

Knowledge, Awareness, And Prevalence Of Androphobia Among Undergraduate Dental Students - A Questionnaire Survey

S. Bhavesh¹, Dhanraj Ganapathy^{2*}, L. Keerthi Sasanka³

¹Undergraduate Student, Saveetha Dental College and Hospital, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai-600077 Email id: 152001035.sdc@saveetha.com Phone Number: 8807888870

^{2*}Professor and Head, Department of Prosthodontics, Saveetha Dental College and Hospital, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai-600077 Email ID: ghanaraj@saveetha.com Phone number: 9123554502.

³Senior Lecturer, Department of Prosthodontics, Saveetha Dental College and Hospital, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai-600077 Email id: keerthis.sdc@saveetha.com Phone number: 8374691106

***Corresponding Author:** Dhanraj Ganapathy, Professor and Head, Department of Prosthodontics, Saveetha Dental College and Hospital, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai-600077 Email ID: ghanaraj@saveetha.com Phone number: 9841504523.

ABSTRACT

Introduction: Phobia is known as an extreme or irrational fear of or aversion to something. Androphobia is defined as a fear of men. The term originated inside feminist movements to balance the term 'gynophobia' which is fear of women. Both men and women can be affected by Androphobia

Aim: The main aim of the study is to conduct a survey to assess the awareness and prevalence of Androphobia among dental students.

Materials and methods: The present study was a cross sectional study conducted among 100 dental students. An online e-questionnaire was prepared with questions to explore the awareness regarding androphobia and the responses were collected and statistically analysed in SPSS, the statistical analysis was done using descriptive statistics.

Results: Only 52% of the dental students know what Androphobia is. Most of the responses recorded do not fear men, only 40% fear for men. Among symptoms observed by the populations, increased heart beat is 74.4%, which is more among the dental students. Around 58.4% of the dental students did not have any impact on their life because of Androphobia. 39% of the students talk frequently to men and 30% of the students often talk to men. Out of total responses, 55.3% have not taken any steps to overcome Androphobia, only 19.1% have taken steps to overcome Androphobia.

Conclusion: In this present study, the observed results had negative responses, which states that most of the population did not have fear of men and most of them have not taken any steps to overcome Androphobia.

Keywords: Androphobia, dental students, fear, men, survey

Running title: ANDROPHOBIA AMONG DENTAL STUDENTS

INTRODUCTION

Phobia is clinically defined as an extreme, persistent, and irrational fear of or aversion to a particular object, situation, or entity. Among the vast spectrum of specific phobias recognized in psychological literature, androphobia occupies a unique and often misunderstood position. Androphobia is specifically defined as a fear of men. The term itself has an interesting sociolinguistic origin, as it emerged prominently within feminist discourse and academic circles to serve as a conceptual counterpart to the term 'gynophobia,' which denotes the fear of women. It is crucial to understand that androphobia is not exclusively a condition affecting women; both men and women can be affected by androphobia, and its impact on an individual's quality of life can be profound and far-reaching (1,2).

The symptomatic presentation of androphobia can vary in intensity from mild discomfort to debilitating panic. Common symptoms of androphobia include the experience of instant, intense fear or overwhelming anxiety when the individual sees or even thinks about men. This anxiety often follows a predictable pattern of escalation, worsening significantly as a man gets physically closer to them, creating a constant state of hypervigilance in mixed-gender environments. Physiologically, the body may react with a cascade of stress responses, including profound nausea, dizziness, heart palpitations, or even fainting when in close proximity to men or when ruminating on thoughts involving men (3).

Within the framework of diagnostic classification, androphobia is considered a specific phobia, as it falls under the broader category of anxiety disorders characterized by an irrational and disproportionate fear of a specific trigger. The etiology of this phobia is typically multifaceted and complex. Androphobia is often developed due to past negative experiences with men, with common precipitating factors including traumatic events such as physical assault, sexual violence, or prolonged exposure to mental or physical abuse. Beyond experiential causes, researchers also recognize that the condition can arise due to genetic predisposition, the influence of one's environment and upbringing, or underlying changes in brain functioning that affect fear-processing mechanisms (4). What may begin as a small annoyance or a subtle feeling of unease around men can, over time, grow insidiously into a major obstacle that constricts an individual's personal and professional life. Mental health professionals strongly advise that therapists should be consulted if the anxiety is negatively affecting work performance, harming the ability to form or maintain social relationships, or interfering with the routine activities of everyday living (5–7).

Fortunately, androphobia is a treatable condition. Evidence-based interventions have demonstrated significant efficacy in helping individuals manage and overcome their symptoms. Androphobia can be treated by exposure therapy, a technique that involves gradual, controlled, and repeated exposure to the feared stimulus to desensitize the individual's response. Another cornerstone of treatment is cognitive behavioral therapy (CBT), which helps patients identify, challenge, and reframe the irrational thought patterns that fuel their fear. In some cases, pharmacological interventions may be recommended to manage acute symptoms; it can also be treated by using medications like beta blockers to control physical anxiety symptoms and sedatives for short-term relief of severe anxiety, though these are typically used in conjunction with therapy rather than as a standalone solution (8, 9–18).

Despite its significant impact on those affected, there is a notable scarcity of formal literature available on this specific phobia. It has been documented in an article by Poyraz G as a psychological condition, but comprehensive studies remain limited. In general, these conditions are best explained as a fear which is irrational yet can be understood as a pre-programmed survival response theoretically intended for the benefit of the individual. The pathology arises when this irrational fear overcomes the natural ability of the individual's mental capacity to face the situation rationally. When this occurs, it profoundly affects the social and personal behavior of the person, creating patterns of avoidance and distress that are indiscriminate of the individual's own gender (19). Our team has extensive knowledge and research experience that has translated into high-quality publications in peer-reviewed journals, contributing to the broader understanding of anxiety disorders and specific phobias (10–13,15–17,20,21),(18,22–26)(27–31). Building on this foundation, the aim of this study is to assess the knowledge, awareness, and the prevalence of this phobia among a specific demographic: undergraduate students in a Dental College in Chennai. By focusing on this population, we hope to gather data that will not only illuminate the scope of the issue but also inform future educational and mental health support initiatives within academic settings (23–27,29,31–33).

