

A study to Assess the Knowledge and Attitude Regarding Infertility among Teenagers Studying in Selected College of Ahmednagar

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Abstract

A study was conducted to assess the knowledge and attitude regarding infertility among teenagers studying in selected college of Ahmednagar, with a view to develop health education pamphlet. The objectives of the study were 1) To assess the knowledge regarding infertility among teenagers studying in selected college of Ahmednagar. 2) To assess the attitude regarding infertility among teenagers studying in selected college of Ahmednagar. 3) To find out association between the knowledge and selected demographic variables. 4) To find out association between attitude and selected demographic variables. 5) To develop health education pamphlet regarding infertility. The conceptual framework of the study was based on Nola. J. Pender's health promotion model. The study was conducted on a sample of 60 teenagers studying in New Art's college of Ahmednagar, using simple random sampling technique. In the present study descriptive survey design was adopted. Data were collected by using structured knowledge questionnaire & Likert's 5 point attitude scale. The obtained data were analyzed by using descriptive and inferential statistics like frequency, percentage, mean, standard deviation and chi square. The knowledge scores of teenagers revealed that 58.33% had average knowledge, 25% had poor knowledge and remaining 16.66% had good knowledge regarding infertility. The attitude scores of teenagers revealed that 56.66% had neutral attitude, 25% had positive attitude and remaining 18.33% had negative attitude regarding infertility. The study concluded that the knowledge and attitude in the respective field was inadequate among the teenagers. 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.

Keywords: Infertility; Teenagers; Health Education Pamphlet.

Introduction

"With the birth of every child, man may calculate that God is still hopeful about the world he created"

William Words Worth.

Parenthood is a fundamental human need. To become a mother and father is one of life's greatest blessings. The urge to reproduce is virtually universal. It is the dream of every married couple to have a child which will bring happiness and joy into their life. It changes their heart, thoughts, and actions. It is a lifelong event that forever changes the couples. Failure by both men and women to fulfill their need for a child is usually devastating,

humiliating and emotionally destructive. Thus it becomes a major life stressor, which can affect the well-adjusted couples [1].

Fertility or the ability to produce children has a positive social value whereas; infertility has a negative social value in Indian culture. Family and society look down couple who is not able to bear children within a reasonable period of time following marriage. Another reason for so much importance being attached to the social aspect of fertility behaviour is that family name will not be carried forward without a child [2].

Infertility is defined as failure to conceive within one or more years of regular unprotected coitus. Primary infertility denotes those patients who have never conceived. Secondary infertility indicates previous pregnancy but failure to conceive subsequently. Infertility is a heartbreaking condition that affects nine million couples in the world each year. It causes tremendous stress, can trigger debilitating sadness and depression, and can tear a marriage to shreds [3].

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It is shown that 1 in 6 couples are said to have infertility in India. If the couples are more than 35 years, it increases as 1 in 3 couples. The males are responsible for 40% while females are responsible for another 40% and 10% because of the problems within the both, 10% is due to idiopathic reasons [2]. A study conducted in rural areas of India on prevalence of female infertility among 232 couples, reported that 14.4% had the prevalence of infertility [4].

The causes of infertility may be due to problem in the man, the women, or both: Problems with sperm (in 35% of couples), problems with ovulation (in 20%), problems with the fallopian tubes in the pelvis (in 30%), problems with mucus in the cervix (in 5% or fewer), unidentified factors (in 10%) [5].

The management in infertility is an endless concept as advancements are being made day by day. Techniques like Artificial insemination, IUI, IVF-ET, GIFT, ZIFT, ICSI are now done with increased feasibility and with cost effectiveness in such a way that even a layman can make use of it. New advancements made in the assisted reproductive techniques and in culture media, is helpful for the couples to make use of it at lesser cost [6].

