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Original Research Article

Understanding awareness and misconception of male infertility in South-Eastern India

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ABSTRACT

Background: People worldwide have many misconceptions and awareness regarding reproductive health and fertility because infertility is still a taboo subject among all people. The public seek medical and psychological counsel and assistance from health experts about male infertility. Therefore, this study aimed to explore the awareness and misconception about male infertility among general population of South-eastern part of India.
Methods: The cross-sectional study was used. A total of 301 valid responses were received. Subjects were selected by convenient sampling method who are fulfilling the inclusive criteria. The structured questionnaire was developed in the google form and the link was shared among various groups.
Results: The 78.7% of participants reported of being aware of male infertility. Most participants (63.1%) had a moderate level of awareness, 21.3% had good awareness and 15.6% showed a low level of awareness regarding male infertility. The mean misconception score was 2.42±1.32, signifying an overall low level of misconception. There is a negative but negligible relationship (r=-0.063) between awareness and misconception. A statistically significant association was observed with gender (χ^2=9.517, p=0.009) and awareness whereas gender and marital status ($p<0.05$) were significantly associated ($p<0.05$) with the degree of misconception (χ^2=16.914, $p<0.001$), (χ^2=15.47, p=0.004) respectively.
Conclusions: This study revealed moderate awareness but persistent misconceptions regarding male infertility, with gender differences which signifies need for targeted and culturally sensitive educational programme to dispel myths and promote shared responsibility in reproductive health.

Keywords: Infertility, Male infertility, Infertility awareness, Infertility misconception

INTRODUCTION

Infertility is a condition with significant psychological, economic, and medical consequences, often resulting in trauma and stress, particularly in societies where strong social norms emphasize childbearing. According to the world health organization (WHO) and the International committee for monitoring assisted reproductive technology, infertility is defined as a disease of the male or female reproductive system characterized by the failure to achieve pregnancy after 12 months or more of regular unprotected sexual intercourse.[1] Infertility affects millions of individuals of reproductive age worldwide and has far-reaching effects on families and communities. Globally, it is estimated that approximately 15% of couples (nearly 48.5 million) are affected by the infertility.[2]

Infertility can result from a wide range of medical conditions and contributing factors. In some cases, a single cause may be identified, while in others, multiple or no identifiable causes may be present.

Nearly 40% of infertility cases are due to male factors, a similar proportion are linked to female reproductive issues, while the remaining 20% are due to reproductive problems affecting both partners.[3]

Despite the equal contribution of men and women to conception, infertility is often perceived as a woman's problem, particularly in developing countries. Women experiencing infertility frequently face serious social consequences such as stigma, emotional distress, depression, anxiety, domestic violence, divorce, and reduced self-esteem. In contrast, male infertility remains a sensitive and less openly discussed topic in many societies. In some cultural settings, when a couple does not conceive within the first year of marriage, blame is disproportionately placed on the woman, leading to the performance of rituals, traditional practices, or even consideration of remarriage for the male partner. Such practices persist in certain regions due to widespread misconceptions and poor acceptance of male infertility.

A cross-sectional study conducted in the slums of Chennai on knowledge and attitudes toward male infertility revealed adequate awareness of common causes of infertility; however, clinical knowledge was comparatively low among both males and females.[3,4] These findings highlight persistent gaps in understanding and misconceptions related to male infertility.

Therefore, the present study aims to assess awareness and misconceptions regarding male infertility among the general population in a different setting. Understanding the level of awareness and prevailing misconceptions will help in designing effective educational and awareness programs to improve community knowledge and promote a more balanced perception of infertility.

METHODS

Study participants and study site

This cross-sectional study was conducted in the south-eastern states of India among 317 individuals from the general population. The study was completed in 2023. An online survey method was adopted to ensure wider coverage across the south-eastern states of India. Participants were selected using a convenience sampling technique. Individuals who met the inclusion criteria and provided informed consent were included in the study.

Instrument and measurement

Data were collected using a semi-structured, self-reported questionnaire. The questionnaire consisted of an informed consent form and three sections: sociodemographic characteristics, awareness, and misconceptions related to male infertility. The survey was administered online using Google Forms. The items were not randomized. Prior to dissemination, the questionnaire was pilot-tested to ensure clarity, usability, and technical functionality. Participants were allowed to review and modify their responses before final submission. To prevent duplicate responses, the survey could not be accessed again once completed.

