

Knowledge and Attitude for Sterile Women Regarding Infertility in Thi-Qar Fertility Centers

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Abstract

Objective of Study: To explore knowledge and attitudes about Infertility for sterile women.

Methodology: A descriptive cross-sectional study of (100) sterile women selected randomly who visited in thi-Qar fertility center for the period from 3rd October 2019 to 15th January 2020. Validity and reliability of questionnaire are determined through pilot study. Used descriptive statistical procedures deductive data analysis, and data was collected from couples through predesigned interview questionnaire and attitude scale, data was analyzed by SPSS version (20). Descriptive and inferential statistic was used.

Results: The result showed in the age series (25-30 years) was for the elevated proportion from the pattern. General knowledge of sterile women was (44.34 per cent), knowledge of sterile women's risk factors was (30%). The sterile women's attitude to infertility was negative (28.6 percent). Women's strategies in this study were weak (26.3 percent). Women's age and duration of infertility were significantly correlated (PV=0.01).

Recommendation: Promote education programs to raise knowledge rates and improve infertility behaviors, and promote improving infertility coping strategies.

Keywords: Knowledge, attitude, Sterile Women, Infertility.

Introduction

Infertility is a global phenomenon affecting between 60 million people worldwide and 168 million people. This affects between 13 and 15 percent of the world's couples¹. Infertility is the inability to conceive after a year of unhealthy sexual relationships². The cause is known in 90 percent of cases and successful treatment in 50 percent of cases may result in pregnancy. Infertility is a reproductive disease that affects both men and women at nearly equal rates³. The World Health Organization (WHO) describes infertility as: a major health problem that has resulted in 15% of couples worldwide suffering emotional, social and financial implications. While infertility as a source of stress that threaten infertile mental health, the severity of its effects depends on personal coping behavior's. (WHO, 2013) WHO has labeled infertility as a global public health issue which deserves no attention, Reports suggest that infertility in the developed world in 1990 and 2010 is equivalent to 1.9% of women seeking children aged 20-44 years

who reported primary infertility and 10.5% secondary infertility, but in developing countries, including the Middle East, the prevalence of infertility was maximum⁴. In many parts of the world awareness about infertility is insufficient. A global survey of approximately 17,500 women (mostly of childbearing age) from ten countries showed poor knowledge of fertility and reproductive biology. Most women have little knowledge about the time of the month they are most fertile in, and when to seek treatment. Apart from the low level of knowledge, there are a variety of myths around the world concerning infertility.⁵

Coping is the cognitive and behavioral effort to control and handle stressful life experiences and most of the time will mitigate the negative impacts of stressful situations. The stress level is correlated with coping strategies for infertility. Psychological treatment of infertile people, depression, and anxiety and rehabilitation services to deal with the infertility crisis may improve the quality of life. But we need to

identify predictor factors to manage the agitations and stresses caused by infertility and plan to promote coping strategies in infertile couples. Couples' beliefs and attitude towards infertility, which are based on social and cultural factors and their inner desires, that affect the ability of the couple to deal with the crisis of infertility. But these valuations and their impact on the adaptability of individuals to the issue of infertility would grow in the cultural, social and religious spheres

Infertility is a stressor that often taxes a couple of personal and social capital so that coping strategies are a natural outcome of the experience. When men and women are in an unfamiliar situation, they consider other ways of coping with infertility.⁶

Infertility epidemiology in the Gezira District, Central Sudan, consisting of 200 infertile pairs identified with infertility to the primary health care units. The results were that 79.5 percent had primary infertility and 20.5 percent had secondary infertility. Infertility due to husbands was only 20 percent, which was 37.5 percent due to wives alone and 31 percent due to both couples, while those with unknown etiology were 11 percent. Sexually transmitted diseases (STDs) were not imposed as an etiological factor for infertility.⁷

Methodology

Design of the Study: A descriptive cross-sectional study of (100) sterile women selected randomly who visited in Thi-Qar fertility center for the period from 3rd October 2019 to 15th January 2020.