MATERIALS AND METHODS

The methodology employed for this investigation was carefully designed to ensure the collection of meaningful and statistically relevant data regarding the awareness and prevalence of androphobia among the target population. The survey was conducted with the help of a well-structured questionnaire consisting of 10 questions, each formulated to address specific dimensions of the research objectives. In developing this instrument, careful consideration was given to question format and clarity to maximize participant comprehension and response accuracy. Consequently, some questions were of the yes/no type, designed to capture definitive categorical data on specific experiences or knowledge points, while other questions employed a multiple choice format to allow for a nuanced understanding of participants' perspectives, experiences, and levels of awareness regarding various aspects of androphobia.

The entire data collection process was carried out online through Google Forms, a decision driven by multiple factors including accessibility, convenience for participants, and the ability to maintain contactless data gathering in accordance with contemporary research practices. This digital approach facilitated broader reach and allowed participants to complete the survey at their own convenience, thereby potentially increasing the response rate and the thoughtfulness of the answers provided. The participants who undertook this survey were dental students, representing a specific and focused demographic within the broader higher education landscape. This study is designed as a cross sectional study, meaning that data were collected at a single point in time to provide a snapshot of the knowledge, attitudes, and experiences prevalent within this particular group during the study period. Specifically, this survey was taken among dental students enrolled at Saveetha Dental College and Hospital, Chennai, a recognized institution with a diverse student body.

To maintain the specificity and integrity of the study population, strict inclusion and exclusion criteria were applied. Students related to any other medical field, including but not limited to nursing, medicine, homeopathy, and various other allied health science categories, were explicitly excluded from participation in this survey. This deliberate narrowing of the participant pool was intended to ensure that the findings would be specifically representative of dental students, allowing for more targeted conclusions and recommendations relevant to dental education and practice. The questionnaire itself was structured to cover a comprehensive range of topics related to the subject matter. Specifically, the questionnaire consists of sections exploring personal or observed experiences related to androphobia, the recognition of symptoms associated with androphobia, an investigation into the perceived factors contributing to the development of this phobia, common causes as understood by the participants, and finally, questions pertaining to the treatment and management of androphobia. This holistic approach ensured that the survey did not merely measure prevalence but also captured the depth of understanding and attitudes surrounding the condition.

A total of 100 responses from all participants, including both males and females, were collected and summed up to form the complete dataset for analysis. The sample size of 100 was determined to be adequate for obtaining preliminary insights and identifying trends within this specific population, providing a foundation for future larger-scale studies. Following the completion of the data collection phase, the raw data were systematically compiled and prepared for statistical examination. The results were analyzed using SPSS software V21.0 (Statistical Package for the Social Sciences), a robust and widely recognized tool for statistical analysis in social science and health research. The use of this software ensured that the analysis was conducted with precision and that the findings could be reliably interpreted within the context of established statistical standards.

To address the primary research objectives, descriptive analysis was performed to calculate frequencies of various categories within the dataset. This analytical approach involved computing the number and percentage of responses for each question option, thereby providing a clear and comprehensive overview of the distribution of answers across the participant group. Through this descriptive statistical method, it became possible to identify patterns, common responses, and areas of consensus or divergence among the dental students surveyed. The resulting frequency distributions offer valuable insights into the baseline levels of knowledge and awareness regarding androphobia within this academic community, as well as preliminary data on its reported prevalence and the perceived significance of various etiological and therapeutic factors. These findings serve as the groundwork for the subsequent discussion and interpretation of the study's implications for mental health awareness within dental education and practice.

RESULTS

In this study, the observed responses among gender were 59% male and 41% female, providing a reasonably balanced perspective from both groups (Fig 1). Regarding foundational knowledge of the condition, only 52% of the dental students demonstrated awareness of what androphobia is, indicating a significant gap in understanding even among individuals pursuing education in the healthcare field. When examining the prevalence of the phobia itself, most of the responses recorded indicated that participants do not have any fear related to this condition; specifically, only 40% of the total population reported experiencing fear of men to some degree. This finding suggests that while androphobia exists within this demographic, it does not affect the majority of students.

Among the physiological and psychological symptoms observed by the populations in response to male presence or proximity, increased heart beat emerged as the most frequently reported manifestation, accounting for 74.4% of symptomatic responses, which is notably more prevalent among the dental students compared to other symptoms. This heightened autonomic response indicates that for those affected, the fear response is tangible and physiologically measurable. Regarding the functional impact of the condition, around 58.4% of the dental students reported that they did not have any impact on their life because of androphobia, suggesting that for most, either the fear is absent or sufficiently mild to remain manageable. In terms of social interaction patterns with men, 39% of the students indicated that they talk frequently to men, while an additional 30% of the students reported that they often talk to men, demonstrating that a substantial majority maintain regular interpersonal engagement with males despite any underlying anxieties.

Out of the total responses received, a concerning 55.3% acknowledged that they have not taken any steps to overcome androphobia, highlighting a potential area for intervention and mental health awareness. In contrast, only 19.1% of respondents reported having proactively taken steps to overcome androphobia, suggesting that even among those affected, treatment-seeking behavior remains relatively low. The gender distribution for the study participation showed that 41% of responses were from male participants, while 59% were from female participants. When examining gender-specific awareness of the condition, the responses showed that among male attendees, 52% were aware of androphobia, while among female attendees, 48% demonstrated awareness (Fig 2).

The responses to the core question "do you fear men" revealed a clear trend, with negative responses being high at 60% and affirmative responses being low at 40%, which reinforces the observation that most individuals in this population do not experience fear of men. When asked to rate the intensity of their fear on a numerical scale, 46.53% of the students rated their fear level between 3 and 1, indicating mild to negligible fear. Conversely, 21.78% of the students rated their fear between 10 and 7, representing moderate to severe fear intensity among a notable minority (Fig 4).

