



A STUDY TO DETERMINE VARIOUS RISK FACTORS ASSOCIATED WITH INFERTILITY AMONG THE COUPLE VISITING MAKHIJA TEST TUBE BABY CENTER AT BILASPUR CHHATTISGARH.

Nursing

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ABSTRACT

BACKGROUND: Many marriage customs, such as throwing rice, originate from old rituals to promote fertility. The existence of such common rituals provides evidence about the importance of having children for the average couple and society as a whole. Every human being has a right to the enjoyment of the highest attainable standard of physical and mental health. Individuals and couples have the right to decide the number, timing and spacing of their children. Infertility can negate the realization of these essential human rights. **OBJECTIVES :** 1) To identify the risk factors contributing to infertility 2) To associate the risk factors with infertility among couple 3) To associate the risk factors with selected demographic variables of couple **MATERIAL AND METHODS:** Non experimental quantitative approach was used in this study. Data was collected from 60 males and 60 females visiting Makhija test tube baby center Bilaspur (C.G.). Purposive sampling technique was used for selecting the sample the investigator developed administered semi structure questionnaire for data collection.

KEYWORDS

Infertility, Primary infertility, Risk factors, Couple

INTRODUCTION:

Every human being has a right to the enjoyment of the highest attainable standard of physical and mental health. Individuals and couples have the right to decide the number, timing and spacing of their children. Infertility can negate the realization of these essential human rights. Addressing infertility is therefore an important part of realizing the right of individuals and couples to found a family. Infertility is a serious medical concern that affect quality of life and is a problem for about 10% of the reproductive age population. Infertility is defined as a failure to conceive within one or more year of regular unprotected coitus. Primary infertility is defined as the absence of a live birth for woman who desire a child and have been in a union for at least 12 months, during which they have not used any contraceptives. Secondary infertility is defined as the absence of a live birth for woman who desires a child and have been in a union for at least 12 months since their last live birth, during which they did not use any contraceptives

NEED FOR THE STUDY:

India, the world's second most populous nation at 1.3 billion people after China (1.4 billion) has always intrigue demographers. And now, with the United Nations projecting that India's population will outstrip China's as early as 2022, it looks like the country may well be ready to explode at its seams. The regional concentration of the high prevalence of infertility in (Eastern India), whereas in the states of the west (such as Rajasthan, Gujarat etc.), and the north (Assam, Meghalaya, Arunachal Pradesh etc.) a low prevalence of infertility was found. In the central Indian states (Madhya Pradesh, Maharashtra etc.) a moderate (7.10%) rate of infertility prevalence was observed. Among all the states, West Bengal had the highest prevalence (14.8%) of infertility ever experienced by women.

OBJECTIVES:

- 1) To identify the risk factors contributing to infertility.
- 2) To associate the risk factors with infertility among couple.
- 3) To associate the risk factors with selected demographic variables of couple.

HYPOTHESIS:-

H1: There is a association between selected risk factors and infertility.

H2: There is a association between risk factors and selected demographic variables

MATERIAL AND METHODS:

Research Approach

Non experimental quantitative approach.

Research Design

Descriptive research design

Sampling Technique

Purposive sampling is a type of non- probability sampling technique was used this study.

INCLUSION CRITERIA

The study includes infertile couples who are-

1. Willing to participate in the study
2. Available at the time of data collection
3. Able to read and write in Hindi

EXCLUSION CRITERIA

The study excludes infertile couples who are

1. Not willing to participate in the study
2. Not available at the time of data collection
3. Not able to read and write Hindi

Tools and technique

1 Development of Tool

In order to develop the tool the researcher studied both research and non-research literature regarding risk factors of infertility and also the tool was developed by the researcher observation in the clinical posting. The expert opinion was also obtained. A semi structured questionnaires was developed based on the objective of the study.

2 Description of Tool

The questionnaire used in the study consisted of two sections namely; Section 'A' and Section 'B'. Section 'A' consisted of eleven questions seeking the demographic data of the subjects. Section 'B' consisted of 38 multiple choice questions related to infertility with 4-5 options.

