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# Men's Perceptions and Attitudes Toward the Partner With Premenstrual Syndrome

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## Abstract

This study focused on the young adult men's perceptions and behavior toward their women partners who they acknowledged as experiencing the effects of premenstrual syndrome (PMS). A qualitative study was conducted, framed by social constructivism, where individual interviews with 20 young Brazilian men aged 21 to 29 years were analyzed thematically. Four descriptive categories to express the men's experiences: (a) men's observations on partner's behavior changes, (b) early in the relationship: apprehension and confusion, (c) knowledge about PMS led men to better understanding about changes, and (d) need for support from a health care provider and medication. The men's perceptions and behavior toward their partners were strongly influenced by biomedical conceptions of PMS. Participants believed that their partners' emotions and behaviors were determined by PMS during some days of the month, consequently PMS had affected the couple's relationship. Another consequence of such medicalization was that women's complaints about PMS were rendered invisible except when viewed as a serious medical problem requiring cure, rather than a part of women's cyclical patterns. It is the case that the systematic description of men's perceptions about their partner's PMS provides an approach to this topic in educational and health care activities, with the potential to improve gender relations.

## Keywords

health education, male relationships, premenstrual syndrome (PMS)

## Introduction

The focus of this study on male perceptions of their partners' experiences of premenstrual syndrome (PMS) assumes importance in the context of a growing interest in how coupled experiences affects on a couple's health (Peters, Jackson, & Rudge, 2007; Roberts, Bushnell, Collings, & Purdie, 2006; Sanders, Pedro, Bantum, & Galbraith, 2006). Furthermore, in proposing this study, we sought to explore how influential biomedical understandings about women's experiences of PMS were on men's perceptions. Meanings attributed to experiences of premenstrual phase have changed in Western contemporary medicine because of the legitimization of PMS as a medical phenomenon (Markens, 1996). These constructions render women's bodies and premenstrual emotional experiences as objects that both can, and should be "fixed" (Mooney-Somers, Perz, & Ussher, 2008). Moreover, influenced by medical science and the cultural biases toward a disease models, PMS is seen commonly

as a deviation from normal physiological functioning, with identifiable biochemical and hormonal causes in women's bodies, and independent of any sociocultural effects (Lorber & Moore, 2002).

Studies focusing on men living in English-speaking countries found that men equated menstruation with high levels of anger and frustration in women. Even when a woman was not menstruating, she was viewed by men in these studies as being troublesome (Laws, 1990; Thornton, 2011). This perspective about menstruation can be traced to a biomedical rhetoric, which is readily available to construct menstrual problems, such as PMS

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as negative, that pathologize physical discomfort and behavioral changes, while simultaneously serving as culturally derived excuses for socially undesirable female behaviors (such as aggression and anger), yet operating to deny the validity of women's bodily experiences (Connell, 1995; Sveinsdóttir, Lundman, & Norberg, 2002).

A comprehensive approach to PMS, including the men's perceptions of these phenomena, assumes a central importance in the current reality involving this topic. The biomedical and male conceptions of PMS intersect with concepts of masculinity and femininity as these operate within relationships. These socially defined ideas about gendered behavior are used as the basis for a mobile and dynamic set of ideas and practices that reinforce men's power over women (Laws, 1990). The meanings intrinsic to gender relations set in this way influence the possible configurations of masculinity within social relations. Masculinity, as a concept, is constructed in a continuous political process, affecting the balance of interests in gender relations and in turn is influential in how social change can, or cannot, occur (Connell & Messerschmidt, 2005). Such a view suggests that masculinity and femininity are coconstituted; therefore, an exploration of what is at stake for men who are trying to work with their partners experiencing a syndrome such as PMS may have something to say about aspects of these gender relations that are crucial to men's well-being and health, and highly relevant to the social relations of couples.

Hence, a question emerges because of new patterns of masculinity: Are both men and women available to share experiences and assume new patterns of relationship outside a constructed medical problem such as PMS? In this context, it is necessary to consider whether young men are less fixed in terms of their gender identities now (Nascimento & Gomes, 2008). In such a case, men require opportunities to talk about their feelings and thoughts regarding several psychosocial topics related to being in partnership, including their health-related concerns and influence of gender norms. Such norms are constructed and reproduced through and by PMS discourses. An active listening to men's perspectives becomes essential in improving both men's and women's reproductive and sexual health (Barker, Ricardo, Nascimento, & Olukoya, 2013). The understanding and systematized description of men's perceptions of their partner's PMS provides an important vehicle to begin a more comprehensive discussion of this topic in educational and health care activities.

## Background

Although it is now well accepted that, over time, stereotypes applied to women and men have changed, the taking up of idealizations of women has always had implications

for men and their ideal. For instance, during the 19th century, men's behaviors were seen as necessarily opposite to those of women. Desired attributes of a man included characteristics such as active, independent, coarse, and strong; on the other side, women were to be passive, dependent, pure, refined, and delicate. All of which had well-known sequelae for both men and women's health (Bordo, 1993). Contemporary analyses, while acknowledging hegemonic masculinity, suggest that masculinity is now better portrayed as a fluid, embodied positioning, with fragmented subjectivities opening up possibilities of many culturally appropriate ways for masculinity to be practiced. Moreover, available masculinities differ according to gender relations of a particular society, each configuring a variety of practices as "typically" masculine (Connell, 1995; Connell & Messerschmidt, 2005).

