"ASESSESSMENT OF KNOWLEDGE AND RELATED RISK FACTORS OF INFERTILITY AMONG THE COUPLES VISITING INFERTILITY DEPARTMENT"

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Abstract: Infertility is known to cause an impact on the mental health of the infertile couple, causing anxiety, depression, social isolation and sexual dysfunction. The stigma associated with male and female infertility in traditional societal interactions cause a high level of psychosocial distress with a direct impact on the couple's marital and sexual relations Infertile couples have high negative feelings, low self esteem, poor social support, less freedom and less number of opportunities as compared to normal couples. The World Health Organization (WHO) estimates that 60 to 80 million couples worldwide currently suffer from infertility. Infertility varies across regions of the world and is estimated to affect 8 to 12 per cent of couples worldwide, underlying these numbers exists a core group of couples, estimated to be 3 to 5 per cent, who are infertile due to unknown or unpreventable conditions. A prevalence of infertility above this level suggests preventable or treatable causes. **Research methodology:** Non experimental exploratory descriptive research design was used to conduct the study. The sample size was 40 couples visiting the infertility department. The simple Random sampling technique was used to select the samples. The Knowledge was assessed using Self structured knowledge questionnaire and Risk factors were assessed using checklist. **Results and Findings**: In this study the finding were 30% of samples have inadequate knowledge regarding infertility .57.5% of samples have moderate knowledge regarding infertility.12.5% of infertile couples have adequate knowledge regarding infertility. In Risk factors for infertility 10 percent of husband had diabetes, 15 percent of wife had anemia, 22 percent had hypertension,47 percent husband had tobacco addiction.15 percent wife had menstrual abnormalities, 48 percent of wife had gynecological problems.55 percent of Males had genitourinary problems.63 percent of females had stress related to treatment and 50 percent of Males had stress related to treatment.10 percent of Male had undergone surgery previously and 25 percent of Female had surgery. Frequency and percentage was used to analyze knowledge and risk factors related to infertility, chi-square test was used to find association of risk factors and demographic variables. **Conclusion:** Most of the couples had Inadequate to moderate knowledge regarding infertility and the associated risk factors are also moderate to severe so awareness and proper treatment regarding infertility has to be implemented.

Keywords: Knowledge, Risk factors, Infertility, Couples.

1.INTRODUCTION

Over the past twenty years, fertility problems have increased dramatically. At least 25 percent of couples planning a baby will have trouble conceiving, and more and more couples are turning to fertility treatments to help them have a family. Infertility is the failure of a couple to conceive after trying to do so for at least for one full year. Repeated abortion is also termed as infertility. In specific terms it is the failure to conceive after a year of regular unprotected coitus. WHO has classified and defined infertility into Primary infertility denotes those patients who have never conceived, despite cohabitation and exposure to pregnancy (absence of contraception) for a period of 2 years and Secondary infertility refers to the couple who failed to conceive following a previous pregnancy, despite cohabitation (in the absence of contraception, breastfeeding or postpartum amenorrhea) for a period of 2 years[4]

Infertility has been attributed to male factors 25%, female ones 58% and unexplained in 17% couples; sometimes both male and female factors are present simultaneously. However in our country the infertility is a hidden social problem where the females and not the males are solely held responsible for this lifetime problem of having no child[10].

2. RESEARCH METHODOLOGY

The present study was conducted in infertility department of MGM hospital Aurangabad, Maharashtra. The sample size was 40 couples visiting the infertility department. The simple random sampling technique was used to select the

samples based on sample selection criteria. In which the couples who were willing to participate and who are available at the time of data collection were selected. The study samples were given brief introduction about self and the study. Permission to conduct the study was obtained from the HOD of Infertility department. It took 35 to 40 min for the couples to complete the procedure. The Quantitative research approach with Non-Experimental Descriptive research design was used to assess the Knowledge and risk factors related to infertility. The self-structured knowledge questionnaire and checklist was used. Tool had three parts. Part I consists of Demographic variables of the couples, Part II consist of knowledge questionnaire and Part III consists of risk factor checklist. The validity of the tool was done by 10 experts in various fields and reliability of the tool was done before the study. Descriptive statistics was used, Frequency and percentage was used to analyze demographic data, knowledge and Risk factor. Inferential statistics the Chi-square test was used to find association of Knowledge and Risk factors.

3. RESULT AND DISCUSSION

Table I frequency and Percentage distribution of demographic variable of regarding infertility among infertile couples.

