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Acceptability of infertility treatment among men and the issue of social stigma: Some reflections

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Abstract

Childbearing as an indicator of the transition to maturity is a cross-cultural and universal practice, even though recent research has highlighted the path to adulthood is diverse and can be delayed. Having children is a source of social status for both genders of all socioeconomic backgrounds around the world. As a result, those who are unable to live up to this norm typically experience internal and external stigma. Failure to reproduce is viewed as a failure to be a man or a woman by both the individual and society at large. This is especially true in cultures where reproduction is seen as a crucial sign of mature masculinity or femininity. (Parsons, T. 1951).

Any person, regardless of gender, is vulnerable to the discrimination and emotional anguish associated with infertility. Numerous cultural indicators show that women, not males, bear the brunt of infertility-related stigma and blame. This was especially true because of the long-held assumption that a woman's reproductive capabilities are intrinsic to her identity and societal worth. Modern medical technology has broken this monolith by concentrating on other hidden infertility hurdles. Male sterility and social stigma were anomalies because of men's inability to procreate. Therefore, men's and women's relationships will benefit from removing the stigma associated with discussing reproductive health and seeking treatment.

Due to inadequate social support and low social standing as a result of avoiding treatment, males also experience the unpleasant emotions induced by infertility, which has been significantly associated with stigma, causing their self-esteem and confidence to plummet. (Parsons, T. 1951). The stigma associated with male infertility needs to be eradicated by embracing the issue and seeking cutting-edge treatment. This research sheds light on the causes, diagnosis, and treatment of male infertility, as well as the social acceptance of this disease and the acceptance of ART as a method of advancement in the reproductive treatment process.

Objective

- To investigate potential social and psychological factors that contribute to the stigma associated with male infertility syndrome.
- To investigate the acceptability of ART among infertile men.

Keywords: Male infertility, social stigma, artificial reproductive technology (ART)

Introduction

The practice of vanguarding the male ego is in sharp contrast to the much more direct approach taken with female patients. The association between infertility and mental distress render significant implication for the quality and stability of marital relationship as dyadic stress impact the quality and longevity of relationship negatively. Infertility has also been connected to sexual instability stress- women who undergo treatment often report poor marital quality and sexual dissatisfaction whereas, men report reduced relationship satisfaction. In Malawi, Africa, since diagnostic tools for male infertility have become more widely available, men increasingly undergo testing clinical confirmation of male infertility that can prompt them to reevaluate their virility which can be disruptive to social relationships including marriages. Thompson, C. (2002)^[7]. Assisted reproduction to address male infertility has been a growing concern of increased risk of divorce in different parts of Egypt. In most of the Middle Eastern Communities where 'Bride Wealth' is practiced if the marriage is dissolved without any children being born, the bride's family may be expected to repay the bride's wealth which imposes considerable pressure on women in particular. It is revealed that "... doctors in clinics practice setting us metaphor and indirect language to inform their male client of their infertility and treatment option; this euphemism around

men's bio-medical diagnoses which Barnes argues a way to protect masculinity was in many cases so extreme that men did not self-identify as having a fertility problem"- (Thoma. M Cox. C *et al*: 2010) ^[20].

The inability to conceive is stressful as the uncertainty of succeeding in its treatment is way more stressful. Social expectation related to procreation shapes the experience of infertility and its psycho-social implication. The situation is more eloquent in communities where pro-natalism is predominant and visibility of infertility is more pronounced for couples void children, leading to greater social insecurity and stigmatization. Studies of individuals and couples dealing with infertility disclose that women are more likely to experience poorer mental health outcomes as there exist several factors that may disproportionately impact women and their psychological well-being mostly the social pressure to become a mother and facing the greater blame for its inability. Many studies were conducted late to detect male infertility-related social stigma and measure qualitative sensitivity in coping with it. According to the WHO, 70–80 million couples are infertile, and all evidence suggests that infertility causes psychological and psychosomatic repercussions.