For instance, within the Brazilian context, the expression of masculinity varies as to its alignment with hegemonic masculinity depending on influences such as educational levels or cultural backgrounds (Hoga, Vulcano, Miranda, & Manganiello, 2010). Nonetheless, with/in these cultural variations, and despite forces for change, some hegemonic masculine practices remain preserved. These are evident as gender inequalities, for example, women's work outside the home has not reduced the burden of housework (that is the double shift), women do not receive equal pay for equal work or qualifications, and there is little respect accorded to women's bodies. This latter is translated into high rates of sexual and/or domestic violence and sexual/gender discrimination evident in approaches to women's health and well-being where the feminine subjectivity is fragmented into body parts, or symptoms (Villela, 2009).

A recent ethnographic study described such variations in masculinities where male paternalistic values predominated in a low-income Brazilian community. Ideals of virility and maintenance of male supremacy in family decision-making were valued aspects of masculinity (Hoga, Alcântara, & Lima, 2001). Among men living in another Brazilian low-income community, the need to maintain the breadwinner role and control over affective relationships were reported as central masculine concerns. These men worked to maintain traditional male dominance and paternalistic power in their gender relations (Figueiredo & Schraiber, 2011).

Such considerations suggest that Brazilian males' behavior toward women varies according to their community's prevailing values (Berger & Luckmann, 2004). To clarify the part perceptions play in constructing knowledge about PMS as these intersect with/in gender relations, a wider view is required. Ideological, cultural, economic, and social aspects, as these intersect with gender relations, require more attention from researchers in studies of the menstrual cycle (Gurevich, 1995; Nicolson,

1995). Previous research focusing on women experiencing PMS reported that the men knew little and were insensitive toward women at this time. Consequently, the women felt stigmatized and emotionally hurt, with negative consequences for the couple's relationships. Women participants assessed that men could not be blamed for failing to know or understand the female perspective on PMS (Hoga et al., 2010), as they had limited opportunities to explore PMS in any depth. Sveinsdóttir et al. (2002) suggested that opportunities to obtain their perspectives about PMS be made available to men.

The current study focused on a particular group of Brazilian men: young adults with high levels of education. Moreover, in Brazil, PMS is not uncommon with a study demonstrating that 80% of women reported that they had PMS and 78.9% believing that their partner recognized when they were in the premenstrual phase (Petta, Osis, de Pádua, Bahamondes, & Makuch, 2010). Previous research found that highly educated female participants strongly criticized men's behavior toward women experiencing PMS. Some of them felt demeaned by men's thinking that PMS was merely an opportunity for women to avoid responsibilities, whereas others considered that men failed to seek out knowledge because they considered it was due to natural female, biological characteristics; yet other women considered their partners sympathetic and helpful (Hoga et al., 2010).

The situation in Brazil is complicated, as while some Brazilian researchers considered that, in Latino culture, very little has changed as to who dominated gender relations, yet others noted changes in how masculinity was expressed. These changes were more obvious in men with higher levels of education, to university or college level. Also, these men differed in expectations regarding male-female relationships, sometimes counter to hegemonic ideals of masculinity (Figueiredo & Schraiber, 2011). This article takes up these issues by exploring how young adult men with high levels of education perceive their women partners experiencing PMS. Also the researchers used results of a previous study about PMS to access suitable participants for this study. The previous study revealed that Brazilian men's knowledge was most commonly learned through an intimate male friend, media commentary, or that men usually talked about PMS signs and symptoms with close friends (Petta, 2008).

The researchers also focused on how external factors, such as medicalization and patterns of masculine practices, influence daily behaviors toward women experiencing PMS. This choice was based on the belief that men interpret and construct their realities, with the consequence that their narratives show how ideas about PMS are taken up and shaped by commonly held cultural constructs. These constructs have implications for their lives

and in their interactions with their partners (Peters et al., 2007). Following Dean, Borenstein, Knight, and Yonkers (2006), this social group was considered as noteworthy (highly educated, middle-class men) because they reveal how innovations and knowledge can be influential beyond their genesis, diffusing from one social group of men of privileged status and position.

The specific research questions considered in the qualitative analysis were: How does the partner perceive a woman living the experience of PMS? How does the partner perceive his own behavior in the context of a woman with PMS? What knowledge has the partner gained about PMS through his relationship?

## Method

### Research Design

This qualitative study was organized within a social constructivist perspective (Patton, 2001) to explore men's perspectives and attitudes toward their partners experiencing the effects of the PMS. This theoretical orientation was used with the objective of exploring men's narratives about the socially constructed imaginary of PMS. In qualitative research approaches, the researcher's role is to describe the situation based on the perceptions, explanations, and beliefs of the participants, allowing comprehensive and focused understandings to emerge from the study (Patton, 2001).

The men's statement that their partners had self-reported having PMS was used as an inclusion criterion. Other inclusion criteria were that each male was to be between 20 and 30 years of age, in an ongoing affective relationship with a woman for at least 1 year as her boyfriend, fiancé, or husband, and to have a high level of education (graduate or undergraduate student). A snowball technique was used to recruit the study participants. In this technique, each participant suggests another person as study participant. This purposive sampling technique permits the inclusion of participants based on preliminary results and provides a refined knowledge of the subject matter through the constitution of a group of participants defined as having experience with the situation under exploration (Polit, Beck, & Hungler, 2004).

