Introduction
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The inability to conceive can be a very perplexing and distressing problem for a couple. In India, approximately 15% of all married couples are involuntarily infertile\(^1\). Thus in reference to our country, it is easily understandable how big the problem is. Inspite of this, it is often overlooked as a serious life problem or ignored as a legitimate health issue. It was initially thought that the female partner was responsible for infertlily and were the major victims of social taboos relating infertility as a cause rather than an expression of a disease process especially in backward communites of our country. But now data available over past twenty yrs reveal that in approx. 30% of case pathology is found in the man alone and in another 20% dath the man and woman and obnormal therefore the male factors is at least party responsible in about 50% of infertile couples.

Although overpopulation is now a major concern for the world as a whole and especially for countries like India but recently the right of a couple to have a child and enjoy properous merried life has been increasingly recognised. The infertile couple especially the female has from the time immemorial being subjected to all kinds of straciazation. This trend unfortunately still prevails, specially in the socioeconomicially poor and uneducated class, which is of plenty in Bundelkhand region. It is also well recognised that more the backward the region is, the male of infertile union that region are increasingly less inclined to be investigated by the doctor because of a hidden fear of being declared invalid in a male dominated society, and since complete investigation of an infertile male is not only a lengthy process but also sometimes frustrating, to reach a proper working diagnosis.
Thus, they justifiably deserve more support from the consulting physician. Patients present to the physician with extreme confidence for expert advice, diagnosis and rational therapy.

Large number of surveys and studies have been done assessing the male contribution to problem of infertility. Various studies have put the incidence from 40 - 52% in. stepham for shabam (1997) has concluded that in about 30% of infertile couples the abnormalities in husband & next 20-25% the abnormalities lies in both partners.

The WHO study reported that for male factor only the male contribution was 22% in developed country 21% in South Africa 23% in Kashmir (India) Also when the percentage of investigation male who failed to show any cause, they were then put in the category of no demostrable cause by WHO, these factor was reported to be 49% from developed countries, 46% from Africa & 52% from Kashmir.

In United Kingdom, it has been estimated that 24% of couple will consult a doctor about infertility at some stage during their lives. While various surveys have put the frequency very much dependent on the defination of male & female infertility disorders & on the thoroughness of investigtions.

Infertility is also a common problem affecting at least one couple in six in Europe epidemiologic surveys of new couples attending infertility clinics in USA suggested that about one in two present with clear evidence of defective sperm function, abnormal semen quality being the most common single diagnosis arrived at many clinics.

Significant stress is experienced by couples during initial medical interview and at the time of diagnostics medical investigation; however question raised regarding sexual relationship
of couples suffering from an unexplained infertility diagnosis. Thus incidence and prevalence of male infertility vary greatly from country and within parts of country.

The present study was conducted to study the clinico laboratory profile in male infertility in Bundelkhand region which is very backward region both from socio-economically as well as educational point of view.