

Male Infertility: Taboo or Fear of Judgement - A Cross-Sectional Study from A Rural Tertiary Care Hospital

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Abstract

Background: Male infertility remains under-recognized in many low- and middle-income settings, where gender norms, stigma, limited awareness, and fear of social judgement may discourage men from participating in infertility evaluation and treatment. This study assessed men's awareness, perceptions, attitudes, and health-seeking behaviour regarding male infertility in a rural tertiary-care setting.

Methods: A cross-sectional study was conducted in the Department of Obstetrics and Gynaecology at Sri Adichunchanagiri Hospital and Research Centre, B.G. Nagara. Fifty men aged 20–50 years, who were partners of couples attempting conception, were enrolled. Data were collected using a structured questionnaire comprising closed- and open-ended questions, supplemented by in-depth interviews and focus group discussions.

Results: The mean age of male participants was 35.94 ± 5.07 years, and couples had been attempting conception for a mean duration of 5.5 ± 3.84 years. Although 62% of participants recognized that infertility could be attributable to the male partner, 38% continued to attribute infertility primarily to women, while 60% believed that women bear a greater burden of responsibility. Despite prolonged infertility, 74% of men had never undergone evaluation and 96% had not received treatment. Limited visibility of support systems, persistent gender bias, cultural conditioning, and fear of social judgement were important barriers to appropriate health-seeking behaviour.

Conclusion: Male infertility continues to be surrounded by stigma despite partial awareness of the male contribution to infertility. Persistent gender-based perceptions and delayed male evaluation highlight the need for improved reproductive-health education, couple-based counselling, early male involvement in infertility assessment, and accessible psychosocial support in rural healthcare settings.

Keywords: Male infertility; stigma; fear of social judgement; gender bias; infertility awareness; health-seeking behaviour; rural healthcare.

Introduction

Infertility is a cosmopolitan disease which affects about 15% of couples in reproductive age, of which 40% is contributed by males¹.

Historically, the disgrace of being infertile is dumped on women whenever the couple is unable to bear children². Also, in many LMICs (Low- and Middle-Income Countries), women are unfairly blamed for infertility even when the issue is in the men. This is due to gender inequalities and traditional notions of masculinity, leading to social discrimination against women and limited contribution of men in pursuing treatment for infertility³. There are numerous epidemiologic, geographic, financial, socioeconomic, and regulatory barriers, with the main being andrologists not being a part of infertility treatment teams, combined with a lack of awareness makes it difficult for men to seek treatment².

According to WHO male factor infertility accounts for 50% of all infertility cases. Diverse medical conditions, lifestyle factors, hormonal disturbances contributes to it⁴. Even though there is a remarkable increase in focus for men's health, there is not much in case of preconception health⁵. With these being present, often men are unlikely to pursue medical care compared to women. In the field of MAR (Medically Assisted Reproduction), it is usually said that women provide primary motivation for an infertility investigation even for her male partner¹. Also, evidence suggests that infertility diagnosis is linked with increased risk for current illness and diagnosis of metabolic disorders, cancer or even mortality in the future⁶. Despite that, studies about men's perception, beliefs and their awareness of male infertility and treatment are scanty and unexplored⁷.

Therefore, it's important to know about men's knowledge and their understanding regarding male infertility to further strategize its management and the follow-up treatment. Through this study, we will try to establish an overview about the humiliation around male infertility and their awareness about getting treated for the same.

Materials and Methods

Male infertility: taboo or fear of judgement - a cross-sectional study from a rural tertiary care hospital was conducted in the Department of Obstetrics and Gynecology, Sri Adichunchanagiri Hospital and Research Center, B.G Nagara. The study protocol was approved by the Institutional Ethics Committee (IEC No:

AIMS/IEC/207/2024). Written informed consent was obtained from all participants prior to enrollment. The study was conducted in accordance with the Declaration of Helsinki and Good Clinical Practice guidelines. A constructed questionnaire was given to the male partner of the couple anxious to conceive, belonging to the reproductive age group visiting the Obstetrics and Gynaecology department.