As Bourdieu (1996) highlights, a research interview is often suffused with power and inherently hierarchical, although such imbalances often go unacknowledged or misrecognized. Following Bourdieu, the interviews were undertaken by a researcher who shared many participant characteristics particularly as these interviews involved discussions about their intimate relationships. The first study participant was a researcher's friend, and he introduced the next participant to the researcher, and so on. These men had mentioned that their girlfriends or wives

had PMS during a conversation with mutual friends. This relationship and the fact that the interviewer was a man increased participants' frankness, their stories less constrained by social niceties. The interviews also mimicked the social situation outlined above. Study participants were approached individually, and the purpose of this study explained. After consenting to participate, an interview was scheduled considering the participant's preferences related to locale, day, and time.

### Data Collection and Analysis

Face-to-face interviews used an open-ended introductory question: "Can you explore deeply: (a) your perceptions about your girlfriend/fiancé/wife experiencing PMS; (b) your perceptions about your own behavior towards your partner experiencing PMS; (c) what have you learned living with a woman experiencing PMS?" These questions were used to encourage deeper exploration of these issues. The interviews were held in private in the men's houses or workplaces. Data were collected between August 2011 and February 2012, each interview lasting between 25 and 60 minutes, averaging a duration of 45 minutes.

All the interviews were performed by a male researcher; however, data analysis was undertaken by the authors of this article, composed of a man and four women who cross-checked and discussed. An initial thematic analysis of participants' primary experiences were described, organized, and then interpreted from their perspectives (Boyatzis, 1998). The recorded interviews, transcribed verbatim, were analyzed concurrently with the process of conducting interviews. Descriptive categories were constructed according to data-coding processes where initial categories were identified and summarized. Additional coding developed as other meaningful categories were recognized and traced across interviews. This process was undertaken by the team who discussed the themes and elaborated categories.

The content and meanings of these categories were illustrated by quotes extracted from the interviews to preserve the personal perspectives, a crucial aspect of thematic analysis (Boyatzis, 1998). Finally, to guarantee the rigor of the data analysis, each interview was verbally summarized for the participants to validate the researchers' primary interpretation. The depth of insights of each theme offered by study participants was obvious after 14 interviews; nevertheless, 20 men were interviewed to guarantee a comprehensive exploration of the studied phenomenon.

### Ethical Considerations

All the research steps were done according to the ethical recommendations of the Brazilian Health Council. The

research project was approved by an ethics committee (Register No. 457/CEP/EEUSP) accredited by the Brazilian Health Council. Each participant was informed about the study's purpose and the need to audio-record the interviews, signing the consent form. The confidentiality of the data, the security of the tapes, and the tapes' destruction at the end of the research study were guaranteed.

## Findings

### Men's Personal Characteristics

The participants' characteristics are presented in Table 1. The participants were aged 21 to 29 years. Their education levels varied between 14 and 17 years of study. Twelve were married and eight were dating or engaged to a woman experiencing PMS. The length of the participants' relationships with their partners (as husband, fiancé, or boyfriend) varied from 1 to 5 years.

### Descriptive Categories

The following four descriptive categories express the experiences of men: (a) men's observations on partner's behavior changes, (b) early in the relationship: apprehension and confusion, (c) knowledge about PMS led men to better understanding about changes, and (d) need for support from a health care provider and medication. These categories are discussed below and illustrated with quotations from the men's narrative interviews.

**Men's Observations on Partner's Behavior Changes.** According to some participants, women lost emotional control and became aggressive due to PMS:

I figured out what an angry woman really is; she has aggressive behaviors, sometimes she is stubborn, or almost always . . . I suspect that damn PMS when she raises a storm in a teacup, losing her composure. . . . She is cold and intolerant and fights for silly reasons.

Almost all participants noted increased irritability and sensitivity in their partners. They said their partners exhibited instability and altered emotional responses. Some men considered their partners' behaviors as unattractive because of irritability, annoyance, sadness, and moodiness:

She has more unattractive, irritated behavior. She is easily irritated by things that do not usually bother her and she becomes sad. . . . Everything makes her tense, a bit more irritated and tearful. . . . Basically she is in a bad mood and fragile.

The men reported increased sensitivity and introspection in their partners during PMS. These changes were

