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Assess the Perception and Acceptance of Treatment for Impaired Fertility among Males attending Infertility Clinic at Selected Hospital in Chennai: A Descriptive Study

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Abstract

Fertility has been one of men's desired attributes since the beginning of recorded history and remains a driving need for young couples today. Men are directly responsible for about 30-40% of infertility. One of the most difficult aspects of primary infertility treatment for the couple is to decide when to stop. Because infertility treatment processes often involves repeated therapies and creates further stress and disappointment. Quantitative descriptive approach design was used. 150 men were selected as the study subjects by convenient sampling. The tool used for the study was rating scale and structured questionnaire. This study assessed the perceptions and acceptance of treatment towards the male infertility. There was a positive moderate relationship ($p<0.05$) between perception and acceptance of treatment by infertile men. The study identifies that the men who are more educated, long period of infertility and more years of treatment are significantly associated with level of perception and the more income, long infertile period and the late marriage are significantly associated with level of acceptance of treatment. The study concluded that majority of the men perceived moderate level of perception but are irregular in accepting the treatment towards the infertility.

Keywords: *Impaired fertility, perception, acceptance, demographic variables*

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INTRODUCTION

Infertility is a serious medical concern that affects quality of life and is problem for about 10% of the reproductive age population. Male infertility refers to the inability of a male to achieve a pregnancy in a fertile female. Conception depends on the fertility potential of both the male and female partner. Men are directly responsible for about 30–40%[9].One of the most difficult aspects of primary infertility treatment for the couple is to decide when to stop[1]. Infertility can have profound effects on sexual relationship. There are many reasons, and some are unknown for infertility. Health care provider can help couples with infertility by designing supportive services and offering psychological counselling. Interventions that provide educational information and teach new skills may produce positive changes than interventions focused solely on counselling and expression of feelings[2–5].

The psychological literature has paralleled this pattern of ignoring male- related issues and has focused more on the emotional squeals of women's responses to infertility. This is due partly to the fact that women are perceived to experience greater losses (such as gestation, birth and breast feeding) during infertility than men. Furthermore, in stressful treatment processes such as IVF, most of the difficult procedures like egg collection and

hormonal injections fall upon the female[6–8]. In addition, socio-biological theory proposes mothering as more integral to a woman's identity and physiological needs than fathering is to a man's identity. Whether or not a paternal drive or instinct exists remains controversial[9]. Assessing how well a person or couple is coping with infertility is an essential part of the domain of nursing, and helping people to cope with emotional and psychosocial aspects of infertility[10–11].

OBJECTIVES

1. Assess the perceptions experienced by infertile men.
2. Assess the acceptance of treatment by infertile men.
3. Find out the association between perceptions and selected demographic variables.
4. Find out the association between acceptance of treatment by infertile men and selected demographic variables[12–14].

METHODOLOGY

Non-experimental descriptive approach was used to assess the perceptions and acceptance of treatment by infertile men. Descriptive study design was used for this study. The setting for the study is Institute of Obstetrics and Gynaecology, Govt Hospital for Women and Children Egmore, Chennai-8. The target population of the present study was infertile men who are attending the infertility clinic at Institute of Obstetrics and Gynaecology, Chennai-8. Infertile men who met the inclusion and exclusion criteria were taken as the sample during the study period. That includes 150 males who are already diagnosed as infertile and taken irregular treatment. 150 infertile men were included in the study. A non interventional simple random sampling technique is used to collect data from the infertile men who are diagnosed as infertile.

Table 1: *Level of Perception.* *(N=150)*

Level of perception	frequency	%
No perception	14	9.3%
Mild	45	30.0%
Moderate	82	54.7%
Severe	9	6.0%

Table 1 shows the infertile males level of stress. 9.3% of the infertile males having no stress, 30% of them having mild stress, 54.7% of them having moderate stress and 6% of them having severe stress.

Table 2: *Level of Acceptance.* *(N=150)*

Level of acceptance	Frequency	%
Regular	10	6.70%
Less irregular	69	46.0%
Moderate irregular	65	43.3%
Highly irregular	6	4.00%

Table 2 shows the infertile males level of acceptance. 6.7% of the infertile males are regular, 46% of them are less irregular, 43.3% of them are moderate irregular and 4% of them are highly irregular.