Description of the tool

The sociodemographic section includes age, gender, educational qualification, occupation, marital status, and residential area. To assess participants' awareness and misconceptions regarding male infertility, a total of 19 structured questions were used, comprising 9 awareness-based items and 10 misconception-based items. These items were developed based on a review of previous literature. For the knowledge section, each correct response was scored as 1, while incorrect or "don't know" responses were scored as 0. Knowledge scores were calculated as percentages and categorized as follows: scores above 75% indicated good knowledge, scores between 50-74% indicated moderate knowledge, and scores below 50% indicated poor knowledge**.** For the misconception section, scores ranged from 0 to 10. Scores above 7 indicated a high level of misconceptions, scores between 5-7 indicated a moderate level, and scores between 1-4 indicated a low level of misconceptions.

Ethical considerations

Ethical approval for the study was obtained from the institutional ethical committee of AIIMS Bhubaneswar (Letter No. T/IM-NF/Nursing/21/164). Participation in the study was entirely voluntary, and participants were informed of their right to withdraw at any time without providing a reason. Confidentiality and anonymity of responses were strictly maintained.

Statistical analysis

The collected data were entered and coded using Microsoft excel and subsequently transferred to SPSS version 20 for statistical analysis. Categorical variables were summarized using frequencies and percentages. Pearson's correlation coefficient was applied to examine the relationship between awareness and misconception regarding male infertility, while the chi-square test was used to determine any significant associations with selected demographic characteristics.

RESULTS

Socio-demographic characteristics of the sample

A total of 317 responses were received, among which 16 were found incomplete and were excluded. Therefore, data analysis was carried out on 301 valid responses. Participants were between 18 and 63 years of age, with a mean age of 27.64±9.73 years, and most respondents (76.1%) were below 30 years. Of the study population, 172 (57.1%) were male, while 129 (42.9%) were female. Regarding educational background, a large proportion (90.7%) had attained graduation or higher qualifications, and no participants were illiterate. In terms of marital status, 73.8% were single, and only 0.3% were separated. Similarly, 65.4% of respondents belonged to urban areas.

Awareness about male infertility

The study findings indicates that 78.7% of participants reported of being aware of male infertility. Among those who were aware, most of them stated that their knowledge was obtained from course curriculum, social media platforms, news and advertisements A large proportion (94.4%) correctly recognized that infertility can affect both men and women, and 93.4% acknowledged that infertility requires medical attention. Additionally, 78.1% believed that both partners should undergo evaluation, while 6.6% were unfamiliar with the definition of male infertility. Regarding treatment preferences, 70.1% perceived allopathic medicine as the appropriate treatment approach, whereas 17.3% considered Ayurveda and 11.6% relied on traditional remedies. Furthermore, 68.1% thinks male infertility is due to genetics or ageing (Table 1).

The mean awareness score of 5.59±1.13, indicating a moderate level of knowledge (Table 3). In addition, most participants (63.1%) had a moderate level of awareness, 21.3% had good awareness and 15.6% showed a low level of awareness regarding male infertility (Figure 1).

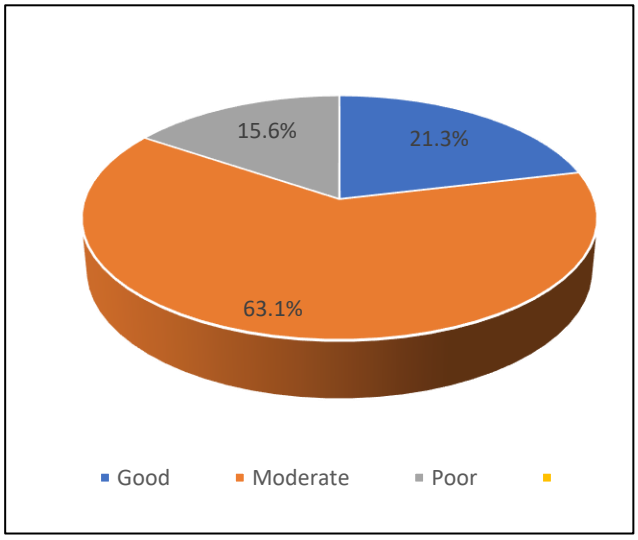

Figure 1: Percentage distribution of degree of awareness regarding male infertility.

Misconception about male infertility

The mean misconception score was 2.42±1.32, signifying an overall low level of misconception.

In terms of misconceptions, 58.8% of respondents reported that women should be held responsible for infertility, while 13% believed divorce is needed in such situations. Additionally, 91.7% acknowledged that the male partner's health is equally important in conception, and 65.1% indicated discomfort in disclosing their fertility status to others.

Additionally, 87.7% of the respondents displayed a low level of misconception, whereas 7% had a moderate level, and none of the participants reported a high level of misconception. Notably, 5.3% of individuals were completely free from misconceptions (Figure 2).

