PROFILE OF MARRIED WOMEN WITH INFERTILITY RESIDING IN RURAL AREA –A CROSS SECTIONAL STUDY

Submittedby

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DISSERTATION

Submitted to the

KLE Academy of Higher Education and Research, Belagavi, Karnataka

In partial fulfilment

of the requirements for the degree of

M. D. (Doctor of Medicine)

in

COMMUNITY MEDICINE

DEPARTMENT OF COMMUNITY MEDICINE,

Jawaharlal Nehru Medical College, Belagavi – 590010

KARNATAKA, INDIA.

APRIL – 2020

KLE Academy of Higher Education and Research Belagavi, Karnataka

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LIST OF ABBREVIATIONS USED

WHO	World Health Organization
STI	Sexually Transmitted Infections
PID	Pelvic Inflammatory Disease
PCOD	Polycystic ovarian Disease
AIIMS	All India Institute of Medical Sciences
RCH	Reproductive and Child Health
NIRRH	National Institute for Research in Reproductive Health
PHCs	Primary Health Centers
DHs	district hospitals
CHCs	Community Health Centers
ICPD	International Conference on Population and Development program
RMNCH+A	Reproductive, Maternal, Newborn, Child and Adolescent Health
H-P-O axis	Hypothalamic-pituitary-ovarian axis
GnRH	Gonadotropin-releasing hormone
FSH	Follicle-stimulating hormone
LH	Luteinizing hormone
BMI	Body mass index
PV	Per vagina
TVU	Trans-vaginal ultrasound
MO	Medical officer
MTP	Medical Termination of Pregnancy
UPT	Urine pregnancy test
DLHS	District Level Household and Facility Survey
PUC	Pre University Course

TITLE- PROFILE OF MARRIED WOMEN WITH INFERTILITY RESIDING IN RURAL AREA-A CROSS SECTIONAL STUDY

ABSTRACT

Introduction:

Infertility affects nearly 8% to10% of couples worldwide. According to WHO globally over 60 to 80 million couples suffer with infertility among which 10% are women who are inflicted.Infertility is a serious public health issue with social consequences but often neglected as it does not cause physical disability.

According to WHO globally primary infertility accounts to 2% and secondary accounts 11% respectively. It is said that approximately, onethird of the causes are due to male factors, one-third due to female factors, and the remaining a combination of both male as well as female factors and in 20% of cases it is unexplained.

Various demographic factors such as employment, socio-economic status, higher educational level, nuclear family are said to be associated with primary infertility. Factors such as unsafe practices during childbirth and postpartum period by health-care providers lead to pelvic infection, tubal blockage, and infertility thereby causing bilateral tubal occlusion which is the most common cause of secondary infertility. Infertility is a silent cry where the couple together with their family suffer. The “blame” of being childless is often borne by the female though both male and female are affected socially,emotionally due to social stigma. Parenthood is highly emphasized in each and every society, due to emotional and social pressure couples face a sense of failure and are treated as outcast. Infertility leads to societal repercussions, sexual dysfunctions, personal suffering and marital discords which

isthe most common problem among couples.Hence couples seek various treatment options for infertility such as traditional methods, and religious practices Though Reproductive and child health (RCH) addresses reproductive health of women there is limited focus on services for infertile couples in the Reproductive and Child Health Programme (RCH).Infertility issues have largely been ignored in the government policy in India. This study is being conducted to know the profile of married woman with infertility, their treatment seeking behaviour and their experiences of being infertile.

Objectives:

1)To know the profile of married women with infertility residing in rural area

2)To know the treatment seeking behavior among infertile women residing in rural area

3)To know the experiences of infertile women being childless through a qualitative study

Materials and Methods:

A study was conducted at KIMS Bangalore to know the prevalence and causes of primary infertility and to describe their socio demographic characteristics .The study was carried out with the help of ASHA workers at Kumbalgodu PHC consisting of 26,190 people .The prevalence of primary infertility according to their study was 4.5% among which 41.9% of women were in age group of 20 to 24 years .Couples who were educated up to high school had highest problem of primary infertility. Out of 2568 eligible couples primary infertility was found to be highest in nuclear family and least in three generation family .Among males it was highest in those who smoked, consumed alcohol had history of diabetes and who were obese. Whereas in

females it was highest in those who had history of PID(42.9%) and least with history of endometritis(4.8%).

