions

The purpose of the study was to determine the experiences of men during andropause stage in Vhembe District of Limpopo Province, South Africa. It is generally explained that andropause refers to the decline in testosterone production

in men. The study findings reported that men in andropause stage experienced ineffective spouse support as they failed to engage their sexual partners to discuss their sexual challenges. The researcher is of the view that discussion about andropause and its manifestation should not be considered as a taboo, but a topic that should be significantly discussed by both men and women.

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ANNEXURE A

UVREC ETHICS CLEARANCE CERTIFICATE

ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Mrs NR Tshabuse

STUDENT NO:
9906714

PROJECT TITLE: **Andropause stage as experienced by males in Vhembe District, Limpopo Province, South Africa.**

ETHICAL CLEARENCE NO: SHS/20/PDC/55/0102

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr ND Ndou	University of Venda	Supervisor
Mrs T Mbedzi	University of Venda	Co-Supervisor
Mrs. NR Tshabuse	University of Venda	Investigator – Student

Type: **Masters Research**
Risk: **Minimal risk to humans, animals or environment**
Approval Period: **February 2021 – February 2023**

The Human and Clinical Trails Research Ethics Committee (HCTREC) hereby approves your project as indicated above.

General Conditions
While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following.

- The project leader (principal investigator) must report in the prescribed format to the REC:
  - Annually (or as otherwise requested) on the progress of the project, and upon completion of the project
  - Within 48hrs in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
  - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the REC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after,the expiry date; a new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical responsibility, the REC retains the right to:
  - Request access to any information or data at any time during the course or after completion of the project,
  - To ask further questions; Seek additional information; Require further modification or monitor the conduct of your research or the informed consent process.
  - withdraw or postpone approval if:
  - Any unethical principles or practices of the project are revealed or suspected.
  - it becomes apparent that any relevant information was withheld from the REC or that information has been false or misrepresented.
  - The required annual report and reporting of adverse events was not done timely and accurately,
  - New institutional rules, national legislation or international conventions deem it necessary

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE
Date Considered: November 2020

Name of the HCTREC Chairperson of the Committee: Prof MS Maputle

Signature: MSMaputle

UNIVERSITY OF VENDA
OFFICE OF THE DIRECTOR
RESEARCH AND INNOVATION
2021 -02- 05
Private Bag X5050
Thohoyandou 0950

University of Venda
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ANNEXURE B

REQUEST TO MUNNA NDI NNYI MEN'S FORUM (MNNMF) TO CONDUCT THE STUDY

P.O.BOX 3207

Sibasa

0970

Enquiries: B. Mufunwaini

Cell: 079 595 0010 / 083 596 7281

E-mail: mufunwa@gmail.com

Request of Permission to Conduct Research: Munna Ndi Nnyi Men's Forum (MNNMF)

I Tshabuse Nyadzani Rachel a master's student at the University of Venda request a permission to conduct research at your MNNMF organization at Tshifulanani Village in Limpopo Province.

The title of the study is 'Andropause stage as experienced by men in Vhembe District of Limpopo Province, South Africa"

The purpose of the study

The study aims to determine the experiences of men during andropause stage in Vhembe District of Limpopo Province, South Africa. This will be achieved through exploring and describing the experiences of men during andropause stage in Vhembe District of Limpopo Province, South Africa.

Significance of the study

The research findings may add a complex understanding of Andropause signs and symptoms, hence self-caring and management by individuals, families, and community members at large.

Researcher: N.R. Tshabuse **Cell:** 0799713799 **E-mail:** raitshabuse@gmail.com

Thank you in anticipation.

ANNEXURE C

PERMISSION FROM MUNNA NDI NNYI MEN'S FORUM (MNNMF) TO CONDUCT THE STUDY

Date: 11 September 2020

Dear Sir/madam

PERMISSION TO CONDUCT RESEARCH

...Tshabuse NR.....

1. The above matter bears reference

2. Your letter received on the 05/09/2020 requesting for permission to conduct research in our facility is hereby acknowledged.

3. The forum has no objection to your request.

4. Permission is therefore granted for the research to be conducted.

5. Wishing you success in your research at Munnandinnyi institution.

MUNNA NDI NNYI? MAN'S FORUM
VHEMBE DISTRICT
11 SEP 2020
P.O. Box 204, SHAYANDIMA 0945
VHEMBE DISTRICT
LIMPOPO PROVINCE

CHIEF DIRECTOR..... DATE.....11-09-2020

ANNEXURE D

LETTER OF INFORMATION

RESEARCH ETHICS COMMITTEE

UNIVEN Informed Consent

Title of the Research Study: Andropause stage as experienced by men in Vhembe District of Limpopo Province, South Africa

Principal Investigator/s/Researcher: N.R. Tshabuse, Curation Honours Degree in Nursing

Co-Investigator/s/supervisor/s: Dr N.D. Ndou and Mrs T.E. Mbedzi

Brief Introduction and Purpose of the Study

The purpose of the study is to determine the experience of men during andropause stage.