Materials and Methods

A descriptive research approach was considered to carry out the study. The main focus of the study was to assess the knowledge and attitude regarding infertility in order to develop and administer health education pamphlet. The samples were teenagers between the age group 17-19 years studying in New Arts College, Ahmednagar. 60 samples

were taken by simple random sampling for data collection. The data was collected by structured knowledge questionnaire and Likert's 5 point attitude scale. The collected data were analyzed by using descriptive (mean, Standard Deviation) and inferential statistics (Chi square test).

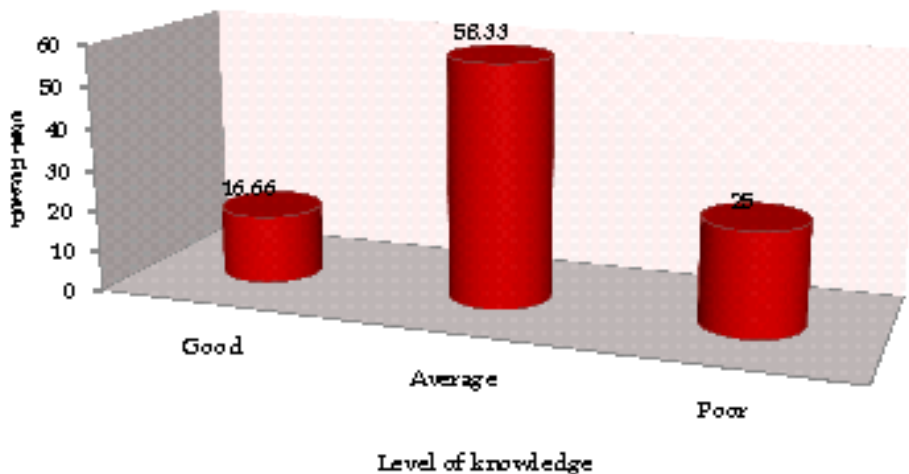
Results

Findings Related to Demographic characteristics of samples

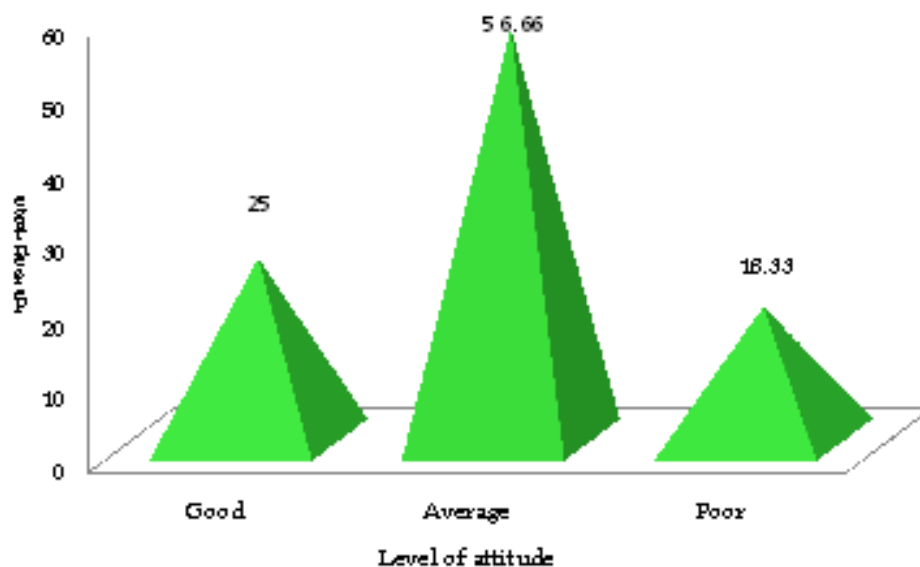
Majority of teenagers i.e. 65% were in the age group of 18-19 years & 35% were in the age group of 17-18 years. 50% were males and 50% were females. 58% were studying in 2nd year degree & 42% were in 1st year degree. 78.3% were Hindus, 13% were Christian, 5% were others & 3% were Muslims. 62% were from joint family and 38% from nuclear family. 50% had got information by the family and friends, 25% by the books and journals, 13% by mass media & only 12% had got information by health personnel. 67% were not having family history of Infertility whereas remaining 33% had family history of Infertility.