Regarding the specific symptomatic experiences triggered by male presence, the responses to the question "Do you have any symptoms given below when you see men" revealed that 45% of the students experience increased heart beat, making it the most common symptom. Additionally, 29% of the students experience dizziness, and 26% of the students experience nausea when encountering men, illustrating the varied physiological manifestations of this phobia (Fig 5). When examining social engagement patterns through the question "How frequently do you talk to men," the data showed that 39% of the students frequently talk to men, while only 10% of the students reported that they never talk to men, indicating that complete avoidance is relatively uncommon (Fig 6).

The functional consequences of androphobia were further explored through the question "Did you have any impact because of androphobia." The findings revealed that 58% of the students did not have any impact because of androphobia, suggesting resilience or absence of the condition. However, it is noteworthy that 19% of the students reported experiencing extreme impact because of androphobia, indicating that for a subset of the population, this phobia significantly impairs daily functioning (Fig 7). When examining intervention-seeking behavior specifically among the affected population, the responses to "Have you tried any steps to overcome androphobia" revealed that among the 40% of the population who acknowledged having fear of men, 43% of that subgroup reported taking steps to overcome androphobia. However, 36% of this affected population admitted that they did not take any steps to address their fear, representing a missed opportunity for therapeutic intervention (Fig 8).

The experience of acute anxiety episodes was assessed through the question "Have you got panic attacks during androphobia." The data indicated that 67% of the students have not experienced panic attacks related to this phobia, while 33% have experienced panic attacks during androphobic episodes, highlighting that for

one-third of those affected, the fear escalates to a level consistent with panic-level anxiety (Fig 9). Finally, participant feedback on the research itself was collected through the question "Was this survey useful." The overwhelming majority responded positively, with 56% of the students reporting that they felt the survey was useful, and an additional 37% of the students indicating that they found the survey was very useful. Only 7% of the students expressed that they felt the survey was not useful, suggesting strong acceptance and perceived value of this research initiative among the student population (Fig 10).

The correlation between gender and knowledge of androphobia was examined through statistical analysis. The comparison between gender and the question "Do you know what is androphobia" yielded a p-value of 0.177, indicating that this relationship is not statistically significant at conventional thresholds. Within the total population, 19% of the male students demonstrated knowledge of what androphobia is, while 33% of the female students showed awareness of the condition (Fig 11). The association between gender and the question "Do you fear men" was also evaluated. Using the Chi-square test, the analysis produced a p-value of 0.838, indicating a statistically insignificant relationship between gender and fear of men in this sample. Within the total population, only 2% of the male students reported experiencing fear of men. In contrast, 22% of the female students acknowledged fear of men, revealing a notable disparity in prevalence despite the lack of statistical significance in the association test (Fig 12). These findings collectively provide a comprehensive picture of androphobia awareness, prevalence, symptomatic presentation, and impact within this dental student population.

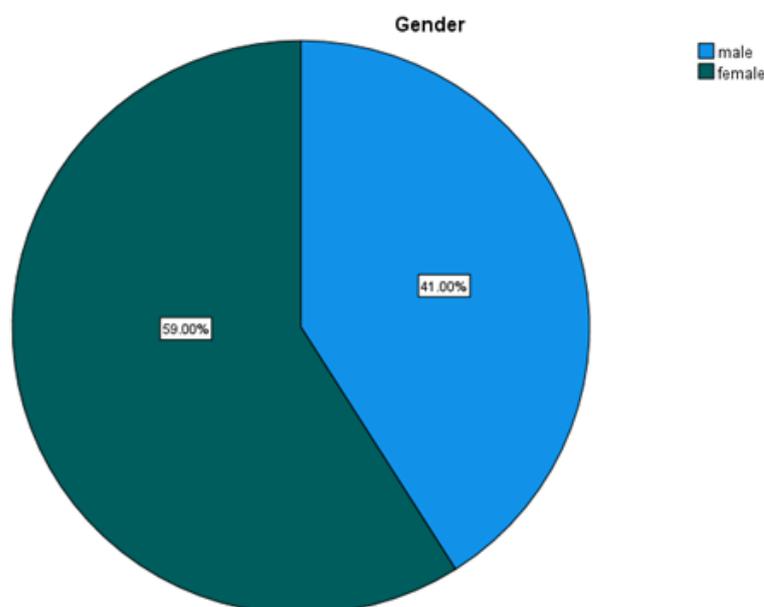


Figure 1 : Pie chart representing the gender responses for the study. 41% were male respondents (blue) , and 59% were female respondents (green).

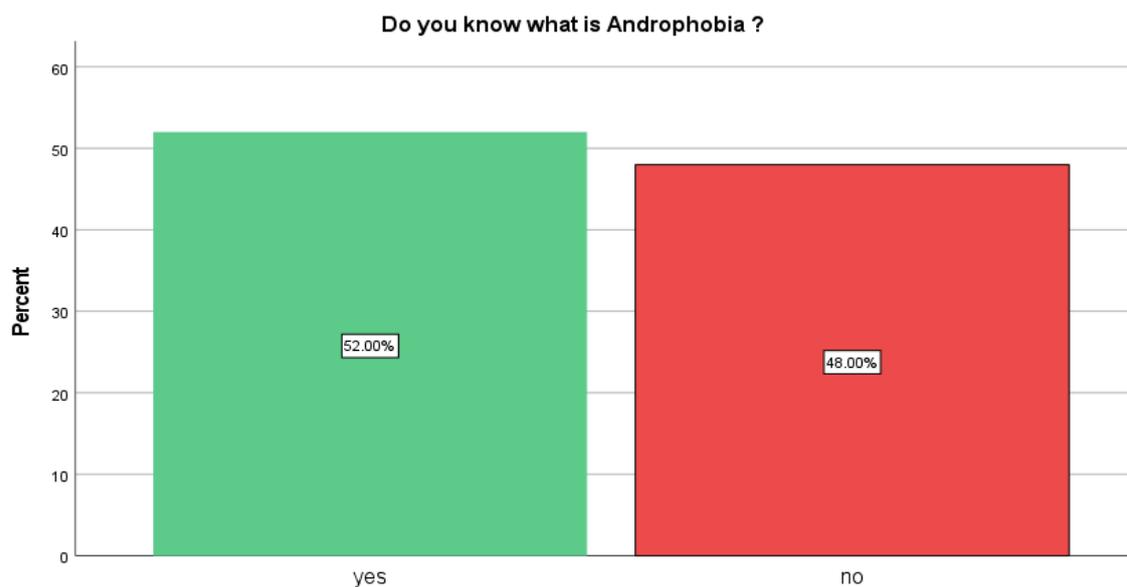


Figure 2: Bar graph representing the responses who attended the survey. Green represents 'yes' and Red represents 'no'. X-axis represents the options given for the question, Y-axis represents the percentage of the responses. Male responses were 52% and Female responses were 48%.