Men face the same social shame as women do if they are unable to father children naturally. Male infertility is often downplayed or neglected, and women are expected to bear the brunt of the problem. Masculinity norms, which promote males from the "infertile level," worsen gender inequality. While women may shoulder a larger share of the emotional toll, males experiencing infertility are more likely than fertile men to report experiencing psychiatric problems. The intensity level of these effects ranges from the loss of status or lack of respect being a social failure to overt isolation and exclusion not only from social affairs but even from personal circle, legal and family around inheritance restrictions including other legal restrictions like property rights and burial rights. Marital instability and family dysfunction are the greatest psychosocial and socio-structural concerns related to infertility and childlessness. (Singh. V., Singh. Rajender., & Singh.K., 2017) ^[16].

Regardless of voluntary and involuntary childlessness, the naked truth is that there is much support for the postulation that childless couples are the worst victims of stigmatization has that been empirically established & it is also possible that individual differences between observers also determine the type and the level of stigmatization.

According to general belief, individuals are motivated to believe that the world is just fair, good things happen to good people and vice versa they perceive with a high need to believe in a just world. This may derogate a victim by reasoning that the person deserves the negative outcome thereby preserving their belief.

Perspective towards Male Infertility.

A male-female difference in the case of social stigma and infertility consists of a "double perspective"; thus, the stigmatized individual(s) assume his differences as known or as evident on the spot or assume it is neither known by those present, nor immediately presumable by them. Since stigma by its term, refers to an attribute that is deeply discrediting, an attribute that constitutes a special discrepancy between the virtual and actual social identity, but seen from an unbiased perspective, stigma is a language of relationship not an attribute but a threat that stigmatizes

one type of possessor who can confirm the usualness of another and therefore is neither creditable nor-discreditable as a thing in itself. It is a special kind of relationship between attributes and stereotypes that manifests the wrath of society against undesired differences from what is anticipated.

Infertility therefore pertains to unintended differences rather than undesired which calls for discrimination that constructs a stigma theory that explains the individual's inferiority. It seems generally true that means of a social category may strongly support a standard of judgment that they and others agree, the application of which when fails to individual(s) influence the origin of stigma.

Women menstruate and can bear children while men cannot. It is an unwarranted leap in logic to assert that women are biologically disposed towards accepting the task of giving birth and caring for children. There is no biological connection between these two but surely a strong social link. If all these social duties imposed on women were set in biology, there would be little need for societies to spend much energy on patriarchy to women about their womanly beauty. This prescribed duty encoded in the value system of common belief is the source that determines the identity and stability of an individual in a respective socio-cultural environment.

The stigmatized individual as per A.G. Goffman, tends to hold the same belief about identity that the society in general possesses which is a pivotal fact that takes the distinction between realizing a norm and merely supporting it. The issue of stigma does not arise here but only where there is some expectation on all sides that those in the given category should not only support a particular norm but also realize it.

The standard set by society incorporates the wider gap between a so-called 'normal' who can bear children and the socially levelled difference, unable to give birth inevitability prepares the ground for stigma. Shame becomes the central possibility which arises from the individual perception of one of his/her attributes as 'defiling', who can readily see his/her self as not possessing the 'expected attribute'. The central feature of the stigmatized individual's situation in life is a question of what is often called 'acceptance'. According to Goffman; "Those who have to deal with him fail to accord him the respect and regard which the uncontaminated aspect of his social identity has led them to anticipate extending, and have led him anticipate receiving; he echoes this denial by finding that some of his attributes warrant it". (Goffman-1963:8) ^[2].

The view that makes up the social identity of a family is widely observed in the social behaviour and exercise of customs and beliefs from the past to the present. The sociological approach focuses on the 'family' as a social institution since the interaction of family both particular and unique is termed as social. It exhibits the characteristics of legitimacy and authority which are not biological categories at all although the socio-biologists claim that family and its interaction is a complex interplay of nature vs. nurture. Children are considered the seeds of the future on whom the perpetuation of biological traits and sociological values. Procreation is, therefore, another significant institution that propagates the development of a family in all respects and the inability to ensure it naturally occurs as a derogatory deviation from the norm encoded.

