

INTERNATIONAL THE NEWS

" Infertility not just a female disorder "

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Researchers in the US have termed the belief that infertility is a purely female problem the biggest myth ever and said that the defect could also be traced in men.

Infertility is a growing problem in affluent societies affecting about 15 percent of couples aspiring for offspring. "And the biggest myth", says Robert Stillman, a reproductive endocrinologist and medical director at the Shady Grove Fertility Centre, "is that it is a purely female problem".

Unlike impotence, male infertility is relatively invisible. "If a man can perform sexually," explains Richard Sherins, who practices at Columbia Fertility Associates in Bethesda, "He thinks he is normal, which we know is not always the case."

In fact, Stillman says difficulties can be traced to the man alone a third of the time. With more than 6 million U.S. couples reporting difficulty conceiving, that's a lot of men. Either their bodies are not producing sperm of sufficient quality or quantity, or anatomical defects are preventing the sperm from getting where they're supposed to go, reports Washington Post.

Besides, there's increasing evidence that environmental factors, such as lead and pesticides, may also affect sperm quality.

A report presented in 2006 to the American Society for Reproductive Medicine even pointed a finger at cell phone use. Among men who used their mobile phones for more than four hours a day, average sperm counts were lower - perhaps, researchers theorised, because of electro-magnetic radiation or heat emitted by the devices.

The male reproductive system consists of hormones, tubes and organs that act like a factory for sperm and the semen that carries it. Any of these can malfunction, preventing healthy sperm from penetrating the egg.

The first questions fertility doctors ask new patients are likely to be about timing and frequency of intercourse. Many men eager to have a child, Sherins says, don't know they need to be sexually active the week before and several days after the woman's ovulation - a total of about 10 days.

Assuming timing is not the issue, doctors will next evaluate each partner. A comprehensive evaluation in a man will include a full history and physical exam because medical problems such as cancer or diabetes, kidney or liver disease can affect a man's fertility.

Next, the doctor will conduct sperm studies and is likely to look for physical conditions such as varicoceles - in which veins in the scrotum are enlarged, much like varicose veins. Some experts blame varicoceles for as much as 40 per cent of male infertility, theorising that they raise the temperature in the testicles or lower levels of testosterone, the key male reproductive hormone.

Often, the problem may lie with the sperm itself. Anything affecting its quantity (a normal sperm count is more than 20 million sperm per milliliter of semen), quality (curled, crooked or two-tailed sperm are less effective) or motility (about 60 percent of a normal man's sperm show good forward movement) can affect a couple's chances of conception.

Age also plays a role. Sperm quality appears to degrade in men older than 50, with more "DNA fragmentation" occurring, Sherins says; how exactly that affects fertility isn't known. Some studies have also shown higher rates of autism and schizophrenia in children conceived to older fathers, he says.