

Can Menopausal Education Enhance Marital Satisfaction of Middle-Aged Men?

Mahsa Yarelahi^{1,2}, PhD student; Masoud Karimi³, PhD; Ebrahim Nazarifar², MSc; Elham Rezaian², MSc; Maryam Ghaedi², MSc; Abdolrahim Asadollahi², PhD

¹Department of Gerontology, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran
²Department of Aging Health, School of Health, Shiraz University of Medical Sciences, Shiraz, Iran
³Department of Health Promotion, School of Health, Shiraz University of Medical Sciences, Shiraz, Iran

Correspondence:

Abdolrahim Asadollahi, PhD;
Department of Aging Health, School of Health, Shiraz University of Medical Sciences, Postal code: 7153675541, Shiraz, Iran

Tel: +98 9122498890

Email: a_asadollahi@sums.ac.ir

Received: 12 July 2021

Revised: 16 August 2021

Accepted: 25 September 2021

Abstract

Background: The lack of knowledge about menopausal care in couples and inappropriate coping with menopause symptoms can reduce the couples' quality of the marital relationship. Therefore, it is necessary to increase the knowledge and ability of men to prevent menopause destructive effects on marital relations and the well-being of the couples. The purpose of this study was to evaluate the impact of men's menopausal care education on their marital satisfaction.

Methods: This quasi-experimental study was conducted in 2019 among 80 men in Shiraz, Iran. The samples were randomly selected using cluster random sampling method; they were equally divided into control and intervention groups. Four training sessions were held for the intervention group. The data were collected using a questionnaire on the menopausal knowledge and the ENRICH-10 questionnaire at the beginning and two months after the intervention and analyzed using SPSS v. 25 and Amos v. 21.

Results: Based on the results, at the beginning of the study, there was no significant difference in the mean score of the menopausal knowledge and marital satisfaction between the intervention and control groups ($P < 0.0001$). However, men's menopausal knowledge and their marital satisfaction in the intervention group significantly increased. No significant increase was found in men's menopausal knowledge or their marital satisfaction in the control group.

Conclusion: Education can increase the men's ability to cope with menopausal symptoms. Therefore, providing family health counseling services in health centers and family counseling is recommended.

Please cite this article as: Yarelahi M, Karimi M, Nazarifar E, Rezaian E, Ghaedi M, Asadollahi AR. Can Menopausal Education Enhance Marital Satisfaction of Middle-Aged Men?. *J Health Sci Surveillance Sys*. 2021;9(4):272-277.

Keywords: Menopause, Postmenopause, Health Education, Family Conflict, Iran

Introduction

Marriage and healthy marital relationships are the ideal constitutions in any society, but marital satisfaction is not easily achievable. Also, the reduction in marital satisfaction is avoidable and its maintenance requires the efforts of couples throughout the common life.¹ In old age, when adult offspring leave the nest, marital relationships become more important. The support provided by the elderly spouses for each other is not

available from other sources.² The changes in the health condition of the elderly aggravate their situation, which is considered as an effective component in reducing marital satisfaction.³ Diseases affect the couples' communication and responsibilities and also have a potential impact on marital conflicts.⁴ Menopause is one of the most challenging events in the women's lived experience in the aging process, which is associated with a variety of challenges in the couples' health and their marital relationships.⁵ When women talk to their

husbands about their menopausal symptoms, they expect their spouses to understand them and participate in their care process. The men's inability to support and solve their wives' problems can lead to a decline in marital satisfaction, moral infidelity, and ultimately divorce.⁶ ⁷ As to menopause, previous studies have shown that care training on menopausal issues can increase the women's marital satisfaction.^{8,9} However, the benefits of such interventions on men's marital satisfaction have received less attention.¹⁰ In Brazilian's study, men's perception of the severity of menopause symptoms was investigated. The results indicated that most men underestimate menopause symptoms and are unable to cope with menopause properly; that's why men's marital satisfaction decreases in this period.⁵ In another study, the effectiveness of four cognitive-behavioral training sessions on the marital satisfaction of couples was investigated. In this quasi-experimental study, they showed that with increase in the couples' knowledge about sexual problems during menopause and ways to deal with it can increase the couples' marital satisfaction. In that study, marital satisfaction was not reported separately for men and women; therefore, it was not clear whether male marital satisfaction increased or not.¹⁰ Thus, it seems that training menopausal health to the men is necessary to increase the men's marital satisfaction initially.^{5,10} The present study was conducted to investigate the impact of the menopausal education on men's marital satisfaction during menopausal period of their wives in southern Iran.