The questions were asked in pen-paper mode. Quantitative data was collected through a few close ended and a few open ended questions, while qualitative data was collected through in depth interview and focused group discussions (FGD).

STUDY POPULATION: Men in reproductive age group (20- 50 years) and couple trying to conceive were included in the study. Written and informed consent was obtained.

SAMPLE SIZE ESTIMATION:

Sample size is calculated using - $Z\alpha = pq/d^2$

Where, $Z = 1.96$

$p(\text{prevalence of primary infertility}) = 3.9\% \quad q = 100-p$

Considering $\alpha=5\%$, confidence interval= 95%, $\beta=80\%$ and non-response rate of 10%, The sample size was calculated to be 45.76~ 50

Sample size - 50.

Results

Descriptive Statistics						
	N	Range	Minimum	Maximum	Mean	Std. Deviation
Age of the female partner	50	24	20	44	29.90	4.824
Age of the husband	50	20	28	48	35.94	5.073
Trying since (years)	50	19	1	20	5.50	3.845
Married life (years)	50	19	1	20	7.26	3.968
Frequency of coitus (per week)	49	9	1	10	3.88	1.986
Age of puberty	50	4	11	15	12.82	.941

- 1) The mean age of the female participants was 29.9 ± 4.82 years, ranging from 20 to 44 years, indicating that the majority were in the reproductive age group, with a concentration in the late twenties. The mean age of husbands was higher at 35.94 ± 5.07 years (range: 28–48 years), reflecting a typical age gap observed in marital demographics.

- 2) Occupation:

Occupation of female partner					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agriculture	6	12.0	12.0	12.0

	cashier	1	2.0	2.0	14.0
	housewife	37	74.0	74.0	88.0
	IT	2	4.0	4.0	92.0
	shop owner	1	2.0	2.0	94.0
	teacher	3	6.0	6.0	100.0
	Total	50	100.0	100.0	

Occupation of Male Participants					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	administrator	1	2.0	2.0	2.0
	agriculture	7	14.0	14.0	16.0
	carpenter	1	2.0	2.0	18.0
	cook	1	2.0	2.0	20.0
	driver	11	22.0	22.0	42.0
	electrician	1	2.0	2.0	44.0
	farmer	8	16.0	16.0	60.0
	IT	5	10.0	10.0	70.0
	KPTC- AE	1	2.0	2.0	72.0
	meat shop	1	2.0	2.0	74.0
	office job	1	2.0	2.0	76.0
	painter	2	4.0	4.0	80.0
	plumber	1	2.0	2.0	82.0
	provision store	7	14.0	14.0	96.0
	teacher	1	2.0	2.0	98.0
	toll worker	1	2.0	2.0	100.0
	Total	50	100.0	100.0	

The study shows predominance of housewives(74%), indicating limited workforce participation. Other occupations such as agriculture (12%), teaching (6%), and IT (4%) were less common.

Male participants had predominantly labour-oriented occupations. The majority of participants were engaged in driver (22%), farmer (16%), agriculture (14%), and provision store work (14%). 56% of participants were in lower income group, 32% were in middle group, This suggests a predominantly lower to middle socioeconomic occupational background. This indicates limited exposure to formal health education, and it reinforces vulnerability to misinformation and stigma.

3) Education:

Educational qualification					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<10th std	20	40.0	40.0	40.0
	11-12 th std	20	40.0	40.0	40.0
	graduate	10	20.0	20.0	100.0
	Total	50	100.0	100.0	

40% of participants had education below 10th standard, 40% studied upto 12th standard and only 20% were graduates. Most of the participants belong to lower socioeconomic and educational strata. More than 80% participants had higher secondary education and 56% participants belonged to low-income group.

annual income					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	a	28	56.0	56.0	56.0

	b	16	32.0	32.0	88.0
	c	6	12.0	12.0	100.0
	Total	50	100.0	100.0	

The demographic difference is crucial, as lower education and socio-economic status are known determinants of poor reproductive health awareness, which influences knowledge gap.

