

THE RELATIONSHIP BETWEEN ANXIETY DISORDERS AND OTHER FACTORS IN MEN WITH INFERTILITY PROBLEMS

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Açar sözlər: *sonsuzluq, sonsuz kişi, təşviş-pozuntuları, cinsi disfunksiya, ailə birliyi, depressiya, psixoloji konsultasiya.*

Ключевые слова: *бесплодие, бесплодные мужчины, тревожные расстройства, сексуальная дисфункция, единство семьи, депрессия, психологическое консультирование.*

Infertility is a common problem worldwide and is considered a clinical and psychosocial phenomenon. Infertility is diagnosed when a couple fails to conceive after 1 year of regular unprotected sexual intercourse. (1) The psychosocial effects of infertility include depression, anxiety, self-esteem problems, and disruption of family and interpersonal relationships. Both the woman and the man should be examined during treatment. According to a study conducted in Iran, in 141 infertile couples, infertility was attributed to 36.2% male factors, 21.3% female factors, and other causes. (1) Infertility can create stress as a reproductive and psychosocial disorder and has an impact on family relationships, treatment, and the roles of women and men. (2) The relationship between infertility-related stress, family compatibility, and psychosocial and demographic factors was investigated in a study of 506 couples in China, and interesting results emerged (2). Urban couples had lower stress levels than rural couples, which was associated with higher access to and awareness of health care systems. Couples with higher levels of education had lower stress levels because they were more informed (2). It was found that infertility-related stress was negatively associated with family cohesion. It follows that couples with low levels of education should be provided with psychoeducation and information should be explained in simple language, the number of health services should be increased in rural areas and awareness-raising activities should be carried out, and cultural differences should be taken into account. (2) In the past, infertility was considered a female problem only, but as science developed and sperm analysis revealed that infertility is 50% related to the male factor. (3) Psychological disorders are also observed in infertile men. One study found that 32.1% of 274 infertile men suffered from depression and 60.6% from anxiety disorders (3). Male infertility can occur for various reasons, such as sperm abnormalities, genetic mutations, lifestyle and medical diseases. After these disorders are identified, an appropriate treatment plan is developed. For example, in vitro fertilization, insemination with donor sperm, intracytoplasmic sperm injection (ICSI). Men who undergo male infertility treatment are more stressed than men who do not suffer from this problem and their life activities are disrupted. (4)

In this regard, the impact of ICSI treatment on infertile men was investigated, and in the interviews, infertility diagnosis, treatment, psychosocial difficulties and coping methods were investigated and it was determined that psychological stress can arise for various reasons, 1. Thinking style, some infertile men accept the situation and look for a way to cope. Some cannot accept this diagnosis and have difficulty in social relationships, do not seek psychological help. 2. Emotional confusion. The diagnosis is accepted as a shock by men and infertile men think that their family relationships, their masculine image and social relationships will be disrupted. 3. To seek a contribution, due to a sense of guilt, infertile men try to contribute to their spouses and this is usually realized in an inadequate way, that is, they become overly selfless in the relationship, try to pay more attention to the woman, focus on a healthy lifestyle for a quality sperm sample and sometimes become overly disciplined. 4. Change in relationships, Sometimes during treatment, couples accept the problem and fight together as a family, get to know each other better and their love increases. Some couples, however, blame each other for the problems during treatment and do not support each other in difficult times. 5. Sharing this topic. Some men can easily talk about this diagnosis and the difficulties they experience with family or friends. However, some are reluctant to share their problems. Because the infertile man feels sadness and perceives this problem as a threat to his social role (4). Comorbid psychological and sexual dysfunctions are very common in couples undergoing infertility treatment. The stigmatization of this topic in most societies can cause high stress in infertile people related to the diagnosis, long-term and unsuccessful treatment. This can lead to infertile-sex syndrome.(5) It is clear that infertility has a profound impact on the psychological state of the person, family and sexual relationships, and female or male identity. 83% of infertile couples are worried about social pressure, unsuccessful treatment and high costs, and not being able to continue their generation. Increased stress causes dysfunction in sexual activity. In 2015, erectile dysfunction was detected in 8.9% of 236 infertile couples in Korea and 52.7% of 4,220 infertile couples in Japan. Infertility is also a factor that causes premature ejaculation and decreased sexual satisfaction. It was determined that premature ejaculation occurs in 12.9% of infertile men. (5) Premature ejaculation and erectile dysfunction are disorders that develop each other. The main goal of infertility treatment is to have a child, and pre-planned sexual intercourse based on treatment can cause emotional tension between couples and can be perceived as coercion. Increased stress, communication problems between couples, and a decrease in the quality of life lead to the deterioration of family relationships. According to studies, infertility has led to a decrease in orgasm and satisfaction in 62% of women, erectile dysfunction in 52.5% of men and premature ejaculation in 23.5%. (5) The difficulty and unsuccessful outcome of infertility treatment, social pressure from others can cause disorders such as depression, anxiety. Therefore, it is important to receive psychotherapy. It was determined that, according to meta-analysis, infertile couples or individuals who received psychological sessions had 2.5 times higher marital satisfaction than those who did not, and 1.5 times higher sexual satisfaction. (6) This is due to the fact that psychotherapy helps to gain awareness, change false basic beliefs and learn stress management techniques, and properly build family relationships (6).