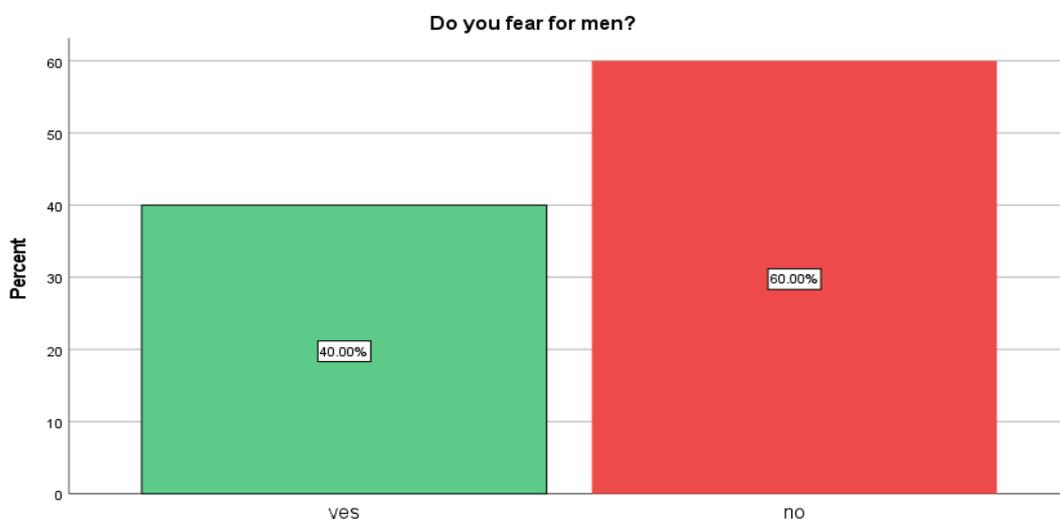


Figure 3: Bar graph represents the responses for the question 'do you fear for men'. X-axis represents the options given for the question, Y-axis represents the percentage of the responses. Majority 60% of the responses were negative (red) and 'yes' responses were low upto 40% (green) which shows that most of them do not fear men.

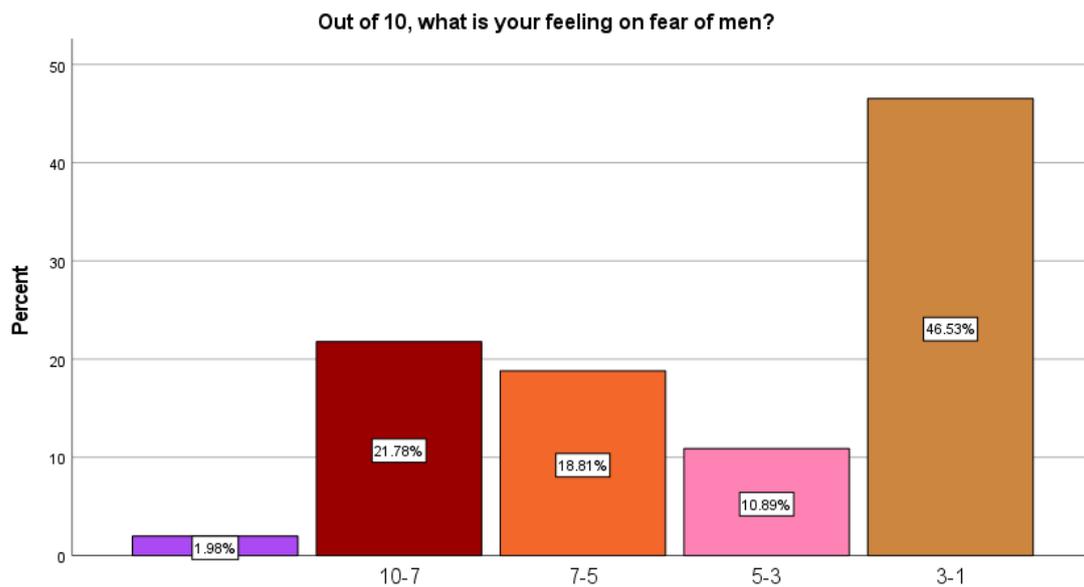


Figure 4: Bar graph represents the scale of the feeling of fear in men. Indigo represents 'no idea', Burgundy represents '10 to 7', Orange represents '7 to 5', Light pink represents '5 to 3' and Deep Khaki represents '3 to 1'. X axis represents the options given for the question, y-axis represents the percentage of responses for each option. Majority(46.59%) of the students rate 3-1 for the fear of men. 21.78% of the students rate 10-7 for fear of men, 18.81% of students rate 7-5 for fear of men, 10.69% rate 5-3 for fear of men and 1.96% have no idea.