According to the study done in Uttarpradesh by taking married women aged 20-34 years from the DLHS data who were trying for pregnancy for at least 2 years reported that 10.7% of them suffered from infertility. Most of them nearly 3/4th suffered from primary infertility. It was highest among 20-24 years age group (12.8%) and declined at 30-34 years. The same pattern was followed both in urban and as well as rural areas. It was higher among Hindus(6.2%) compared to other religions(4.9%).Highest infertility rate was shown among illiterate(10.8%) and lowest among those with higher education (8.7) and those who got married below the age of 18 years. In this study as the infertility rate was not affected by socioeconomic status. Among the couples who sought treatment the highest were from urban area. Among the infertile couples 85% sought treatment from allopathic doctors among which 24% belong to government hospitals and 68% are private practitioners. The average time taken by the couples attempting to initiate pregnancy was 4.7 years.

A qualitative study was done in Northern Ghana to know the experiences of infertile women .Study showed that women received major blame and they feared of abandonment, divorce and polygamy of their male counterparts .Results showed that community treated infertile women as witches who have “eaten up” their children in their womb .Males were given the title Lankpolosoba (man with rotten penis),Yokuusoba(man with dead penis) and were excluded them from leadership roles. In one of the personal interview a man stated that he had also admitted a male undertaker called “Saabie” to impregnate his wife and beget children. Another women who had engaged in extramarital affair in order to prove her fertility had to undergo a purification ritual called “moora”. Results also showed that some of the couples

believed that they don’t have entry into ancestral word thus losing their opportunity to live again.

Results:

Out of the 485 infertile women surveyed maximum women with infertility were found between 26 to 30 years age group. About 58.35% of them had primary infertility and 41.65% had secondary infertility.80% of the women were housewives and 47.84% of them had completed their secondary schooling. About 74.43% of them belonged to nuclear families and belonged to class II according to Modified B.G.Prasad classification. Nearly 56.49% had sought treatment for infertility and 43.51% of them had not approached any health care facility. Out of those who had sought treatment, 71% of them opted for allopathic treatment and others who did not seek treatment had given reasons of economic burden and waiting for spontaneous conception. Among those who took treatment female causes of infertility contributed to 31.75% the most common causes being ovulatory dysfunction and PCOD. Male causes contributed to 18.25% the most common reasons being Azoospermia and Aesthenospermia. Only 7.66% had both male and female factors contributing to infertility, the most common combination was Azoospermia and PCOD.Family history of infertility was found higher among couples with primary infertility. The consumption of tobacco and related products was found higher among males. Nearly 57.32% of infertile women had BMI within a normal range and most of the couples had intercourse once in two weeks.

When women were interviewd regarding their experiences of being childless, they said that they had experienced anxiety. Others had reported being depressed and had Sexual disharmony in their married life. They also reported that they were

annoyed with their in–laws and various questions put forth by them and the society. Hence they chose to ignore what society thinks about them.

Conclusion:

The study shows that infertile women were maximum between 26 to 35 years. About 60% of women had sought some form of treatment and 40% of infertile women have not got any treatment the most common reasons being waiting for spontaneous perception and economic burden. Among the female causes nearly 55% of the causes did not require any surgical intervention but rest of the 45 % of the women required surgical intervention did not opt for further treatment due to out-of -pocket expenditure.

Women have also expressed that they often bear the guilt of being childless. Infertility has a psychological effect on the couples, women in particular and disturbs their quality of life.

Keywords:

Infertility, Treatment seeking behaviour, anxiety, worry

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INTRODUCTION

Infertility affects nearly 8% to10% of couples worldwide.[1] According to WHO globally over 60 to 80 million couples suffer with infertility among which 10% are women who are inflicted.[1]Infertility is a serious public health issue with social consequences but often neglected as it does not cause physical disability.[2]

According to the WHO demographic definition infertility is defined as married women of reproductive age (15 to 49 years) at risk at becoming pregnant (sexually active, not using contraception and not lactating) who report trying unsuccessfully for a pregnancy for 5 years or more. Primary infertility is when a woman is unable to ever bear a child and secondary infertility is when a woman is unable to bear a child following a previous pregnancy.[2]

