

ASSESSMENT OF KNOWLEDGE REGARDING INFERTILITY AND ITS TREATMENT AMONG MARRIED WOMEN, HARIDWAR, UTTARAKHAND

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Abstract

Childbearing and the rising of children are extremely important events in every human's life and are strongly associated with the ultimate goals of completeness, happiness and family integration. The study aimed to determine the level of knowledge regarding infertility, causes and treatment modalities.

Quantitative non-experimental survey design was used for the study. Fifty married women who were attending the gyane OPD at the time of data collection participated in the study. A self-structured knowledge questionnaire and demographic profile were used to collect the data. All the participants were educated but had poor knowledge regarding infertility. The majority 70% of the participants were between the age group of 23 to 34 years. Almost all 96% were house managers, which could be the reason for not knowing about infertility and its management. Infertility is treatable if the individual identifies it at early stages and come out of social taboos for the treatment. Science has advanced and has answers for almost all incurable diseases.

Keywords: knowledge regarding Infertility, Married women

INTRODUCTION

Parenting is an ultimate human prerequisite. Fertility or the ability to produce offspring has a positive social value in Indian cultureⁱ. Infertility on the contrary is the incapability to conceive,ⁱⁱ affecting both men and women globally. Infertility is extensively considered a public health problem touching the life of the entire civilization. Recently published studies revealed that infertility affects about one in six couples during their lifetimeⁱⁱⁱ.

Primary and secondary subfertility are of two types^{iv}. Infertility has been an unkempt zone of research^v. According to the world health organization (WHO), about 13-19 million couples in India are infertile. Out of which only 8% opted for medical intercession^{vi}. The aetiology of female infertility was found in 40 % of the cases and male factor was found to be among 55%. Unexplained infertility accounts for up to 10%⁸. Most infertile couples have one or more of three major causes: a malefactor, ovulatory dysfunction, or tubal-peritoneal disease^{vii}.

The prevalence of secondary causes ranged from > 6% to < 16% of women^{viii}. Very Rare reasons were caused due to uterus anomalies and seldom inflicted by sexual dysfunction and age factor^{ix}. From a practical perspective, the techniques of In vitro fertilization and intracytoplasmic sperm injection are the cornerstones^x. Determining the level of knowledge and awareness of fertility

practices among Indian women has important public health implications^{xi}. There is a need for awareness programs to educate women, and to propagate correct messages regarding infertility^{xii}. A global survey showed insufficient knowledge among 17,500 women (mostly of childbearing age) from 10 countries revealed that knowledge regarding fertility and biology of reproduction was poor. Scores of many women showed slight awareness regarding the time of the month in which they are most fertile and when to seek treatment^{xiii}. The WHO estimates the overall prevalence of primary infertility in India to be between 4 - 17%. Estimates of infertility vary widely among Indian states from 3.7 % Uttar Pradesh, Himachal Pradesh and Maharashtra, 5 % in Andhra Pradesh, and 15 % in Kashmir. Moreover, the prevalence of primary infertility has also been shown to vary across tribes and castes within the same region in India^{xiv}.

At the offset of the new millennium people, begin believing that modern medicine is losing its relevance in many fields including in the treatment of infertility^{xv}. Determining the level of knowledge and awareness of fertility practices among Indian women has important public health implications^{xvi}.

METHODS AND MATERIAL

Quantitative and non-experimental research approaches with descriptive research design were used in the present study. Data were collected from 50 women attending Gynae OPD of Community Health Centre Bahadrad, Haridwar. OPD was selected through the purposive sampling technique. Samples were selected through a simple random technique. Data was collected using a knowledge questionnaire developed by the researcher and to ensure homogeneity demographic data was composed. Validity and reliability were done where $r=.76$.