- 4) The mean duration of attempting conception was 5.5 ± 3.84 years, with a wide range of 1 to 20 years, suggesting both early and long-standing infertility cases.
- 5) Menstrual life (ML) duration had a mean of 7.26 ± 3.96 years, indicating variability in reproductive exposure.
- 6) The mean coital frequency was 3.88 ± 1.98 times per week, with most couples reporting moderate sexual activity.
- 7) The mean age at menarche was 12.82 ± 0.94 years, with the majority attaining puberty between 12–13 years (72%), which is within normal physiological limits.
- 8) Motivation for seeking treatment was varied, with the largest group having self motivation and includes 36% participants, followed by both self and partners motivation and includes 28% participants and 22% participants sought medical help because of partner, indicating mixed internal and external motivating factors.
- 9) Perception of infertility: The majority of participants viewed infertility as a matter of fact and includes 36% of participants and 24% participants did not have any major opinion on infertility.
- 10) When assessing willingness to discuss infertility, 40% were somewhat likely to discuss infertility with others, 32% of participants were very likely to openly discuss about infertility and a smaller proportion showed reluctance. This indicates that while a significant number are open, stigma still exists.
- 11) On Discussion about awareness, 62% of participants were aware that infertility can be attributed to males and males are equally responsible for infertility. While 38% of participants still consider and blame the infertility on females.
- 12) When discussing about burden of infertility 60% of participants believed females bear more responsibility, reflecting persistent gender bias and societal pressure on women.

This clearly demonstrates that male infertility continues to be a taboo, not due to complete ignorance, but due to Cultural conditioning, Gender bias and Fear of social judgement

Thus, the findings strongly support the study hypothesis that fear of judgement plays a major role in shaping attitudes, even when knowledge is partially present.

13) Support group:

support group					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	A	5	10.0	10.0	10.0
	B	22	44.0	44.0	54.0
	C	11	22.0	22.0	76.0
	no	11	22.0	22.0	98.0
	yes	1	2.0	2.0	100.0
	Total	50	100.0	100.0	

Study also showed Lack of support Systems , Only 10% acknowledged support groups and 22% reported no support at all. This reflects poor institutional and psychosocial support visibility, contributing to isolation and reluctance.

14) Problem with sexual intercourse:

problem with erection					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Duration	1	2.0	2.0	2.0
	Initiation	2	4.0	4.0	6.0
	late and retrograde ejaculation	1	2.0	2.0	8.0
	No	34	68.0	68.0	76.0
	premature ejaculation	10	20.0	20.0	96.0

	premature ejaculation and initiation	2	4.0	4.0	100.0
	Total	50	100.0	100.0	

Barriers to Health-Seeking Behaviour: A major objective of the study was to identify barriers influencing men's decision-making. On evaluating Delay in Medical Consultation 74% of participants had never been evaluated and 96% of participants had not received any treatment despite prolonged infertility duration, this indicates a significant delay in seeking care, suggesting denial, Lack of prioritization of male evaluation and Social stigma

- 15) Lifestyle Factors: 40% of participants consumed alcohol and Among them, most consumed moderate quantities (60 ml being most common) , 18% of participants were smokers and Substance abuse (marijuana/tobacco) was negligible (2%). These findings suggest moderate exposure to lifestyle risk factors.
- 16) Medical and Surgical History: 84% of participants had no medical comorbidities and among those affected Diabetes and hypertension were most common and Fatty liver was seen in 6% . 94% of participants had no surgical history. This indicates that the majority were apparently healthy, with infertility likely not strongly associated with systemic illness in this cohort.

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