

# The Other Half of the Story: Men and the Infertility Journey

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# Disclosures

- Dr. Petok has no actual or potential conflict of interest in relation to this presentation.
- AI was not used in the development of the content of this presentation

# Learning Objectives

At the end of this presentation the learner should be able to:

1. Describe men's understanding of infertility
2. Describe commonly held myths about men and infertility
3. Discuss differences in how men and women cope with infertility

# Myths About Men and Infertility

- Infertility is a female problem
- Male infertility is linked to sexual problems
- Men don't care about having babies
- Men don't have emotional reactions to infertility
- Men won't talk about their feelings
- Others?



# Facts About Male Infertility

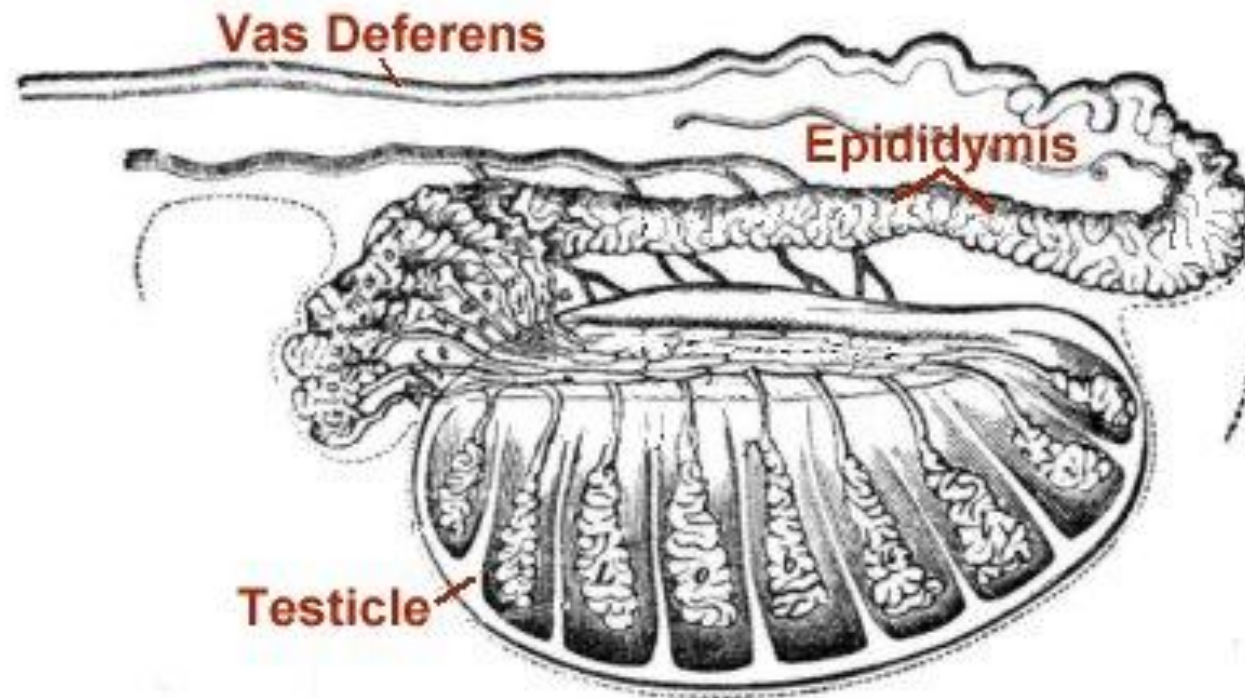
- Men over 35 are twice as likely to be infertile as men  $\geq 25$  (Kidd SA, et al., 2001; Ford WCL, et al., 2000)
- Genetic quality of sperm declines with age (Martin RH, et al., 1987)
- $\approx 2.5$  M men in US are *infertile/sub fertile* (10% of the men trying to father a child)
- 2022 SART.ORG Data
  - 41,531 babies born with IVF – 7,345 born from donor sperm
  - $\approx 17\%$
  - Does not count IUI births

