



International Journal of Intellectual Advancements and Research in Engineering Computations

An empirical study on reasons for infertility with reference to erode

1.Dharanya.R (I- MBA), Nandha Engineering college
E-mail – dharantheaja@gmail.com

2.NANDHINI.S (I- MBA), Nandha Engineering college
E-mail – nandhinisanth1796@gmail.com

ABSTRACT:

Infertility is defined as inability of a couple to conceive naturally after one year of regular unprotected sexual intercourse. It remains a major clinical and social problem, affecting perhaps one couple in six. Evaluation usually starts after 12 months; however it may be indicated earlier. The most common causes of infertility are: male factor such as sperm abnormalities, female factor such as ovulation dysfunction and tubal pathology, combined male and female factors and unexplained infertility. Infertility is a common problem affecting one couple in six. It can be defined as the incapacity to full fill pregnancy after reasonable time of sexual intercourse with no contraceptive measures taken. The evidence for changes in the prevalence of infertility is difficult to establish. This increase could be due to at least four factors: delayed childbearing, alterations in semen quality due to habits such as cigarette smoking and alcohol, changes in sexual behaviour and eliminations of most taboos.

1.INTRODUCTION:

Infertility is the failure of a couple to become pregnant after one year of regular, unprotected intercourse. In both men and women the fertility process is complex. Infertility affects about 10% of all couples. Even under ideal circumstances, the probability that a woman will get pregnant during a single menstrual cycle is only about 30%. And, when conception does occur, only 50 -60% of pregnancies advance beyond the 20th week. About a third of infertility problems are due to female infertility, and another third are due to male infertility. In the remaining cases, infertility affects both partners or the cause is unclear. Although this brochure specifically addresses infertility in women, it is equally important for the male partner to be tested at the same time.

2.OBJECTIVES:

- To Analyze the problems faced by the common people due to infertility

3.SCOPE OF THE STUDY:

- This study will help us to know about the problems faced by infertility
- This study may help people how to overcome infertility in their life.

4.LIMITATIONS OF THE STUDY:

- A study that all felt as a more sensitive peoples , so at first all of them neglected on approving it.
- As public are our respondents, they fear to share their unhappy feelings with us.

5.LITERATURE REVIEW:

The study explored infertile women's experiences from the couples' perspectives and the results identify the overall stresses that the family faces. Five themes emerged from the study, namely, the stress of 'carrying on the ancestral line', the psychological reaction of the couple, a disordering of family life, reorganization of family life and external family support. The results demonstrated that the experience of family stress impact on the domains of individual, marital, family and social interactions and there is a need to cope with these when the wife is hospitalized for moderate to severe ovarian hyper stimulation syndrome. The findings indicated that nurses should provide infertile couples with family centered perspectives that are related to cultural family value. The study suggests that nurses should supply information on infertility treatment and assist couples to cope with their personal and family stress Chang (2008)

6. RESEARCH METHODOLOGY

6.1 RESEARCH DESIGN:

1. A Master plan that specifies the method and procedures for collecting and analyzing needed information.
2. A research design is a framework or blueprint for conducting the medical research project.

6.2 SAMPLE DESIGN:

Sampling is the process of selecting a sufficient number of element from the population. A Sample Design is a definite plan for obtaining a sample from the sampling frame. It refers to the technique or the procedure the researcher would adopt in selecting some sampling units from which inferences about the population is drawn.

6.3 NON-PROBABILITY SAMPLING:

Non-Probability sampling is a sampling technique where the samples are gathered in a process that does not give all the individuals in the population equal chances of being selected.

6.4 CONVENIENCE SAMPLING:

Convenience sampling (also known as Availability Sampling) is a specific type of non-probability sampling method that relies on data collection from population members who are conveniently available to participate in study.

6.5 SIZE OF THE SAMPLE:

The Sample size is 30

7. DATA COLLECTION METHOD

7.1 PRIMARY DATA:

These are data which are collected for the first time directly by the Researcher for the Specific study undertaken by him. In this research primary data are collected directly from the Respondent by using Questionnaire.

7.2 SECONDARY DATA:

These are data which are already collected and used by someone preciously. The data's are collected from journals, magazines and websites.

7.3 STATISTICAL TOOLS USED:

To analyze and interpret collected data the following simple percentage and ranking were

DETAILS OF RESPONDENTS	NO.OF RESPONDENTS	PERCENTAGE
	Below 20 years	09
	20-40 years	14
	Above 40 years	07
	Total	30
		100
GENDER	Male	0
	Female	30
	Total	30
		100
MARRIED	Yes	07
	No	23
	Total	30
		100
MEDICAL PROBLEM	Yes	03
	No	27
	Total	30
		100
BODY TEMPERATURE	Yes	0
	No	30
	Total	30
		100
HISTORY OF INFERTILITY	Yes	07
	No	23
	Total	30
		100

used.