An opened ended question was asked regarding participants perception about causes of male infertility. Participants were mentioned smoking, infections in the genital tract, unsatisfactory sexual relationship, medication use, obesity, environmental pollution, intake of unhealthy diet, contraceptive use, and ageing as cause of infertility.

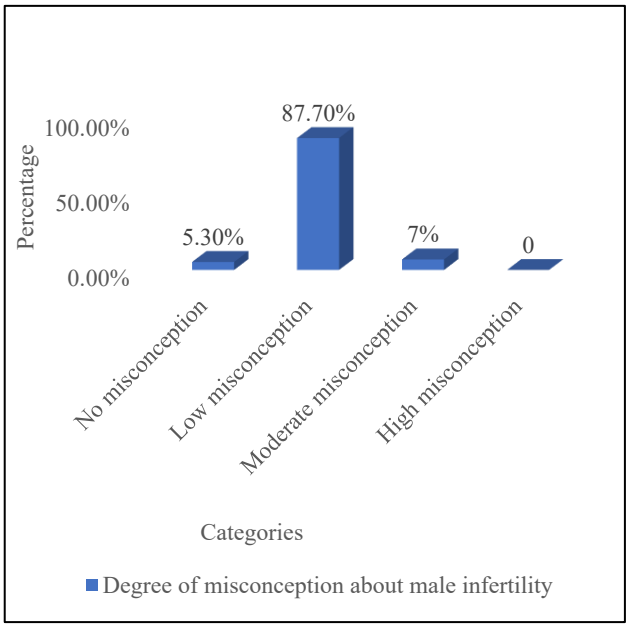

Figure 2: Percentage distribution of degree of misconception about male infertility.

Correlation between awareness and misconception about male infertility

Pearson's correlation analysis was performed to assess the association between awareness and misconception related to male infertility. The findings showed a negative but negligible relationship (r=-0.063), indicating that increased awareness was only weakly linked to lower levels of misconception (Table 3).

Association between Awareness regarding male infertility and demographic variables

A chi-square test is conducted between awareness and demographic characteristics of study participants. A statistically significant association was observed with gender (χ^2=9.517, p=0.009), with females demonstrating higher levels of awareness compared to males. Whereas, no significant association was observed with age, educational status, occupation, marital status, area of residence. This finding suggests that awareness about male infertility was nearly uniform across most demographic groups (Table 4).

Association between misconception regarding male infertility and demographic variables

Gender and marital status were significantly associated with the degree of misconception about male infertility. Females had lower misconception than males (χ^2=16.914, p<0.001). Additionally, marital status also showed significance (χ^2=15.47, p=0.004), indicating that unmarried participants held more misconceptions compared to married individuals (Table 5).

Table 1: Frequency percentage of awareness regarding male infertility.

Variables	N	Percenatges (%)
Do you aware about male infertility		
Yes	237	78.7
No	64	21.3
Do you think male infertility is a disease?		
Yes	125	41.7
No	176	58.3
Is infertility a male or female problem?		
Female only	5	1.6
Male only	12	4.0
Both male and female	284	94.4
Did you know that male infertility occurs just as often as female infertility		
Yes	180	59.8
Not like that	109	36.2
Don't know	12	4
Do you think infertility needs medical treatment?		
Yes	281	93.4
No	20	6.6
Who do you think should be investigated first for infertility diagnosis?		
Female	14	4.7
Male	52	17.3
Both	235	78.1
Male infertility means		
Decrease sperm count	166	55.1
Decrease sperm motility	99	32.9
Both	16	5.3
Don't know	20	6.6
Whom in your mind should be sought for treating infertility?		
Allopathy	211	70.1
Ayurveda	53	17.6
Siddha and Unani	2	.7
Traditional practice	35	11.6
Sperm quality and low sperm count will affect male infertility		
Yes	284	94.4
No	11	3.7
Don't know	6	2
Are there genetic or aging issues that hurt male fertility?		
Yes	205	68.1
No	88	29.2
Don't know	8	2.7

Table 2: Frequency percentage of misconception regarding male infertility.

Variables	N	Percenatges (%)
Who is being blamed for infertility in the society?		
Female	177	58.8
Male	15	5.0
Both female and male	109	36.2
Underestimated the extent to which male factors contribute to infertility		
Believes that male factors can cause infertility	228	75.7
Believes that male factors do not cause infertility	73	24.3

Continued.