# Semen Analysis: Normal Parameters

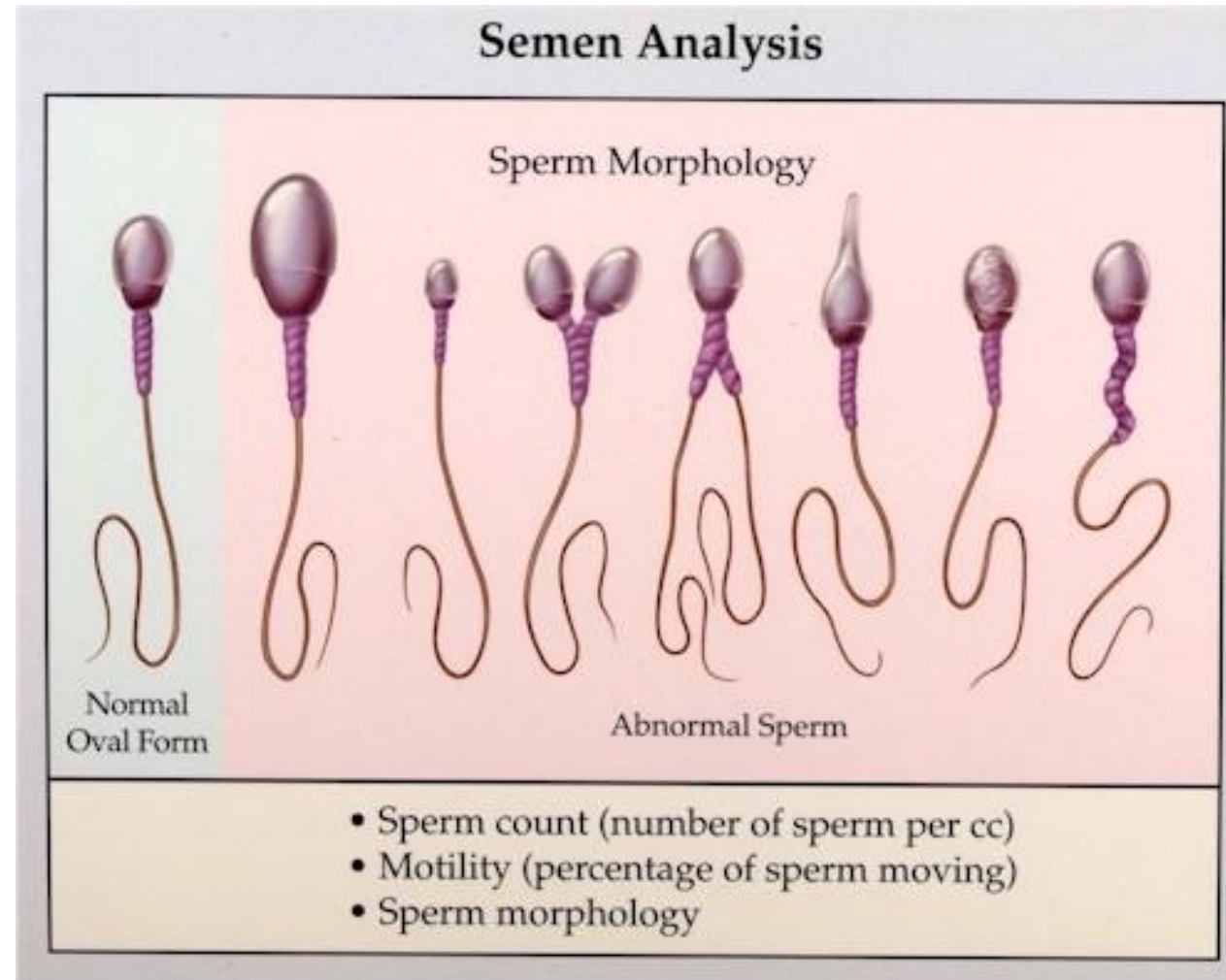
- Sperm concentration > 15 million per mL
- Total count > 39 million/ejaculate
- Ejaculate volume > 1.5 mL
- Progressive motility > 32%
- Normal shapes (morphology) > 4%
- pH range 7.2 – 8.0

World Health Organization

# The “Factory”



# The “Product”





# A Lot Can Go “Wrong”

- Pituitary disease
- Androgen excess
  - Direct feedback inhibition on the hypothalamus
  - Low intratesticular testosterone (necessary for spermatogenesis)
- Disorders of sperm transport
  - Congenital disorders-
    - Congenital Bilateral absence of the Vas deferens (CBAVD)
    - - Cystic Fibrosis
  - Retrograde ejaculation

# Male Infertility Treatments

- PESA/MESA
  - microsurgical epididymal sperm aspiration
- TESE
  - testicular sperm extraction
- IUI
  - Intra uterine insemination
- IVF-
  - invitro fertilization
- AIDS
  - –artificial insemination by donor sperm
- TUREJD
  - -Transurethral resection of the ejaculatory ducts

# History of Artificial Insemination (DI)

- 1779 - Lazzaro Spallanzani (Priest/Physiologist)
  - Contact between sperm and egg necessary for fertilization
  - Animal research
- 1790 - John Hunter, MD (Scottish Anatomist/Surgeon)
  - AIH
- 1884 – William Pancoast, MD (Jefferson Medical College, Philadelphia, PA)
  - DI
  - Undisclosed to wife, disclosed to husband when pregnancy determined.

