

Session 07: Challenges in complex decisions: information provision and psychosocial care

Monday, June 26, 2023 - 10:00 - 11:30

Hall D5

SESSION TYPE

Selected oral communication

ABSTRACT TITLE

O-036: ARE MALE INFERTILITY PATIENTS AND MALE PARTNERS TO INFERTILITY PATIENTS IMPACTED DIFFERENTLY BY FERTILITY CHALLENGES? (10:45 - 11:00)

PRESENTED BY:

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BIOGRAPHY

Jacky Boivin is Professor of Health Psychology at the School of Psychology, Cardiff University. She leads the Cardiff Fertility Studies Research Group. Together with collaborators she has led pioneering research into the psychosocial aspects of fertility and produced many tools for patient support in fertility care.

ABSTRACT TEXT

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Study question:

How do male infertility patients and male partners to infertility patients differ on the impact of diagnosis on their daily lives, relationships and mental health?

Summary answer:

Significantly more male patients than male partners agreed that diagnosis impacted their activities of daily living, partner relationships and mental health.

What is known already:

Globally, male factor infertility is causal (solely or with other factors) in approximately 50% of infertility cases¹. The male patient perspective on infertility

remains under-researched as is that of the male partner to the infertile patient. A recent James Lind Alliance priority setting study, including health professionals, patients and health care providers, identified psychological aspects of male infertility as one of the top 10 research priorities within male infertility². Previous literature has documented that men with male factor infertility can experience significant mental distress compared to other diagnoses. However, there is a paucity of evidence about other aspects of life.

Study design, size, duration:

This is a secondary analysis of the male subpopulation of the international, online, 30-minute, quantitative '1000 dreams' survey, which collected data from March to May 2019 among 1944 respondents. The male subpopulation consisted of 847 respondents from nine countries (United States [US], United Kingdom [UK], Germany, Spain, Italy, France, China, Australia, and Canada). Male respondents had either been diagnosed with infertility (patients) or had a partner who had received a diagnosis of infertility (partners).

Participants/materials, setting, methods:

Infertile patients (n=351) and partners (n=496) were at different stages of the treatment journey (diagnosis, treatment). Average age at time of questionnaire completion was 36.33 years (SD=10.06). Survey topics covered impact on mental health, relationships and daily activities. Respondents indicated their extent of agreement with each statement on a scale from 1 to 7 (do not agree at all – completely agree). Response categories 5-7 (somewhat to fully agree) were combined. Chi-square comparison tests were used.

Main results and the role of chance:

Significantly more male patients (57%, n=351) than male partners (40%, n=496) agreed with some impact of their diagnosis on their activities of daily living ($p<0.001$). Of those reporting *any* impact, male patients were significantly more likely to agree that they withdraw from social engagements than male partners (55% vs 38%, $p<0.001$). A significantly greater proportion of male patients agreed that the diagnosis had a negative impact on their work-life balance compared with male partners (58% vs 42%, $p<0.001$) and a negative impact on their career progression (51% vs 36%, $p<0.001$). Similarly, 60% of male patients and 52% of male partners agreed that there were some impacts on their relationship with their partners ($p=0.03$). Of these, more male patients than male partners somewhat or fully agreed that the financial commitment began to put a strain on their partner relationship (54% vs 43%, $p<0.01$). Among male patients (n=351), 62% felt that their diagnosis had an impact on their mental health, and of these, 30% sought professional support services. Among male partners (n=496) 47% reported an impact of their partners diagnosis on their mental health and of these 23% sought professional support services (all differences were NS).

Limitations, reasons for caution:

This survey is based on an anonymous, self-reported online survey with no opportunities to validate data by health care professionals and respondents were not able to ask clarifying questions. There is a risk that the data is not fully representative of the male patient/partner population.

Wider implications of the findings:

The presence of a male factor diagnosis impacts the emotional experience of infertility on males. It highlights the importance of recognizing that while infertility is a couple diagnosis, men may have varying needs for support depending on whether the source of fertility problems is male.