

## Determinants of Psychological Problems in Idiopathic Infertility in Men

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**Abstract:** Infertility as a problem combines not only physical, but also psychological and social problems of the couple. Recently, interest in male infertility has increased significantly, associated with the expansion of research methods to identify this disease. At the same time, the results of these studies showed that infertility in men occurs more often than previously thought. Among the causes of idiopathic infertility, psychological factors can be considered, including the characteristics of the relationship between the couple regarding family and sexual well-being.

**Key words:** idiopathic infertility, psychological and social problems, psychological factor.

**Introduction.** Psychogenic infertility in men can be manifested by the following symptoms: active sexual life with constant anticipation of the onset of conception, low self-esteem and feelings of inferiority, disagreement between spouses [1].

Male infertility is a serious problem that affects the quality of life of men and their partners. However, the psychological aspects of male infertility often remain insufficiently studied and underestimated. In particular, little is known about idiopathic infertility, the factors that determine psychological discomfort in men with infertility without a clear cause. The purpose of this work is to study the determinants of psychological problems in men with idiopathic infertility, as well as compare them with determinants in men with other forms of infertility and in men with non-reproductive health [2].

Male idiopathic infertility is a condition in which there is no known cause of reproductive disorder in a man. This can cause him stress, depression, anxiety, low self-esteem and a decrease in quality of life. In this article, we will consider the main factors affecting the psychological state of men with idiopathic infertility, as well as methods for their diagnosis and Correction [3].

One of the important determinants of psychological discomfort is the attitude of a man to infertility. Some men perceive it as a threat to masculinity, loss of control over life, injustice, or punishment. This attitude helps to develop negative emotions, increase stress levels, and reduce self-esteem. Other men try to adapt to their situation, accept it as part of their destiny, look for alternative ways to solve the problem, or react positively. Such an attitude helps to reduce psychological pressure and increase life satisfaction [4-7].

Another factor affecting the psychological well-being of men with idiopathic infertility is social support. Men who have a trusting relationship with their partner, family, or friends feel less lonely and isolated, coping better with stress and depression than those who face misunderstanding, judgment, or

rejection from those around them. Social support can also have a positive effect on male healing motivation and participation in the reproduction process [8-11].

Another aspect that can affect the psychological state of men with idiopathic infertility is awareness of their illness and possible methods of treatment. Men who have sufficient knowledge of the causes and consequences of infertility, methods of diagnosis and therapy, the risks and side effects of treatment, the prospects for success and failure feel more competent and confident in their actions. They can also better control their emotions and make reasonable decisions. Men who do not have enough education, on the contrary, can experience fear, doubt, helplessness and despair [12-15].

In conclusion, it can be said that psychological discomfort in male idiopathic infertility is a complex and multidimensional phenomenon that depends on many factors. To diagnose and correct it, it is necessary to take into account the individual characteristics of a man, his attitude to infertility, the level of social support and awareness. It is also important to involve men in active participation in the healing and reproduction process and provide them with psychological support when necessary [16-19].

The following types of female infertility are distinguished:

- primary infertility-that is, a woman can never get pregnant;
- secondary infertility-that is, pregnancy occurred earlier, but in the future, pregnancy does not occur for various reasons.

There are also: absolute infertility (pregnancy is excluded at all, in the most categorical way); relative infertility (there is an opportunity to get pregnant and give birth to a child, but this opportunity is significantly reduced).

An important place among these varieties is occupied by infertility of uncertain etiology or origin (psychological or idiopathic infertility), in which a woman cannot get pregnant, but there are no organic and functional reasons for this [20-26].

According to various sources, psychological infertility accounts for 4-40% of infertility cases in women. The diagnosis of "idiopathic" ("unspecified", "psychogenic") infertility can occur when a woman and her partner undergo a certain standard minimum medical examination to determine the biological causes of reproductive disorders and are diagnosed with the biological birth of a couple [27].

Currently, the researchers are divided into two groups on the diagnosis of this infertility. According to some, there is no infertility of uncertain etiology, there is only an unknown infertility, which is impossible if a woman has not passed the necessary medical examination completely, or due to a lack of special means for determining the biological causes of a violation of reproductive function [28-32].