**Table I.** Men's Characteristics and Their Major Statements.

Age (years)	Study (years)	Time with the partner (years)	Children with the partner	Major statements
29	17	4	No	She is so angry. I know she is suffering. Now I have learned; I didn't deal so well with her PMS.
25	15	2.5	Yes	She became aggressive and stubborn. I did not try to be helpful. I became anxious and stupid. We fought. I had discussions at my workplace and with my friends. Now, I fully understand that this problem affects a woman, but the best way to deal with this is distance myself.
28	15	3	Yes	She is quiet and irritated. It affects me because I become irritated too. It is up to me to avoid conflicts and to wait for this phase to pass. I realised that she is affected by PMS.
25	16	3	No	She is irritated. I try to be as understanding as possible. I try to please her.
24	15	2.5	No	She is irritated, impatient, sensitive and inattentive. I speak softer, I accept. Is it some problem with me or is it PMS? Is PMS causing it?
21	14	4.5	No	She is sensitive. I learn to listen, be a better listener for what she wants and wants to talk. I learned to be less aggressive in the way I talk.
23	15	1.5	No	She is sensitive and becomes less tolerant. I retreat to avoid confusion. I try to please her.
22	14	4	No	She is so introspective. I speak softly. If she is upset I try to make her feel better.
25	15	5	No	She is introverted, absent. Formerly, she was sad and irritable; she got better with contraceptive pills. Before then I thought PMS was an excuse for woman to avoid their problems; today I realize that it is not true. I also changed; now I understand.
25	16	2	No	She is irritated about everything and it makes her nervous. I try to be quieter if possible and keep to myself.
25	15	1.5	No	She becomes irritated and is in a bad mood. I leave and keep to myself. I try to be tolerant.
25	15	2.5	No	She became irritated, sensitive and sad for no reason. I try to talk less if possible; I felt cornered. I learned that I must talk less and be more guarded. I try to understand that she is in her difficult period.
25	15	1	No	She became so irritated and has unattractive behavior. I do not joke with her, I try to respect her and keep my distance.
26	16	1	No	She became irritated, anxious and sensitive. I try to be quiet.
25	15	3	No	She became irritated with everything and emotionally sensitive. We are more distant each other because she is irritated. I had to adapt and became understanding.
27	16	4	No	She loses her composure. I suspect PMS; it seems absurd. I realised that I am not as tolerant as I could be. Without PMS, she is lovely person; during PMS she is extremely irritable.
22	14	2	Yes	I realised that during these days she wants to get rest. I changed my behavior to keep her in a normal rhythm.
23	14	2.5	No	I realised when she became more sensible. I talk more with her.
22	14	1	No	I realised that she has PMS because of her intolerance and discussions that go nowhere. I am always very understanding.
25	15	3.5	No	She is more nervous and disinterested closer to her menstruation days. I discovered the best thing is not to talk a lot.

expressed as lack of tolerance and a wish to be alone and to rest:

She became more sensitive and her attitudes are less tolerant. . . . Some reactions are clearly more sensitive. She is quiet; I know it is her moment and she is not talkative. She is pre-occupied on these days and wants to rest.

To some men, sensitivity in women occurs at different times or they can happen at the same time:

Sometimes she became more irritable and impatient with everything, but at other moments she is sensitive and inattentive. . . . When she is closer to her menses, she is more sensitive, irritable, nervous and disinterested.

*Early in the Relationship: Apprehension and Confusion.* The participants were apprehensive and had concerns about the difficulty of dealing with their partners' changes. The study participants attributed this apprehension to a lack of specific knowledge about PMS, and their main questions were related to the physiology and causes of PMS and its effects on women. Some of the men considered PMS a biological problem affecting women's nervous system:

Why do women have PMS? My main doubt concerned the biological part of this subject. . . . Sometimes I am curious to know how PMS affects her nervous system. . . . How does PMS affect women's organs, nervous system and other body parts.

The participants were unable to understand why their partners were different during the premenstrual period. The lack of knowledge about the effect of PMS on women generated ambivalence in the men who failed to understand how the many and various affects provoked by PMS happened simultaneously. Also, the men suspected that the signs and symptoms reported by their partners were imaginary:

How is it possible for this situation to provoke so many changes in a person? . . . What is tension, what does it mean, is it anger, anguish, a need to be alone? . . . Are all women affected by this problem? Does it happen in all women or is it a bit of myth? . . . Why is PMS so much stronger for some women and not so much for others?

With more questions than answers, the participants focused on changes to their behaviors so as to influence their mutual health. The study participants asked themselves if they could make a difference to the women's experience of PMS, what would make her more comfortable.

What might I do for her health and my health, both physical and nonphysical? What should we do to avoid an uncomfortable situation for both of us?

*Knowledge About PMS Led Men to Better Understanding About Changes.* Because of the experience they acquired from a long-term affective relationship, these men came to believe that their partners' behavioral changes were associated with PMS. The recognition of their partner's experiences and her difference from men was important in helping the men to adapt to her changes:

I have adapted to share her experiences and to deal with her. . . . I knew. I understood we are different. . . . I have learned to deal with her and now I accept it much more.

In recognizing the women's feelings, some of the men experienced this positively, signaling personal maturity. Some of the men considered their necessary sensitivity as recognition and adaptation to their partners' changes:

I learned to talk in a less aggressive way. It was a thing that matured me and I learned to be friendly. . . . I used to not be so understanding of her feelings and I had to adapt myself and become more tolerant. . . . I needed to be sensitive to see the changes in her.

The men observed that premenstrual changes affected the women's ability to perform routine activities. The men also recognized their partners' introspection, and their reaction was to distance themselves:

It affects her concentration when studying because of anxiety and irritation. . . . She is isolative and keeps quiet on her own . . . and I try to keep my distance.

On the one hand, they understood their perceptions about PMS were influenced by common misconceptions. They thought PMS acted as an excuse for women. On the other hand, through experience, the men concluded that PMS was a problem caused by hormones; a long-term relationship necessary to appreciate effects on a woman experiencing PMS:

There is always someone telling us that it is foolishness. . . . Now I know that is not true; I studied, I read about it and I know PMS is a problem. . . . I used to be much more tense about this situation, but with experience I understood it better. . . . With the experience of the relationship I learned to know that a woman has that time of the month, those days, when hormones really affect her. . . . I learned to deal with it, and now I accept it much more.

To face these changes, the men learnt to keep the peace or helped their partner feel better. Their reactions to their partners' behaviors aimed at avoiding conflict:

When she is upset I try to make her feel better. . . . I try to be calm, tolerant, amorous, and try to be serious and transmit confidence to her. . . . When she is in this situation I try to avoid discussions and things that generate conflicts.

