

Screening of Infertility Cases and the Factors Associated with Infertility among Couples Visiting the Obstetrics and Gynaecological OPD of a Tertiary Level Hospital



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Abstract

The inability to bear children is a tragedy bringing a sense of loss, failure and exclusion for the affected couple. The causes of maximum male and female infertility are related to increased age, obesity and many other associated factors. Hence, a descriptive study was adopted to find out the incidence of infertility cases and the factors associated with infertility among couples visiting the Obstetrics and Gynaecological OPD of a tertiary level hospital in Indore. The sample was 100 couples selected by convenient sampling technique. Personal information was collected by structured interview while physiological and chemical parameters were collected from patient's record file. The study inferred that 15 (15%), 77 (77%) and 8 (8%) infertility proportion was found to be male factors, female factors and combined factors respectively. The commonest causes of infertility found in males were 10(43.4%) each because of asthenzoospermia and oligospermia. The commonest factor contributing to infertility among females was hormonal factors i.e. 40(47%). The computed chi-square value was 6.27 between the causative factor (semen disorder) of male infertility and age which was found to be highly associated at the level $p=0.05$ whereas in female the computed chi-square values was 5.33 between the causative factor (uterine disorder) and age which was also found to be associated at the level $p=0.05$. Association between causative factors such as infection ($X^2 = 6.21$) and hormonal factor ($X^2 = 5.30$) in female was significant to BMI at the level $p=0.05$.

Keywords: Screening, Infertility cases, Factors associated with Infertility, Couples, Asthenzoospermia, Oligospermia, Azoospermia.

Background

Infertility has been relatively neglected as both a health problem and a subject for social science research in South Asia. The general thrust of both programmes and research has been on the correlates of high fertility and its regulation rather than on understanding the context of infertility, its causes and consequences. Yet, we know that infertility affects a relatively large number of couples at some point in their reproductive lives - globally, between 50 and 80 million couples (WHO, 1994)¹ and has a variety of biological and behavioural determinants.

Studies in developed countries suggest that about 15percent of all couples experience primary or secondary infertility at some time in their reproductive lives, and about half of these couples do not succeed in bearing

(more) children (Lindsay.D.et al,1994)².

There is very little evidence on the levels or patterns of infertility in India, and in South Asia more generally, and the available evidence is not necessarily reliable, and comes largely from measures of childlessness drawn from censuses and surveys, using varying reference periods. The recent NFHS, for example, estimates childlessness as 2.4 percent of currently married women over 40 years of age in India (International Institute of population sciences NFHS,1995)³. The 1981 census of India estimates infertility to be in the range of 4-6 percent. (Ministry of Health and Family Welfare,1995)⁴ Similarly, a global review of infertility from WFS and other sources estimates similar rates of infertility in other settings in South Asia (Bangladesh- 4%; Nepal- 6 %; Pakistan 5 %

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