Relevance of the problem. Infertility is a medical and psychosocial problem. This article is relevant because of the insufficient research on the stress or other problems of infertile men

related to infertility. The fact that the psychological state of men in the problem of infertility is ignored mainly due to stereotypes creates a problem for them to seek psychological help. Also, the relationship of the problem of infertility with stress, sexual dysfunction, family relationships, psychological disorders and other long-term consequences is the main topical issue of this article.

Scientific novelty of the problem. In this article, the problem of infertility has been extensively studied, and based on these studies, the results on infertility and its long-term consequences, the psychology of infertile men, its relationship with infertility and anxiety disorders, its relationship with infertility and demographic factors can contribute to the detailed investigation of more and wider studies and the addition of new knowledge to the scientific literature .

Practical significance and application of the problem. The information obtained in this article can be used in psychological support programs for infertile couples and infertile men. Also, having information about the relationship of infertility with psychosocial factors and identifying it in advance can have a positive impact on the early diagnosis and treatment of infertility and can lead to the parallel application of psychological consultations with medical intervention in healthcare systems , and to increased awareness in society.

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G.A. Əhmədova

**Sonsuzluq problemi olan kişilərdə təşviş-həyəcan pozuntuları və digər amillərlə
qarşılıqlı əlaqəsi
Xülasə**

Sonsuzluq tibbi və psixososial bir pozuntudur. Bu məqalədə sonsuzluğun kişi və qadın faktorlarına tibbi və psixoloji təsiri araşdırılır, xüsusilə sonsuz kişi amili və psixoloji aspektləri tədqiq edilmişdir. Araşdırmaların nəticələrinə görə, sonsuzluq kişi amilində bir neçə psixosomatik pozuntuya səbəb ola bilər, məsələn, depressiya, təşviş pozuntuları, həmçinin cinsi dis-funksiyalar baş verir və bu vəziyyət cəmiyyətin formalaşdırdığı stereotiplərə görə diqqətdən kənarda qalır. Müəyyən edilmişdi ki, sonsuzluqla əlaqəli stress ailə münasibətlərinə, kişi və qadın rollarına, cinsi həyata mənfi təsiri böyükdür. Psixoloji dəstək alan sonsuz şəxslər və ya cütlülərdə həyat fəaliyyəti, ailə münasibətləri, cinsi fəaliyyət daha yüksək səviyyədədir. Buna görə də, Səhiyyə sistemində tibbi və psixoloji dəyərləndirmənin və müalicənin paralel tətbiqi zəruridir. Bu məqalə sonsuzluq problemi və sonsuz kişi amilində daha geniş araşdırılmasına və məlumatlılığın artmasına töhfə verə bilər.

Г.А. Ахмедова

**Тревожные расстройства у мужчин с проблемами бесплодия и их связь с
другими факторами
Резюме**

Бесплодие — это медицинское и психосоциальное расстройство. В статье рассматривается медицинское и психологическое влияние бесплодия на мужской и женский факторы, при этом особое внимание уделяется мужскому фактору и психологическим аспектам бесплодия. Согласно исследованиям, бесплодие может стать причиной ряда психосоматических расстройств у мужчин, таких как депрессия, тревожные расстройства, а также сексуальные дисфункции, и это состояние остается незамеченным из-за стереотипов, сформированных обществом. Было установлено, что стресс, связанный с бесплодием, оказывает существенное негативное влияние на семейные отношения, мужские и женские роли, а также сексуальную жизнь. Бесплодные люди или пары, получающие психологическую поддержку, имеют более высокий уровень жизненной активности, семейных отношений и сексуальной активности. Поэтому необходимо параллельное внедрение медицинской и психологической оценки и лечения в систему здравоохранения. Данная статья может способствовать более широкому изучению и повышению осведомленности о проблеме бесплодия и мужского фактора бесплодия.

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