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INVITED COMMENTARY

Commentary on “Awareness of and attitudes toward infertility and its treatment: a cross-sectional survey of men in a United States primary care population”

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Involuntary childlessness occurs in about 6%–9% of all couples in central Europe,¹ the incidence in the United States is comparable.² At least 50% of all couples affected do not seek medical help.³ This may have different reasons. In the present article, the authors point out that awareness and familiarity with infertility is greater in high socioeconomic status men but did not differ by race. In contrast, non-Caucasian men indicated that the infertility would be a serious condition for them; moreover, they are concerned about infertility and believe that it impairs a man's quality-of-life. Thus, lack of awareness of the condition of infertility and of its treatment options may contribute to previously described disparities in the treatment of infertility.⁴ Further factors are surely the high cost of assisted reproduction treatment and the lack of access to specialized medical centers. In a similar study conducted in Germany knowledge gaps in reproductive medicine were also prevalent in men and individuals with lower levels of education, however, a broad acceptance of the methods in reproductive medicine was reported.⁵ In the article commented here it is concluded that future research should aim at understanding further the determinants of disparities with particular focus on modifiable factors and should focus on awareness and attitudes toward infertility in couples rather than in individuals because both men and women are involved. This is without doubt correct, but the results of the study have even wider implications.

It is not only people with lower socioeconomic status who may refrain from fertility treatment due to lack of knowledge, barriers may also arise from cultural and religious differences, and one has to consider further social and psychological aspects of involuntary childlessness.⁶ In Muslim countries, for instance, there exist anxieties about masturbation.⁷ The limited understanding of the mechanisms of human reproduction may have the consequence that women are mainly held responsible for infertility, and husbands frequently need much persuasion to undergo examinations for infertility or even refuse it.⁸

Important are also socio-psychological consequences of infertility. Although results of studies are not completely clear, there is much evidence that men are similarly suffering from involuntary childlessness like women even if they cannot realize or communicate it in the same way. This holds particularly true in cases where there is an exclusive andrological factor.⁹

These aspects illustrate the need for adequate information transfer regarding male and female (in) fertility as well as possibilities and

success rates of reproductive medical interventions. Useful may be free information sessions for patients, for example. It has been suggested that family planning and reproductive medicine aspects should be an integral part of sex education at school – just like education about contraception and prevention of sexually transmitted diseases.⁵

However, it is not only infertile people who may lack knowledge of reproductive functions. There are also wrong perceptions among physicians regarding, for example, the association of infertility with the female age.¹⁰ In particular, andrological topics are grossly neglected during medical education for students and later on, for doctors specializing in urology, endocrinology and dermatology (in Germany, where andrology is part of dermatology). The need for clinical andrology should much more be emphasized.¹¹ Not least, it should also come more into the mind of physicians being active in reproductive medicine that there are methods other than assisted fertilization to improve male infertility, in particular different regimes of drug treatment have been re-evaluated most recently.^{12,13} A more comprehensive approach to overcome male infertility would most probably increase the utilization of andrological health care because a considerable part of infertile couples would prefer simpler methods than ICSI to achieve a pregnancy.

COMPETING INTERESTS

The author declares no competing interests.

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