The deviation of a biological nature instigates social stigma as the particular individuals are exposed to a mixed situation

which is often beyond his/her comprehension and stresses the stability of his/her social identity. The discrepancy between social expectation and biological reality when becomes known or apparent spoils individuals' social identity; it has the effect of cutting them off from society and themselves so that they can a 'discredited person facing an unaccepting word'. The inability to produce bereaves a person from the mainstream if not overtly yet covertly. Their name is mostly circulated among the known tagged with the so-called 'defining attribute'. This creates tension in the social identity of the individual which is reflected in the behaviour mostly psychological, making them isolated and the 'victims' as a person however distinguished or high in his/her achievement, the society thrusts upon them the identity of representing his category for which he is stigmatized. His greater qualities are often shadowed by the socially imposed stigma which is sufficient enough to take away his mental peace, social honour and integrity of self-identity and generate self-hatred. "Person undergoing stigma tend to have similar learning experiences regarding the plight and similar changes in the conception of self a similar 'moral carrier' that is both cause and effect of commitment to a similar sequence of personal adjustment" (Goffman-1963: 32-36) [3].

Infertility as an acquired stigma is the source of getting other acquaintances with further victimization. The gender role expectation places the knave that decides the social well-being of an individual. The relationship of the stigmatized individual to the informal community and formal organization becomes crucial. The power tussle between the stigmatized and the 'normal' often results in the introduction of the former as a member of a minority group rather than a crisis group to be specific in case of infertility the members of which often feel comfortable associating themselves in the particular group as against the society in general which bitterly provokes the individual to feel inferior in the mainstream. Riessman, C. (2000) [14].

Infertility is seen as a severe inability in the prevalent social setup that discriminates individuals especially women in day-to-day activity. Lack of children considered an 'omen' is a derogatory symbol in the social identity of women as both religion and culture disapprove of the state of childlessness. Infertile people are prohibited from taking part in auspicious ceremonies like rituals related to marriage, and baby showers as they are considered unproductive and detrimental to the future prosperity of other's marriages and childbirth.

Acceptability of ART among male infertile couples or individual (s)

The idea that infertility can ensue from a male source and its acceptance is comparatively a recent development although the term acceptance pokes a question mark in practical reality in a country like India. Approximately 15% of couples are unable to conceive after one year of unprotected intercourse in which the male factor is responsible for about 20% of infertile couples and contributes another 30-40%. (Lazarou.A., Steven (2006), Boston IVF handbook 2012: 93-95) [6, 13].

The crisis has developed a degree of concern since the 1970s which has counted a steady decline of 1.4% in sperm count within an overall decline of 52.4% in approximately 40 years (The Guardian News: 2018). Male infertility generally ensues in case of abnormal semen although there

are other direct and related factors behind this contribution. A pre-evaluation is suggested before one year of planning pregnancy irrespective of male or female infertility. The evaluation is done in a clinical setting under the guidance and assistance of urologists which requires at least two semen analyses. Along with a complete reproductive and medical history in two separate weeks. The medical examination should cover systemic medical illness, history of surgeries, and exposure to addictions and toxins whereas, the reproductive history should include frequency of coitus its duration, history of prior fertility or infertility, fecundity, sexually transmitted infections and family history of infertility. (Lazarou. A., Steven (2006). Boston IVF handbook 2012: 97-104) [6, 13].