According to WHO globally primary infertility accounts to 2% and secondary accounts 11% respectively.[(1,3)]It is said that approximately, onethird of the causes are due to male factors, one-third due to female factors, and the remaining a combination of both male as well as female factors and in 20% of cases it is unexplained.[16]

All India Institute of Medical Sciences reported that in India over 12–18 million couples arediagnosed with infertility every year.[12]The burden of primary and secondary infertility in India is 6.3% and 1.9% respectively.[3]In a study done in Kanyakumari district among randomly selected married couples incidence of female and male infertility were 45.67% and 54.33% respectively.[4]

Various demographic factors such as employment, socio-economic status, higher educational level, nuclear family are said to be associated with primary infertility.[5] Factors such as unsafe practices during childbirth and postpartum period

by health-care providers lead to pelvic infection, tubal blockage, and infertility thereby causing bilateral tubal occlusion which is the most common cause of secondary infertility.[16] STIs which are preventable causes of infertility worldwide, cause 70 percent of all pelvic inflammatory diseases resulting in tubal damage.[1,10]Modified dietary habits and physical inactivity in today's world leads to obesity which causes hormonal imbalance and menstrual dysfunction which is one of the major risk factors for infertility.[5]

According to a study done in Bangalore various female causes of primary infertility include Pelvic inflammatory disease(PID), Polycystic ovarian disease(PCOD), endometritis fibroid.[1]According to AIIMS there is a decline in sperm count of a normal Indian adult malefrom 60 million/ml three decades ago, to around 20 million/ml and a study conducted in South India over a period of 13 years, shows that sperm count declined by 30.31% whereas, sperm motility and morphology declined by 22.92% and 51.25%, respectively.[12]

Infertility is a silent cry where the couple together with their family suffer .[13]Infertility is said to be the most upsetting experience and is said to be stressful with feelings of helplessness, psychological strain, uncertain hopes especially in those who are on assisted reproductive treatments than those who are trying to conceive spontaneously.[11]

Women feel they are not able to fulfil expectations of femininity, they feel loss of social identity whereas men feel that it is a loss of their self-esteem and dignity.[6]

The "blame" of being childless is often borne by the female though both male and female are affected socially ,emotionally due to social stigma.[13,14]Women have feelings of lack of support, self-blame, guilt, anxiety, isolation and grief.[11] Psychological well-being of women is affected ,she suffers from panic attacks, nervousness, agitation, and intolerance.[5] Menstruation is said to be 'bad sickness' owing to the fact that women will not be able to bear a child only if they are infertile.[6]

Parenthood is highly emphasized in each and every society, due to emotional and social pressure couples face a sense of failure and are treated as outcast.[2,13] Infertility leads to societal repercussions, sexual dysfunctions, personal suffering and marital discords which is the most common problem among couples.[8]

Couples are denied from important family events such as christenings, weddings, birthdays, and confirmations.[14]Infertile women are considered inauspicious and are not allowed to attend naming ceremonies and function of the pregnant woman at seventh month.[14] Males are often compelled into a second marriage making the woman's life pathetic. However there are husbands who are supportive and defend their marriage against family and social pressures.[14]

Hence couples seek various treatment options for infertility such as traditional methods, and religious practices. According to a study done in Bangalore 33% among 80% of infertile women sought non allopathic treatment .[13]Another study done in Dhaka showed that 30% initially went to traditional healers and 36% sought both traditional healers and doctors, 32% consulted general practitioners and gynaecologists and only 2% came straight to tertiary care centres.[17]In a country like India methods such as herbal treatments, prayers (poja) , rituals (munat) and appeals

to supernatural powers are sought for the first three years of marriage.[15]This shows the lack of awareness regarding correct treatment of infertility among the couples, all this coupled with social stigma and financial burden ,couple often loose (lose) the precious time in seeking correct treatment.[(1,2)]

According to various studies infertility is considered to be the problem of the woman, and husbands are uncooperative in accepting the need for treatment.[15]And the main detrimental factor is high cost of treatment.[15]Hence certain factors such as reduction in body weight, dietary pattern, life style ,stress, delayed marriage ,PID which can be detected and treated early should be focused .[(1,2)]

