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Attitude of the Women over the IVF Treatment

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Abstract: Infertility is a root cause which force women to undergo IVF treatment. IVF services cling with certain factors like multiple births, treatment time, treatment cost, religion, risk, medication side effects, acceptance in the society, etc. Apart from it, IVF is the most demanding treatment used to overcome infertility. Expectation and emotional impact that a women pass throughout the treatment influence the success rate, provided with the family support. The present study is an attempt to analyze the attitude of women towards IVF service.

Keywords: Infertility, multiple pregnancies, success rate, treatment, awareness.

I. INTRODUCTION

Postponing childbirth is becoming increasingly common in Western countries, especially among groups with higher education qualifications. In India there is many couple who live without children. Out of the many treatments available, the famous and the best treatment is IVF. The In-vitro fertilization (IVF) is an assisted reproduction technique that is often used when other methods of artificial reproduction technique have failed. In-vitro literally means in glass and babies born by this method are called test tube babies. In this process the egg is fertilized by the sperm outside the body. This treatment is even though a costly affair, it have become a boon for the childless couples. Even now there are women who fear to get this treatment with an intention on having negative opinion about the treatment, doctor, clinical tests, and the cost of the treatment and so on.

II. OBJECTIVES OF THE STUDY

To analyze the attitude of women towards IVF service.

RESEARCH METHODOLOGY

The following methodology is used in this study.

(i) Area of the study

The researcher has chosen Coimbatore District as the area of study, which in the recent years has become a vast educational hub and known for textile & manufacturing industry.

(ii) Sources of data

The study has used both the primary data and secondary data. Primary data is collected using interview schedule method. Secondary data is collected through various journals, magazines, reports and Newspapers. Information has also been drawn from various literature available pertaining to the field of knowledge.

(iii) Sampling Design

For the purpose of the study, 1100 respondents were selected using random sampling technique.

(iv) Tools for analysis

For the detailed analysis of the study, the following statistical tools have been used:

- Percentage Analysis
- Chi-square Test

Table – 1 Demographic details of the women involved in the IUV treatment.

S.No	Age	Frequency	Percent
1	Less than 25 years	293	26.6
2	25-40 years	356	32.4
3	41-55 years	190	17.3
4	55 years and above	261	23.7
	Total	1100	100.0
S.No	Educational level	Frequency	Percent
1	No formal education	77	7.0
2	School level	275	25.0
3	College level	319	29.0
4	Professional qualification	209	19.0
5	Others	220	20.0
	Total	1100	100.0
S.No	Occupational status	Frequency	Percent
1	Agriculture	118	10.7
2	Business	270	24.5
3	Employed	299	27.2
4	Professional	199	18.1
5	Others	214	19.5
	Total	1100	100.0
S.No	Family size	Frequency	Percent
1	2 members	310	28.2
2	3 members	342	31.1
3	4 members	176	16.0
4	Above 4 members	272	24.7
	Total	1100	100.0
S.No	Family monthly income	Frequency	Percent
1	Less than Rs.20,000	303	27.5
2	Rs. 20,000-Rs.40,000	349	31.7
3	Rs.40,000-Rs.50,000	189	17.2
4	Above Rs.50,000	259	23.5
	Total	1100	100.0

Age group:

When considering the age group of the respondents it was inferred that 32.4 percent of the respondents were in the age group of 25 – 40 years, 26.6 percent of the respondents were in the age group of less than 25 years, 23.7 percent of the respondents were in the age group of 55 years and above, and a remaining 17.3 percent of the respondents were in the age category of 41- 55 years.

Educational Level:

When analyzing the educational qualification of the respondents , it was understood that 29 percent of the respondents have completed their college education, 25 percent of the women have completed their school education, 20 percent of the women have completed other forms of education (ITI, Diploma etc..) , 19 percent of the women have completed professional education, and a remaining 7 percent of the women have no formal education.

Occupational status:

The occupational status of the women revealed that a 27.2 percent of the women have been employed, 24.5 percent of the women have been involved in Business, 19.5 percent of the women have been involved in various occupation (Tailoring, clerks, service oriented jobs, etc) , 18.1 percent of the women were involved in professional jobs, and a remaining 10.7 percent of the women were involved in the aspect of agriculture related works.

Family Size:

It was inferred from the table that 31.1 percent of the women were having 3 members in their family, 28.2 percent of the women were having 2 members in their family, 24.7 percent of the women were having above four members in their family, and a 16 percent of the women were having four members in their family.

Family monthly Income:

When taking in to account the family monthly income level, 31.7 percent of the women's monthly income ranges between Rs.20,000 – 40,000, 27.5percent of the women's family monthly income level was less than Rs.20,000, 23.5 percent of the women were having their family income as above Rs. 50,000.

The following table ensures the knowledge and attitude of the women over the IVF treatments. The various factors which were taken in to consideration for the analysis were 1. Effect on age on IVF success rate. 2. Effect of smoking on IVF success rate 3. Effect of age on genetic abnormality 4. Risk of genetic abnormality in oligo/azoospermic 5. Risks due to ovulation induction 6. Risks due to ovum pick up 7. Success Rate of IVF 8. Risk of RP in IVF 9. Risk of multiple pregnancy in IVF 10. Risk of congenital abnormality in IVF 11. Development of IVF children 12. IQ of IVF children

Table 2-KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.973
Bartlett's Test of Sphericity	Approx. Chi-Square	56695.479
	Df	66
	Sig.	.000

Table 3- Communalities

	Initial	Extraction
Effect of age on IVF success rate	1.000	1.000
Effect of smoking on IVF success rate	1.000	.987
Effect of age on genetic abnormality	1.000	.999
Risk of genetic abnormality in oligo/azoospermi	1.000	.999
Risks due to ovulation induction	1.000	.996
Risks due to ovum pick up	1.000	.992
Success rate of IVF	1.000	.993
Risk of RP in IVF	1.000	.997
Risk of multiple pregnancy in IVF	1.000	.996
Risk of congenial abnormality in IVF	1.000	.995
Development of IVF children	1.000	.992
IQ of IVF children	1.000	.999

Extraction Method: Principal Component Analysis.

