

# Selected aspects of the sexual life of men treated for infertility

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## Abstract

**Introduction.** According to The World Health Organization, sexual health is "a state of physical, emotional, mental and social well-being in relation to sexuality." Human sexuality is considered an area which comprises emotions and behaviors (psyche, soma, polis), whose biological aim is human sexual activity.

The goal of this work was to demonstrate the selected aspects of men's sexual life treated for infertility.

**Materials and methods.** The research was conducted on a group of 121 patients who were divided into two groups. The first group of the examined were men aged 20-40, treated for infertility in the OVEA medical center, Lublin. The second (follow-up) group constituted healthy men aged 20-40 having a family or being in permanent relationships. The research was approved by the Bioethics Committee of the Medical University of Lublin. The method used in this piece of work was a diagnostic survey, whilst the research tool used was an authorial survey questionnaire. The obtained results were subject to statistical analysis.

**Conclusions.** Sexual activity is a very important component of men's life, both for the infertile and the fertile. Infertility has no influence on men's sexual contacts.

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## Introduction

According to the World Health Organization, sexual health is "a state of physical, emotional, mental and social well-being in relation to sexuality." It encourages people to positive and responsible attitude towards sexual relations, sexuality, as well as allows for experiencing safe, coercion-, discrimination- and violence-free fulfilling experiences. It is based on emotional, intellectual, biological and social integration of the aspects of sexual life important for the gradual development of personality, communication and love [1,2,3].

Human sexual life is considered on many different axes [4]. Human sexuality is defined as an area which comprises emotions and behaviors (psyche, soma, polis), whose aim is sexual activity [5,6,7]. Sexuality is shaped by physiological and biological factors which are: one's own volatility, individual set of genes, anatomical body shape; and social factors, such as the influence from important people and institutions; as well as mental factors, like personality traits shaped from birth [6,7,8,9].

Infertility (sterilitas), according to WHO, is "the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse" [10,11,12,13,14]. The institution also defines infertility as a societal disease which almost always refers to a couple of young people during their life activity at its highest [15,16]. It has been placed in the register of the International Classification of Diseases and Related Health Problems under the name ICD-10 (N46 for men and N97 for women) [17].

Currently, this disorder is noted in 60-80 million couples worldwide, and 2 million more become infertile every year [17,18,19,20]. Based on the research of the issue, it has been assumed that the reason for infertility lies in men in 40% of the cases (some of the references give 40%-60%), and women are also the reason for infertility in 40 % of the cases. In Poland, the data are similar [19,20,21,22,23,24,25,26].

Factors causing infertility in men are as follows:

- genetic (inter alia, the Klinefelter syndrome, the azoospermia gene, the cystic fibrosis gene);
- metabolic disorders, endocrine disorders;

- testis-related issues (inter alia, testis lesion as a result of contagious diseases, post-surgery complications, traumas);
- vas deferens lesions (post-inflammatory, post-surgery);
- autoimmune reasons [23,27,28].

The aim of the work was to show the selected aspects of the sexual life of men treated for infertility.

## Materials and methods

The survey was conducted on a group of 121 patients who were divided into two groups. The first group of the surveyed were men aged 20-40, treated for infertility in the OVEA medical center, Lublin. The second (follow-up) group constituted healthy men aged 20-40 having a family or being in permanent relationships. To maintain the clarity of the argument, the following definitions were assumed: "ill" for men treated for infertility, and "healthy" for the fertile. The above-mentioned formulas are formal only and do not reflect the full value of the given notions.