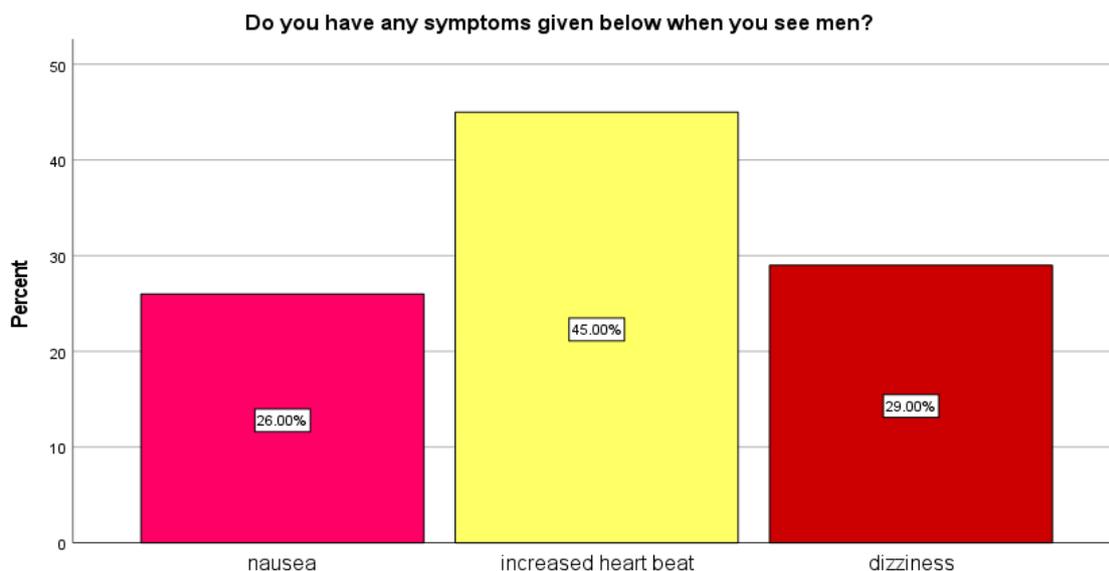


Figure 5: Bar graph represents the responses for the question 'Do you have any symptoms given below when you see men'. Pink represents 'nausea', Yellow represents 'increased heart beat', Maroon represents 'dizziness'. X axis represents the options given for the question, Y axis represents the percentage of the responses given for each option. Majority(45%) of the students experience increased heart beat, 29% of the students experience dizziness and 26% of the students experience nausea when the students see men.

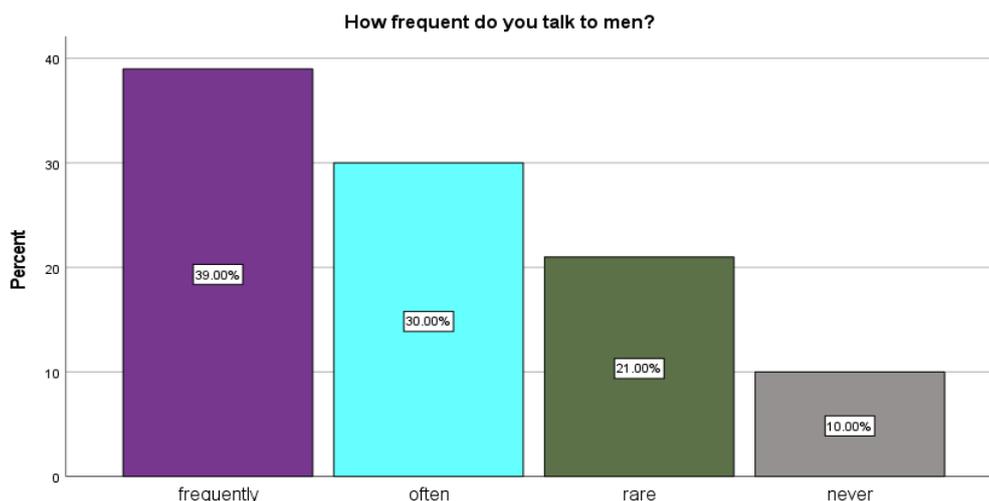


Figure 6: Bar graph represents the responses for the question 'How frequently do you talk to men'. Purple represents 'frequently', Aqua represents 'often', Khaki represents 'rare' and Grey represents 'never'. X axis represents the options given for the question, Y axis represents the percentage of the responses given for each option. Majority(39%) of the students frequently talk to men, only 10% of the students never talk to men and 30% of the students often talk to men.

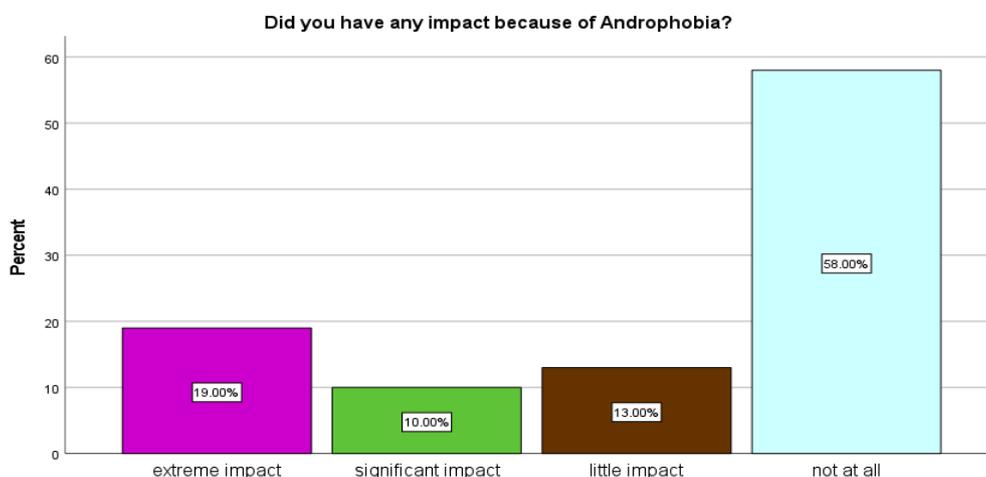


Figure 7: Bar graph represents the responses for the question 'Did you have any impact because of androphobia'. Violet represents 'extreme impact', Light green represents 'significant impact', Brown represents 'little impact' and Sky blue represents 'not at all'. In the figure, x-axis represents the options given for the question, y-axis represents the percentage of the responses given for each option. Majority(58%) of the students did not have any impact because of androphobia, only 19% of the students had extreme impact because of androphobia.