The second appearance of this problem is based on the search for psychological reasons that lead to the impossibility of conceiving a child with the biological safety of the female reproductive system [33].

Psychologists do not distinguish a small number of factors that can lead to psychological infertility. But they play a huge role in the emergence of such infertility under the influence of stress and past traumatic events. And, of course, this is not about stress itself, but about the most diverse causes of stress. From living in a difficult home environment and wanting to have children to depression and financial instability. Any obsession that accompanies every day of life can be difficult to deal with stress [34].

In most cases, the absence of pregnancy is associated with long-term and insurmountable psychological trauma. In this case, a woman's life depends on painful memories, for example, a difficult childhood or constant financial instability in the past. Or when he was raised in childhood without a father. The woman then fears that her husband will leave her alone with his child. The expectant mother, wanting to get the best share for her child, subconsciously seeks to save him from the negative experiences that fell on her. And if so far his life situation is such that he feels that he cannot protect his child, then there will be no pregnancy [35-38].

But when a woman realizes that she is already an adult, has got rid of childhood fears and is now able to protect her child and live for him, the psychological "spontaneous withdrawal" from pregnancy is removed on its own. Nevertheless, much depends on the father of the unborn child. A man should support a woman, he should also show that he is expecting and wants this child. And he always helps and helps her in any difficult situation [39].

Another group of reasons that cause infertility of unknown etiology is associated with internal conflicts that arise between the different motives (desires) of a woman. For example, he wants to make a career and have children. These desires can be the same in intensity, but it is important that they are directed in different directions: if pregnancy occurs, you will have to forget about a career for a while. And if he gets to work, you need to postpone the birth of a child. As a result, an internal conflict may arise that leads to the impossibility of any desire [40].

A number of other reasons arise from a wide range of attitudes of women towards the ability to "have" a child in general or its future role in life. For example, a woman wants to get married, but does not want children – on the contrary. Some want to have children because they love children, but in order to reduce or eliminate the anxiety caused by coldness, others want to satisfy or punish their husband, others want to use the child as a tool in a partner conflict or bring marriage closer., is the generally accepted ideal of the family. Using the child as a means of protecting the family from disintegration, or making him a person who cannot or wants to be himself [41].

The very realization of your own childlessness and therefore social inferiority is a strong stress. Therefore, the most common feelings and conditions in a woman with idiopathic infertility are despair, fear, insecurity about the future, anxiety, depression, anger, tension and fatigue. Usually, a woman does not understand that her psychological state becomes one of the main reasons for a decrease in her ability to pregnancy [42].

At the physiological level, constant stress affects the functioning of all organs and systems of a woman, including those responsible for procreation. Under the influence of Stress, immunity weakens, the mobility of the fallopian tubes decreases, changes occur in the cervix and ovaries. Stress also leaves a mark on the upper centers of the brain, which in turn causes hormonal shifts, which significantly reduces the likelihood of conception [43].

Infertility, along with other diseases, has great social and psychological consequences. Infertility is a big obstacle to a happy family life. G. Y. According to Lashtayeva, the number of divorces in childless families is higher than in couples with children. And 70% of barren marriages are broken down on the initiative of men [44]. It is impossible to emphasize the importance of the birth of a child for a woman's reputation. A woman becomes more confident in herself, because she has fulfilled an important task assigned to her by nature and society. Also, pregnancy and childbirth lead to the reconstruction of the entire endocrine apparatus, and the woman's body is renewed, she becomes more feminine and

charming. In addition, after childbirth, many women begin to orgasm. The totality of these cases and the feeling of pride in the child increases a woman's self-esteem [45].

According to psychoanalysts, shame and guilt always accompany a woman in a situation where she could not get pregnant like everyone else, carry a child and give birth, thereby continuing her own birth. A woman's constant attempts to conceive a child cause a constant feeling of anxiety. And the chronic state of despair leads infertile women to depression [46].