Findings Related to Assessment of knowledge and attitude regarding Infertility among teenagers. Graph-1-2

58.33% of teenagers had average knowledge, 25% had poor knowledge and 16.66% had good knowledge where as 56.66% of teenagers had neutral attitude, 25% had positive attitude and 18.33% had negative attitude regarding infertility.



Graph 1: Distribution of Samples by Level of Knowledge



Graph 2: Distribution of Samples by Level of Attitude

Table 1: Association between knowledge regarding infertility and selected demographic variables.

n=60

Sr No	Demographic variables	Good	Average	Poor	χ^2 Value	P Value	df
1.	Age						
	• 17-18 year	06	13	03	2.76	0.252	2
	• 18.1-19 year	06	21	12		(NS)	
2.	Sex						
	• Male	05	17	08	0.397	0.820	2
	• Female	05	19	06		(NS)	
3.	Education						
	• 1 st year	04	15	06	0.490	0.976	2
	• 2 nd year	06	20	09		(NS)	
4.	Religion						
	• Hindu	07	28	12	12.6	0.050*	6
	• Christian	03	03	11			
	• Muslim	00	02	00			
	• Other	00	02	01			
5.	Type of family						
	• Nuclear	05	11	07	1.36	0.851	4
	• Joint	05	19	08		(NS)	
	• Extended	00	00	00			
6.	Source of information						
	• Family and friends	06	15	09	5.10	0.531 (NS)	6
	• Health personnel	00	05	02			
	• Mass media	01	05	02			
	• Books journals	03	11	01			
7.	Any family history of infertility and its treatment						
	Yes	02	12	06	0.966	0.617	2
	No	08	21	11		(NS)	

NS- Non significant

* Significant

Findings related to Association between knowledge of teenagers regarding the Infertility and selected demographic variables. (Table 1).

The demographic variables age, sex, education, type of family, any family history of infertility & treatment were independent of each other. The other demographic variable i.e. religion ($\chi^2= 12.6$) showed an association with knowledge scores at 0.05 level of significance.

Findings related to Association between attitude of teenagers regarding Infertility and selected demographic variables.

The demographic variables age, sex, education, religion, type of family, source of information and any family history of infertility & its treatment were independent of each other.

Discussion

1. Findings related to sample characteristics.

In the present study, sample of 60 teenagers studying in selected college of Ahmednagar were taken. Findings showed that the majority of teenagers i.e. 60% belonged to age group of 18.1-19 years. Similar findings were seen in a study conducted by Ms. Mini John. The results showed that majority 35% were between the age group of 17-20 years.

2. Findings related to knowledge on infertility.

Data analysis on level of knowledge revealed that majority of teenagers i.e. revealed that 58.33% of teenagers had average knowledge, 25% had poor knowledge, 16.66% had good knowledge. Similar findings were seen in study conducted by Ms. Mini John. The findings of the study revealed that majority of teenager's i.e. 76.6% had moderate, 15.3% had adequate and only 8% had inadequate knowledge.

Conclusion

The findings of study revealed that 58.33% of teenagers had average knowledge, 25% had poor knowledge and 16.66% had good knowledge and 56.66% of teenagers had neutral attitude, 25% had positive attitude and 18.33% had negative attitude regarding infertility. Thus it was found to be important to develop health education pamphlet regarding infertility to increase their knowledge and boost their attitude up.

The sample characteristics of teenagers with regard to source of health information showed that only 11.6% of the teenagers got the information from health personnel. So this emphasizes need to disseminate more information on health related aspects through health personnel. Hence, the nurses who come in contact with infertility risk teenagers should take initiative to provide necessary information on infertility so as to help them to prevent infertility.

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