Methods

The present research is a quasi-experimental study with control group conducted among men whose wives were in the menopause period. The inclusion criteria were willingness to participate in the entire research process and shared lived experiences with the spouse. The exclusion criteria were the absence of participation in all sessions, occurrence of stressful events such as the death of a family member about three months before the intervention or during the study, incomplete questionnaire, and move to another city.

The sample size for this study was calculated using the formula of the mean difference of the two groups with the same volume in a previous study and by regarding 10% subject drop in the groups; 40 subjects were allocated to each group.¹¹ A cluster-randomized (two-step) sampling method was used to select the samples. In the first step, the health center in one neighborhood was selected among two comprehensive health centers in the fifth municipal region of Shiraz city as the less socially developed region in the south of Iran and, then, two health centers were selected from that center (step two).

The present study was registered at the Ethics Committee of the Medical Sciences University

of Shiraz in 2019 with the code of IR.SUMS.REC.1397.913. The intervention group received four training sessions. The educational subjects were included in the definition of menopause and its cause, physical and vasomotor symptoms, psychosocial-social problems, sexual problems, and coping strategies with them. At the end of the study, one educational session was held for the control men group.

All participants completed the informed consent form to participate in the study. The questionnaires were completed through face-to-face interview from the mid-February through the end of April 2019. The data were collected at the beginning and two months after the end of the intervention. The data were analyzed using chi-square, independent and, paired sample t-test, the SEM analysis in SPSS v. 25 and, Amos v. 23.^{12,13}

Instrumentation

A researcher-made questionnaire was used to describe demographic characteristics such as age and education in participants. ENRICH-10 questionnaire was used to measure the men's marital satisfaction. The questionnaire is a short version of the ENRICH-37 questionnaire, designed in 1983 by Olson et al.¹⁴ It consists of two subscales (positive and negative aspects) and the 5-point Likert scale was used ranging from completely disagree (score one) to completely agree (score five). The Cronbach' alpha of ENRICH-10 questionnaire was obtained at 0.74.¹⁵ The 26-item Menopause Knowledge instrument was used to measure the men's knowledge about menopause. The questionnaire designed by Bahri et al. (2016) and its Cronbach's alpha was reported 0.88.¹¹

Results

The descriptive analysis of data is shown in Table 1; as shown, the mean ages in the intervention and control groups were 59.7±5.9 years and 56.8±4.9 years for men, and 53.7±3.4 years and 53.3±3.5 years for women, respectively. The couples' age difference in the intervention group was equal to 6±3.8 years and in the control group equal to 6.4±3.1 years. Also, the mean of common hours in the intervention and control groups was 16.8±5.6 hours and 15.6±4.9 hours, respectively. As seen in Table 1, there was no significant difference between the intervention and control groups in terms of demographic variables based on independent t-test, Chi-square, and Fisher's exact test. It also reveals the results of the Multivariate analysis of variance (MANOVA) to assess the possible confounders. Based on MANOVA, there was no difference between the two groups in terms of marital satisfaction.

As shown in Table 2, there was no significant difference in the mean score of men's menopausal

Table 1: Demographic characteristics of the study participants

Variables	Categories	Groups		Marital satisfaction	Sum of Squares	df	Mean Square	P	P****
		Interventio (n=40)	Control (n=40)						
		Number (%)	Number (%)						
Education	No formal education	2(5)	1(2.5)	33.3(0.5)	0.09	1	0.09	0.94**	0.47
	Elementary	16(40)	19(47.5)	33.4(5.1)					
	Mid school	8(20)	11(27.5)	31.1(6.5)					
	High school	9(22.5)	8(20)	35.1(3.5)					
	Graduated	5(12.5)	1(2.5)	37.8(9.4)					
Employment Status	Employ	3(7.5)	3(7.5)	33.5(6.3)	167.51	1	167.51	0.01**	0.68
	Retires	21(52.5)	21(52.5)	39.0(4.3)					
	Self Employment	14(35)	16(40)	33.2(6.6)					
	Unemployment	2(5)	0(0)	33.0(3.8)					
Number of Children	Fewer than 5	23(57.5)	22(55)	34.7(4.5)	58.76	1	58.76	0.11***	0.82
	Equal or more than 5	17(42.5)	18(45)	32.0(6.7)					
Income	few	18(45)	18(45)	32.1(5.7)	44.57	1	44.57	0.16**	0.78
	moderate	16(40)	18(45)	34.7(5.3)					
	good	6(15)	4(10)	34.4(6.4)					
Women's Sexual Problem	Yes	23(57.5)	19(47.5)	35.0(4.9)	62.87	1	62.87	0.10***	0.37
	No	17(42.5)	21(52.5)	31.2(6.1)					
Men's Sexual Problem	Yes	19(47.5)	15(37.5)	29.1(4.8)	364.82	1	364.82	0.05***	0.36
	No	21(52.5)	25(62.5)	34.7(6.5)					
Smoking	Yes	21(52.5)	18(45)	34.5(5.3)	0.02	1	0.02	0.97***	0.50
	No	19(47.5)	22(55)	32.5(6.2)					

