INFERTILITY – CURRENT SCENARIO

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INTRODUCTION

Infertility is a global health issue affecting approximately 8-10% of couples. It is a multidimensional problem with social, economic and cultural implication, which can take threatening proportions in countries with strong demographic problem such as, Greece. Lately, an increasing number of couples with infertility problems choose the artificial insemination. ^[1] Males are found to be solely responsible for 20-30% of infertility cases but contribute to 50% of cases overall. Secondary infertility is the most common form of female infertility around the globe, often due to reproductive tract infection .

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The chance of becoming spontaneously pregnant declines with the duration before conception. The fertility decline in female already starts around 25-30 years of age and the median age at last birth is 40-41 years in most studied populations experiencing natural fertility.^[2]

DEFINITION

Infertility is a disease characterized by the failure to establish a clinical pregnancy after 12 months of regular and unprotected sexual intercourse.

CURRENT SCENARIO

The factor affecting both gender's infertility are Hypogonadotrophic Hypogonadism, Hyperprolactinemia, disorder of ciliary function, cystic fibrosis, infection, systemic disease, genetic mutation and life style related factors such sedentary lifestyle which lead to obesity and has important impact on fertility, smoking and drinking in both male and female.^[3]

Infertility in female is due to problems in fallopian tubes and the uterus, disorder of menstruation, sexual disorder, age and ovarian failure, premature ovarian insufficiency, polycystic ovary syndrome, endometriosis, uterine fibroids and endometrial polyps.^[2] Male infertility may be due to testicular and post-testicular deficiencies. Semen decline that has been observed over the years, endocrine disrupting chemicals and consanguinity are other factors involved. Smoking cigarette and habit of consuming harmful substances can also be the cause of infertility in men.^[4]

Female infertility is most often treated by one or more of the following methods. Taking hormones to address a hormone imbalance, endometriosis, or a short menstrual cycle.taking medicines to stimulate ovulation. Intrauterine insemination(IUI), invitro fertilization, donor egg or sperm, gestational carrier for those whose uterus is infunctional. These insemination methods have found effective for many women and help them to become pregnant.^[5]

In male it can be treated by changing certain habits by avoiding harmful substances ,and daily exercising, improving frequency and timing of intercourse ,certain medications that improves sperm count.

A study by OO Adetoro concludes that the most common cause was female factor (44.5%), male were contributing around 34.0%, both male and female factors was found 17.1% and unexplained cause was 8.1%.^[6]

It has found that in today's scenario rate of fertility is declining and major cause is change in lifestyle. A study shows that fertility rate in 2000 was 3.35 which has declined in 2020 and reached to 2.20 which means rate of infertility has increased approximately 2% in 20 years.^[7]

A study confirmed that infertility can lead to many psychological disorders such as anxiety, anger, irritated mood etc in women.^[8]

Fortunately,psychological interventions,especially those emphasing stress management and coping-skills training, have been shown to have beneficial effects for infertility patients.^[9]

It has been estimated that nearly 50% cases of infertility are also due to genetic defecta particular difficulty is the huge number of candidate genes to be studied ;there are more than 2,300 genes expressed in testis alone, and hundreds of those genes influence reproductive function in humans and could contribute to male infertility.^[10]

CONCLUSION

Infertility is the rising problem now a days and it can be overcome by modification in habits and lifestyle . It can also be cured by some drugs and by some artificial insemination methods. The most common cause is female factor.

REFERENCES

- 1. Roupa Z, Polikandrioti M, sotiropoulou P, Faros E, Koulouri A, Wozniak G, Gourni M. causes of infertility in women at Reproductive Age. Health Science journal,3(2).
- 2. Vander Borght M, Wyns C. Fertility and infertility. Definition and epidemiology. Clinical biochemistry 2018 Dec 1;62:Pp2-10.
- 3. Dag ZO, dilbaz b. impact of obesity on infertility in women. Journal of the Turkish German Gynecological association.2015;16(2):111.

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- Briggs MH. Cigarette smoking and infertility in men. The medical journal of Australia. 1973 Mar 24;1(12):616.
- Redshaw M, Hockley c, Davidson LL. A qualitative study of the experience of treatment for infertility among women who successfully became pregnant. Human REPRODUCTION. 2007 Jan 1;22(1):Pp295-304.
- 6. Adetoro OO,Ebomoyi EW. The prevalance of infertility in a rural nigerian community. African Journal of medicine and sciences.1991 Mar 1;20(1):23-7.
- Thonneau P,Spira A. Prevaluce of infertility:international data and problems of measurement. European Journal of Obstetrics & Gynecology ans Reproductive Biology.1991 January 4;38(1):Pp43-52.
- 8. Williams ME.Toward greater understanding of the psychological effects of infertility on women. Psychotherapy in private practice.1997 October &;16(3):Pp7-26.
- 9. Bernstein J, potts N, mattox JH.Assessment of psychological dysfunction associated with infertility . Journal of obstetric,Gynecologic, & Neonatal Nursing. 1985 Nov;14:63s-6s.

10.Zorrilla M, yatsenko AN. The genetics of infertility:current status of the field.Current genetic medicine reports.2013 december 1;1(4):247-60.