The stigma around infertility stems more due to wanting general health awareness that it is not only female but male infertility is also crucial in creating a barrier to natural conception. Usually, the major cause behind male infertility is the abnormality of sperm which could be either low in count or deformed or lacking in motility. Although there does not exist a definite reason for defective sperm the major possible causes include an undescended testicle- Which is a condition in which a testicle has not moved into the bag of skin below the penis before the birth. It is generally rare in full-term babies but very common in baby boys born prematurely. The absence or the feeling of a testicle where it is expected to be in the scrotum is the primary symptom of an undescended testicle, medically termed, 'cryptorchidism'. Its treatment consists of hormonal injection and surgery which fixes a testicle underneath the scrotum to prevent future torsions. The surgeon carefully manipulates the testicle into the scrotum stretching it into place officially known as 'orchiopexy' which is done either with a laparoscope or open surgery. (Roberts. P.K., & Pryor. L.J, (1997) [15].

Varicocele: It is amongst the most common causes of male infertility and one of the controversial issues in the field of 'Andrology'. It is a condition due to the engagement of veins inside the scrotum making a bulge above the testicle. Although all varicoceles do not lead to male fertility the main concern lies with the fact that it may damage sperm, especially in individuals with an average sperm count, Varicocele leads to a rapid decline in the sperm count causing infertility.

Usually, without symptoms, varicocele is often discovered after a man is diagnosed with infertility. Its treatment either consists of surgery called varicocelectomy which is more effective or 'embolization' which is a microsurgery that temporarily cuts off the blood supply to the scrotum. Males who have varicocele and a family history of infertility should mandatorily go for a pre-evaluation before planning a baby and where surgery fails to ensure/enhance fertility, Assisted Fertilization Technologies like IVF and IUI can be accessed. (Tannour Mounia Tannour-Louet and Lamb Dolores, 2009) [18].

Cystic Fibrosis: Most common with cystic fibrosis are infertile because of the absence of the sperm channel called Congenital Bilateral Absence of Vas Deferens (CBAVD) due to which the sperm never makes it into the sperm making it impossible to fertilize and ova through intercourse. "Almost all men with clinical cystic Fibrosis (CBAVD) have with approximately 70% men with an identifiable abnormality of

CFTRG". (Boston IVF handbook, Overview of male infertility: 2012: 99) ^[13].

It is recommended that both partners should undergo genetic counselling and CFTR testing to rule out abnormalities. Genetic testing is significant due to future health effects and most importantly to identify the difference between infertility and sterility. This diction is the key to understanding the effect of (CF) on male reproduction. As the sperm is not absent even through the Vas Deferens (VD) sperm production in the testicles is normal in 90% of males in CF and CBAXD. That is most men with CF can still have biological offspring through assisted reproductive technology. (Roberts. P.K., & Pryor. L.J, 1997) ^[15].

Hypogonadism: It is a condition in which the male body does not produce enough hormone to trigger masculine growth identified during puberty. Male hypogonadism can delay puberty and in the case of adults, it is an early sign of decreed sex drive impairing normal reproductive function. Pathological hypogonadism does not produce enough testosterone either due to an inherited or parental hormonal defect. The secondary reason is due to hypothalamic disease the disorder in the circulation of the brain signals to the testicle to produce testosterone. Men with hypogonadism can be treated with gonadotropin-releasing hormone which is incited with the injection of HCG (Human Chorionic Gonadotropic Hormone). The dose is adjusted according to corresponding symptoms of hypogonadism, serum testosterone concentration and semen parameter. (Tannour Mounia Tannour-Louet and Lamb Dolores, 2009) ^[18].

Akin to female reproductive age, males too have biological clocks that affect the quality of their sperm, fertility level and hormone level. The concept of the biological clock encompasses the decline in sex hormones, decline in fertility and increased risk of pregnancy loss and congenital anomalies associated with advanced parental age. Advanced paternal age is linked with testosterone and fertility decline leading to decreased spermatogenesis and pregnancy rates. The consequences of the correlation between age and decline in testosterone include decreased libido, muscle strength, cognitive dysfunction, erectile dysfunction, weight gain, type II diabetics, cardiovascular disease and metabolic syndrome (Binnial Review of Infertility vol-3, 2009; Effect of advanced age on male infertility: Handri F, and Macchew. Wosniczer).