*Independent t-test; ** Fisher's exact test; *** Chi-square; **** Multivariate Tests

Table 2: Comparison of Men's Knowledge about Menopause in Baseline and Two Months After the Intervention

Variable	Time	Groups		df	95% CI		P value of Independent Samples T-Test
		Intervention (n=37)	Control (n=38)		Lower Bound	Upper Bound	
		Mean±SD	Mean±SD				
Knowledge of Menopause	Baseline	9.6±4.7	9.1±4	78	-1.21	2.75	0.44
	2Months After Intervention	19.4±2	9.6±3.7	73	8.41	11.24	<0.0001
P value of Paired Samples T-Test		<0.0001	0.251				

Table 3: Comparison of Men's Marital Satisfaction (MS) in Baseline and Two Month the Intervention

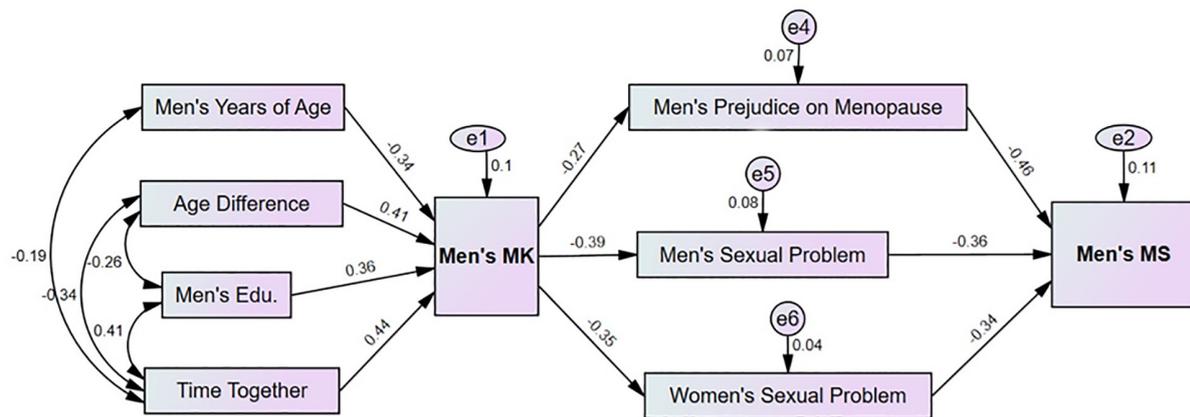
Variable	Time	Groups		df	95% CI		P-value of Independent Samples t-test
		Intervention(n=37)	Control(n=38)		Lower Bound	Upper Bound	
		Mean±SD	Mean±SD				
MS	Baseline	33.4±5.7	33.2±4.8	78	-1.24	3.84	0.31
	2 Months After Intervention	41.0±6.5	33.5±5.7	73	4.66	10.33	<0.0001
P value of Paired Samples T-Test		<0.0001	0.541				

knowledge in the intervention and control groups at the beginning of the study. However, after the intervention, the mean score of menopausal knowledge in the control group did not change significantly. This mean score increased significantly in the intervention group (P<0.0001). After the intervention, the mean score of knowledge in the intervention group was significantly higher than the control group (P<0.0001).

As shown in Table 3, before the intervention, no significant difference was observed between the participants in the intervention and control groups in terms of the mean score of marital satisfaction.

Although the mean score of marital satisfaction in the control group did not show a significant difference after the intervention, a statistically significant increase was reported in the intervention group. It was significantly higher than the control group (P<0.0001).

Figure 1 displays the path analysis diagram related to the important variables of the study. According to the goodness-of-fit indices shown in Table 3, the model presented a good fit. Accordingly, the demographic characteristics had high explanatory powers for the men's menopausal knowledge. Their related coefficients are equal to 0.34 for the men's age,



Chi2 = 78.1, df = 66, n = 80, Chi2/df = 1.149, RMSEA = 0.043, AGFI = 0.91, CFI = 0.91, NFI = 0.91, IFI = 0.90, GFI = 0.93, NNFI = 0.91

Abbs.: MS = marital satisfaction; MK = menopausal knowledge; Edu = education.

Figure 1: Input path diagram of causal relationships in the survey

0.41 for their age difference, 0.36 for men's education, and 0.44 for the time together.