Table 4- Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	11.872	98.937	98.937	11.872	98.937	98.937	11.872	98.937	98.937
2	.036	.297	99.234	.036	.297	99.234	.035	.289	99.226
3	.021	.179	99.413	.021	.179	99.413	.021	.173	99.399
4	.018	.150	99.563	.018	.150	99.563	.020	.164	99.563
5	.016	.132	99.695						
6	.011	.091	99.786						
7	.008	.068	99.855						
8	.006	.051	99.905						
9	.005	.039	99.945						
10	.004	.029	99.974						
11	.003	.022	99.996						
12	.001	.004	100.000						

Extraction Method: Principal Component Analysis.

Table 5 Rotated Component Matrix(a)

	Component			
	1	2	3	4
Effect Of Age On IVF Success Rate	.985	.174	-.012	-.005
Effect Of Smoking On IVF Success Rate	.493	-.713	.009	-.046
Effect Of Age On Genetic Abnormality	1.000	-.005	-.707	-.005
Risk Of Genetic Abnormality In Oligo/Azoospermi	.390	-.025	.135	-.010
Risks Due To Ovulation Induction	.497	-.853	-.011	-.007
Risks Due To Ovum Pick Up	.296	-.708	-.015	-.011
Success Rate Of IVF	.597	-.007	-.013	-.609
Risk of multiple Pregenancy	.432	.003	.421	.542
Risk Of RP In IVF	.399	-.006	-.009	-.006
Risk Of Congenital Abnormality In IVF	.697	-.011	-.022	-.718
Development Of IVF Children	.295	-.614	-.031	-.028
IQ Of IVF Children	.491	-.013	-.812	.125

Extraction Method: Principal Component Analysis. Rotation Method: Quartimax with Kaiser Normalization. a. Rotation converged in 3 iterations.

Table – 6 From the analysis it could be under stood that the iteration of the variance can be grouped as under the table given below.

	Factors	Values
I	Effect Of Age On IVF Success Rate Effect Of Age On Genetic Abnormality Success rate of IVF	.985 1.000 -.609
II	Risks Due To Ovum Pick Up Risk Of Multiple Pregnancy In IVF Risks Due To Ovulation Induction	-.708 -.807 -.853
III	Risk Of Congenital Abnormality In IVF IQ Of IVF Children	-.718 -.812

The above table reveals the cluster formation of the factors. The I cluster can be termed as “Success rate of IVF”, the II cluster can be termed as “Risk of IVF treatment”, the III cluster can be grouped as “Abnormality and IQ of children”.

III. FINDING

- When considering the age group of the respondents who are undergoing IVF treatment it was inferred that 32.4 percent of the respondents were in the age group of 25 – 40 years.
- Those women who are under IVF treatments, it was understood that 29 percent of the respondents have completed their college education.
- The occupational status of the women revealed that a 27.2 percent of the women have been employed and a 31.1 percent of the women were having 3 members in their family. When taking in to account their family monthly income level, 31.7 percent of the women's monthly income ranges between Rs.20,000 – 40,000.
- While considering the level of awareness, it could be understood that 25.6 percent of the women were having low awareness about the treatment and it was understood that 26.3 percent of the women have got the information pertaining to IUV treatment through their Parents.
- While analyzing the media of awareness, 27.1 percent of the women have sourced the information through Newspaper and magazines and it was understood that 27 percent of the women have a very low influence regarding the treatment through media.
- When all the treatment and the hope for normal pregnancy fails the doctor's advice to go for IUV treatments and a 26.9 percent of the women have got awareness about the treatment for over 6- 10 years.
- In considering the influencing factors to go for IVF treatments, Risk Of Abortion has made a major influence over the women to choose the IVF treatment to choose as the best strategy to give birth to a baby. Further the "Effect and risks of IVF", and "Risk of multiple pregnancy and IQ of children", and "Abnormality and Success rate" were the threat factors for the patients undergoing IVF treatments.

IV. CONCLUSION

Pregnancy, motherhood or the desire for a child would be the life goal for many couples. When attempts for a child fail, the inability to meet this desire results in stress, feeling of loneliness, depression, hopelessness, anger etc. On the demanding pace, IVF have a tremendous impact on women who lack fertility. In the recent scenario, advances in reproductive medicine have made the treatment of infertility a highly successful prospect that has given hope and success to thousands of couples. The high-tech reproductive technologies have associated psychological and ethical issues that must be addressed by the infertile couple. Couples scrutinize their behaviors, habits, and lifestyle to try to understand why they have not been able to conceive.

In Vitro Fertilization treatment provide greater expectation for the hopeless couples who dream a child. Irrespective of money, time, stress, religion etc., infertile women undergo the treatment. Hence, proper awareness and counseling should be given to the infertile women to build confidence in them.

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