Though Reproductive and child health (RCH) addresses reproductive health of women there is limited focus on services for infertile couples in the Reproductive and Child Health Programme (RCH).[2]There are only few studies in India one of which was by Widge and Cleland, where they found that the role of the public health Sector which addresses infertility management is weak.[3] The quality of treatment is not regulated and varies between the practitioners which in turn puts a financial burden on the couple making them seek traditional and other non allopathic treatment methods like observing tantric rights, visiting astrologers.[13] The National Institute for Research in Reproductive Health (ICMR-NIRRH) are striving to develop guidelines for the prevention and management of infertility to fill the gap in information on infertility in the public health-care system.[3]According to a study done in six zones in India(from November 2012 to February 2013) with a representative sample consisting of 48 primary health centers (PHCs),12 district hospitals (DHs), 48 sub-centres and 24 community health centres (CHCs), concluded that there are inadequate resources and

skills for infertility management which highlights the absence of infertility as a mandate in the package of services under National Health Mission. [3]

It is high time we address infertility as an important health issue as stated by International Conference on Population and Development (ICPD) program that reproductive health services should include prevention and appropriate treatment of infertility.[1] Infertility issues have largely been ignored in the government policy in India.[2]

The National Population Policy (2000) also very briefly mentions about providing information, counselling and regular supply of medication only for deprived communities like tribal, displaced and migrant populations .[2]

Though it has been discussed in the Tenth Five-year Plan (2002–07) on the access to essential clinical examination, investigation, management and counselling services for infertility, such services are in practice rarely available in the public sector. [13]

Therefore it requires immediate attention to incorporate infertility services in the national RMNCH + A program and to strengthen infertility management services.[3] This study is being conducted to know the profile of married women with infertility, their treatment seeking behaviour mainly to know the obstacles in seeking treatment and experiences of infertile women being childless.

OBJECTIVES

1) To know the profile of married women with infertility residing in rural area.
2) To know the treatment seeking behavior among infertile women residing in rural area.
3) To know the experiences of infertile women being childless through a qualitative study.

REVIEW OF LITERATURE

India is the most populous country in the world next to china with a population of 1.32billion. Though the birth rate of India is high there is barrenness amid plenty. Infertility is one of the component of Reproductive and Child health but has not been given importance and most of the RCH services are oriented towards fertile women .There are different definitions for infertility depending on the duration the couples try to attain conception.

Clinical definitions

- Infertility is "a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse."[33]
- "Infertility is the inability of a sexually active, non-contracepting couple to achieve pregnancy in one year. The male partner can be evaluated for infertility or subfertility using a variety of clinical interventions, and also from a laboratory evaluation of semen." [33]

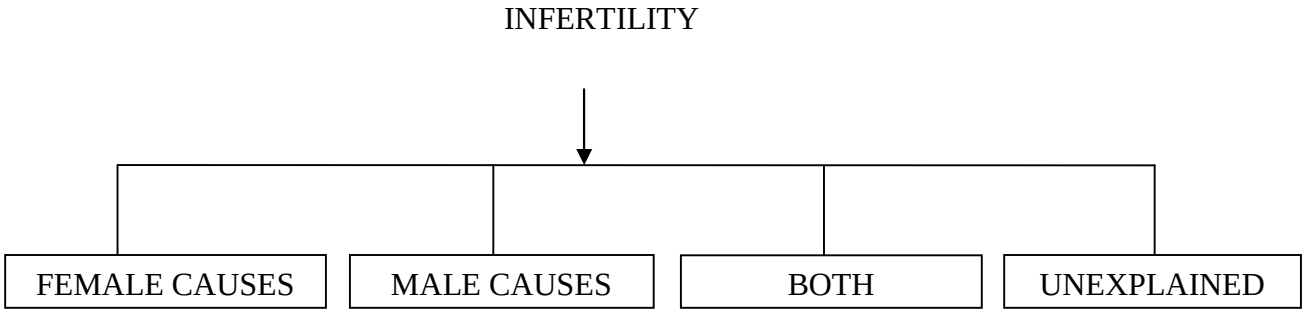
Demographic definitions of infertility

- An inability of those of reproductive age (15-49 years) to become or remain pregnant within five years of exposure to pregnancy. [33]
- An inability to become pregnant with a live birth, within five years of exposure based upon a consistent union status, lack of contraceptive use, non-lactating and maintaining a desire for a child. [33]

Epidemiological definition of infertility(for monitoring and surveillance)

Women of reproductive age (15–49 years) at risk of becoming pregnant (not pregnant, sexually active, not using contraception and not lactating) who report trying unsuccessfully for a pregnancy for two years or more.[33]

The causes of infertility can be broadly divided into



In order to understand the various causes of infertility it is required to know the physiology of normal menstruation and spermatogenesis.