*Need for Support From a Health Care Provider and Medication.* Some of the participants thought that health providers should help them deal with their partners' PMS. Ideally, support came through psychiatric treatment or medication for women. This medication would cure, stabilize, and calm the women. Importantly, such medications would end PMS symptoms, without producing side effects:

I think a health provider should help through discussions, lectures and tranquilizers, mainly. . . . If there was a way, to develop medicine to cure PMS. Although she has taken contraceptive pills that reduce the symptoms, the PMS is reduced but it does not end. Maybe information about when a psychiatric treatment would be positive for PMS. . . . Another important point is information about any medical discovery for women to reduce their symptoms. . . . By developing a medicine, without side effects, that diminishes my girlfriend's irritability and sensitivity.

### **Only Women [Have PMS]? Interpretation and Discussion**

This particular group of young Brazilian men believes that their partners' emotions and behaviors were determined by PMS, some days of the month, consequently affecting the couple's relationship. The male perspectives on PMS prevalent in this study provide insights into the social consequences when a syndrome, such as PMS, is viewed through the biomedical lens. Moreover, our focus on the couples' affective relationships, through the eyes of the male partner, shows that PMS deeply affects men's intimate, daily lives.

#### *Medicalized PMS and Its Limits*

These men's responses reinforced common, negative conceptions about women having serious medical problems surrounding menstruation due to PMS. During the premenstrual period, participants' partners were seen as transformed into unpredictable, inappropriately aggressive, and irritable women. Stereotypes about PMS behaviors and what is appropriate feminine behavior intersect to encourage a moral dimension in the men's attitudes. A feminine woman is gentle, kind, calm, and a nurturing person who puts her needs last; such characteristics absent during "PMS" (Chrisler, Rose, Dutch, Sklarsky, & Grant, 2006; Cosgrove & Riddle, 2003; Martin, 2006). Most of the participants realized that PMS was difficult to understand because of contradictory variation in symptoms. Regardless of their internalizations about women's nature and PMS, the men were overly influenced by medical knowledge about PMS as treatable by medical interventions that have been popularized in the Brazilian media (Natansohn, 2005).

The presence of PMS brought a sense that any challenging or vindictive behavior could be attributed to bodily functions (Martin, 2006); a sense particularly helpful for women troubled by their menstrual cycle. Women themselves consider that symptoms provoked by the PMS were not taken seriously unless explained through its biomedicalization (Lee, 2002). It was not uncommon for participants in this study to raise the possibility of medical treatment for women's conditions. They believed that medical progress would provide a suitable, curative, side effect-free medication.

These essentialized perspectives on women's nature intersecting with the diagnoses of PMS constructed all women as impaired by their menstrual cycle and justified interventions, particularly when symptoms are presented as objective, scientific truth (Laws, 1990). Hence, all sorts of prejudices are legitimized, compounding stigmatization of women and their sexuality through generating discourses that magnify gender differences, situating women as "naturally" inferior (Faerstein, 1989). Facing uncertainties about women's biological body, the men were unable to deal with the particularities, framed as they were and determined by the mystifying complexities of women's physiology and biology.

In long-term relationships, commonly held beliefs about PMS shaped the men's lives and their experiences. Early in their relationships with a woman who experienced PMS, the men reported problematic interactions with their partners, causing constant conflicts and fights. The couple's relationship improved over time with the men more accepting of women's reactions, differences, and boundaries. This evolution was made possible by the men's improved knowledge of their partner's personality, desires, and worries, separating the woman from "her PMS." Without these considerations, men's internalized, medicalized concepts about PMS rendered women's difficulties invisible. Such a view confirms that women's difficulties were caused internally, through their biology, rather than from the men's interactions. Only some questioned these beliefs.

Feminist studies suggest such medicalized understandings of PMS act as social controls of women's bodies through a focus on its "abnormalities." That there is "a" diagnosis with symptoms as "caused" by PMS implied treatment possibilities, notwithstanding the range of serious side effects. Such objectification of women, with a pathological body that makes women periodically sick, erased their abilities as well as their dissatisfaction with the material conditions of their lives (Lorber & Moore, 2002). Through such a medicalization, life events are defined and managed by health care professionals. The health care provider's expert and patient knowledge about his or her own body played no part in prevention, cure, or treatment. In the present study, men failed

to suggest how women could expect better options in dealing with PMS, suggesting the dominance of PMS, as diagnosis, with solutions residing only in medical expertise (Lorber & Moore, 2002).

### *But Can This Be Fixed?*

An extension of the medicalization thesis is the idea that women with PMS could overcome physiological and behavioral dysfunctions and could become "good" through medical, nutritional, and psychiatric treatments. Such a view is promoted by national and international media (Johnston-Robledo & Chrisler, 2011; Johnston-Robledo, Ball, Lauta, & Zekoll, 2003). Since the publication of "Is menstruation obsolete?" (Coutinho & Segal, 1999), menstrual suppression has been considered a perfect solution for PMS, with media campaigns created to address curing "the PMS problem" (Johnston-Robledo & Chrisler, 2011). Indeed, there are a wide range of medicines available to women to treat PMS; however, all have side effects with some replicating or mimicking PMS symptoms (Yonkers, O'Brien, & Elias, 2008). These media discourses deemphasize women's bodies and knowledge, particularly around menstruation, with medical science overly deterministic in conceptualizations about "woman's nature," justifying interventions and perpetuating medicalization (Natansohn, 2005).