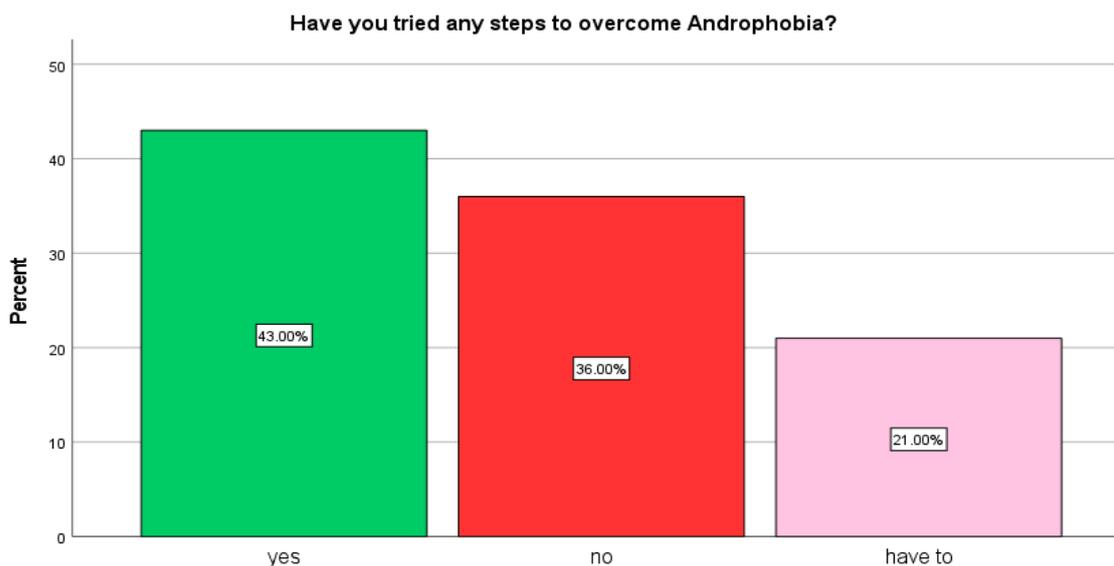


Figure 8: Bar graph represents the responses for the question 'Have you tried any steps to overcome Androphobia'. Green represents 'yes', Red represents 'no' and Peach represents 'have to'. In the figure, x-axis represents the options given for the question, y-axis represents the percentage of the responses given for each option. Among the 40% population who had fear for men, Majority(43%) of the population took steps to overcome Androphobia, 36% of the population did not take any steps to overcome Androphobia.

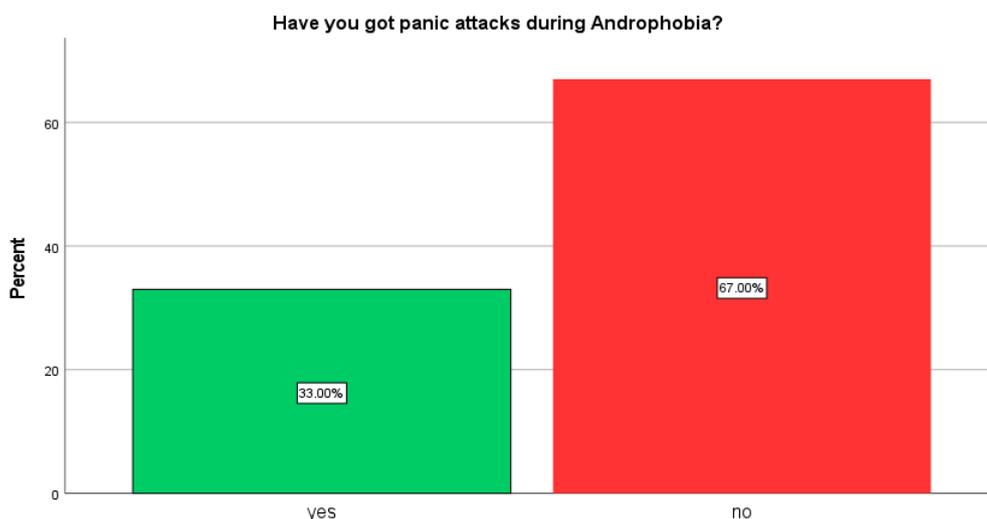


Figure 9: Bar graph represents the responses for the question 'Have you got panic attacks during Androphobia'. Green represents 'yes', Red represents 'no'. In the figure, x-axis represents the options given for the question, y-axis represents the percentage of the responses given for each option. Majority(67%) of the students have not got panic attacks, only 33% have got panic attacks during Androphobia.

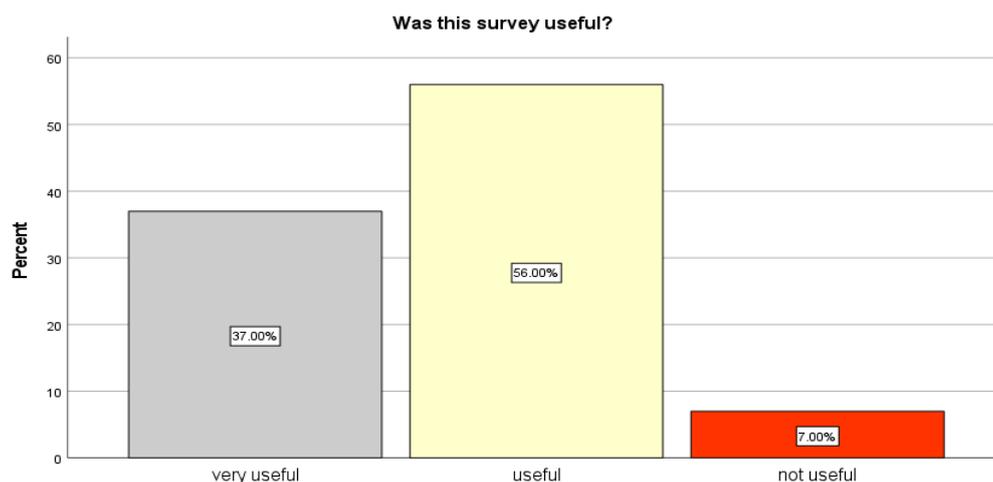


Figure 10: Bar graph represents the responses for the question ' Was this survey useful'. Silver represents 'very useful', Gold represents 'useful' and Orange-Red represents 'not useful'. In the figure, x-axis represents the options given for the question, y-axis represents the percentage of the responses given for each option. Majority(56%) of the students have felt the survey was useful, 37% of the students have found the survey was very useful, 7% of the students have felt the survey was not useful.