Physiology of Menstruation

The proliferative phase of the menstrual cycle is initiated and controlled by oestrogen. The secretory phase of the endometrium is controlled by progesterone. The progesterone acts after the endometrium has been sensitized with oestrogen. Ovary activated by the pituitary gland under the nerve control of the hypothalamus which secretes these two hormones.[29]

At birth, the ovaries have lifetime complement eggs in the primordial follicles they undergo atresia and only about 400 of these primordial follicles are present during reproductive age. During puberty, the H–P–O uterine axis is activated and hypothalamus starts a pulsatile secretion of GnRH like FSH and LH resulting in the

establishment of menstrual cycles. FSH stimulates the growth of primordial follicles into Graafian follicles. Out of many one dominant Graafian follicle matures and other follicles become atretic. The Graafian follicles secrete 17-b-oestradiol which produces proliferative changes in the endometrium, and also secretes inhibin which inhibits further secretion of FSH by the anterior pituitary and stimulates anterior pituitary to secrete LH.[29]

LH secretes 17-b-oestradiol and it causes the ruptures the follicle at ovulation to form a corpus luteum. The peak of oestrogen secretion is seen about 48 h before ovulation, whereas the LH peak occurs about 24–36 h before ovulation. The corpus luteum secretes progesterone which has two functions. Firstly it stimulates the endometrium to undergo secretory hypertrophy, and secondly, it inhibits further production of LH by the anterior pituitary.[29]

If ova is not fertilized by sperm both oestrogen and progesterone levels fall which brings about menstruation. A fall in the level of these hormones leads to positive feedback mechanism which triggers the hypothalamus to release gonadotropin. This is the mechanism of how a menstrual cycle is regulated.[29]