In addition, some men who participated in this study preserved traditional masculine patterns, essentializing women's nature. Men's conceptions remained based on beliefs that healthy women "are" stable and unchanging, otherwise they need medical treatment. The study participants reinforced the need of therapeutic support for their partners experiencing PMS. One of their beliefs was that health care providers could provide better information and treatment for women suffering with the effects of PMS. Indeed, there are many researchers seeking out treatments. For instance, systematic reviews have supported the use of selective serotonin reuptake inhibitors (antidepressant medication) in the management of severe PMS (Brown, O'Brien, Marjoribanks, & Wyatt, 2009), acupuncture appears promising for symptom reduction (Kim, Park, Lee, & Lee, 2011), and taking calcium has good quality evidence (Whelan, Jurgens, & Naylor, 2009) for the treatment of PMS. The use of progesterone or progestogens was not supported (Wyatt, Dimmock, Jones, Obhrai, & O'Brien, 2001).

Moreover, men's concerns were related to understanding effects of PMS on women's bodies and knowledge about appropriate medical treatments to control changes. In contrast, some men believed that consequences for the relationship could be overcome by their efforts. Some men believed that a good relationship emerged by adapting and reducing conflict.

### *Alternative Knowledges and Other Forms of Masculinity*

Men participants suggested that improvement was possible because they mentioned the maturity they gained learning from a long-term relationship. Without the PMS label, these men might ask themselves how they could better understand their women's desires. Researchers have reported that some women and men refuse the negative construct of PMS highlighting positive perspectives in the PMS debate (Allen, Kaestle, & Goldberg, 2011). Women need to adopt positive attitudes toward menstruation through a reframing of experiences and reevaluation of cultural attitudes toward the menstrual cycle. These women reflected that such change encourages proactive self-care approaches. They recognized their need to slow down, to withdraw socially, and for differential treatment during their premenstrual period. Lee (2002) considered that recognition of cyclic change as intrinsic to women's lives raised self-awareness. Consequently, the women were less self-critical before and during menstruation. Likewise, for some boys and young men confronting and rejecting PMS ideologies is to take up similar views; this attitude helps them understand their girlfriends and partners when they are menstruating and contributes to their sense of maturity. Such attitudes were reported in Allen et al.'s (2011) study, where men sought to distract their partner through activity, affection, and recognition. These men considered their partner's experience of menstruation as an opportunity to demonstrate empathy, respect, and care, revealing their capacity for partnership (Allen et al., 2011). Similar reports in this current study were evident when men reported that they tried to distract; to keep calm, tolerant, amorous, and assiduous; to promote self-confidence in their partners; to learn to be less aggressive and more sensitive to women's changes.

Moreover, a different form of Brazilian masculine identity is seen because of the rise of urbanized, middle-class, and highly educated young men (Santos, 2007). This change is part of the expansion of the Brazilian middle-class influenced by numerous social changes in the past decades as Brazil emerges as a developed nation, now a part of the Group of 20 economies (the G20, influential as one of the 20 richest global economies) and what is known as the BRICS where Brazil is grouped with other emerging economic powers, such as Russia, India, China, and South Africa (BRICS). Increasingly, social mobility, access to schooling, white-collar occupations, higher incomes, the influence of mass media have produced a modernization of manners resulting in new gender identities. Such developments imply that families (and couples who will be families) are experiencing challenges and questioning what were the once assumed norms and cultural concepts of masculinity (de Góes Monteiro Negreiros & Féres-Carneiro, 2004).

## Recommendations for Education, Health Care Providers, and Further Study

The men's discourses in this study are evidence of tensions between the emerging and traditional patterns of masculinity, including approaches to women experiencing PMS, as these affect couples' relationships. These changes require consideration by health care professionals, and further analysis in light of such tensions. Men who participated in two studies (de Góes Monteiro Negreiros & Féres-Carneiro, 2004; Santos, 2007), as with participants in this study, wanted more knowledge about masculinity, femininity, and gender relations to improve family life and their relationships with women.

The change from medical disorder to acknowledgment of women's experiences is complex for Brazilian men to achieve considering media and commercial influences, and where knowledge for men about women as ever-changing is limited. Sveinsdóttir et al. (2002) concluded a better response would be to address the gaps in men's understanding about women than to change men's behavior toward women to improve couples' relationships. The identification of these gaps in understanding was considered the first and essential step in promoting women's health (Figueiredo, 2005; Reilly & Kremer, 1999; Schraiber & Mendes-Gonçalves, 2000; World Health Organization, 2001). Reflecting on the participants' attitudes toward women, one can conclude that men can adopt empathetic attitudes during long-term relationships with women.

Further studies are needed for men with lower educational levels than a degree and from different social and cultural backgrounds, as well as in different workplace environments to broaden participation in such research. Contemporary research indicates that many men bear the brunt of patriarchal structures as much as, if not more than, some women, with effects registering on their health and well-being particularly where one form of masculinity prevails and measures men and women as in deficit.

## Conclusion

Men's demands related to improvement of their relationships with partners, has implications for access to supportive, nonsexist health care services. Concepts in gender studies and social sciences afford an analysis in response to their specific, practical, and relational problems. This is the case with the idea of hegemonic masculinity, which can be brought to bear on many fields ranging from education, psychotherapy, violence prevention, and social and health care sciences. Gender politics and a recuperated analysis of a complex of masculinities have growing relevance (Connell & Messerschmidt, 2005).