Apart from a decrease in semen volume, percentage of normal and healthy sperm and sperm motility, the genetic integrity of the sperm is also at risk with advanced parental age. "The rate of genetic abnormalities during spermatogenesis increases in ageing men although the cause of such damage to DNA is undetermined to date yet 'aberrant apoptosis' and 'oxidative stress' have been implicated. The age-related increase in sperm cells with highly damaged DNA results from both increased double-strand DNA breaks and decreased apoptosis during spermatogenesis" (N.P. Singh; C.H. Muller, R.E. Berger, 2003; Fertility. Sterility Journal) ^[9].

The ageing male nowadays taking multiple medications like anti-depression, anti-hypertension drugs, hormonal agents and steroids, tend to have pharmacologically mediated infertility and sexual dysfunction. Severe disruption of sperm production occurs as a result of pastorate-level testosterone while high dosages of anabolic steroids for a prolonged time reduce sperm production which may become

permanent. Sexual function and reproductive ability correspond to the treatment of prostate cancer like radiotherapy, hormonal therapy, surgery or combination resulting in dysfunction and impaired fertility.

"A recent report found that ultrasound-guided needle biopsies of prostatitis associated with some abnormal semen parameter. Since prostate biopsy is more common in men in the 50 years or older group. This can be an issue for some older men who wish to father-children". (Ogawa. N & Shah. I ed: 2014, 31-33) ^[10]. Infertile men hardly experience symptoms like acute genital infection or prosthetics but sometimes are diagnosed with an infection of the urogenital tract due to the presence of increased leukocytes in the semen that decrease sperm functional capacity by the realize ROS (Reactive Oxygen Species). Male infertility is the cause of about 20% of cases of acute infertility issues throughout the world and ROS is a potential contributor reported in the history of male infertility since 1940 but the current literature reports that ROS is the contributing infertility factor in 30-80% of men. (H. Wagner, J.W Cheng and Edmind. Y. CO; Arab Journal of Urology, 2008) ^[4].

Retrograde Ejaculation: It is the backflow of sperm into the bladder which occurs in case of urogenital tract surgery, sympathetic denervation and diabetes. Ejaculatory duct obstruction precedes decreased semen volume and azoospermia or severe 'oligospermia'.

"ART can be combined to use sperm from men who have obstructive azoospermia to fertilize ova of their partner and achieve pregnancy"- (Male infertility an overview: S.A Lazarou). "ART is commonly used for the treatment of female partners of men with severe oligospermia and azoospermia. Intrauterine insemination (IUI) consists of washing an ejaculated semen specimen to remove prostaglandin concentrating the sperm in a small volume of culture media and injecting the sperm suspension directly into the upper uterine cavity using a small catheter to the cervix. The insemination is timed to take place before ovulation in couples with mild male infertility. IUI improve pregnancy rates when compared to intra-cervical insemination or timed natural cycles. However, in cases of moderate to severe oligospermia IUI treatments are rarely successful." (V. Waart, Lombard. C.J, Kruger C.F, Fertility, Sterility Journal; 2001) ^[21].

Intracytoplasmic sperm injection (ICST): is considered a revolutionary treatment that improves the prognosis for infertile men with severe oligospermia and asthenospermia that involve the direct injection of a single sperm into the cytoplasm of a human oocyte It is performed as a part of IVF. The overall fertilization rate is around 60% and the clinical pregnancy rate per cycle is around 20%. (Human fertilization and embryology authority, HSEA).

Role of IVF Male infertility, its practical utility and effectiveness

Assisted Reproductive Technology is indeed a boon in the resolution of couple infertility especially in male cases. In the application of ART to achieve a healthy pregnancy and life birth, there exist different levels of invasiveness that take into account both male and female factors. Numerous studies related to In-vitro and In-vivo ART outcomes illuminate the effectiveness of ART as an answer to male infertility The semen analysis is the basic example in the

determination of male infertility as has been determined that there lies a positive correlation between normal semen parameters and male infertility potential (WHO: 1987)

The seminal liquid is secreted in 90% by the prostate and the seminal vesicles with a small proportion secreted by the urethral glands. Forming a viscous fluid in ejaculation the volume of the sample taken for semen analysis produced by the accessory gland reflects the secretory activities of the gland other parameters include vitality. The motility composition and morphology of the semen. WHO has laid down a manual for the procedure of semen collection, analysis and parameters of normal and healthy sperm functioning?

