

*Original Article***Lived experience of infertile men with male infertility cause**

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Abstract

BACKGROUND: Approximately 15 percent of all the couples are involuntarily childless in reproductive ages. The ability to reproduce and give birth to a child is an important part of the human beings life; thus, infertility can cause anxiety for the infertile people. Therefore, this study aimed to investigate men's experiences from male infertility.

METHODS: This was a descriptive phenomenological study. The data were collected using in-depth interview of ten infertile men. The interviews were taped and then transcribed on the paper for analyzing through seven-step Colaizzi method. Considering that in qualitative studies, study population is not considered, therefore there was no limitation in location for collecting the data and the participants selected from the infertile men of the society.

RESULTS: Four main concepts were obtained in association with infertility phenomenon: individual stress, challenges in communication, problems associated with treatment process and the effects of beliefs and religious attitude.

CONCLUSIONS: According to the results of this study, it seems that all the different life aspects of infertile were affected by infertility. Thus, designing and conducting conductive and supportive programs plays an important role for providing better care for infertile men.

KEY WORDS: Lived experience, infertility, men.

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Reproductive phenomena is a natural process in living organisms, which in human being, in addition to physiologic aspects, has social and psychological dimensions; so that one of the goals of marriage and making family is reproduction and fertility. Birth of an infant can strengthen the family basis, meet the emotional needs of the people and finally, lead to renewal and continuity of the generation. But, infertility is a fact which is incompatible with all the mentioned cases. Thus, in the list of stressful events of the life (86 cases), infertility was one of the most negative events which is considered tantamount to death of the child or spouse.¹

However, in many developing countries

which are faced with rapid population growth, fertility control is of high importance and infertility is ignored. Whereas, this becomes more important in the countries which have high fertility rate because culturally and socially fertility has a special place among the couples and their families.² Since the dominant view of the society believes that pregnancy, delivery, breastfeeding and child's upbringing are feminine issues, women are also being in charge of infertility and they undergo a lot of stress in association with infertility. That is the reason of conducting many studies on the effects of infertility on the women. However, some of the studies announced that if the diagnosis of infertility is the male infertility, it would have more negative

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response in men and would cause exacerbation in depression, social aversion and failure.³ The study which was conducted about reviewing the mental and psychological effects of infertility on men and women indicated that if the infertility cause had been the male factor, men - similar to many women- also suffered from anxiety, isolation, self-blame and inadequate sexual power and feeling.⁴ And, because of association between fertility and male sexual power, infertile men usually feel that their identity and manhood are not perfect.⁵

In another study, it was found that the men who were infertile had more negative feelings in comparison with the men whose infertility cause was not related to them.⁶

Inability to have children, in our society which fertility is given very attention and reproduction is considered as one of the fundamental goals of marriage, causes many mental problems for the infertile men.

Fear of rejection, divorce, remarriage and etc. brings about multiple unpleasant changes for the infertile men and would cause many social and psychological stress and tensions for them. Now, 80 million people all over the world are suffering from infertility.

Infertility is a unique experience. So, identifying thoughts and attitudes would cause valuable role in understanding psychological and social problems from the infertility. However, the infertile people often are not eager to provide personal information about infertility and its consequences in their private lives. Thus, using qualitative methods in research would be beneficial in order to understand the social and cultural aspects of the infertility.

According to the mentioned themes, this study aimed to identify needs, perceptions, and experiences of infertile men. It is expected that the results of this study be useful in compiling supportive and various counseling programs for infertile men.

Methods

Since the aim of this study was to describe the experience of infertile men, this study was done in descriptive phenomenology method. Because in qualitative studies, study population is not

considered, in the present study also there was no limitation in location for collecting the data and the participants selected from the infertile men who referred to the Infertility Center of Shahid-Beheshti, Isfahan, or those who have been introduced by friends and relatives. These people were Iranian infertile men who had tendency and inclusion criteria for entering the study. The inclusion criteria included as the following: at least one year elapsed from the marriage, confirmation of their male infertility cause, no history of divorce and remarriage, the ability to express their feelings, emotions and experiences and no adopted child. Sampling was continued until the data saturated for six months from 2008-4-8 to 2008-9-15. Finally, 10 infertile men participated in the study.