Settings of the Study: The present study is conducted in Thi-Qar Governorate; Thi-Qar fertility center

Sample of the study: which include:

1. Inclusion Criteria are: A purposive" Non-probability" sample of (100) sterile women had referred to the infertility center seeking treatment for infertility

Instrument that Used for Data Collection: Data was collected from sterile women by a questionnaire which had been collected by direct interview; A questionnaire was designed for the purpose of the study which included the following:

Socio-demographic data:

1. Knowledge about infertility

2. Coping regarding infertility
3. Attitude toward infertility.

In this study we concenter the score of knowledge:

1. Less than 50% was poor or limited
2. 50% to less than 74% was fair
3. 75% and more was good.

Attitude score: Less than 50% concenter as negative attitude and more than 50% was positive attitude.

For coping score: Less than 50% concenter as weak coping and more than 50% was strong coping

Results

As for the level of education, the highest percentage (47 percent) of the study sample was secondary, and the lowest percentage (22 percent) of the study sample was primary.

In terms of employment, the highest percentage (65 percent) of the study sample is housewives, whereas the lowest percentage (35 percent) is employee. The highest percentage (26 percent) of the study sample is resident in urban areas, whereas (74 percent) is resident in rural areas.

With regard to the socio-economic status, the highest percentage (74%) of the study sample is of sufficient socio-economic status and (26%) is of the view that they are not sufficient.

Table 1: Distribution of the sterile women according

to gynecological and obstetrics information (n=100)

Variables	F	%
1- Menarche		
<10	12	12%
10-13	46	46%
14-16	32	32%
>16	10	10%
2- Regularity		
Regular	32	32%
Irregular	68	68%
3- Contraception use and type use		
used	1	1%
Not used	99	99%
4- Obstetrics information		
Nuillpara	96	96%
Prim paras	4	4%
6- Associated obstetrical disease		
Exist	2	2%
Not exist	98	98%
8- Type of infertility		
Primary	96	96%
Secondary	4	4%
9- Duration of infertility		
<1 years	11	11%
1-3 years	58	58%
4-6 years	22	22%
7-10 years	9	9%
10- Cause of infertility		
Wife	42	42%
Husband	14	14%
Both	25	25%
Idiopathic	19	19%

*F = Frequency, % percentage

Table (1) shows the most common menarche (10-13) year by 46% and irregular by 68% and primary infertility was 96 %.

Table (2): Distribution of the sterile women according to source of information about infertility (n=100).

Variables	F	%
1- News paper	4	6%
2- Health personal	47	47%
3- Elders	8	8%
4- Television	22	22%
5- Friends	14	14%
6- Posters	5	5%

*F = Frequency, % percentage

Table (2) appear that the we find that source of information most common Health personal was 47%.

Table (3): Distribution of the sterile women according to their knowledge regarding definition, types and risk factors of infertility (n=100)

Knowledge about infertility	% of correct answer
1. Definition of infertility is ainability of couple to become pregnant after one years of sexual life	40%
2. Definition of primary infertility couple who don't have any children	3%
3. Definition of secondary infertility is a inability of the couple to have second child	25%
4. What is unexplained infertility is a cause for infertility is not found even after all teats	2%
5. Risk factors of infertility such as age, weight gain, smoking, alcohol, sexual transmitted infection (gonorrhoea and Chlamydia) and diabetes..	30%
Total of mean	20%

The table appears (3) the total mean of knowledge was 20%.

Table (4): Distribution of the sterile women according to their knowledge regarding common misconceptions factors that affect fertility (n=100)

Items	% of correct answer
1. Abnormal menses (Ovulatory factors)	50.3%
2. Blocked tubes factor affect infertility	88%
3. History of infections of the genitourinary tract in women	82.1%
4. History of infections of the genitourinary tract in men	75.8%
5. Smoking	72.1%
6. Previous use of intrauterine devices	66.8%
7. Previous use of contraceptive pills by female.	75.1%
8. Psychological problems	63%
9. Endocrine problems	53.8%
10. Diabetes mellitus	67.2%
11. Extremely Regular exercise	64.7%
12. Being obese	65.2%
Total of mean	68.675%

The total mean of common misconceptions factors was 67.2%

Table (5): Overall knowledge regarding infertility (n=100).

