



Infertility, condition or problem: a current challenge

Infertilidad, condición o problema: un desafío actual



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The impossibility of procreating has always been a cause of anguish and pain since ancient times, regardless of its social connotations; However, achieving pregnancy is not something that always occurs in a simple and predictable way, as there are unexpected and unwanted events that force us to reformulate expectations in relation to fertility and all that this implies¹. The recognition of infertility as a global health problem is increasing every day. Although the scientific and technological progress made in the biology of reproduction is remarkable, the number of couples seeking counselling and treatment for infertility is increasing considerably².

Becoming parents and creating a family is the goal of most couples, however, not all will be able to achieve it without some medical intervention, which is why infertility has been declared a Public Health problem by the World Health Organization (WHO)³.

Infertility should not be seen as a failure, but as a condition that deserves understanding, respect and accompaniment by the health professional. This not only affects physical health, but also the emotional and social well-being of some couples. Infertility is a disease of the male or female reproductive system, defined by the inability to achieve pregnancy after 12 months or more of regular unprotected sex⁴.

The term primary infertility consists of the inability of a couple to achieve pregnancy after a year or more of regular sexual intercourse, without using contraceptive methods, without a history of previous pregnancy. Secondary infertility refers to the inability to conceive after having had previous pregnancies⁵.

According to the new estimates, the prevalence of infertility varies little from region to region and rates are similar in high-income, middle- and low-income countries, demonstrating that it is a major health problem in all countries and all parts of the world⁶.

Worldwide, it is estimated that 48.5 million couples suffer from infertility. In the UK, one in seven couples face this condition. In Ecuador, it is estimated that between 17% and 20% of couples are infertile⁷.

According to the WHO, around 10-15% of couples have some type of fertility problem. In Spain, it is estimated that almost 15% of couples of reproductive ages have fertility problems and there are nearly one million couples who require reproductive assistance^{3,8,9}.

The problem of infertility is becoming more important worldwide, as the complex relationships between psychological factors and fertility are becoming more and more evident. One of the most significant issues in infertility is the one that refers to the sensations and feelings that couples experience. Two aspects highlight this: the intensity with which they experience these sensations and the process that these couples with fertility problems go through⁶.

This process is long and painful on a psychic level, and can last for years, with more or less difficulties, conflicts, feelings and experiences; This is experienced by people with very different personalities and thought schemes, where the help or information received is insufficient⁶.

In couples who face this problem, their self-esteem, emotional stability, and even the relationship as a couple can be affected, generating feelings of guilt, frustration and isolation.

Scientific evidence suggests that many couples postpone their marriage to an older age and postpone motherhood for ages when it is more difficult to conceive. These couples seek financial and professional stability first and dedicate their most fertile years to that⁶.

A third of infertility cases are due to diseases in men, another third to diseases in women and the other third to a combination of both male and female factors, i.e. causes derived from women can represent around 50 % of cases⁹.

Fertility decreases with age, which can be due to several factors such as aging of the ovary, decrease in oocyte quality; In men, aging is accompanied by a decrease in sperm quality⁹.

In women, common causes of infertility include blockages in the fallopian tubes, alterations in oocytation, and ectopic pregnancies. In addition, excess body fat contributes to insulin resistance and increases the production of ovarian androgens, which negatively affects fertility⁷.

Genital infections in women lead to acute pelvic inflammatory disease, which causes permanent damage to the fallopian tubes, uterus, and surrounding tissues. These damages involve chronic pelvic pain, infertility, and ectopic pregnancy⁹.

In men, genetic causes, congenital defects, oncological pathologies, hypogonadism and seminal tract obstruction are identified, in addition to oligozoospermia, asthenozoospermia and azoospermia⁹.

Numerous evidences indicate that the excess of leukocytes in semen has an important prognostic value in the fertility of some men, associated with low sperm concentration and motility and an increase in morphologically abnormal spermatozoa^{7,9}.

