

Psychosocial Aspects of Male Infertility at the Service of Urology-Andrology of the Hospital of the Sino-Guinean Friendship

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Abstract

Objective: Describe the psychosocial aspects of male infertility at the hospital of the Sino-Guinean Friendship. **Patients and method:** It is a prospective study of a descriptive type covering a period of 6 months. The study covered 17 patients, all received for a desire to conceive after at least one year of regular sexual intercourse without contraception. The data were collected from patient interviews using a pre-established questionnaire. **Results:** The average age of the patients was 32.07 years with extremes of 23 years and 42 years. During this study, 64.70% of patients were no longer participating in community ceremonies. The patients' relationships with their spouse and family deteriorated in 52.94% and 47.06%, respectively. Conversely, relations with the family of origin remained unchanged in 70.59 percent of cases. The reduction in economic activity was by 13 patients (76.48%). **Conclusion:** Male infertility causes a real psychic earthquake in men with its corollaries of negative feelings. The rather complex moral repercussions of male infertility affect not only the individual, his/her partner, and family, but also economic activity.

Keywords

Male Infertility, Psycho-Social Aspect, Psychic Earthquake

1. Introduction

The psychosocial aspects of male infertility are the aggregate of physical, psy-

chological, social and economic damage to a man in connection with the absence of pregnancy in a couple due to a male factor [1]. The male responsibility in the infertility of the couple was indeed admitted in antiquity, but rather as a consequence of erectile dysfunction than as a disease in itself. This empirical view, which is still a “reality” today, has motivated either polygamy of necessity or divorce in couples [1] [2].

Male infertility is at the root of a psychological and social disorder leading to a deterioration in the social life of the patient, moreover, a reduction or even a cessation of economic activities [3].

Although there are few psychological studies on male infertility, they agree that a significant proportion of infertile men suffer from a myriad of psychological injuries [4].

In Cameroon, in a study of the psycho-social aspects of infertile patients, shame, guilt, depression, and decreased sexual activity were observed in 33.7%; 35.7%; 53.85% and 40.4% of patients, respectively [5].

In Côte d’Ivoire, in a study of stress-related factors in infertile couples, anxiety, isolation and guilt were in 18.33%, 2.5% and 12.5% of patients, respectively [5] [6].

There has been no previous study on this subject in Guinea. Thus, the aim of this work was to describe the psychosocial aspects of male infertility at the Hospital of the Sino-Guinean Friendship.

2. Patients and Method

This is a prospective study of a descriptive type that took place at HASIGUI, extending over a period of 6 months. This study included 17 patients, all received for desire to conceive after at least one year of regular sexual intercourse without contraception. The data were collected from patient interviews using a pre-established questionnaire written on an investigation sheet. The variables studied were as follows: age, participation in community ceremonies (marriage, baptism, collective prayers, sacrifices), relationships with: the wife, the in-laws, the family of origin; the impact of infertility on economic activity. The Epi Info software version 7.2.2 allowed the analysis of our data.