Items	% of total mean
1. Knowledge regarding definition, types and risk factors of infertility.	20
2. Knowledge regarding common misconceptions factors that affect fertility	68.675
Total of mean coping	44.34%

Table (5) appear the total mean of overall knowledge was 44.34%

Table (6): Distribution of the sterile women according to attitude toward infertility (n=100).

	Strong agree	Agree	Nutrient	Disagree	Strong disagree
I think that infertility is a handicap	12	46	11	47	6
I think that if a couple conceives once, they might have no problem conceive again	23	55	7	25	7

	Strong agree	Agree	Neutral	Disagree	Strong disagree
I think that if the women cannot have a baby, this is grounds for divorce	18	64	20	15	5
I think if a women cannot have a children this is a valid reason for the man to marry a second time	39	40	16	9	3
I think infertility is social stigma	36	44	20	26	2
I think that infertility is a simple problem	33	66	9	16	2
I think fertility drugs are society acceptable	35	30	7	3	5
I think is acceptable to have a test tube baby	75	55	5	8	9
I think that infertility is a disease	45	33	12	8	9
I think if couple cannot have a child they should adopt	1	32	21	12	5
I think infertility should be treated medically	20	34	22	7	8
I think it is a human right to have children	25	50	22	13	8
Mean of attitude correct answer					28.6%

Table (6) appear the total mean of attitude correct answer was 28.6%

Discussion

This research showed that the majority of sterile women are between (25-30) years of age, who are more likely to be pregnant and seek medical help along the study in Kuwait that showed the age of dominant women (20-29) (Human Fertilization and Embryology Authority, 2013).

Many sterile women have an abnormal period (68%) that is vulnerable to infertility because of erratic hormones. In this sample, primary infertility in sterile women was (96%), which was almost the same with the study in Gezira, central Sudan, which found (79.5%) primary infertility couples.⁷

Menarche among study population occurs at less than 15 years of age between (10-13) years, this result is similar to the study they reported, most study samples have menarche (about 15 years of age).⁸

In this report, the causes of infertility caused more by sterile women and both couples followed by women (42 percent) (25 percent) respectively, which is conflict with the Gezira study, which found infertility caused more by wives followed by couples (37.5 percent and 31 percent). (American Urological Association, 2012).

A global study of 17,500 women (mostly of

childbearing age) from 10 countries found that knowledge of fertility and reproductive biology was low (44.34 percent), respectively.(WHO, 2013) and Saudi Arabia Research aimed at evaluating awareness, behaviors and infertility practices. Reveals the awareness is usually poor (59 per cent) ¹

In this sample, the sterile women’s attitude to infertility was negative among sterile women (28.6 percent) respectively, disagreeing with other studies that found positive attitude (76 percent) to infertility among Saudi Arabia couples.¹

In this report, coping strategies in sterile women were poor (26.3 per cent) with no significant differences, which are inconsistent with the study that found men and women with significant differences in coping strategies (Caren & Tracey, 2016).

Conclusion

Awareness of infertility sterile

womnwas limited; infertility attitude was Negative and infertility coping

Strategies were poor

Commendation: Media can play a role in

enhancing awareness about infertility. Encourage education programs to increase knowledge levels and change attitudes with respect to infertility. Encourage sterile women's health promotion guides and education programmes. Encouraging information online offers ways to disseminate pair infertility information of good quality. Encourage improved infertility coping strategies.

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Conflict of Interest: None to declare.

Ethical Clearance: All experimental protocols were approved under the College of Nursing and all experiments were carried out in accordance with approved guidelines.

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