Before implementation of the interviews, the objectives and importance of the study was explained for the participants and after obtaining the reliability, they were assured about the confidentiality of the interviews. They have been told that they can withdraw from the study at any time. In addition, ethical considerations were observed and the interview was done in a private and quiet place with open ended questions. The interviews were taped by a digital recorder, and then were carefully listened and transcribed. Each participant had been interviewed once and the duration of the interview was 45 to 60 minutes. In order to verify the concepts, the researcher re-referred to the samples and explains them the descriptions resulted from the data. Analyzing the data was done using seven-step Colaizzi method.

The authenticity and stability of the study was because of four main themes: the real value, applicability, continuity, and reality. The real value means expressing the experience of someone who really experienced that concept. In the present study, the real value was achieved by referring to the participants and approval of the statements. Applicability or application ability refers to this matter that whether the results are applicable in other groups or locations? In this regard also it was tried not to select only one certain place for sampling and it was met through wide range of age groups and

different social and cultural backgrounds. Besides, stability achieved when the participants have given non-contradictory and identical responses to the similar questions which have been designed in different forms. Reality-based in this study also was achieved without any prejudice in the study process. During this study, the researchers tried to avoid any prejudice about the phenomenon in all the processes of the study.

The analysis steps of the study based on the Colaizzi method were as the following:

The researcher re-read the participants' descriptions frequently and put himself in their place in order to understand their concepts. Thereafter, the related sentences and words with studied phenomenon were extracted and every extracted sentence was given a specific meaning and concept. By reviewing the participants' descriptions, common concepts were placed in specific thematic categories. For making the content authenticity, the original descriptions were referred to. In the next step, derived concepts rendered to a comprehensive and complete description. At the end, the final obtained results were presented to the participants for making sure about the reliability of them.

Results

Analyzing the data obtained through interviewing with the 10 infertile men using Colaizzi method, and the results were expressed in four main concepts: individual stress, challenges in communication, problems associated with treatment process and the effects of beliefs and religious attitude

Individual stress

The first deducted concept was the individual tension or stress which had two aspects, emotional and psychological consequences and sexual and physical problems. The participants found themselves helpless coping with infertility difficulties and expressed several emotional responses including feeling weakness and miserable, denial and disbelief, anger, guilt, loneliness, fear and frustration.

"My own daddy had six children; I was sure about myself that it's not my problem. Out of blue, I was told that this is your problem and you won't be able to have child; there I couldn't believe at all; I went to pieces. I told myself that maybe the tests were wrong; right now I can't still believe it..."

The other issue which infertile men were faced with was to accept adopting a child, one of the common preoccupations which had many inner and external challenges.

"Many of the people told us to adopt a child; even my wife did, but I don't want to, you know, I'm afraid; when the child get older, he/she will reject us in the future, or his/her original parents appear suddenly and get him/her away from us; that time I would be more frustrated. Besides, we were the original children of our parents, what did we do to our parents? Let alone someone else's kid got to do something with us in the future..."

The other unpleasant feeling they were confronted with was the change in their self-concept:

"Nobody just blamed me or told me anything, but I don't think I'm even a guy, or others may think I'm not a man. I feel I am a miserable person. I feel I'm so inept and unworthy, people would think I can't be on my own..."

The other thematic category was related to individual stress, physical and sexual problems. Many of the participants of the study had complained about several physical problems they experienced due to neural infertility crisis. Problems such as chronic headaches, fatigue, anorexia and insomnia all were the problems which infertile men believed they were due to infertility.

"At nights, I think to myself, what would happen then? I think a lot so that my head is going to explode, even if I take thousands of pills, it won't be relieved, nor I can sleep..."

One of the other problems they were faced with was sexual dysfunction. Problems such as decrease in libido, decrease in orgasm quality, reduce in the frequency of sex, negative attitude towards sexual relationship, premature ejaculation and even sexual impotence were related to the participants of the study.