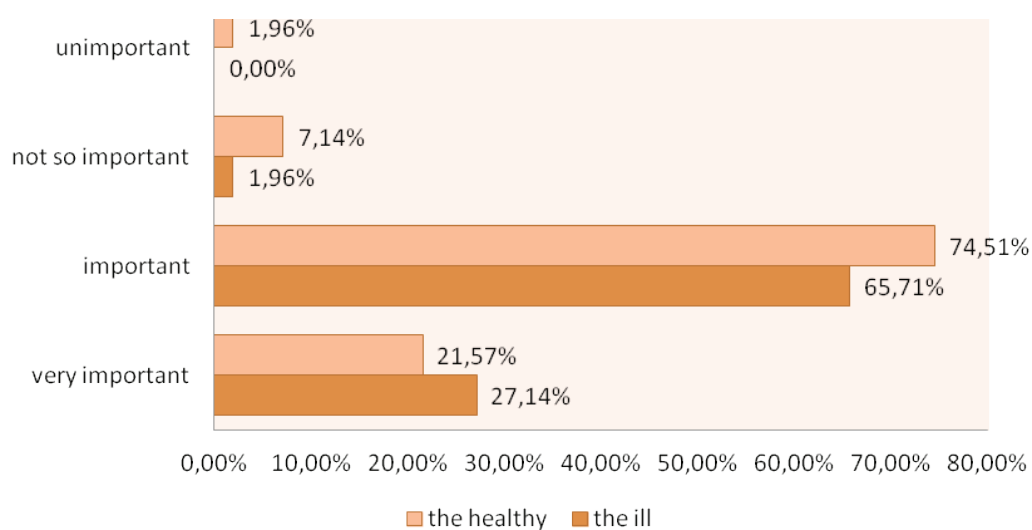
The research was approved by the Bioethics Committee of the Medical University of Lublin. The method used in this piece of work was a diagnostic survey, whilst the research tool used here was an authorial survey questionnaire. The obtained results were subject to statistical analysis.

## Results

The vast majority of men said sexual intercourse is "important" in their lives – both for the ill (74.51%) as well as for the healthy (65.71%), whereas sexual intercourse was considered "very important" for 21.57% of the ill and 27.14% of the healthy. Sexual activity was considered "not so important" for only 1.96% of the ill and 7.14% of the healthy. The percentage rate of men wanting to have a baby, but not considering sex an important thing, constituted only 1.96% of that group, whereas among the healthy there were no men negating sex in their lives. This data has been presented in Fig. 1.

**Fig. 1.**

The role of sexual activity in the life of the examined



The vast majority of the examined, who have reproductive disorders, said that infertility had no influence on their sexual contact with wife or partner (70.83%, n=34). The rest declared that sexual contacts have either increased or decreased. In both cases, the percentage rate of answers was comparable, on the level of 14.58% (n=7). The comparison of these data has been presented in fig. 2.

In the next question, the surveyed were asked to choose, according to them, the most important forms of sexual activity. The majority of answers in both groups was sexual intercourse (80.00% of the healthy and 88.24% of the ill); less important were caress and kisses (74.29% of the healthy and 52.94% respectively) and orgasm (65.71% and 50.98% respectively). The least important for both groups was mutual

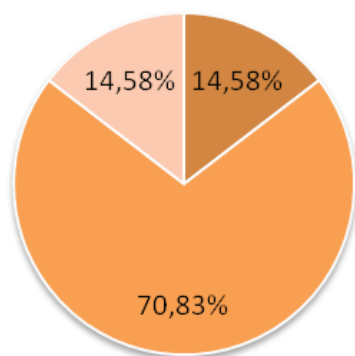
masturbation (50.00% of the healthy and 41.18% of the ill). All of these data have been presented in table 1.

Among the positions during sexual intercourse, the healthy men preferred "classic" (61.43%), then "woman on top" and "from behind" (48.57% for both). A significantly lower percentage rate of men preferred the sitting and standing positions (22.86% and 17.14% respectively). The least frequent position chosen was other than the above-mentioned (14.29%). The surveyed ill men preferred the "classic" position (76.47%); they chose other positions not so often: one in three preferred "woman on top" (33.33%), one in five – "from behind" (23.53%). Other positions were chosen by 9.80% of the respondents with infertility, whereas sitting was chosen by 7.84% of the infertile, and standing was chosen the

**Fig. 2.**

The influence of infertility on the frequency of sexual contact

decrease    no change    increase



least frequently (5.88%). Statistically significant differences were observed in the frequency of selection of the "from behind" position ( $p=0.009$ ) – it was chosen more often by the healthy (48.57%) than the ill (23.53%). The data concerning the sitting position were on the border of significance ( $p=0.051$ ), which has been presented in table 2.