RESULTS

Table 1: Frequency and percentage distribution of demographic variables N= 50

S. N.	Demographic Variables	Frequency & %
1.	Age In Years	
	1. 23-34	(35) 70%
	2. 35-46	(15) 30%
2.	Education	
	1. Secondary	(22) 44%
	2. Post-graduate	(28) 56%
3.	Occupation	
	1. Employed	(2) 4%
	2. Unemployed	(48) 96%

The age of the participants fell mostly (70%) into 23 to 34 years. Although all the participants were educated and 56% had post-graduation, surprisingly 96% were unemployed. [Table 1]

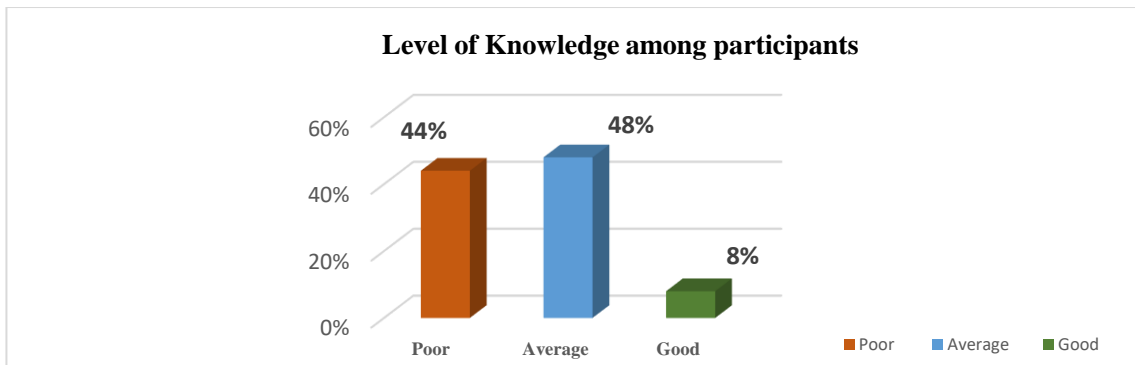


Figure No. 1 Percentage distribution according to the level of knowledge scores

The level of knowledge regarding infertility and its management showed half (48%) of the participants had poor knowledge. [Fig.1]. Demographic characteristics of participants had no statistically significant association between levels of knowledge.

No association was found between level of knowledge and selected demographic variables of the study participants.

DISCUSSION

A study by Gagandeep K. revealed that the majority of women (79%) had average knowledge regarding infertility. Another study by Dyer showed that 28.7% of women had little knowledge about human reproduction and treatment options for infertility and 44% of women had poor knowledge of infertility. Mostly every study discovered that females had average or poor knowledge about the topic. **Shilpa Kulkarni. (2018)** The study concluded that the knowledge in the respective field was inadequate. So it is important to initiate actions to enhance the knowledge and attitude of the students in the college so that they can take necessary measures to prevent infertility. Another study suggested that married females have scarce resources and a concept of understanding regarding infertility. It may be because of the stigma and negative approach towards infertile. . **Mehvish Sabah1, Nazia Bukhar. (2019)** There is a need for health education and awareness for women regarding infertility and its management plans.

CONCLUSION

This knowledge regarding infertility and its treatment is more important in women life. The major part of this study is to be focused on assessing the knowledge among women and increasing the awareness of infertility. Women had less knowledge regarding infertility. The study concludes that participants had less knowledge and they were least interested to learn about it. However, the meaning was well understood by respondents, but they leaked to explain the important aspects in screening and diagnosing tools. There is a great need to educate women regarding their health and reproductive features as well.

IMPLICATIONS

The findings of the study indicated that more emphasis should be placed on the nursing curriculum on infertility. A periodic infertility awareness programme should be arranged for nursing students which would be a great help for promoting themselves as well others who are in need. Nurses have

to play a multidimensional role and their skills have to be combined with a specialized knowledge base to ensure the improved health status of the women. The nurses could participate in public awareness programme through mass media and the administration should take initiative to organize educational programmes for health personnel regarding various aspects of infertility. Nurses, in turn, could improve the knowledge of infertile couples for a good prognosis in future.

LIMITATIONS

The sample size was limited to 50 only, thus the generalization of the study findings could not be possible.

RECOMMENDATIONS

- Interventional studies on infertile women may have more impact. This study can serve as a platform for further studies.

CONFLICT OF INTEREST

NIL

SOURCE OF FUNDING

Self

ETHICAL CLEARANCE

Ethical clearance was done from the ethical committee of Shri Swami Bhumanand College of Nursing. The written permissions were taken from the Gynae O.P.D. of Community Health Centre Bahadrabad, Haridwar before the data collection. Written informed consent was taken.

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