



Perspective

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Mounting a comprehensive public health response to address male infertility

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Male infertility has been regarded as a significant public health concern, with a cumulative total of 55 million men affected across the globe[1]. A wide range of causes, including hormonal imbalance, physical abnormalities, lifestyle parameters, chromosomal defects, psychological concerns, *etc.*, cumulatively account for 30% of male infertility cases[1]. These estimates emphasize the urgent need to raise awareness, conduct thorough evaluations, and implement targeted measures to address male infertility effectively[1].

Despite the rising incidence of male infertility, the issue of male infertility has been grossly neglected, due to a combination of multiple reasons[2–4]. Conventionally, in many communities and religions, the responsibility of childbearing lies with women, discouraging men from getting tested or treated[2]. In continuation, many men are unaware that they could be the cause of infertility, assuming that fertility is predominantly a female issue. Under the pretext of masculinity, societal expectations discourage men from acknowledging fertility problems, as this is regarded as a sign of personal weakness, due to which, even if detected, men remain silent and do not come forward to report[2]. From the healthcare providers' perspective, it cannot be denied that often they are not exposed to formal education or sensitivity training regarding male infertility[3]. In addition, most reproductive health clinics are female-oriented in countries with limited resources, with very few centers offering specialized services for men[2].

From the policymakers' perspective, most existing national and international reproductive health schemes rarely prioritize male infertility[2]. Moreover, in many nations, the collected estimates on fertility are not segregated based on sex, hiding the real burden of male infertility[2,4]. In many settings, fertility care is not integrated with primary healthcare, which makes access difficult for men[4]. Furthermore, there is a false perception among the masses that male infertility cannot be treated, which needs to be addressed through

awareness activities[2]. Finally, male infertility receives less research funding and scientific attention compared to female infertility, due to which the reasons and the consequences of the same have not yet been fully explored.

The consequences of ignoring male infertility can be substantial, as it can jeopardize reproductive health equity, burden healthcare delivery systems, and aggravate gender bias[2,5–7]. To begin with, male infertility could be the manifestation of other health concerns (*viz.* hormonal imbalance, genetic disorder, varicocele, *etc.*), and if we ignore this, we are directly delaying the possibility of early detection and treatment of the underlying morbidities[5]. In continuation, there is a possibility of overlooking screening of sexually transmitted diseases, which can affect both partners, and result in a higher burden on the health system[5]. We must not ignore the possibility that in the absence of accessible and evidence-based public care, men might resort to unproven and potentially harmful treatments from the informal sector. Men facing infertility often experience psychological problems (like depression, feelings of inadequacy, *etc.*), and develop a strained relationship with a partner, including verbal, emotional, or physical abuse[6].

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Furthermore, in the absence of the diagnosis of male infertility, complete blame is placed on women, leading to unwarranted stigma, divorce, or separation[7]. It is not uncommon that females are being repeatedly subjected to invasive diagnostics and treatment, despite males being responsible for the infertility[7]. In other words, when men are not evaluated early, couples have to undergo a longer and expensive fertility journey, which also adds a burden on both public and private healthcare delivery systems[7]. On the social front, upon exclusion of males from infertility evaluation, we directly reinforce that reproduction is purely the responsibility of women, which aggravates gender imbalance[2,7]. In continuation, this creates a scenario wherein men can reduce their engagement from reproductive health programs, including contraception and antenatal care involvement[2].

Acknowledging the rising prevalence of male infertility globally, neglect of male infertility, and the potential grave consequences, there is an indispensable need to adopt a multisectoral and comprehensive approach[2]. At the policy level, male infertility should be recognized as a reproductive health issue, which will necessitate that due emphasis is given toward developing strategic plans, formulation of a budget, and other associated activities. In this regard, we must frame national guidelines for structured evaluation, referral, and treatment of male infertility at different levels of healthcare delivery. In addition, men must be involved in strategies related to reproductive health with the aim of designing inclusive policies[2]. Specific efforts must be taken at the health system level, including the establishment of dedicated male reproductive health clinics in health facilities to provide targeted care for men with fertility issues[2,3]. In addition, integrated, unbiased, and inclusive care should be provided to both partners, including counselling services to facilitate the delivery of services to couples in a single visit[8]. Moreover, fertility preservation options [like sperm bank services for men diagnosed with cancer, or human immunodeficiency virus (HIV), or working in those settings where fertility risks are high, *etc.*] should be offered to at-risk male populations[2,8].

There is an immense need to create and maintain a national male infertility registry through which cases, the given interventions, and outcomes of these interventions are tracked and subsequently utilized to enhance understanding and improve planning of services[9]. In continuation, infertility data should be obtained based on sex, and accordingly, estimate prevalence, trends, and treatment uptake of male infertility[4,9]. All these activities must be supported by awareness campaigns, where strategies are planned to promote understanding of male infertility, modifiable risk factors, testing options, and clarification of the prevailing myths[10]. Furthermore, healthcare professionals should be trained in the evaluation of male fertility as a part of their training curriculum to improve their competence and sensitivity[3]. There is a need to ensure that diagnostic tests, specialist consultations, and common treatment

approaches for male infertility are covered under insurance schemes, and this will significantly improve accessibility and affordability[3].

In conclusion, male infertility is a global public health concern with widespread consequences. The need of the hour is to mount an inclusive and evidence-based public health response to efficiently address the complex social and medical issue of male infertility, and help couples in their reproductive journeys.

Conflict of interest statement

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Authors' contributions

Saurabh R. Shrivastava contributed to the conception or design of the work, drafting of the work, approval of the final version of the manuscript, and agreed for all aspects of the work. Prateek S. Bobhate contributed to the literature review, revision of the manuscript for important intellectual content, approval of the final version of the manuscript, and agreed for all aspects of the work. Rajasi Sengupta contributed to the literature review, revision of the manuscript for important intellectual content, approval of the final version of the manuscript, and agreed for all aspects of the work. Anupama Bhute contributed to the literature review, revision of the manuscript for important intellectual content, approval of the final version of the manuscript, and agreed for all aspects of the work.

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