7.4 FORMULA:

7.5 HENRY GARRETT RANKING:

Garrett's ranking technique to find out the most significant factor which influences the respondent; Garrett's ranking technique was used. As per this method, respondents have been asked to assign the rank for all factors and the outcomes of such ranking have been converted into score value with the help of the following formula:

$$\text{Percent position} = 100 (R_{ij} - 0.5) / N_j$$

Where R_{ij} = Rank given for the i th variable by j th respondents

N_j = Number of variable ranked by j th respondents

8. DATA ANALYSIS :

The Respondent who participated in the research are from diversified background with gender, age group, marital status and educational qualification

8.1 TABLE:1

PROFILE OF THE RESPONDENTS

INTERPRETATION

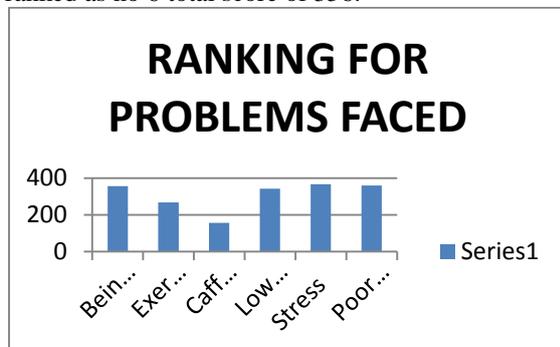
From this table it evident that respondents of male are 0% and the female are 100%. Mostly 30 % of the respondents are below 20 years of age,46% of the respondents have 20-40 years of age, 23% of the respondents have married. 76% of the respondents have unmarried., 10% of the respondents have handled 5 – 10 number of cancer patient, 10% of the respondents have medical problem, 90% of the respondents have don't have any medical problem,100% of the respondents have don't attached body temperature,23% of the respondent have history of infertility,76% of the respondent don't have history of infertility

S.N O	PROBLEMS	MEAN SCORE	TOTAL SCORE	RANK
1	Being over weight	89	356	3
2	Exercise issues	134	268	5
3	Caffeine	157	157	6
4	Low sperm count	57	342	4
5	Stress	122	366	1
6	Poor sperm health	72	360	2

8.2 TABLE 2:

RANK THE PROBLEMS FACED BY THE RESPONDENT DUE TO INFERTILITY

From the above table it is evident that “stress” ranked as no.1 with a total score of 366,”poor sperm health” is ranked as no.2 with a total score of 360, “being overweight” is ranked as no.3 with a total score of 356, “low sperm count” is ranked as no.4 with a total score of 342, “exercise issues” is ranked no.5 with a total score of 268“caffeine” is ranked as no 6 total score of 356.



9.FINDINGS

1. From this evident that “Stress” ranked as no.1 with a total score of 366 .

2. “Poor sperm health” is ranked as no.2 with a total score of 360 .

3. “Being over weight” is ranked as no.3 with a Total score of 356

9.1.SUGGESTIONS

- Accept that you are experiencing a time of heightened stress and don't try to downplay or deny its effect
- Avoid heating your testicles such as hot baths, sitting for long periods of time and tight-fittings underwear it consists the testes and elevate temperatures long enough to suppress sperm production
- Healthy diet enhance fertility by keeping body weight at normal levels

10.CONCLUSION

Infertility is not an absolute condition. The ability to conceive varies with each cycle, environmental circumstances and treatment options. Women may find themselves increasingly despairing at the thought of never becoming pregnant. Social events loom as infertile women begin to dread social occasions. They may also get isolated from family members and work colleagues .Thus the understanding of bio-psycho-social aspects of infertile women and their treatments seeking behavior can help nurses to design successful interventions to reduce stress, promote healthy adaptation and prevent them moving towards avoidance and denial.

11.REFERENCE

1. Domar AD, Clapp D, Slawsby E, Kessel B, et al. The impact of group psychological interventions on distress in infertile women. *Health Psychology*. 2000;19(6):568–75.
2. Chiba H, Mori E, Morioka Y, Kashiwakura M, et al. Stress of female infertility: relations to length of treatment. *Gynecologic and Obstetric Investigation*. 1997;43(3):171–7.
3. Gulseren L, Cetinay P, Tokatlioglu B, Sarikaya OO, et al. Depression and anxiety levels in infertile Turkish women. *Journal of Reproductive Medicine*. 2006;51(5):421–6.
4. Holter H, Anderheim L, Bergh C, Moller A. The psychological influence of gender infertility diagnoses among men about to start IVF and ICSI treatment using their own sperm. *Human Reproduction*. 2007;22(9):2559–65.
5. Jain T. Socioeconomic and racial disparities among infertility patients seeking care. *Fertility and Sterility*. 2006;85(4):876–81.