Furthermore, the men's menopausal knowledge explains men's prejudice on menopause and sexual problem in both men and women with coefficients of 0.27, 0.39, and 0.35, respectively. These factors can finally explain the men's marital satisfaction with coefficients of 0.46, 0.36, and 0.34, respectively.

Discussion

Marital satisfaction is defined as a sense of pleasure, satisfaction, and joy that couples feel in all aspects of their lives.¹⁶ The reduction in feeling of loneliness, psychological well-being, and suicide, as well as increasing family stability, are some of the benefits of marital satisfaction.^{6, 17, 18} The key elements to achieve satisfying relationships include responsiveness and self-disclosure through which the couples attempt to pay more attention to each other by showing mutual understanding.¹⁹ Self-disclosure also helps the spouse to gain more awareness about the health problems of his/her spouse.²⁰ Tate et al. (2019) believe that increasing self-disclosure causes the spouse to reveal love-like behaviors that can relieve pain in his/her spouse. This results in the improvement of the couples' marital satisfaction.²¹ In the menopause period, most women are embarrassed to talk about their menopausal symptoms to their husbands.²² Thus, men do not achieve enough knowledge about menopausal symptoms and the way to help their wives.¹¹ As a result, men try to withdraw from their menopausal wives, and their marital satisfaction decreases.⁵ Also, the study of Pankrath et al. (2018) showed that positive coping was related to both patient and his/her partner's marital satisfaction.²³ Moreover, another study conducted by Monin et al. (2017) revealed that the inability of caregivers to support ill spouses was associated with a reduction of their marital satisfaction.²⁴

In the menopause period, due to the lack of menopausal knowledge, men are unable to recognize the needs of their spouses.⁵ Inappropriate coping with menopausal symptoms is one of the most important barriers to marital satisfaction and can result in poor coping strategies and couples conflicts.²⁵ Besides, researchers believe that sexual relations are the most important determining factor in marital satisfaction.¹⁶ During menopause, women suffer from frequent sexual problems such as vaginal dryness and painful intercourse. However, only 30 percent of women seek treatment and most men do not take their wives' sexual problems into consideration by neglecting or even preventing them from receiving treatment.^{26, 27} The present study highlights that women's sexual problems can reduce the men's marital satisfaction as much as men's sexual problems can and vice versa. As a result, men's empowerment is necessary to increase their marital satisfaction. Following the educational intervention, the men learn positive coping skills which lead to reducing negative coping ones.²³ Among demographic characteristics, the level of education, sexual problems in couples, age difference, men's age, time together, and men's prejudice on menopause affect the men's marital satisfaction. When men are more educated, they have more knowledge, which makes them more prepared to solve menopause-related problems and help them to avoid conflicts.²⁸ Previous studies have shown that deep age gaps are related to lower levels of marital satisfaction.^{29, 30} The study carried out by Tavakol et al. (2017) also emphasized that deep age gaps increased the couples' difference, especially in sexual desires, and finally would decrease marital satisfaction.²⁸ Thus, as the model shows, deep age gaps through affecting menopausal knowledge could play a role in determining the men's marital satisfaction. The results of the study conducted by Hidiroglu et al. (2014) showed that most men mentioned menopause as a period of infertility, weight gain, beauty loss, and concerned about their sexual relationships during this period.³¹

Therefore, if men's menopausal knowledge increases, their perceptions of menopause will change and they will try to accept and adapt to new conditions.⁵ Based on the present study, couples who spend more time together experience higher marital satisfaction. The more shared time which they spend with each other increases their enjoyable leisure time and engages them in more verbal or emotional communications.²⁸ Some studies have shown that marital satisfaction declines in middle age due to increasing health problems such as depression or financial stresses.^{28, 32} According to Figure 1, in the menopause period, decline in the men's marital satisfaction is affected by their knowledge about menopause and couples' sexual problems. In their study, Rouhbakhsh et al. (2018) showed in their study that the couples' education about sexual problems and coping strategies used by them significantly increased the couples' marital satisfaction during menopause.¹⁰

Conclusion

The present study showed that the marital satisfaction of couples is affected by the health of each one of them. Also, based on our findings, the sexual problem in women can affect their spouse's marital satisfaction. Therefore, to increase the marital satisfaction of men during menopause, men's education about menopause can be helpful.

Limitation

One limitation of this study was men's unwillingness to participate actively. In these cases, the trainer encouraged them to involve in group discussions by asking them some questions associated with the main issue. Also, the present study showed that increasing men's knowledge about menopause improved their marital satisfaction. However, the factors which contribute to increased marital satisfaction, such as empathy and mutual understanding, should be more investigated in further studies.

Conflicts of interest: None declared.

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