Sr no	Demographic variable	Frequency (F)		Percentage (%)	
1	Age	H	W	H	W
	a) 21-30 yrs	11	28	27.5%	70%
	b) 31-40 yrs	28	11	70%	27.5%
	c) 41-50 yrs	01	01	2.5%	2.5%
	d) > 50 yrs	00	00	00%	00%
2	Monthly income				
	a) 15,000-20,000	04		10%	
	b) 20,001-25,000 c) 25,001-30,000	11		27.5%	
	d) > 30,000.	21		52.5%	
		04		10%	
3	Education	H	W	H	W
	a) illiterate	00	01	00	2.5%
	b) primary education c) secondary education	10	18	25%	45%
	d) Under graduate e) Post graduate	21	19	52.5%	47.5%
		06	02	15%	5%
		03	00	7.5%	00%
4	Occupational status	H	W	H	W
	a) Agriculture	08	08	20%	20%
	b) Government service c) Private service	04	01	10%	2.5%

d) Any other	28	02	70%	5%
	00	29	00%	72.5%

Sr no	Demographic variable	Frequecy (F)	Percentage(%)
5	Type of family a) Nuclear b) Joint c) Extended family	21 19 00	52.5% 47.5% 00%
6	Religion a) Hindu b) Muslim c) Christian d) Any other	19 13 06 02	47.5% 32.5% 15% 5%
7	Prior family planning method use a) Yes b) No	05 35	12.5% 87.5%
8	Family history of infertility a) Yes b) No	16 34	15% 85%
9	Duration of marriage a) 1-3 yrs b) 4-6 yrs c) 7-9 yrs d) > 10 yrs	20 17 02 01	50% 42.5% 5% 2.5%
10.	Duration of treatment a) 6 month b) 1 yrs c) 2 yr d) > 2 yr	09 20 08 03	22.5% 50% 20% 7.5%
11.	Source of information a) News paper b) Friends c) Posters d) Television	09 20 04 07	22.5% 50% 10% 17.5%

Grade	Frequency	Percentage
Inadequate	12	30%
Moderate	23	57.5%
Adequate	5	12.5%
Total	40	100%

Table II: Distribution of overall knowledge score in frequency and percentage obtained by the study group.

Table III: chi – square value showing association between risk factor of infertile couples with selected demographic variables

Demographic Variables	Respondent						Df	χ^2 value	P value	Result
	Inadequate	Moderate			adequate					
	n	%	n	%	N	%				
Medical History										
Husband										
Hypertension	02	5%	11	27.5%	02	5%	06	14.6	0.024	S
Diabetes mellitus	04	10%	01	2.5%	01	2.5%				
Tuberculosis	03	7.5%	00	00%	00	00%				
Any other	03	7.5%	11	27.5%	02	5%				
Wife										
Anemia	05	12.5%	01	2.5%	00	00%	06	19.3	0.004	S
Obesity	03	7.5%	03	7.5%	03	7.5%				
Hypertension	02	5%	05	12.5%	02	5%				
Any other	02	5%	14	35%	00	00%				
Any Addiction										
Husband										
Tobacco	02	5%	15	37.5%	02	5%	04	16.6	0.002	S
Alcohol	00	00%	03	7.5%	02	5%				
Other	00	00%	00	00%	00	00%				
None	10	25%	05	12.%	01	2.5%				
Wife										
Tobacco	00	00%	01	2.5%	00	00%	02	0.758	0.685	NS
Alcohol	00	00%	00	00%	00	00%				
Other	00	00%	00	00%	00	00%				
None	12	30%	22	55%	05	12.5%				
Menstrual abnormality										
Yes	01	2.5%	05	12.5%	00	00%	02	2.12	0.346	NS
No	11	27.5%	18	45%	05	12.5%				
Gynecological Abnormality										
Yes	00	00%	02	5%	00	00%	02	1.56	0.459	NS
No	12	30%	21	52.5%	05	12.5%				

Genitourinary Abnormality in male										
Decrease libido	10	25%	14	35%	05	12.5%	06	12.5	0.0052	S
Erectile dysfuncation	00	00%	01	2.5%	00	00%				
Epidymisis	00	00%	08	20%	00	00%				
Hydrocele	02	5%	00	00%	00	00%				
Do you have any psycological problem										
Stress	04	10%	06	15%	02	5%	06	5.48	0.484	NS
Depression	02	5%	05	12.5%	00	00%				
Work stress	05	12.5%	10	25%	01	2.5%				
Other	01	2.5%	02	5%	02	5%				
Did you had any previous surgery										
Yes	00	00%	02	5%	00	00%	02	1.56	0.459	NS
No	12	30%	21	52.5%	05	12.5%				

The calculated chi-square value are more than table value at the level of >0.05 hence there is no significant association between risk factor and selected demographic variables are any addiction, menstrual & gynecological abnormality ,any psychological problem, any previous surgery The calculated chi-square value are less than table value at the level of <0.05 hence there is a significant association exists between various risk factors like medical history, any addiction of Male and genitourinary abnormality.

4. DISCUSSION

Infertility is a global health issues affecting approximately 8-10% of world wide .it was estimated that rates of infertility in south Asia ,as 4% in Bangladesh , 6% in Nepal ,5% in Pakistan and 4% in srilanka . The cause of infertility varies from country to country and in the different cultural, environmental and sociodemographic groups. For example ; Hypothalamic – pitutary – ovarian Axis disorder with an ovulation are the commonest causal factor of infertility ,on the other hand , tubal factor infertility related to infection is more common in Africa , South America & India .Though the cause of infertility depends upon either husband or wife or both , sometimes wife alone is blamed in our society . So based on this study finding regarding inadequate knowledge and associated risk factors as health professionals we have great responsibility to give knowledge on infertility and create awareness regarding risk factors of infertility to prevent or reduce its chances of occurring.

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