

MALE INFERTILITY

Male infertility refers to a male's inability to cause pregnancy in a fertile female. In humans it accounts for 40-50% of infertility. It affects approximately 7% of all men. Male infertility is commonly due to deficiencies in the semen, and semen quality is used as a surrogate measure of male fecundity.

Factors relating to male infertility include: immune infertility, genetics, Klinefelter syndrome, Y chromosome deletions, trauma, malaria, age, a normal set of chromosomes, alcohol, tobacco smoking etc.

Prevention of male infertility are listed below;

1. Avoid smoking as it damages sperm DNA
2. Avoid heavy marijuana and alcohol use.

3. Avoid excessive heat to the testes.

4. Eat Healthy diet

5. Maintain optimal frequency of coital activity etc.

SYMPTOMS OF MALE

INFERTILITY

1. Problem with sexual function- for example, difficulty with ejaculation or small volumes of fluid ejaculated, reduced sexual desire, or difficulty maintaining an erection (erectile dysfunction)

2. Pain, swelling or a lump in the testicle area

3. Recurrent respiratory infections

4. Inability to smell

5. Abnormal breast growth (gynecomastia)

6. Decreased facial or body hair or other signs of a chromosomal or hormonal abnormality

7. A lower than normal sperm

count (fewer than 15 million sperm per milliliter of semen or a total sperm count of less than 39 million per ejaculate).

When to see a doctor

See a doctor if you have been unable to conceive a child after a year of regular, unprotected intercourse or sooner if you have any of the following:

1. Erection or ejaculation problems, low sex drive, or other problems with sexual function
2. Pain, discomfort, a lump or swelling in the testicle area
3. A history of testicle, prostate or sexual problems
4. A groin, testicle, penis or scrotum surgery

TREATMENTS OF MALE INFERTILITY

Treatment vary according to the underlying disease and the degree of the impairment of the

male's infertility. Further, in an infertility situation, the fertility of the female need to be considered. Pre-testicular conditions can often be addressed by medical means or interventions. Testicular-based male infertility tends to be resistant to medication. Usual approach include using the sperm for intrauterine insemination (IUI), in vitro fertilization (IVF), or IVF with intracytoplasmic sperm injection (ICSI). With IVF even with a few sperm pregnancies can be achieved. Ejaculatory factor maybe treatable by medication, or by IUI therapy or IVF. Hormonal therapy can also be useful

SEMEN

Semen, also known as **seminal fluid**, is an organic fluid that

contains spermatozoa. It is secreted by the gonads (sexual glands) and other sexual organs of male or hermaphrodite animals and can fertilize the female ovum. In humans, seminal fluid contains several components besides spermatozoa: proteolytic and other enzymes as well as fructose are elements of seminal fluid which promote the survival of spermatozoa, and provide a medium through which they can move or "swim". Semen is produced and originates from the seminal vesicle, which is located in the pelvis. The process that results in the discharge of semen is called ejaculation, Semen is also a form of genetic material. In animals, semen has been collected for cryoconservation.

Cryoconservation of animal

genetic resources is a practice that calls for the collection of genetic material in efforts for conservation of a particular breed.

Human sperm—Semen is typically translucent with white, grey or even yellowish tint. Blood in the semen can cause a pink or reddish colour, known as hematospermia, and may indicate a medical problem which should be evaluated by a doctor if the symptom persists. After ejaculation, the latter part of the ejaculated semen coagulates immediately, forming globules, while the earlier part of the ejaculate typically does not. After a period typically ranging from 15 – 30 minutes, prostate-specific antigen present in the semen causes the decoagulation of the seminal coagulum. It is postulated that the initial clotting helps keep the semen

in the vagina, while liquefaction frees the sperm to make their journey to the ova. Semen can transmit many sexually transmitted disease and pathogens, including viruses like HIV and Ebola. Swallowing semen carries no additional risk other than those inherent in fellatio. This includes transmission risk for sexually transmitted disease such as human papillomavirus (HPV) or herpes especially for people with bleeding gums, gingivitis or open sores. Viruses in semen survive for a long time once outside the body.

THE PRESENCE OF BLOOD IN THE SEMEN

The presence of blood in semen or hematospermia may be undetectable (it can only be seen microscopically) or visible in the fluid. Its cause could be the result of inflammation,

infection blockage, or injury of the male reproductive tract or a problem within the urethra, testicles, epididymis or prostate. It usually clears up without treatment, or with antibiotics, but if persistent further semen analysis and other urogenital system tests might be needed to find out the cause.

BENEFITS OF SEMEN TO FEMALE

Females may benefit from absorbing seminal fluid. Such benefits include male insects transferring nutrients to females via their ejaculate; in both humans and bovines, the fluid has antiviral and antibacterial properties; and useful bacteria such as *Lactobacillus* have been detected in fluid transferred from birds and mammals.