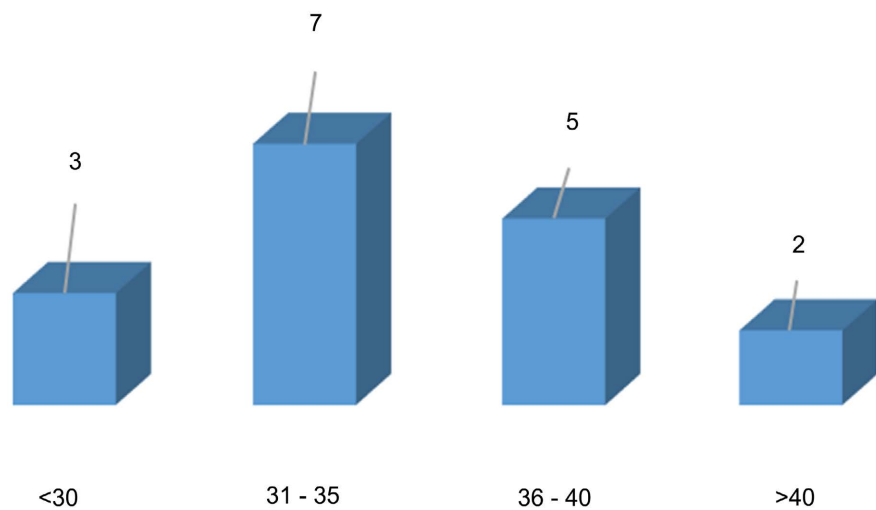
3. Results

The average age of the patients was 32.07 years with extremes of 23 years and 42 years. It should be noted that the following results were all obtained after the onset of male infertility.

During this study, 64.70% of patients were no longer participating in community ceremonies. The patients’ relationships with their spouse, the good family, deteriorated in 52.94% and 47.06%, respectively. Conversely, relations with the family of origin remained unchanged in 70.59 per cent of cases. The reduction in economic activity was by 13 patients (76.48%).

4. Discussion

The male responsibility in the infertility of the couple was indeed admitted in antiquity, but rather as a consequence of erectile dysfunction than as a disease in itself. In patriarchal societies (this is the case in our society) it is difficult to admit that the male male may be responsible for the absence of pregnancy especially at a young age [1] [7]. In our series the average age was 32.07 years with extremes of 23 years and 42 years (Figure 1). Niang L *et al.* [8], extremes of 30 years and 45 years. As old age is known to have a negative influence on fertility, these different relatively young ages are the expression of the urging will of a youth in search of children seen as an inheritance and guarantor of family stability.



Average age: 32.07 years, Extremes: 23 and 42 years old.

Figure 1. Distribution of patients by age groups.

Male infertility generates a myriad of psychological wounds in men (shame, guilt, susceptibility...) that contribute to his exclusion from community ceremonies.

Mr. A. D. reports to us, I quote: “when I saw my wife rolled to the ground in the blood of the sheep sacrificed because of the absence of children, I was reduced to my smallest expression in a confusion of shame and anger...” Then MLK of chaining, I quote: “I heard the screams of women and then I saw my wife on the ground, a meat chair laid on her: it was the placenta of the new mother, I was ashamed..., since I rarely participate in ceremonies”. These unusual, traditionally accepted scenes contribute more to the exclusion of the infertile patient from social life. In our series, 64.70% of patients no longer participated in community ceremonies (Figure 2). This is higher than that by Diarra A *et al.* [9] in Mali: 46.15%. The lack of children weakens the couple’s bonds to the point of creating a situation of discomfort between the spouses that can range from deterioration to the interruption of their relationship [10] [11].

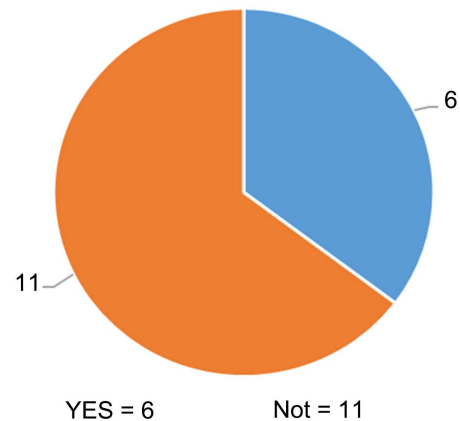


Figure 2. Distribution of patients according to their participation in social life (in this figure, 11 patients no longer participated in community ceremonies compared to 6 patients due to the negative feelings they felt).

We noted a deterioration in the relationship between the spouse and the infertile patient in 52.94% of cases (**Figure 3**). This result is close to that by Janet Takefman *et al.* [12]: 57.69%. These different results with convergent trends would explain this empirical quote from patriarchal societies that “Women are the home and the home is the child”. The birth of a baby stabilizes the home while its absence promotes separations [13]. In our study 17.65% of divorces after the announcement of male infertility were. African marriage with a strictly natalist character requires the consent of the couple, that of the different members of the family, to see friends, making procreation a collective expectation [14].