Data Collection Procedure:

Data collection is the gathering of information needed to address a research problem. The formal permission was obtained from the authorities and subjects of Makhija test tube baby center, Bilaspur (C.G.). The data was collected from 120 subjects, includes 60 wives (females) and 60 husbands (males) were selected by using purposive sampling technique. The couples were administered semi structure questionnaire personally by the investigator and they spent 30-45 minutes to answer questionnaires. All the couples were receptive and co-operative during data collection.

Data Analysis:

Descriptive Statistics

1. Frequency and percentages to summarize the sample characteristics.
2. Chi-square to determine the risk factors of infertile couples.

Inferential Statistics

Chi-square values to find out the association between risk factors and selected demographic variables.

Frequency and percentages distribution of demographic variables of infertility among male

Regarding age, 13 (21.6%) and 12(20%) infertile male were in the age group of > 40 and 36- 40(20%) years respectively. Only 5 (8.3%) male were in the age group of 31 -35 years .About 16 (26.7%) and 1(1.7%) normal male were in the age group of 31-35 years and 25-30 years respectively. 7 (11.7%) and 6(10%) were in the age group of 36-40years and >40 years.

Frequency and percentages distribution of demographic variables of infertility among female

Regarding age, 18 (30%) and 8(13.3%) infertile and normal female were in the age group of 36- 40, 12 (20%) infertile female and 3 (5%) normal females were in the age group of > 40 years. About 2(3.3%) infertile female and 10(16.7%) normal female were in the age group of 31-35 years. 4(6.7%) normal female and 3(5%) infertile female were the age group of 25-30 years.

Frequency and percentages distribution of risk factors of infertility among male

regarding amount of semen release, 16 (26.7%) infertile males and 3(5%) normal males semen were release in less amount , 7 (11.7%) infertile males and 23 (38.3%) normal males release large amount of semen.

Frequency and percentage distribution of risk factors among female.

Table 4.4 shows Regarding age of menarche 14 (23.3%) infertile and 5 (8.3%) normal female were attained menarche at >18 years, 12(20%) infertile and 5 (8.3%) normal female were attained menarche at 13 -15 years, 5(8.3%) infertile and 10 (16.7%) normal female were attained menarche at 16 -18 year

Table – 4.4 Frequencies And Percentage Distribution of Risk Factors among Female. Gynecological Variables

Table – 4.4.1 Menstrual History n = 60

S.N.	Menstrual History	Normal female n =30		Infertile female n = 30	
		N	%	N	%
1	Age of Menarche				
a)	10 years-12 years	5	8.3	4	6.7
b)	13 years-15 years	5	8.3	12	20.0
c)	16 years-18 years	10	16.7	5	8.3
d)	>18 years	5	8.3	14	23.3
2	Menstrual cycle				
a)	Regular	11	18.3	13	21.7
b)	Irregular	14	23.3	22	36.7
3	occurrence of menstrual cycle				
a)	<21Days/twice in a month	22	36.7	11	18.3
b)	>35 days	3	5.0	24	40.0

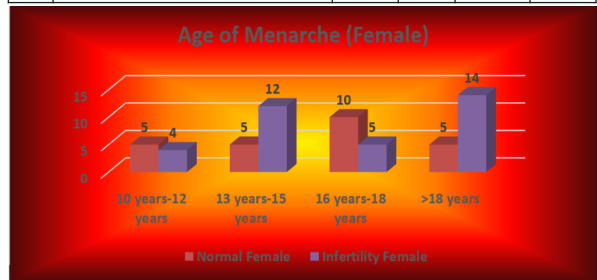


Fig- no. 4.19 Bar diagram shows frequency distribution of age of menarche among female

Recommendation

1. A similar study can be done for large samples.
2. A comparative study can be conducted between rural and urban infertility couples.

CONCLUSION

The study conclude that some identified risk factors can be modified and treated by creating awareness among the young adolescence , newly married couples and infertile couple.

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