

Sexual Health in the Context of Infertility Treatment

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Sexual Health in the context of Infertility



Sexual Health

WHO (2006):

“...a state of **physical, emotional, mental and social well-being in relation to sexuality**;

it is not merely the absence of disease, dysfunction or infirmity.

Sexual health requires a **positive and respectful approach to sexuality and sexual relationships**, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

Sexual Health

Sexual health cannot be defined, understood or made operational without a **broad consideration** of **sexuality**, which underlies important behaviours and outcomes related to sexual health.

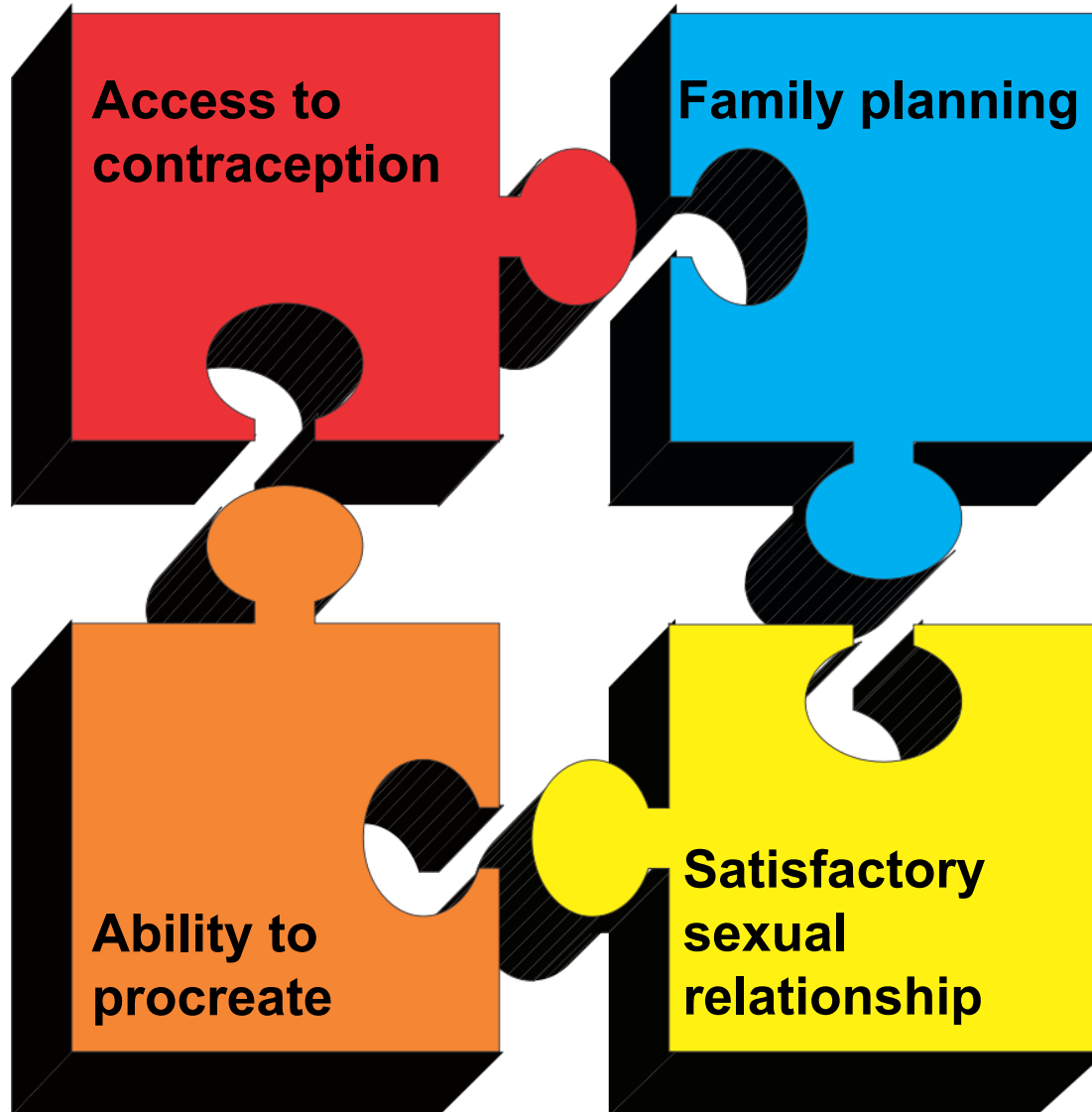
The **working definition** of **sexuality** is:

“...a **central aspect** of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and **reproduction**.

.....

.....Sexuality is influenced by the **interaction** of **biological, psychological, social, economic, political, cultural, legal, historical, religious** and **spiritual factors**.”

Sexual Health



Ability to Procreate



Compromised Procreation



A variety of **individual strategies** to **overcome** the **fertility problems** are available and taken in consideration!

Strategies to Overcome the Fertility Problem



Artificial reproductive technology



Third party reproduction



Strategies to Overcome the Fertility Problem



At any time



For all

Strategies to Overcome the Fertility Problem



Crossing borders



Strategies to Overcome the Fertility Problem

**A CHILD
AT ANY
PRICE?**

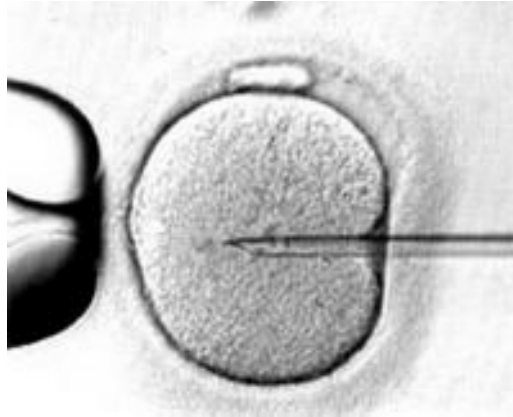


The Unfulfilled Wish for a Child

From a **destiny** that had
to be **accepted**.....



The Unfulfilled Wish for a Child



.....to a **long process** accompanied by **uncertainty**
and **distress!**

The Unfulfilled Wish for a Child

reproduction
parenthood



→ self-worth

→ identity

→ **sexuality**

→ body image



life crisis

Satisfactory (sexual) Relationship?!



- ➔ **Challenge** for the partnership
- ➔ ➔ Feelings of **guilt** and **insufficiency**
- ➔ ➔ ➔ **Avoidance** and **withdrawal**

Relationship

The **quality** of the relationship is often **reduced** at least temporary **after the diagnosis of infertility**

(Monga et al., 2004)

According to some studies the **strain** caused by the **unfulfilled wish for a child** leads to an **increased separation rate**

(Schanz et al., 2011)

Handling (and overcoming) the **crisis** caused by infertility, however, can also contribute to an **intensification** of the marital relationship

(Schmidt et al., 2005)

Relationship

Stress and depressive reactions in infertile couple:

Women described **greater global stress** than men and **higher specific stress** in terms of social concerns, sexual concerns, and need for parenthood.

Both men and women facing **male infertility** reported **higher stress** and **more social and sexual concerns**

Social, sexual, and relationship concerns related to infertility were **more effective predictors** of **depression** and **marital dissatisfaction** than expressed needs for parenthood or attitudes toward child-free living.

(Newton CR et al. Fertil Steril. 1999)

Relationship

Couples with involuntary childlessness, however, do not differ from fertile couples in a wide range of **psychological characteristics**

(Davies-Osterkamp 1991)

„Forty years of research have been unable to determine whether **psychological distress** may be a **cause** of infertility or is solely a **reactive effect** of **living with infertility**.“

Brkovich et al. 1998

Whereas there is no evidence for a „psychogenic model“ much speaks for a „**psychological sequelae model**“ of infertility

(Wischmann, Journal of Assisted Reproduction and Genetics, 2003)

Satisfactory Sexual Relationship?!



