



ISSN: 0975-833X

RESEARCH ARTICLE

A SURVEY OF KNOWLEDGE ON CONCEPTION

*Vetriselvi, D.

College of Nursing, Jipmer, Puducherry

ARTICLE INFO

Article History:

Received 26th April, 2015
Received in revised form
07th May, 2015
Accepted 26th June, 2015
Published online 28th July, 2015

Key words:

Knowledge,
Conception,
Primary idiopathic infertility.

ABSTRACT

Introduction: Poor fertility awareness may be a contributing cause of infertility. The present study was conducted to assess knowledge on conception among husband's of the women with primary idiopathic infertility.

Methodology: A cross-sectional survey was conducted. A questionnaire was designed and through interview the data were collected.

Results: Majority (94%) of the participants had inadequate knowledge. Four percent had moderately adequate and 2% had adequate knowledge on conception.

Conclusion: The above results insisted the health care professionals in the infertility clinic to spare their time in educating the couple in addition to the treatment.

Copyright © 2015 Vetriselvi. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Vetriselvi, D. 2015. "A survey of knowledge on conception", *International Journal of Current Research*, 7, (6), 17865-17867.

INTRODUCTION

Cabau and Senarclens (2001) quoted that to give birth to a child is to give meaning to one's life as an individual and as a couple. With a child, the family line gets continued, the parents find their place in the genealogical order and perpetuate the life given to them in order to make a good debt. The advent of a child implies an entire new organization, whilst this new being prolongs the family history. He is a new individual with his share of unknown and unpredictable elements. Mahlstedt, (2000) stated that becoming a parent is both a lifelong fantasy and a developmental need of most adults. It is a part of one's core identity which is often taken for granted that most do not realize its significance. The dream is that children will enable one to become an adult in the eyes of the previous generation, to project the best of oneself in someone else, and to be respected by one's peers. The friendships that are formed through the activities of children's lives are long-lasting and enrich the personal lives of the adults. John (2004) expressed that despite having so many family welfare programmes, population explosion is still a problem, which our country is facing even now. At the other extreme end, the infertility is also a problem affecting, approximately, 10% of the couples in India. Hampton (2013) expressed that poor-fertility-awareness may be a contributing cause of infertility.

Blake (1997) quoted that more clients benefit from information about fertility awareness. Fertility awareness is far more than just basic reproductive anatomy & Physiology; fertility awareness involves understanding basic information about fertility & reproduction, being able to apply it to oneself, and being due to discuss it with a partner or with a health professional.

Fertility awareness is fundamental to understanding and making informed decisions about reproductive health and sexual health. If clients have a better understanding of fertility awareness, they are in a stranger position to make informed decisions about how they wish to manage their reproductive and sexual health, for example: fertility awareness information is used to help couples to plan pregnancies. This can be helpful to couples who are having difficulty conceiving, for the timing of intercourse or for the timing of some of the sub-fertility investigations.

These couples often do not have adequate information about fertility awareness. Advances in technology and the understandings of ovulation, ovum and sperm survival have confirmed that the guidelines used to teach fertility awareness helps them to identify the fertile phase of the menstrual cycle. Hence, this study undertaken with the objective to assess their knowledge on conception. Thus the study will be helpful in providing the insights into the need of educating the couple attending infertility clinic on conception.

*Corresponding author: Vetriselvi, D.
College of Nursing, Jipmer, Puducherry

MATERIALS AND METHODS

A cross-sectional survey was conducted in infertility clinic of a tertiary care center among husband's of the women with primary idiopathic infertility. The total sample was 50.

Sampling: Simple random sampling was used.

Instruments: Subject data sheet had a set of questions that was oriented to the demographic and clinical data of subjects. Knowledge on conception was assessed by using a questionnaire. The questionnaire had 23 multiple choice questions.

Data collection procedure: Data collection was started after getting ethical committee permission and permission from hospital authority. Informed consent was taken from study participants. Subject data sheet information and knowledge on conception was collected by the investigator through structured interview schedule. The time duration to complete the questionnaire was 25-30 minutes.

Data analysis: The distribution of background variables was expressed as frequencies and percentage. The knowledge levels were expressed as mean with standard deviation.

RESULTS

DISCUSSION

With regard to the spouses educational status 35.4% had primary education and 30.9% had collegiate education. Regarding their occupation 46.3% were working in private company and 27.7% were from government sector. The family income per month showed that 48% earned more than 4000 rupees and 16% earned less than 1000 rupees. With regard to duration of married life 60.3% had married life of less than 5 years and 33.4% between 6-10 years. Majority of the men (94%) had inadequate knowledge. Four percent had moderately adequate and only 2% had adequate knowledge before intervention.

Conclusion

The study concluded that most of the husband's of women with primary idiopathic infertility had inadequate knowledge on conception. To overcome this problem, the infertility clinic should have adequate fertility information handouts to distribute to the couple and also a counselor should be there to clarify their doubts regarding infertility. The infertility clinic should install televisions to provide information about fertility.

Table 1. Demographic Characteristics of the Spouses of the Women with Primary Idiopathic Infertility

(N=50)			
Variables	Sub-Variables	Number (n=50)	Percentage (%)
Spouse-Educational Status	Non-literate	7	14
	Primary	12	24
	Secondary	13	26
	College	18	36
Spouse-occupation	Government Employee	11	22
	Self-employed	14	28
	Private company	20	40
	Labourer	5	10
Family Income per month (in Rupees)	Rs. <1000	4	8
	Rs. 1001-2000	12	24
	Rs.2001-4000	6	12
	Rs.>4000	28	56
Duration of married life	1-5 years	20	40
	6-10 years	25	50
	11-15 years	4	8
	15-20 years	1	2
Habit of consuming Alcohol	Yes	5	10
	No	45	90
Habit of smoking	Yes	10	20
	No	40	80
Habit of consuming Recreational Drugs	Yes	0	0
	No	50	100
Occupational exposure (Pesticides, metal, Heat &X-ray)	Yes	0	0
	No	50	100
Habit of regular exercise	Yes	40	80
	No	10	20
Type of Inner Garment	Nylon	8	16
	Cotton	42	84
Mode of wearing the Inner Garments	Tight	5	10
	Loose	45	90

Table 2. Knowledge Levels among Husband's of The Women With Primary Idiopathic Infertility before Intervention

(N = 50)				
Level of Knowledge	Number (n=50)	Percentage (%)	Mean	SD
Inadequate (< 50%)	47	94	8.74	2.98
Moderately adequate (50% - 75%)	2	4		
Adequate (>75%)	1	2		

REFERENCES

- Bunting, L. and Beivin J. 2010. Development and Preliminary Validation of the fertility status awareness tool: Ferti STATE. *Hum Reprod*; 25(7): 1722-33.
- Bunting, L. and Beivin, J. 2013. Fertility knowledge & beliefs about fertility treatment: Findings from the international fertility decision-making study. *Human reproduction*; 28(2): 385-97.
- Daniluk, J.C. and Koeat E. 2013. The otherside of the Fertility coin: a comparison of childness men's and women's knowledge of fertility and assisted reproductive technology. *Fertil Steril*; 99: 839-46.
- Erimaede et al. 2015. A cross sectional study on fertility knowledge in Japan, measured with the Japanese Version of Cardiff fertility knowledge scale (CFKS-J). *Reproductive health*; 12(2): 383-85.
- Williamson, L.E., Lawson, K.L., Docone, P.J. and Pierson, RA. 2014. Informed reproductive decision-making: the impact of providing fertility information on fertility knowledge and intentions to delay childbearing. *J. obstet Gynaecol can*; 36:400-5.