Variables	N	Percenatges (%)
If a female cannot have a baby, do you think this is grounds for divorce?		
Yes	39	13
No	262	87
If a female cannot have children, do you think this is a valid reason for the man to have a second marriage?		
Yes	26	8.7
No	275	91.3
Only women need to take care of their health when it comes to planning for pregnancy.		
Yes	39	13.0
No	262	87.0
do you think male partners optimal health is important in Fertility		
Yes	276	91.7
No	25	8.3
Infertility and impotency are the same condition		
Yes	49	16.3
No	252	83.7
Boxer shorts and loose pants are best for prospective fathers		
Yes	155	51.5
No	146	48.5
Do you think mismatch of Horoscope also one of the factors for infertility		
Yes	21	7
No	280	93
Do you feel free to shared your infertility status to others		
Yes	196	65.1
No	105	34.9

Table 3: Mean score of misconception and awareness about male infertility.

Variables	Mean±SD	Pearson's correlation
Awareness about male infertility	5.59±1.13	-0.063
Misconception about male infertility	2.42±1.32	

Table 4: Association of demographic variable with awareness regarding male infertility.

Variables	N (%)	Degree of awareness			Chi-square	P value
		Good	Moderate	Poor		
Age (in years)						
Up to 30	229 (76.1)	46	147	36	5.416	0.247
30-45	58 (19.3)	12	38	8		
>45	14 (4.7)	6	5	3		
Gender						
Male	172 (57.1)	31	105	36	9.517	0.009*
Female	129 (42.9)	33	85	11		
Educational qualification						
Illiterate	0				3.71	0.445
Primary	28 (9.3)	7	18	3		
Graduate	211 (70.1)	47	134	30		
Post graduate and above	62 (20.6)	10	38	14		
Occupation						
Labourer	23 (7.6)	7	12	4	4.695	0.790
Govt employee	51 (16.9)	10	35	6		
Business	29 (9.6)	9	15	5		
Student	186 (61.8)	36	120	30		
Private job	12 (4)	2	8	2		
Marital status						
Married	78 (25.9)	22	46	10	7.153	0.128
Unmarried	222 (73.8)	41	144	37		
Separated	1 (0.3)	1	0	0		

Continued.

Variables	N (%)	Degree of awareness			Chi-square	P value
		Good	Moderate	Poor		
Residential area						
Rural	104 (34.6)	19	69	16	0.936	0.626
Urban	197 (65.4)	45	121	31		

*P<0.05 considered as significant.

Table 5: Association of demographic variable with misconception regarding male infertility.

Variables	N (%)	Degree of misconception			Chi-square	P value
		No	Mild	Moderate		
Age (in years)						
Up to 30	229 (76.1)	12	205	12	6.467	0.167
30-45	58 (19.3)	4	46	8		
>45	14 (4.7)	0	13	1		
Gender						
Male	172 (57.1)	16	149	7	16.914	0.000*
Female	129 (42.9)	0	115	14		
Educational qualification						
Illiterate	0				3.703	0.448
Primary	28 (9.3)	0	26	2		
Graduate	211 (70.1)	13	181	17		
Post graduate and above	62 (20.6)	3	57	2		
Occupation						
Labourer	23 (7.6)	1	22	0	14.46	0.070
Govt employee	51 (16.9)	5	40	6		
Business	29 (9.6)	4	24	1		
Student	186 (61.8)	6	168	12		
Private job	12 (4)	0	10	2		
Marital status						
Married	78 (25.9)	4	66	8	15.47	0.004*
Unmarried	222 (73.8)	12	198	12		
Separated	1 (0.3)	0	0	1		
Residential area						
Rural	104 (34.6)	6	90	8	0.203	0.904
Urban	197 (65.4)	10	174	13		

*P<0.05 considered as significant.

DISCUSSION

The present study aimed to assess the awareness and misconceptions regarding male infertility among the general population in the south-eastern region of India. Participants ranged in age from 18 to 63 years, with the majority (76.1%) aged below 30 years. This predominance of younger respondents may be attributed to their greater engagement with social media platforms and familiarity with the digital environment.

The study revealed that 78.7% of respondents aware of male infertility, which contrasts with findings from previous research where only 52% of participants were found to be somewhat or very familiar with infertility.[4] This difference highlights variation in awareness levels across populations and contexts. In addition, 63.1% demonstrated a moderate level of awareness, which aligns with findings from a study conducted in Abuja, Nigeria, where 67.4% of participants exhibited similar levels of knowledge.[5] In contrast, higher levels of awareness have been documented among medical students, where 50.2% demonstrated good knowledge, indicating that individuals with academic exposure to health sciences are more likely to possess accurate information regarding male infertility.[6] Our study findings revealed that females demonstrated a higher level of awareness compared to males, which is consistent with the findings of Nandakumar et al suggesting women may have more exposure to reproductive health information.[7] Moreover, the overall findings reveal that although respondents demonstrated a moderate level of awareness highlighting a continuing gap in public understanding of male infertility.