Outline of the Procedures

Responsibilities of the participant, consultation/interview/survey details, venue details, inclusion/exclusion criteria, explanation of tools and measurement outcomes, any follow-ups, any placebo, or no treatment, how much time required of participant, what is expected of participants, randomization/ group allocation.

Risks or Discomforts to the Participant

Description of foreseeable risks or discomforts to for participants if applicable e.g., Transient muscle pain, VBAI, post-needle soreness, other adverse reactions, etc.

Benefits

The participants will benefit after gaining knowledge on the challenges brought by Andropause stage.

Reason/s why the Participant May Be Withdrawn from the Study

Non-compliance, illness, adverse reactions, etc. Need to state that there will be no adverse consequences for the participant should they choose to withdraw.

Remuneration

There shall be no remunerations for the participants.

Costs of the Study

No cost shall be expected from the participants to qualify for the study.

Confidentiality

During the course of the study pseudo names will be used to safeguard the anonymity and ensure confidentiality. The information will be kept under lock and key: no information will be linked to participant's name.

Research-Related Injury

In case of research related injury, the participant will be withdrawn from the study and will be referred to the Doctor for intervention. The event will soon be reported to the institution manager and to my supervisor at University for assistance. No compensation shall be made available to the injured participant.

Persons to Contact in the Event of Any Problems or Queries:

(Dr Ndou). Please contact the researcher on (0799 713 799), my supervisor (060 613 5281) or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Director: Research and Innovation, Prof GE Ekosse on 015 962 8313 or Georges Ivo.Ekosse@univen.ac.za

General

Potential participants must be assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter should be issued to participants. The information letter and consent form must be translated and provided in the primary spoken language of the research population.

ANNEXURE F

INFORMED CONSENT FORM

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, (Rachel), about the nature, conduct, benefits, and risks of this study - Research Ethics Clearance Number:
- I have also received, read, and understood the above written information (*Participant Letter of Information*) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during this research which may relate to my participation will be made available to me.

Full Name of Participant: ..... **Date:** ..... **Time:** .....

Signature: .....

I, **Rachel Tshabuse**, herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher: ..... **Date:** ..... **Time:** .....

Signature: .....

Full Name of Witness: ……. **Date:** …… **Time:** ……
(If Applicable)

Signature: ……

Full Name of Legal Guardian: ……. **Date:** …… **Time:** ……
(If Applicable)

Signature: ……

Please note the following:

Research details must be provided in a clear, simple, and culturally appropriate manner and prospective participants should be helped to arrive at an informed decision by use of appropriate language (grade 10 level- use Flesch Reading Ease Scores on Microsoft Word), selecting of a non-threatening environment for interaction and the availability of peer counseling (Department of Health, 2004)

If the potential participant is unable to read/illiterate, then a right thumb print is required and an impartial witness, who is literate and knows the participant e.g., parent, sibling, friend, pastor, etc. should verify in writing, duly signed that informed verbal consent was obtained (Department of Health, 2004).

If anyone makes a mistake completing this document e.g., a wrong date or spelling mistake, a new document must be completed. The incomplete original document must be kept in the participant's file and not thrown away, and copies thereof must be issued to the participant.

References

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2. Department of Health. 2006. *South African Good Clinical Practice Guidelines*. 2nd Ed. Available at: http://www.nhrec.org.za/?page_id=14

ANNEXURE G

CENTRAL QUESTION

English: "As you have reached Andropause stage, kindly share with me your experiences"

Tshivenda: "Sa izwi vho no swika kha tshiimo tshine thonga isi tsha gogodela sa kale, ndi khou humbela uri vha ntalutshedze tshenzhemo yavho".

ANNEXURE H

LANGUAGE EDITING AND PROOFREADING CERTIFICATE

Prof Donavon C. Hiss

Cell: 072 200 1086 | E-mail: hissdc@gmail.com or | dhiss@outlook.com

6 March 2022

To Whom It May Concern

This serves to confirm that I have edited the language, spelling, grammar and style of the **Masters in Nursing Science** thesis by **Rachel Nyadzani Tshabuse**, titled: "**Andropause Stage as Experienced by Men in Vhembe District of Limpopo Province, South Africa**" The manuscript was also professionally typeset by me.

Sincerely Yours

Cert. Freelance Journalism, Dip. Creative Writing, MSc (Medicine), PhD

ANNEXURE I

TURNITIN REPORT

TURNITIN REPORT

Rachel Tshabuse

Andropause stage lived experiences

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