Table: 3 *Correlations between Perception Score and Acceptance Score.*

	Mean±SD	**Karl pearson correlation coefficient**	**Interpretation**
Perception score Acceptance score	47.27±13.66 35.91±10.74	R=0.43 P=0.01**	There is a moderate positive relationship between perception score and acceptance score

* Significant at P≤0.05 ** highly significant at P≤0.01 *** very high significant at P≤0.001

DISCUSSION

This study was an attempt to identify perceptions and acceptance of treatment by male infertility. As the investigator had evidenced many psychological, physiological and social problems experienced by these men with infertility, it was planned to take up such a study. Some most common perceptions were identified through this study, which have been analyzed and interpreted[15–20].

It can hence be discussed in the context of the study variable that infertility is multidimensional in its occurrence. The perception score for physiological perception is 48.3%, psychological perception is 52.8% and sociological perception is 49.3%. The overall perception score is 50.8%. Hence the investigator concludes that infertile men are having maximum stress in psychological perception (52.8%) and minimum stress in physiological perception (48.3%).

CONCLUSION

The study concluded that there is a moderate positive relationship between perception and acceptance of treatment by impaired male fertility. They were significantly associated with certain demographic variables. More educated, period of infertility and more years of treatment are significantly associated with level of perception whereas more income, period of infertility, age at marriage is significantly associated with level of acceptance.

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ETHICAL CLEARANCE

Ethical clearance was obtained from institutional ethical committee (Institute of Obstetrics and Gynaecology, Chennai-6)

REFERENCES

1. Polit and Hungler. Nursing Research Principles & Methods, *8th edition, Philadelphia: J. P. Lippincott Publications.* (2009)
2. Philips Celeste R. Family Centered Maternity Newborn Care. *3rd edition, St Louis Mosby New Year Book Publications.* 1996.
3. Rajan, R. Infertility, Gynecology and Obstetrics. (1st edition) New Delhi: *Publication of the Indian Academy of Human Reproduction.*1999.
4. Rao, S., P.P. *An Introduction to Biostatistics (3rd edition) New Delhi: Practice Hall of India.* 2003.
5. Sabaratnam Arulkumaran & Gopalan Sarala. Obstetrics and Gynaecology for Post Graduates, 3rd Edition, Hyderabad, Orient Longman Publication. 2009.

6. Shaw .W. Robert & Luesley David. Gynecology, 4th edition, London Churchill Livingstone Publication. 2010
7. Andrews FM, *et al*. Stress from Infertility, marriage factors, and subjective well-being of wives and husbands; Journal of Health and Social Behavior. 2001; 211–213p.
8. Benagiano G, *et.al* (2006); Infertility: a global perspective; Minerva Gynecological Journal.2006; 13: 332–338p.
9. Beutal, M. *et.al.* Treatment related Stresses and Depression in couples assisted reproductive treatment. Androlgia. 1999; 31(1).217–35p.
10. Bovin J. A review of psychosocial interventions in infertility. Social Science and Medicine. 2003; 124–127p.
11. Brand. Gender difference in married couples. *The Journal of Obstetrics and Gynecology*. 1984; 49 (2) 68–70p.
12. Brutish. Psychological distress and infertility. *Obstetrics and Gynaecology*. 1998; 116(4).
13. Bovin.,J. *et al*. Reaction to infertility based on extent of treatment failure. *American Journal of Obstetrics and Gynecology*. 1995; 63(4). 88–92p.
14. Davis & Deerman Feeling of loneliness in infertile couples. *Journal of Obstetrics and Gynaecology practice.* 1991; 25(7). 56–59p.
15. Duchesne, W.J. Psychological distress and infertility. *Asian Journal of Obstetrics and Gynaecological practice.* 1991; 25(4) 110–114p.
16. Hirsch & Hirsch. Infertility affects women and men differently. *Midwifery Journal.* 1989; (16) 261–265p.
17. Jirka,J., Mertha. Loneliness and social support in infertile couples *Journal of Obstetrics and Gynecology practice.* 1986; 25(7).
18. Sheirer, E.K. Potential association between male infertility and occupational psychological stress. Life line. 2002; (7)2: 220–225p.
19. Wilson, B. Psycho social effects of infertility. Midwifery Journal. 1991; (18): 215–219p.
20. Xu L, *et al*. Psychological aspects of infertile couples. American Journal of Nursing 1991; 48(5): 36–68p.