"When I realized that this was my problem, everything got a mess..., I could not have sex for almost

two months; I was impotence. Now, my libido is reduced, our sexual relationship has been reduced; it's not comparable with the past".

One of the other problems they were faced with was sexual dysfunction of their wives that aside from reducing the sexual relationship quality of the couples had also negative emotional consequences for the infertile person.

"The number of the times we sleep together has been reduced, maybe every ten days. It depends upon my wife's mood; the time she found that I'm an infertile man she does not have any desire to have sex..."

Communications challenges

In addition to the individual aspects of infertility, the relationships of these men have been affected both in the family and socially. In this study, the participants had been captured by their infertility effects on the communications.

"I feel the others will hold this issue against me that you won't have a baby. All the time they want to tease me and remind me this. Even at the job, because of this they don't trust me very much. They consider me as if I'm an inept guy. That's why I do not walk around very much, I tried not to go out pretty much..."

It should be noted that sometimes because of this issue, the relationship of the couples had been closer and more intimate. Some of the infertile men believed that they could not understand the intimacy and devotion of their wives except in difficulties.

"Thank God that it does not impact our life yet; I mean, me and my wife became more intimate together. She always keep telling me not to be sad...the point is that we are together now. We like to have a baby, maybe it's meant to be, maybe not, it doesn't matter, whatever...My wife is a great blessing for me, no way I can't ignore her; I mean it's my wife who gives me power and strength"

Problems associated with the treatment

Being unaware of the treatment process, exorbitant costs and poor performance of the medical team were the issues which the infertile men had suffered from.

"We don't know what this drug is and what it does, they (the medical staff) don't say it either, maybe

they don't even know. Once my wife injected a hormone injection, she got sick, the nurse didn't know what that was; we asked the doctor, and he teased us and said: I have no idea, you better call 118! What if you were in my place?!"

One of the expectations of the participants of this study from the health system was financial support and paying some of the costs of the treatments by the health insurance.

"Forget about the side-effects and disability and joblessness which I must go to Yazd, Tehran and Isfahan, after all these health insurance premium costs, it should pay a little part of these costs, if not, that's OK, at least they should hold some consulting classes for us so that we get happy that we are covered by insurance. Besides, none of the doctors accept insurance for their fees..."

Beliefs and religious attitudes

The attitude and perspective of the people about infertility was different. Some of the participants of the study considered infertility as a Devine test. They believed that infertility was something beyond their control and if God's Providence requires, they would absolutely have child.

"God is not indebted to anyone; if God has Mercy on you, he would give birth to your child, otherwise, maybe it's God's Ordinance; Thanks God anyway..."

Furthermore, there were some of the participants who believed it was due to retaliation of their past sins and infertility was the penalty of their previous sins.

"It's hard to believe, but maybe God didn't consider you as capable of giving birth to a child and upbringing him/her..., well, why did God create this interest in me while he didn't want to give us a child? Why did God give me the reproductive instinct but do not give me a child? What is my fault? What sin or guilt did I commit? If God wants to punish me, so what is my wife's guilt?!"

Discussion

As a deep observation of the participants of the study, it was indicated that their individual stress had two dimensions, emotional and psychological consequences and sexual and physical problems. Certainly, diagnosis of infertility and reproductive inability is a crisis which is

manifested first by mental and psychological problems. Some of the participants of this study had talked about "denial and disbelief" as their first emotional reaction. It seems that this was known as a defense mechanism in the face of the infertility crisis.¹¹

Change in the self-perception is the other issues the infertile men were faced with. Like other studies¹⁰, lack of self confidence in the participants was obvious.

Nene et al in their study concluded that due to association between fertility and male sexual power, the infertile men often believe that their identity and manhood is not perfect.⁹

Incidence of emotional and psychological problems in face with infertility phenomenon is a common thing. The feeling of defects and lack was the other problem of the infertile men; a challenge which over time would lead to feeling of inferiority in the infertile person.¹² This issue was also obvious in the participants of the present study.