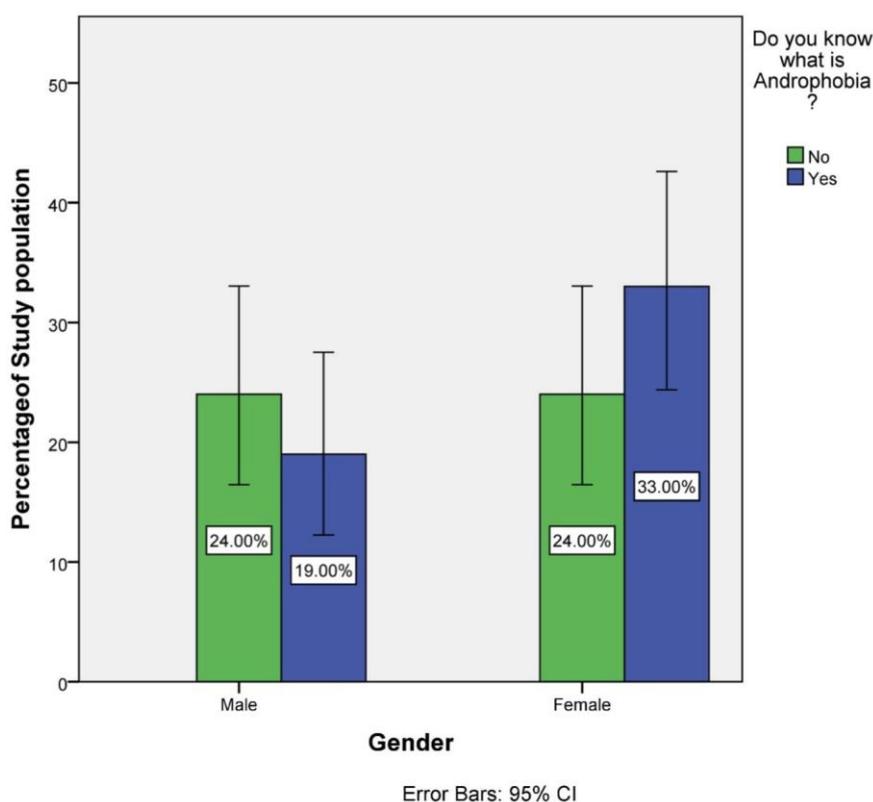


Figure 11: Bar graph depicts the bar chart showing association between the gender and the responses to 'what is Androphobia'. X-axis represents the gender , Y-axis represents the responses for what is androphobia. Blue colour represents Yes and Green colour represents No. Chi-square test value 1.826, DF:1,p=0.177,indicating statistically non significant differences. There are similar responses between gender and fear for men.

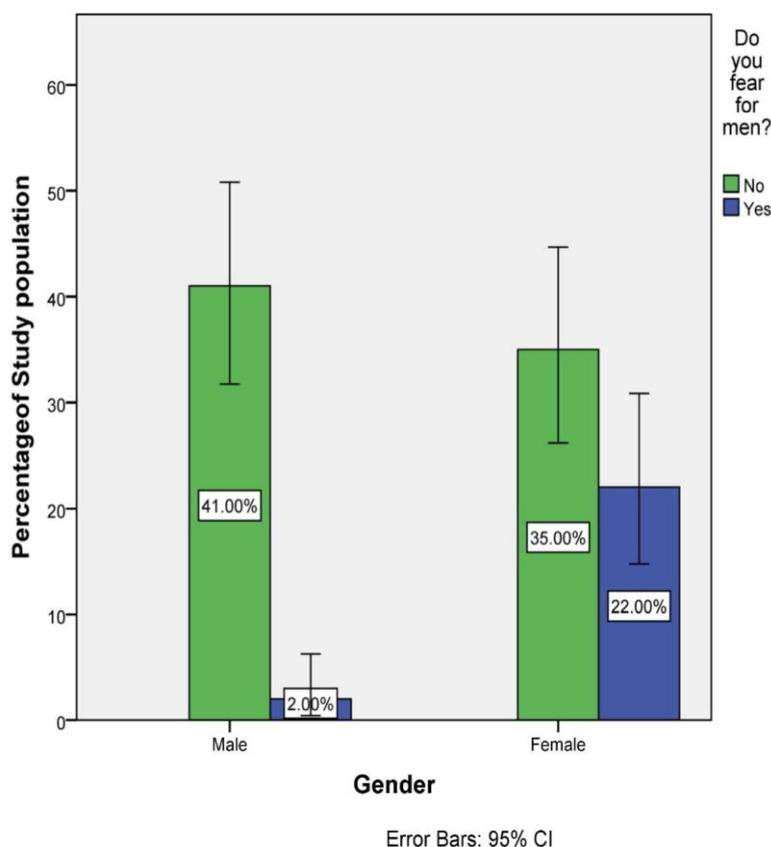


Figure 12: Bar graph depicts the bar chart showing association between the gender and the responses to 'fear for men'. X-axis represents the gender , Y-axis represents the responses for fear for men. Blue colour represents Yes and Green colour represents No. Chi-square test value 0.062, DF:1,p=0.803, indicating statistically non significant differences. There are similar responses between gender and awareness about androphobia.