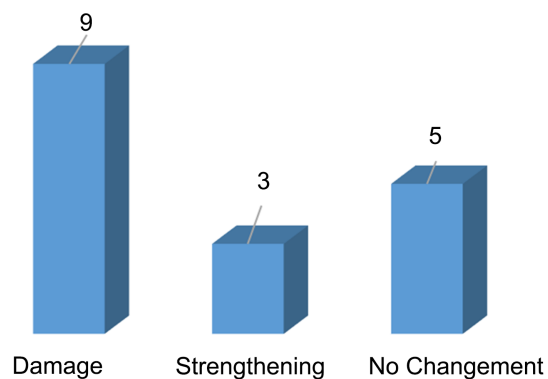


Figure 3. Patient's relationship with wife after diagnosis of male infertility.

This sterile expectation of the beautiful family turns into disenchantment that has a very negative impact on the solidity of the couple. In our study, the mother-in-law relationship deteriorated in 47.06% of cases (**Figure 4**). Moreover, the family of origin whose relationship with the infertile patient has remained unchanged or has been strengthened in 70.59% and 23.53%, respectively, proposes a polygamy of necessity and blames the wife who is unable to conceive [10] [15] [16].

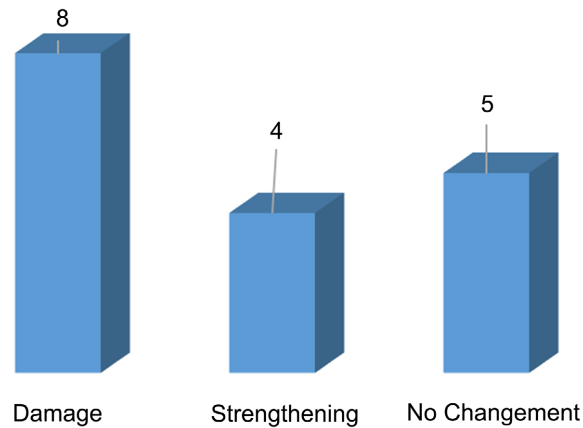


Figure 4. Patient's relationship with in-laws after male infertility.

Beyond the negative feelings generated by infertility and its treatment on the functioning of the individual, there is also a deterioration in its economic activities ranging from reduction to cessation [17] [18]. In our study we noted 76.48% of cases of reduction and 23.52% of cessation of economic activities (**Figure 5**).

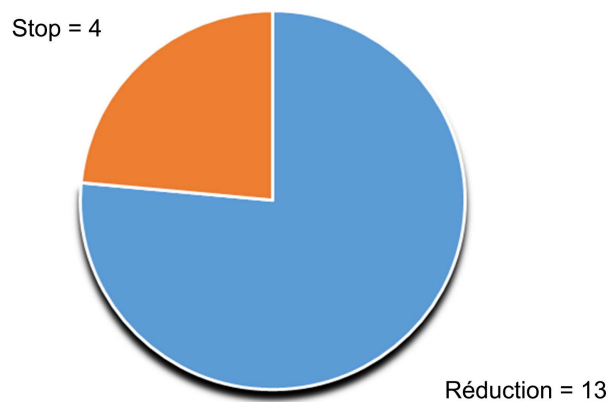


Figure 5. The impact of male infertility on economic activities. The reduction in economic activities was reported by 13 patients and 4 had a cessation of their activity.

In the study of P. N. Nana *et al.* [5] [19] [20], 51.43% of patients abandoned or changed economic activity. This poor economic health would be linked to the costs of treating infertility [17]. Under the weight of social pressure, the infertile patient is committed on all fronts to “having a child”: modern medicine, traditional medicine and every carrier of good news. The most important is the child and not the absence of material property.

5. Conclusion

In our essentially patriarchal societies, the real poverty is the lack of children rather than the absence of material goods. Thus, the main reason for marriage is the child, its absence generates in man a myriad of negative reactions, a degradation of certain social relationships, marital conflicts as well as a decrease in the economic standard of living of the patient.

Conflicts of Interest

No conflict of interest with any financial organization, company or individual that may inappropriately influence this work.

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