Although this has not been mentioned in similar studies, child adoption was a serious problem for the participants of this study and had faced them with difficult situations and stress. Tendency or lack of tendency to adopt a child, insisting of the spouse in child adoption or on the contrary her resistance not to adopt and interference of the couples' families and etc were the serious disturbances of the infertile men in the present study.

Headache, fatigue, appetite and sleep disorder were the common problems of the participants of the present study. The results of other studies also indicated that somatic complaints were significantly more obvious in the infertile people.¹³ Hypertension and peptic ulcer respectively had been observed in 17.3 percent and 1.8 percent of the study subjects of Umezulike study.¹⁴

In addition, the participants of the present study dissatisfied from the effects of infertility on their sexual relationship. Monga et al reported lower rate of marital satisfaction in the infertile couples than those who voluntarily underwent sterilization. The infertile men in the

study of Monga had experienced lower level of sexual activity.¹⁵

Sherrod et al in their study have come to realize that decreased satisfaction in the sexual activity largely was associated with "scheduled sex" in order for treatment processes and concerns about doing sex in the ovulation period which this on one hand decreased the "intentional sex" and on the other hand increased the infertile couples' stress.¹⁶

The other obtained concept was challenges in the communications in this study. Many studies indicated that infertility has many family and social outcomes and consequences for the infertile people¹⁰ so that the infertile people tend to isolation, seclusion, and reduce their social activities.¹⁷

Imeson et al in their study indicated that even the people who had a successful socioeconomic life, after the diagnosis of infertility would suffer from desperation and sense of failure. These people also, due to high medical expenses, experience failure of the treatment and feeling emptiness. In addition, the mentioned study indicated that one of the most prevalent concerns was the fear of side effects of long term use of assisted reproductive medicines.¹⁸

One of the other concepts in this study was the effects of beliefs and religious attitude. Johansson stated that if people in their life look for the other values such as spiritualities, they can better tolerate the stress caused by infertility. Some of the participants in the study of Johansson believed that infertility was an opportunity for doing more social and recreation activities and also believed that these opportunities should not be missed by grief and regret.¹⁹

According to the obtained concepts in this study, the following notes are recommended to improve the quality of the provided services to the infertile people.

Since the young couples, do not have previous knowledge about infertility until to face with that, it seems providing brief information about infertility, its causes and treatment methods in the marriage counseling classes gives

more accurate insight to the couples at the time of this incidence.

Infertility sometimes deniably can ruin the life of the people that would devastate their power and possibility of a fruitful life. Therefore, holding supportive consultation meetings and taking advantage of support of a psychologist or a counselor in the medical field would be so beneficial for reviewing psychological and emotional needs of the infertile people and reforming and changing their relations particularly relations between the spouses.

Lack of knowledge due to cause of this problem and the treatment process would lead to exacerbation the stress. Receiving comprehensive information about its cause, follow-up, treatment process and stages, probable side effects and high rate of medical expenses are the inalienable rights of the infertile couples. Appropriate informing and establish a greater intimacy between the medical staff and the infertile people is an effective step toward reducing their stress caused by infertility. In line with this, holding justification and briefing classes for the medical staff about the importance of improving this relationship and providing measures for reducing working pressure and stress of the health staff along with respecting the clients will be inevitable.

The assisted reproductive services, not regarding to the concerns which is induced in the infertile individual about the results of the treatment, can impose the stress of costly ex-

penses of infertility for him/her. Adopting some measures in order to support some part of the costs by supportive institutes and insurance companies can be an effective step toward reducing their stress and creating a financial support for these individuals.

This study aimed to create knowledge about the phenomenon of infertility, and the obtained information and results can be the context of the other researches in this field so that new horizons are open about this phenomenon and be a guide for offering better cares to the infertile people. According to the results of this study, it seems that all the aspects of infertile men's experiences were affected by infertility. Thus, designing and conducting conductive and supportive programs plays an important role for providing better care for infertile men.

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