Health care providers are required to review their approaches to gender and relationships in health. An open attitude toward the current transformations occurring because of social change is an essential aspect for the professional involved with care. In voicing variations in male and female needs brought as symptoms of PMS to health care scenarios, particularly when involving sexuality and gender relations, their demands for understanding require a deeper and more comprehensive knowledge of women's experiences (Schraiber et al., 2010). Keeping in mind the changes to masculinity, from a unitary and fixed character to a more fluid and fragmented set of masculinities, is essential for attending to male care demands (Connell & Messerschmidt, 2005). This open attitude and fluidity is similarly required as an approach to PMS so as to identify unacknowledged needs and possibilities for innovative approaches to the gender dynamics involved.

Despite the contribution of this study to research in the field of gender relations, some limitations of this study must be considered. Results of the present study provided insights into young, well-educated, masculine individual perspectives on their partner's experience of PMS as a beginning analysis. However, the use of focus groups and observations combined with individual interviews and interrogation of medical literature would access a wider view as these interact with women's experiences of PMS. As a highly focused study of a homogeneous group of Brazilian men based on constructivism, the findings for this context cannot be generalized to another. Results from the study are specific to this time and place, therefore no absolutes or truth about PMS and gender relations are possible. However, the study does begin to challenge the view that all men and hence all women experience the challenges of PMS similarly and suggests a way forward that takes account of a wider and less medicalized form of support for couples in the midst of women experiencing PMS.

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## References

- Allen, R. K., Kaestle, C. E., & Goldberg, A. E. (2011). More than just a punctuation mark: How boys and young men learn about menstruation. *Journal of Family Issues, 32*, 129-156.
- Barker, G., Ricardo, C., Nascimento, M., & Olukoya, A. (2013). Questioning gender norms with men to improve

- health outcomes: Evidence of impact. *Global Public Health*, 5(5), 37-41.
- Berger, P. L., & Luckmann, T. (2004). *Modernity, pluralism and crisis of meaning*. Petrópolis, Rio de Janeiro, Brazil: Vozes.
- Bordo, S. (1993). *Unbearable weight: Feminism, Western culture, and the body*. Berkeley: University of California Press.
- Bourdieu, P. (1996). Understanding. *Theory, Culture & Society*, 13(2), 17-37.
- Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, CA: Sage.
- Brown, J., O'Brien, P. M., Marjoribanks, J., & Wyatt, K. (2009). Selective serotonin re-uptake inhibitors for menstrual syndrome. *Cochrane Database of Systematic Reviews*, (2), CD001396. doi:10.1002/14651858.CD001396.pub3
- Chrisler, J. C., Rose, J. G., Dutch, S. E., Sklarsky, K. G., & Grant, M. C. (2006). The PMS illusion: Social cognition maintains social construction. *Sex Roles*, 54, 371-376.
- Connell, R. W. (1995). *Masculinities*. San Diego: University of California Press.
- Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender & Society*, 19, 829-859.
- Cosgrove, L., & Riddle, B. (2003). Constructions of femininity and experiences of menstrual distress. *Women & Health*, 38(3), 37-59.
- Coutinho, E. M., & Segal, S. J. (1999). *Is menstruation obsolete? How suppressing menstruation can help women who suffer from anemia, endometriosis, or PMS*. New York, NY: Oxford University Press.
- Dean, B. B., Borenstein, J. E., Knight, K., & Yonkers, K. (2006). Evaluating the criteria used for identification of PMS. *Journal of Women's Health*, 15, 546-555.
- de Góes Monteiro Negreiros, T. C., & Fêres-Carneiro, T. (2004). Masculinity and femininity in the contemporary family. *Estudos e Pesquisas em Psicologia*, 4(1), 34-47.
- Faerstein, E. (1989). Ideology, medical norms and epidemiological rationality: The case of female genital cancer. *Cadernos do IMS*, 3(1), 173-186.
- Figueiredo, W. (2005). Assistance to men health: A challenge for the primary health services. *Ciência & Saúde Coletiva*, 10, 105-109.
- Figueiredo, W. S., & Schraiber, L. B. (2011). Male users and primary care services health professionals' conceptions of gender and possible impacts on men's health, São Paulo, Brazil. *Ciência & Saúde Coletiva*, 16(Suppl. 1), 935-944.
- Gurevich, M. (1995). Rethinking the label: Who benefits from the "PMS" construct? *Women & Health*, 23(2), 67-98.
- Hoga, L. A. K., Alcântara, A. C., & Lima, V. M. (2001). Adult male involvement in reproductive health: An ethnographic study in a community of São Paulo City, Brazil. *Journal of Transcultural Nursing*, 12, 107-114.
- Hoga, L. A. K., Vulcano, M. A., Miranda, C. M., & Manganiello, A. (2010). Male behavior in front of women with premenstrual syndrome: Narratives of women. *Acta Paulista de Enfermagem*, 23, 372-378.
- Johnston-Robledo, I., Ball, M., Lauta, K., & Zekoll, A. (2003). To bleed or not to bleed: Young women's attitudes toward menstrual suppression. *Women & Health*, 38(3), 59-75.
- Johnston-Robledo, I., & Chrisler, J. C. (2011). The menstrual mark: Menstruation as social stigma. *Sex Roles*, 7, 1-10.
- Kim, S. Y., Park, H. J., Lee, H., & Lee, H. (2011). Acupuncture for premenstrual syndrome: A systematic review and meta-analysis of randomized controlled trials. *BJOG*, 118, 899-915.
- Laws, S. (1990). *Issues of blood: The politics of menstruation*. London, England: McMillan.
- Lee, S. (2002). Health and sickness: The meaning of menstruation and premenstrual syndrome in women's lives. *Sex Roles*, 46, 25-35.
- Lorber, J., & Moore, L. J. (2002). If a situation is defined as real: Premenstrual syndrome and menopause. In J. Lorber & L. J. Moore (Eds.), *Gender and the social construction of illness* (pp. 71-91). Walnut Creek, CA: AltaMira Press.
- Markens, S. (1996). The problematic of "experience": A political and cultural critique of PMS. *Gender & Society*, 10, 42-58.
- Martin, E. (2006). *The women in the body: A cultural analysis of reproduction*. Rio de Janeiro, Brazil: Garamond.
- Mooney-Somers, J., Perz, J., & Ussher, J. M. (2008). A complex negotiation: Women's experiences of naming and not naming premenstrual distress in couple relationships. *Women & Health*, 47(3), 57-77.
- Nascimento, E. F., & Gomes, R. (2008). Male identity traits and young men's health. *Cadernos de Saúde Pública*, 24, 1556-1564.
- Natansohn, L. G. (2005). The female body as a medical and mediatic object. *Revista Estudos Feministas*, 13, 287-304.
- Nicolson, P. (1995). The menstrual cycle, science and femininity: Assumptions underlying menstrual cycle research. *Social Science & Medicine*, 41, 779-784.
- Patton, M. (2001). *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage.
- Peters, K., Jackson, D., & Rudge, T. (2007). Research on couples: Are feminist approaches useful? *Journal of Advanced Nursing*, 62, 373-380.
- Petta, C. A. (2008). *Premenstrual syndrome: Perspectives and attitudes of women, men and gynecologists in Brazil*. Retrieved from <http://www.cemicamp.org.br/relatorios/Relatorio%20final%20maio%20%202008.pdf>
- Petta, C. A., Osis, M. J., de Pádua, K. S., Bahamondes, L., & Makuch, M. Y. (2010). Premenstrual syndrome as reported by Brazilian women. *International Journal of Gynecology & Obstetrics*, 108, 40-43.
- Polit, D. F., Beck, C. T., & Hungler, B. P. (2004). *Fundamentals of research in nursing: Methods, evaluation and utilization*. Porto Alegre, Brazil: Artmed.
- Reilly, J., & Kremer, J. (1999). A qualitative investigation of women's perceptions of premenstrual syndrome: Implications for general practitioners. *British Journal of Gender Practices*, 49, 783-786.
- Roberts, S., Bushnell, J., Collings, S., & Purdie, G. (2006). Psychological health of men with partners who have