In case of infertility **sexual dysfunction is frequent**

(Oddens et al., 1999)

The **prevalence** of sexual dysfunction in infertile couples is **40%**

(Pawelec et al., 2011)

Sexuality

Table 1 Comparison of SEAR scores for women and men at two different time-points.

Domain/subscale	M	SD	M	SD	p
Women (n = 158)					
	Time before my desire for a child		During the past 4 weeks		
Sexual Relationship Satisfaction	81.89	1.04	73.80	1.40	< 0.0001
Confidence	87.72	1.02	79.68	1.27	< 0.0001
Self-Esteem	85.71	1.23	75.61	1.54	< 0.0001
Overall Relationship Satisfaction	91.83	1.09	88.07	1.34	0.0012
Overall Score	84.67	0.88	76.38	1.21	< 0.0001
Men (n = 153)					
	Time before my desire for a child		During the past 4 weeks		
Sexual Relationship Satisfaction	83.37	1.06	77.53	1.26	< 0.0001
Confidence	88.46	0.96	85.86	1.25	0.0001
Self-Esteem	87.17	1.17	84.27	1.39	0.0002
Overall Relationship Satisfaction	90.96	1.10	89.03	1.35	0.0264
Overall Score	85.77	0.85	81.12	1.14	< 0.0001

(Shindel et al. J Sex Med, 2008)

Sexuality - Men

➔ Infertility as a **stigma** that challenges **virility** and might compromise **potency** and **sexual functioning**

In an observational cohort study **11%** experienced **ED** or **orgasmic disorder** after the **diagnosis of reduced sperm quality**

(Saleh et al. 2003)

Distress in the context **semen production «on demand»**

(Ohl et al. 2009)

ED is more frequent in infertile men (**25%**) than in general male population (7-9%) of the same age

(Shindel et al. 2008)

Loss of libido is the **most frequent problem** (in men and women) e.g. as a consequence of intercourse on demand

(Wischmann 2010)

Sexuality - Women

Table 3. Impact of infertility in female respondents, adjusted model

Characteristic	Sexual impact (n = 382)		
	Mean	SE	P value
Perceived infertility etiology*			
Male factor only	21	5.2	ref
Male and female factors	34	4.4	.01
Female factor only	32	3.4	<.01
Unexplained	32	3.5	<0.01
Age (y)*			
<40	21	5.2	ref
≥40	14	2.5	<.01
Duration of infertility (mo)*			
<6	21	5.2	ref
6–48	13	4.4	.05
48–60	21	7.4	.98
>60	32	6.3	.10
Unknown	30	5.0	.09

Winkelman et al., 2016

Sexuality - Women

The **prevalence** of sexual dysfunction was

64.8% (n = 79) in women with **primary infertility**

76.5% (n = 39) in women with **secondary infertility**

Women with a secondary infertility lower libido, ability to have an orgasm and satisfaction than women with a primary infertility

(Keskin et al. 2011)

Sexual dysfunction is **more frequent** in women than in men

(Wischmann TH. 2010)

Sexual Dysfunction in the Context of Infertility

- **Sexual dysfunction** (of somatic or psychological origin) as a **cause for infertility** is relatively **uncommon**.
- On the contrary (temporary) **sexual dysfunction** as a **consequence** of the diagnosis or / and treatment is **frequent** in couples suffering from infertility

(Wischmann TH. J Sex Med, 2010)

Sexual Dysfunction in the Context of Infertility

KEY POINTS

- The prevalence rates of sexual disorders in infertile couples vary immensely depending on the assessment measures used and the populations studied.
- Forthcoming research on this topic must achieve greater methodological sophistication if it is to generate results that are comparable between studies.