DISCUSSION

The ultimate goal of the research was to assess the prevalence of androphobia among dental students and to evaluate their knowledge and awareness of this specific phobia. Through the comprehensive analysis of data collected from 100 participants, several key findings have emerged that contribute meaningfully to the limited body of literature on this subject. It is observed that androphobia was not significantly prevalent among dental students, with higher negative responses of 60% indicating an absence of fear toward men. This finding is further supported by the social interaction patterns documented in the study, where the frequency of talking with men is often reported at 30%, suggesting that most students maintain regular and comfortable engagement with male individuals in their academic and social environments. Regarding the symptomatic experiences associated with androphobia, the data revealed that 45% of the students experience increased heart beat, representing the most common physiological response to male presence. Additionally, 29% of the students experience dizziness and 26% of the students experience nausea when encountering men, indicating that while the phobia may not be highly prevalent, those who do experience it manifest recognizable and distressing symptoms. When examining the functional impact of the condition on daily life, the findings showed that 58% of the students did not have any impact because of androphobia, suggesting that for the majority, either the fear is absent or sufficiently mild to remain manageable. However, it is important to note that 19% of the students reported having extreme impact because of androphobia, indicating that for a subset of the population, this phobia significantly impairs their quality of life and daily functioning (1).

Further analysis of the impact data reveals that 58% of the students did not have any impact because of androphobia, while only 19% of the students had extreme impact because of androphobia. This translates to nearly 86% of the participants experiencing no extreme impact from the condition, which aligns with the overall finding that androphobia is not a widespread or severely debilitating issue within this particular study population (34). When examining acute anxiety episodes, the data demonstrated that 67% of the students have not experienced panic attacks related to this phobia, while 33% have experienced panic attacks during androphobic episodes. This finding is particularly noteworthy when compared to other research findings, where less than 10% of the participants reported experiencing panic attacks (35). The higher percentage observed in this study may be attributable to differences in study populations, assessment methods, or cultural factors influencing the expression and reporting of anxiety symptoms.

Participant feedback on the research itself was overwhelmingly positive and provides valuable insight into the perceived relevance of this topic. Specifically, 56% of the students reported that they felt the survey was useful, while an additional 37% of the students indicated that they found the survey was very useful. Only 7% of the students expressed that they felt the survey was not useful, suggesting strong acceptance and perceived value of this research initiative among the student population. This positive reception underscores the importance of continuing to investigate and discuss mental health topics, including specific phobias, within academic and healthcare training environments.

Gender-specific analysis revealed interesting patterns in the distribution of fear responses. Among male participants, 41% reported no fear of men, which is expected given that same-gender fear is less commonly documented, while only 2% of male students acknowledged experiencing fear of men. Within the total population, 35% of the female students reported no fear of men, while 22% of them acknowledged experiencing fear of men. These gender distribution patterns were found to be similar to the findings of other researchers, suggesting consistency in the epidemiology of androphobia across different study populations and geographic locations (36). The higher prevalence among females compared to males aligns with the general understanding that specific phobias, including those related to interpersonal fear, tend to be more commonly reported by women in epidemiological studies.

The implications of these findings extend beyond simple prevalence estimates. Androphobia, when present, has increased effects in students and in turn affects their mental health in ways that may not be immediately apparent to educators, peers, or even the affected individuals themselves. The anxiety associated with this condition can manifest in avoidance behaviors, difficulty concentrating in academic settings, challenges in collaborative learning environments, and increased psychological distress. It is therefore encouraging to note that androphobia can be reversed and is treatable through various evidence-based interventions. Types of treatments available for individuals experiencing androphobia include exposure therapy, which involves gradual and controlled confrontation with the feared stimulus to reduce anxiety responses over time. Cognitive behavioural therapy (CBT) is another highly effective approach that helps individuals identify, challenge, and restructure the irrational thought patterns that maintain their fear. Additionally, relaxation techniques such as deep breathing, progressive muscle relaxation, and mindfulness meditation can help manage acute anxiety symptoms, and medication may be prescribed in some cases to treat underlying anxiety disorders when indicated by a qualified healthcare professional.

Exposure therapy, in particular, is considered a first-line treatment for specific phobias and is specifically designed to help individuals overcome the fear of men among students and other affected populations. Through systematic desensitization, individuals learn to tolerate and gradually reduce their anxiety responses, ultimately gaining greater freedom and flexibility in their social interactions. Individuals with this phobia typically report symptoms of anxiety when anticipating or encountering men, plus a need for recurrence of safety behaviors or avoidance strategies that temporarily reduce distress but ultimately reinforce the fear cycle. Breaking this cycle through therapeutic intervention is essential for restoring normal functioning and improving quality of life.

Although this study was conducted with a proper protocol and adherence to research standards, there exists certain limitations that must be acknowledged when interpreting the findings. Since the study was a cross sectional one performed amongst Saveetha Dental College undergraduate dental students specifically, it does not represent the entire population of the region or country. The findings are therefore specific to this particular institution and demographic and may not be generalizable to other student populations, healthcare workers, or community samples. Additionally, the reliance on self-reported data introduces the possibility of

recall bias and social desirability bias, which may influence the accuracy of the responses provided. Future research should aim to include larger, more diverse samples from multiple institutions and geographic locations to enhance the generalizability of findings.

In future, this study can serve as a foundation to help increase awareness about androphobia and other specific phobias among healthcare professionals, educators, and the general public. The findings highlight the need for greater dissemination of information regarding the coping methods available for individuals experiencing phobic anxiety, as well as the importance of psychoeducation in normalizing discussions around mental health. Conducting workshops and awareness campaigns could significantly increase knowledge of common people regarding the same, reducing stigma and encouraging earlier help-seeking behaviors. Understanding and helping the patients in each of their fears should be the main target of mental health initiatives, recognizing that each individual's experience of phobia is unique and requires personalized approaches to treatment and support. If a patient is not treated properly, it can lead to complications such as social isolation, withdrawal from academic and professional opportunities, and depression, which can have lasting consequences on overall well-being and life satisfaction. Therefore, continued research, education, and clinical attention to androphobia and related conditions remain essential components of comprehensive mental healthcare.

CONCLUSION

The study concluded that the dental students were not thoroughly aware of androphobia and most females have fear of men. This study was done to replace negative thoughts with positive thoughts and that is treatable. Counselling should be done for those who are in more fear of men and those who are affected by Androphobia.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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