Anxiety and tension can be not only the cause of reproductive disorders, but also the result of infertility [47]. There is an assumption that infertility can lead to neurosis (and vice versa – neuroses can cause various disorders of reproductive function). Many infertile women have abnormalities and many fears in the psycho-emotional sphere [48].

To date, in addition to medical prevention and treatment, it is necessary to introduce and use psychological knowledge about the processes of reproductive function and maternal psychology, as well as to provide psychological assistance and assistance to women diagnosed with "infertility of uncertain etiology" [49].

Prevention of infertility, not treatment, can increase fertility, reduce the number of complications during pregnancy and childbirth, prevent the consequences of psychological conflicts in the family, divorces, and eliminate major economic damage. This, in turn, requires the minimum cost of the forces and means of medical services [50-53].

It is necessary to ensure the availability of information and education about the medical and sexual literacy of the population, the availability and effectiveness of contraceptives, to establish a course of maintaining confidence in health and medicine [54].

**The purpose of the study** is to study the psychological characteristics of patients with idiopathic infertility.

**Research materials and methods.** In this study, 87 men over the age of 18 (22 to 41 years old) were involved, who appealed for outpatient care, complaining of a lack of pregnancy in a marriage for more than 12 months. Before the start of the study, the participants were divided into main (n=41) and control (n=46) groups. The duration of the absence of conception in marriage in the main group of the study is  $3,7\pm 2,6$  years, in the control group- $3,1\pm 2,4$  years.

The average age in the study's core group was  $32,7\pm 6,0$  years, and the control group was  $32,4\pm 8,3$  years. Patients who participated in the study agreed to participate in the study and process personal data. The following methods were used: the Spilberger-Hanin personal and situational anxiety survey; the clinical survey for the diagnosis and evaluation of neurotic disorders from standing; Beck's Depression Scale; the emotional tone Assessment Scale.

**Research results.** No reliable difference in the age of the study participants from the primary ( $31,5\pm 3,7$  years old) and control group ( $32,6\pm 5,4$  years old) has been recorded. Also, no reliable difference in body mass index was found in the study participants ( $27,4\pm 3,2$  in the main group;  $26\pm 3,3$  in the control group). No reliable difference has also been found in the number of people with bad habits (cigarette smoking, alcohol consumption). According to the results obtained, respondents are more characterized by a tendency to anxiety (since, according to methodology, the smaller the importance, the greater the predisposition to the painful nature of diseases). The result is of high statistical significance ( $p<0,01$ ). Situational anxiety manifests itself in a specific situation, which is associated with an assessment of the complexity and importance of the activity, as well as with an actual and expected

assessment. Situational anxiety is characterized by feelings that are subjectively experienced: tension, anxiety, anxiety, irritability. Reactive (situational) anxiety currently characterizes the state of the individual, which is characterized by tension, anxiety, anxiety, irritability in a particular situation. This condition occurs as an emotional response to an extreme or stressful situation, can be dynamic in intensity and over time.

Anxiety and anxiety, which manifests itself in people with psychological infertility, is explained by a constant feeling of tension and excitement, constant repeated attempts to fertilize cause a constant monthly feeling of anxiety in a woman. Realizing your own childlessness, social inferiority is a strong stress in itself, accompanied by increased anxiety. Being in constant tension can lead to neurotic emotional reactions to external situational stimuli.

The study also found that people with psychological infertility were more likely to have anxiety regardless of situational external factors ( $t=2,826$ ;  $p<0.01$ ). Symptoms of asthenia in people with psychological infertility are high fatigue, a decrease in attention is also characteristic, while lability of emotions is observed with instability and a significant jump in mood. In asthenized people, in the case of unsuccessful attempts at conception, often self-control is weakened, they are impatient and often angry due to the lack of understanding of the current situation and its causes. These results have high statistical significance ( $p<0.01$ ).

**Conclusions.** Thus, psychological characteristics in idiopathic infertility are manifested in increased anxiety and anxiety, impaired emotional tone, situational and personal anxiety, phobic and autonomic disorders. Respondents surveyed are more prone to the manifestation of neurotic depression, which in turn requires not only drug treatment in the treatment of infertility, but also psychotherapeutic rehabilitation measures.

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