With regards to causes, participants identified a range of perceived causes for male infertility, including smoking, genital tract infections, unsatisfactory sexual relationships, medication use, obesity, environmental pollution, unhealthy diet, contraceptive use, and ageing. These perceptions are largely consistent with evidences, which recognizes supernatural causes and black magic, smoking, contraceptive use, obesity, poor diet, infections,

environmental exposures, and advancing paternal age as key contributors to impaired spermatogenesis and reduced fertility.[5-11]

Furthermore, participants' perceptions about when and how infertility should be evaluated were explored. The 78.1% of participants agreed that both partners should undergo infertility evaluation. This finding aligns with previous research emphasizing that assessing both partners is essential for accurate diagnosis and effective treatment.[12,13]

Majority of the respondents (94.4%) recognizing that infertility can affect both men and women and requires medical evaluation which is consistent with previous study where 82.4% believed male infertility is treatable.[3] These findings support existing evidence that acknowledges male infertility as a treatable condition.[11,12] A contrasting pattern emerged in relation to treatment preferences. While 70.1% of respondents favoured evidence-based allopathic care, a considerable proportion expressed confidence in Ayurvedic (17.3%) or traditional remedies (11.6%) which is align with Chinnaiyan et al.[3] However, contrasting evidence highlights that, in certain settings, spiritual or traditional beliefs may supersede medical care when addressing infertility demonstrating that sociocultural perceptions continue to shape treatment choices.[5] Further, studies reported much stronger preference for biomedical treatment whereas community research continues to document faith in traditional therapies despite limited scientific evidence.[15,16]

Misconceptions was identified in the present study highlight persistent sociocultural biases surrounding infertility. More than half of respondents (58.8%) attributed infertility primarily to women which is consistent with literature demonstrating that male-factor infertility is frequently overlooked, despite contributing to nearly 20-43% of infertility cases.[17,18] This gender-skewed perception reflects deep-rooted patriarchal norms and perceived infertility is commonly a female problem.[19]

Similarly, 13% of respondents felt divorce is justified in case of infertility, which is parallel to previous studies, where up to 40% believed remarriage or separation is acceptable when a couple is unable to conceive.[3] Such attitudes reflect the social pressure and can lead to marital strain, social isolation, and even the relationship dissolution.

The 91.7% of participants recognised the equal importance of male health in conception, supporting contemporary findings that public awareness of male infertility is gradually improving.[20] However, the fact that 65.1% were reluctant to share fertility concerns which shows infertility remains highly stigmatized, particularly among men, who often experience shame, reduced perceived masculinity, and social silence surrounding fertility problems.[21,22]

Correlation analysis revealed a weak negative association (r=-0.063) between awareness and misconception, suggesting that higher knowledge may contribute to reduced misconceptions marginally which may be due to deeply rooted beliefs. This suggests needs of awareness campaigns regarding fertility.

Females demonstrating higher levels of knowledge compared to males (χ^2=9.517, p=0.009). This finding is consistent with prior research showing that women generally exhibit greater reproductive health literacy, likely due to more frequent contact with health services and targeted health education programs.[7] Whereas Ahmed et al reported that education and marital status is significantly associated with awareness.[10] Regarding misconceptions, both gender and marital status were significantly associated, with females and married participants exhibiting lower levels of inaccurate beliefs (χ^2=16.914, p<0.001; χ^2=15.47, p=0.004) which is aligns with existing.[11]

Limitations

The study was carried out in the south-eastern region of India. As data collection was conducted through a Google form, random sampling could not be ensured. In addition, the sample size of 301 participants restricts the extent to which the findings can be generalized to the wider population.

CONCLUSION

Both women and men are suffering with infertility which is a biological problem, but it is presented as a social problem especially in the developing countries. The present study highlights that although awareness regarding male infertility among adults was generally moderate, misconceptions persist across the community. The weak inverse relationship observed between awareness and misconceptions suggests that knowledge alone may not eliminate the deeply embedded beliefs. Targeted public health strategies, including culturally sensitive education and male-focused reproductive health promotional activities needs to be initiated to address misinformation and improve community understanding. Strengthening awareness through schools, social media, healthcare providers, and community outreach programmes may reduce stigma, encourage early care-seeking behaviour and promote shared responsibility in the reproductive health.

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Ethical approval: The study was approved by the Institutional Ethics Committee

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