(Wischmann TH. 2010)

Implications



Approach towards couples:

- ➔ **Empathy**
- ➔ **Appreciation**
- ➔ **Realistic expectations!**
- ➔ **Boundaries?**

Implications

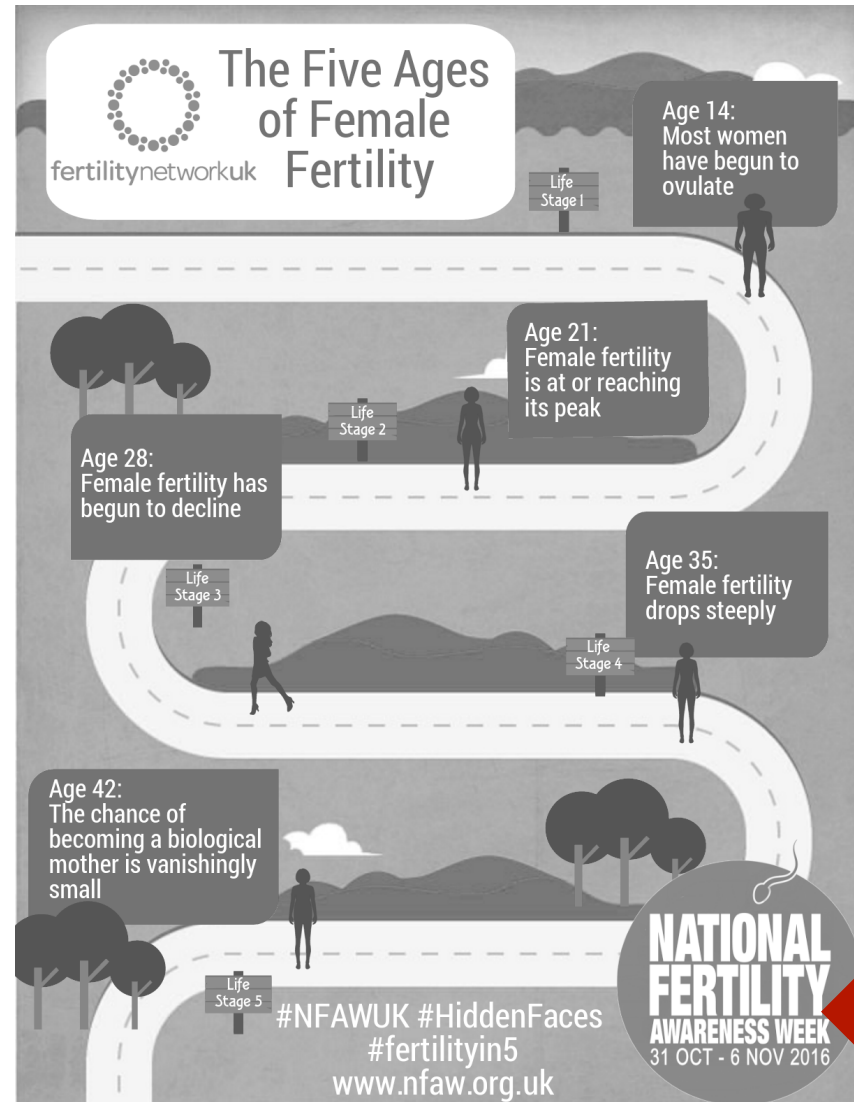
The staff's tasks:

- Comprehensive and understandable **information**
- Individualised information and **decision-making**
- **Support** during **demanding phases**
- **Support** in case of **unsuccessful treatment**

Concerning **sexuality** / **sexual problems**:

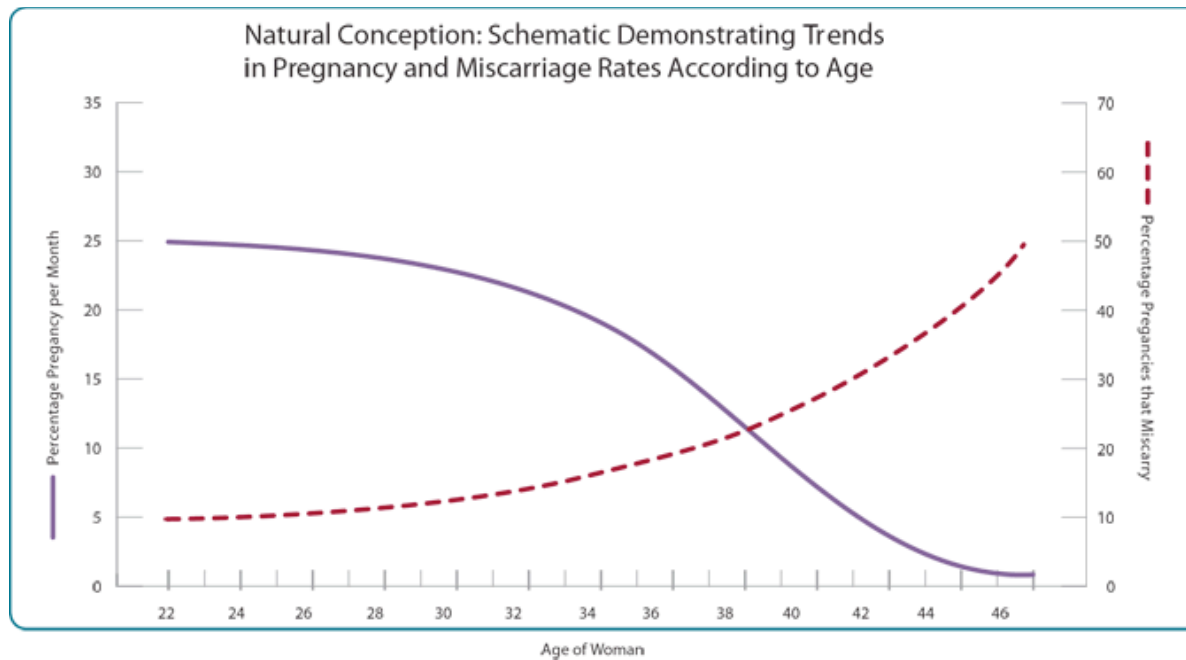
- **Practical recommendations**
- **openness**, **invitation** to talk
- Facilitating **talk about sexuality**
- **PLISSIT**

Preventive Measures



Fertility Awareness

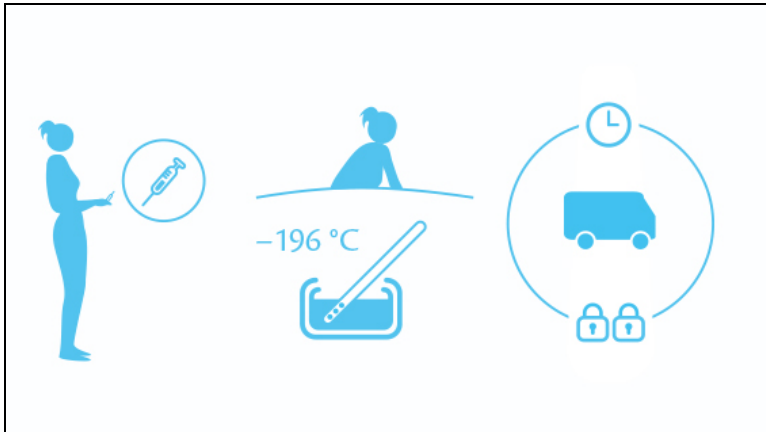
Fertility decline



Preventive Measures



Social freezing!?



Preventive Measures



Preventive Measures

➔ Raising early the issue of fertility awareness!



Sexual education



Contraceptive counselling

Promoting Sexual Health in the Context of Infertility



implies a holistic approach and care!

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