## Discussion

Human sexuality is an inseparable component of human life. Research shows that satisfaction of sexual life and sexual fulfillment have an impact on the quality of life. The data from "Report on Poles' Health" shows that being sexually fit (right before being physically fit) is considered by men as one of the greatest masculine attributes. Sexuality is so important that

we can state it is the mainstay of men's self-esteem and serves as a tool for own self-esteem [23.29].

The research carried out by Izdebski [30], conducted by the Institute for Public Opinion Research on a representative sample of Polish residents, shows that sexuality delivers many positive emotions. This demonstrates that nine in ten Poles declare satisfaction of sexual life. Moreover, about 20% of the respondents of this group considers their sexual life fulfilling. According to the Polish sexologist, the quality of life does not always go hand in hand with the frequency of sexual intercourses or various sexual positions. For more than a half of respondents who have intercourse with their partners, sex is definitely important or important, whereas one in four state that it is not so important.

The results of own research indicate that sex is considered important for a vast majority of respondents,

**Table 1.**  
The most important forms of sexual activity

Form of activity	The ill	The healthy
Sexual intercourse	45 (88.24%)	56 (80.00%)
Caress and kisses	27 (52.94%)	52 (74.29%)
Sexual fantasies	23 (45.10%)	44 (62.86%)
Mutual masturbation	21 (41.18%)	35 (50.00%)
Orgasm	26 (50.98%)	46 (65.71%)
All	23 (45.10%)	35 (50.00%)

**Table 2.**  
The most frequent positions

Position	The ill	The healthy
Classic	39 (76.47%)	43 (61.43%)
Woman on top	17 (33.33%)	34 (48.57%)
From behind	12 (23.53%)	34 (48.57%)
Sitting	4 (7.84%)	16 (22.86%)
Standing	3 (5.88%)	12 (17.14%)
Others	5 (9.80%)	10 (14.29%)

be they ill (74.51%) or healthy (65.71%). Sex has less significance for a very small percentage of the population. Above half of the respondents say that their sexual life is fulfilling. Hawińska and Czyżkowska [31] also note that for 98% of their surveyed sex is an inseparable element of life, for 77% – it is very important, and for 21% – not so important. Prof. Lew-Starowicz's research [29] also shows that 70.83% of infertile men say this disorder did not influence the frequency of sexual intercourses with their partners. Similar results were obtained by Libera [32] which shows no influence of infertility treatment on the sexual life of couples. The results of Makara-Studzińska et al. [16] also point out that sexual life did not change in couples treated for infertility. In fact, 18.2% of the respondents said their sexual life improved, 10% – that having sex became mechanical, and 11% – that it deteriorated. According to the surveyed, marital relationships have been strengthened for 62% of the couples, whereas one in three couples said that emotional bonding has not changed.

Human sexual activity is a part of social behaviors. A substantial amount of people equate sex to sexual intercourse, not paying heed to caress and other forms of intimacy, which ultimately lead to the sense of fulfillment [11,32]. Own research also shows that respondents, when asked what the greatest source of pleasure during sexual activity is, have chosen sexual intercourse (88.24% of the ill, 80% of the healthy). Another important aspect was caress. A slight difference has been observed as regards sexual fantasies (45.1% of the ill, 62.86% of the healthy). Mutual masturbation, orgasm, and all other above-mentioned pleasures have shown no statistical significance, but were preferred by about 40-60% of the surveyed. The research conducted by Ślósarz [21] shows that men are less tolerant towards extravaginal sex, compared to women.

Furthermore, the analysis of own results show that the most frequent position during sexual intercourse was the "classic" one. A discernible tendency is that other positions were less chosen by the ill than by the healthy. Predominantly, the infertile chose the "woman on top" position (33.33%); the healthy preferred "woman on top" (48.57%), as well as "from behind"

(48.57%). The sitting position was less preferred by both groups (7.84% of the ill, 22.86% of the healthy). Lastly, the least chosen position was the standing one. A small amount of the infertile respondents (9.8%) chose other positions than the above-mentioned, whereas the rate among the healthy in this regard was higher, namely 14.29%.

## Conclusions

1. Sexual activity constitutes a major aspect in the life of men, be they treated for infertility or not.
2. Infertility does not affect men's sexual contacts.

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