- post-partum depression. *Australian and New Zealand Journal of Psychiatry*, 40, 704-711.
- Sanders, S., Pedro, L. W., Bantum, E. O., & Galbraith, M. E. (2006). Couples surviving prostate cancer: Long term intimacy needs and concerns following treatment. *Clinical Journal of Oncology Nursing*, 10, 503-508.
- Santos, W. T. M. (2007). Masculinity models in the perception of young men of low income. *Barbarói*, 27, 130-157.
- Schraiber, L. B., Figueiredo, W. S., Gomes, R., Couto, M. T., Pinheiro, T. F., Machin, R., & Valença, O. (2010). Health needs and masculinities: Primary health care services for men. *Cadernos de Saúde Pública*, 26, 961-970.
- Schraiber, L. B., & Mendes-Gonçalves, R. B. (2000). Health needs and the primary care. In L. B. Schraiber, M. I. Nemes, & R. B. Mendes-Gonçalves (Eds.), *Saúde do adulto: programas e ações na unidade básica [Adult health: Actions and programmes in primary care unit]* (2nd ed., pp. 29-47). São Paulo, Brazil: Hucitec.
- Sveinsdóttir, H., Lundman, B., & Norberg, A. (2002). Whose voice? Whose experiences? Women's qualitative accounts of general and private discussion of premenstrual syndrome. *Scandinavian Journal of Caring Sciences*, 16, 414-423.
- Thornton, L. J. (2011). "Time of the month" on twitter: Taboo, stereotype and bonding in a no-holds-barred public arena. *Sex Roles*, 31, 1-14.
- Villela, W. V. (2009). Gender relations, health-disease process and a conception of comprehensive care. *Boletim do Instituto de Saúde*, 48, 26-30.
- Whelan, A. M., Jurgens, T. M., & Naylor, H. (2009). Herbs, vitamins and minerals in the treatment of premenstrual syndrome: A systematic review. *Canadian Journal of Clinical Pharmacology*, 16, e407-e429.
- World Health Organization. (2001). *Programming for male involvement in reproductive health*. Washington, DC: WHO/PAHO.
- Wyatt, K., Dimmock, P., Jones, P., Obhrai, M., & O'Brien, S. (2001). Efficacy of progesterone and progestogens in management of premenstrual syndrome: Systematic review. *British Medical Journal*, 323, 776-780.
- Yonkers, K. A., O'Brien, S. P. M., & Elias, E. (2008). Premenstrual syndrome. *Lancet*, 371, 1200-1210.