The semen sample was collected post-masturbation after a minimum of 48 hours but no longer than 7 days than sexual abstinence. The semen analysis is divided into macroscopic and microscopic analyses. In microscopic analysis, the non-nemaspermic cellular component is also evaluated which is called the "round cells" compound of Leukocytes sperm, mitogenic cells, epithelium cells, red cells and prostate cells. (Steven R Bayer & Michael M Alper (ed.) 2012) [13].

A normal injection should not contain more than 5×10^6 round cells/ml. The computer-assisted semen analysis (CASA) is advantageous because it obtains precise quantitative data as well as the potential for standardization of semen analysis procedures. Other tests made include the detection of sperm antibodies, sperm vitality, hypoosmotic swelling test, sperm penetration assay, and assay sperm DNA integrality and fragmentation. (Male Infertility and Sexual Dysfunction: 1997: 143-45)

Diagnosis of male infertility rests upon some other tests which include scrotal ultra sound-high frequency sound waves used to produce images including the body. It is done to look at the scrotum and supporting structure including the testicles the ultrasound blood and vessels in the scrotum and supporting structure including the testicles the ultrasound the blood the vessels in the scrotum and testicle can be viewed to identify a possible reason for infertility issues, like signs or presence of unusual mass in the scrotum. Trauma or damage to tissues and structures, abnormal internal inclination or irregularly shaped testicles. The resulting images can also identify varicocele and other issues that could affect sperm production and quality. If the scrotal ultrasound shows any kind of anomalies a testicular biopsy is often done to diagnose male infertility. Testicular biopsy is used to determine whether sperm production problems are caused by any blockage, diagnose the presence and cause a lump in testicles, testicular cancer and most importantly retrieve sperm for use in IVF in the case where are being made in the testicle but not present in the semen. (Steven R Bayer & Michael M Alper (ed.) 2012) [13].

Transurethral Ultrasound: A high-resolution imaging of the prostate, seminal vesicles and vas deferens used in the modality of choice in diagnosing congenital and acquired abnormalities implicated in the cause of obstructive azoospermia. Systematic evaluation of seminal vesicles ejaculatory duct and prostate are carried into the adrenal and sagittal plane. This ultrasound is useful in cases of sub-fertile men who have severe oligospermia or azoospermia with low-volume inoculation. It also guides in case of prostatic cyst aspiration. (Steven R Bayer & Michael M Alper (ed.) 2012) [13].

Hormone testing: Hormones produced by the pituitary gland, hypothalamus and testicles play a crucial role in sexual development and sperm production. Abnormalities in any of these hormonal secretions might lead to male infertility a blood test is thus prescribed to measure the levels of testosterone and other hormones.

Genetic test: It is done when the concentration of sperm is extremely low due to genetic causes. "The prevalence of Y-chromosome microdeletions is 8% in infertility patients which are rare in men with a spermatozoa contribution higher than 5 million/ml. The male children of parents with 'micro deletion' will carry the Y defect and it has been reported in association with Turner's stigma and sexual ambiguity". (Tannour Mounia Tannour-Louet and Lamb Dolores, 2009) [18].