# History of DI<sup>1</sup>

- 1909 – A.D. Hard reports on Pancoast
  - Legal, medical, moral and ethical debates
- 1954 – BMJ comprehensive article on AI
  - Archbishop of Canterbury Commission
    - DI a criminal offense
  - Pope declares DI “a sin”
  - Supreme Court of Cook County
    - Rules DI “...contrary to public policy and good morals... adultery on the mother's part.”
    - “...child so conceived... born out of wedlock and therefore illegitimate. ... child of the mother... father has no rights or interest ....”

# History of DI<sup>2</sup>

- 1963

- “...DI child was illegitimate because the sperm donor was not married to the child's mother. Regardless of her husband's consent, the court stated, the woman's insemination constituted adultery.”

- 1964

- Georgia first state to pass statute legitimizing children conceived by DI, on the condition that both the husband and wife consented in writing.

# History of DI<sub>3</sub>

- 1973, 1974
  - Commissioners on Uniform State Laws/American Bar Association, approve Uniform Parentage Act
    - Physician supervision/husband consent
    - Husband is “natural” father
    - Donor *not* the legal father
- 1968: People v. Sorenson (California)
  - DI child ruled “legitimate”

# The Challenge of DI

- To use or not use DI
  - Genetic connections vs. Parenting connection
  - Secrecy vs. privacy
- Disclosure
  - Family & friends
  - Potential child
- The myth of anonymity

# Are Men “Fertility Aware?”

- No!, Yes?, Maybe?
  - Women know more (12 studies)
  - There are no differences (10 studies)
    - University student samples mostly
  - Mixed results (4 studies)
- Higher education ↑ Awareness
- Lower numbers of Male Ss

Pedro, Brandão, et al., 2018



# Gender Based Differences

- Do men and women react differently to infertility?
- “Common” wisdoms
  - Fertility confirms virility
    - Loss of fertility/virility most distressing
  - Men desire children less than women
    - Infertility less distressing to men
    - = for men and women aged 31-40

# Differing Impact by Gender

- An infertile woman has reduced friendship contact with peers who become parents
  - Other activities predominate (caretaking, domestic, career)
  - Reduced emotional support
- Men seem to undergo fewer changes in friendships with other males
- Male factor = “holding up” partner
  - Responsible and guilty for stress he causes partner

# Do Men Care About Fertility?

- Too painful to talk about it
  - 15/500
  - McNab, 1984
- Once contacted more than willing to discuss
  - Mason, 1993
- Specific self help literature
  - Schover LR, Thomas, AJ, 2000
- Anthropological and cultural studies
  - Inhorn et al., 2009
- Contemporary literature
  - Chabon, 1999

# Men Don't Have Emotional Reactions to Infertility?

1. Do men suffer less than women from infertility...or not at all (Sturdy Oaks)?
  - If true, psych intervention unnecessary
  - Variation w/in gender as great as between
  - $\therefore 1 \neq$  (Annandale & Riska, 2009).
2. What is the psychological impact of male factor infertility on men (shooting blanks)?
  - Significant impact expressed differently than women (Wischmann, 2013)
  - Reduced quality of personal life, increased sexual dysfunction, cultural differences, etc.

# Really?

- Emotional pain, guilt, shame, anger, isolation, loss, personal failure Mason MC, 1993
- Compromised definition Hardy E, Makuch MY, 2002
  - Loss = a failure to create (a commodity)
  - Loss = failure to continue name/genetic line
  - Loss = inability to control own life/destiny
  - Loss = male sexual identity

# It Appears They Do



# Clinical Issues

- Gender related infertility factors are insults to the portions of the psyche that represent
  - Gender
  - Sex role identification
  - Ego definition or sense of self
- Motherhood a defining role for women in many cultures
- Fatherhood seen as secondary to career
- Men have less social pressure to *parent*

# In Addition....

- Anger about not becoming a father
- Grief/loss
- Potential difficulty with discussing feelings
- A problem that can't be “solved”
- Potentially out of sync with partner's emotions





# Some Thoughts to Consider

- Men socialized to cope with stress differently than women
- Suppress emotions to support female partner
- Withdrawal protective of partner
- Cultural differences abound
- Treatment options can raise emotional turmoil

# Summary

- Male factor infertility occurs at a significant rate
- Multiple treatments exist for the problem
- Men have unique psychological needs with regard to their impaired fertility