Fragmentation in sperm DNA is considered a possible potential cause of male infertility and its detection is currently used as an additional variable that helps to evaluate the quality of a seminal sample⁹.

Infertility is presented as a complex phenomenon that requires a comprehensive approach. The combination of conventional and traditional treatments, along with an increase in education and knowledge, is emerging as a promising strategy to address this health problem.

Advances in assisted reproductive technologies, such as in vitro fertilization (IVF), intracytoplasmic sperm injection (ICSI), and intrauterine insemination, have revolutionized infertility treatments. There are also psychological approaches, such as cognitive behavioral therapy (CBT), which helps people cope with the emotional impact of infertility, employing relaxation, meditation, and visualization techniques⁷.

Traditional practices such as acupuncture seek to decongest the "Chi" of the liver and influence steroid hormones, improving embryo implantation and oocyte quality. Phytotherapy helps regulate hormone levels and stimulate sperm motility and production. Other approaches include apitherapy and ozone therapy, both of which have beneficial effects on reproductive health⁷.

Addressing the issue of Infertility requires not only clinical strategies, but also a comprehensive approach that includes public policies, education, equitable access and psychological support. Recognizing infertility as a health problem is currently a challenge not only medically, but also socially and emotionally.

Conflict of interest

The author states that there is no conflict of interest.

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Ethical considerations

The respective ethical considerations were made and avoid the raising of names and institutions.

Use of artificial intelligence

I take it for granted that the entire document was written based on ethical and professional criteria, and AI was not used to make the text.

Literature cited

1. Quintana Marrero A, Rivas Alpízar EM, González Ramos JO. Caracterización de mujeres con infertilidad de causa endocrina. *Rev Finlay* 2019;9(4):246-56.
2. Eppig Irrazabal JEE, Bravo Cabezas GA, Galarraga Lopez TC, Estrada Segura GJ. Interacción entre hormonas y salud reproductiva: el impacto de los trastornos endocrinos en la fertilidad femenina. *RECIMUNDO* 2025;9(1):965-81. DOI: [https://doi.org/10.26820/recimundo/9.\(1\).enero.2025.965-981](https://doi.org/10.26820/recimundo/9.(1).enero.2025.965-981)
3. Rodríguez Puga R, Pérez Díaz Y, Vázquez Rodríguez N, González Ronquillo Y. Variables socio-epidemiológicas de la infertilidad femenina en la provincia Camagüey. *Rev Finlay* 2023;13(2):153-62.
4. World Health Organization. Infertility [Internet]. Geneva: World Health Organization; 2020 [cited July 19, 2025]. 5 p. Retrieved from: <https://sochog.cl/wp-content/uploads/2020/10/Infertility.pdf>
5. Ramírez-Moran AF, Grave-de-Peralta RS, Brooks-Carballo G. Caracterización clínico epidemiológica de la mujer infértil. *Arch Méd Camagüey* 2021;25(3):e7972.
6. Cabrera Cabrera A, de los Rios Uriarte ME, Hernández Valdez P. Análisis de las sensaciones y sentimientos de las parejas con problemas de fertilidad y la influencia de la ayuda e información recibida. Según un estudio de campo realizado en México en el año 2011. *Vida Ética* 2021;21(2):139-64.

7. Minchala Urgilés RE, Cabrera León NL, Ludizaca Llerena GP. Infertilidad, causas y tratamientos: una revisión sistemática. *Vive Rev Salud* 2024;7(21):961-75. DOI: <https://doi.org/10.33996/revistavive.v7i21.353>
8. Banamar B. Relación entre la calidad de la dieta y la fertilidad en mujeres en edad reproductiva [tesis maestría]. [Alcalá de Henares]: Universidad de Alcalá; 2024 [citado 6 de julio de 2025]. Recuperado a partir de: <https://ebuah.uah.es/dspace/handle/10017/64840>
9. Ramírez Moran AF, Cala Bayeux A, Fajardo Iglesia D, Scott Grave de Peralta R. Factores causales de infertilidad. *Rev Inf Cient* 2019;98(2):283-93.

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