Thus, blood testing can reveal whether there are stable changes in the Y chromosome which are signs of genetic abnormality. Genetics is also prescribed to diagnose various congenital and inherited syndromes. The principle of pre-implementation genetic diagnosis before the implantation in ART is the genetic analysis of a minimum of one embryo cell that should reflect the genetic embryos are unaffected are transferred into IUT (Human Fertilization and Embryology Authority, London)

Conclusion

In any assisted reproductive technique the patient(s) must be intimated about all the medical procedures and risks related to the pre- and post-ART. In the last two decades, there has been massive progress experienced in the treatment of infertile men especially in cases of severe Oligo-asthenic-azoospermia and risk of transmission of defective genetic traits. Sperm banking combined with ART plays a fundamental role in the preservation of male fertility, especially for cancer patients. Treatment of male infertility to become a successful father is also an answer to the stigma. Concerning with the loss of virility and therefore the confident stature of a complete man is also addressed through the effectiveness of ART in treating male infertility. Dr. Kevin. Doody, a specialist in infertility treatment says, "We know that male factor play a role in about half of all couples in which an infertility factor can be identified... the big difference, however, is that even with a sperm problem, most of male factor infertility is still treated through the female" (Fertility and Sterility 2016: Toner. P. James, Coddington. C.C, Doddy. K & Voorhis B) [19].

Culturally a man's fertility or reproductive ability is looked through the lens of his masculinity. Therefore, it is obvious in a society that sets, masculinity to be the primary parameter for the set of being a man that infertility is an aspect that negates or hampers the sanctity of male virility although a man healthy and energetic with male qualities, qualifies himself a man without 'procreative power' is hardly to qualify himself as a man! Moreover, society has stud-type women to access their inabilities while men resist the fact of acknowledging their inability. As a medical issue although infertility is quite common society and its stereotypical culture have always stigmatized the issue to the level of the battle of the sexes.

Hence, most of the time male factor infertility windup doing female infertility treatment and ART technology is accessed as a means of solving the state of childlessness bypassing the male responsibilities. Whatever the reason behind this,

men often find themselves alone in the battle of infertility, which makes them suffer from depression and anxiety about losing social structure. The popular saying, 'If you cannot get your wife pregnant you cannot help but compare yourself to other men and feel inferior, has a deep root in the establishment of complications of male infertility'.

In short, male infertility is an assault on a man's sense of self that revives the feeling of competition castration and experiences of people who assume that infertile men cannot perform sexuality which aggravates the insecurities among infertile men. "Male factor infertility is proposed to have such a social stigma that it produces stress and a culture of secrecy and protectiveness to the extent that women sometimes even take the blame for the couple's childlessness" (Laura. A. Perorate *Journal of Psychosomatic Obstetrics & Gynecology*: 2007). As men are thought to be emotionally inexpressive, their struggle and emotional stress remains mostly dormant and a prolonged psychological suppression often leads them to have negative repercussion in the absence of a healthy outlet. So, proper counselling, self-counselling and emotional outlets are necessary to address the psychological aspect of male infertility lest the tendencies of intimate partner violence are quite alarming in this regard. Sexual dissatisfaction of infertile men not only arises from their inadequacy of sexual performance but also from the sad realization of their unproductiveness.

The past two decades have witnessed a major development in the field of addressing infertility issues to assisted reproductive technology that has been accepted as a boom in fulfilling the test of parenthood among people suffering from fertility issues. The awareness of this although is limited in the urban educated elite pockets. The procedure of IVF with its recent advancement has helped to improve the success rate of addressing the issue of childlessness no less in the case of male factor infertility than that of its female prototype. The various analysis of the difference in the male procreative anomaly has been a huge help in the resolution of male factor infertility.

The sperm preservation technique including douching & direct swim-up as density gradients has essentially inherent the further process of IVF or IUI. In many cases, couples with male factor infertility have lower fertilization and pregnancy rate expectations, surgically retrieving sperm has been used along with ICSI as an alternative to access the process of fertilization.

Therefore, ART catalyzes the process of giving men with procreative issues the experience of fatherhood. It acts as a barrier against the flogging of the numerous social stigma experienced by men in a patriarchal society that negates to access male infertility as an issue to be addressed as a way to enhance a healthy man-woman relationship.

Conflict of Interest

Not available

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