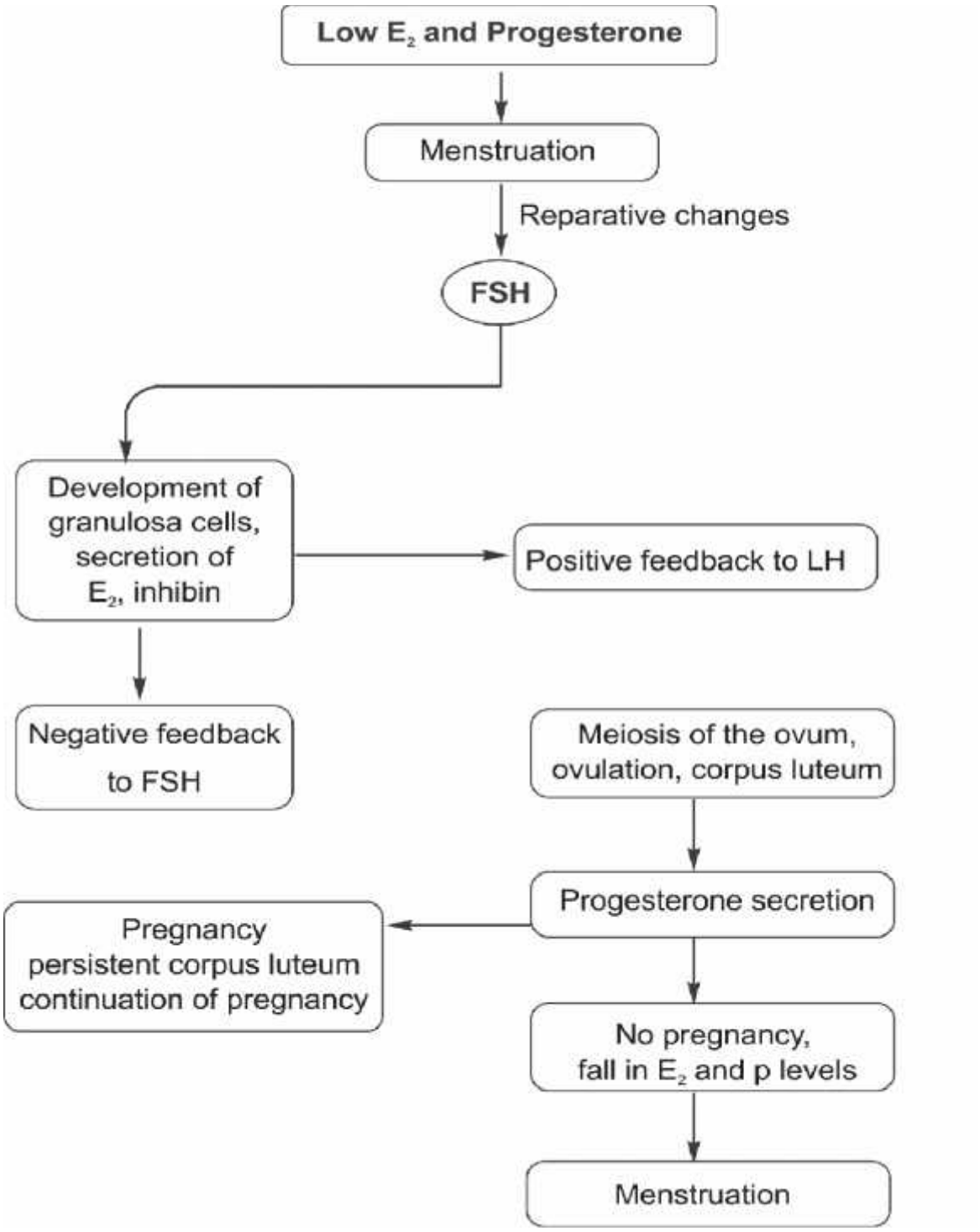


Fig.1 Flowchart of menstruation (Source: Shaws Text book of Gynaecology)[28]

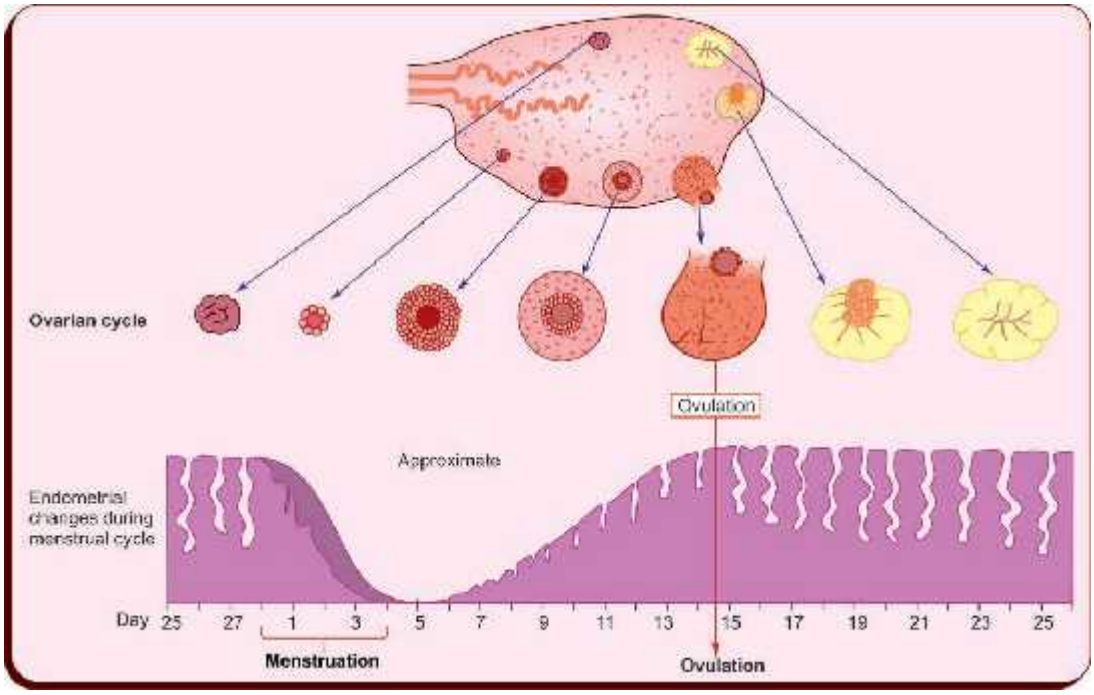


Fig.2 Menstrual cycle (Source: ShawsText book of Gynaecology) [28]

Hence diminished ovarian reserve determined by antral follicular count. If there are fewer than 5–7 follicles is said to be Low antral follicle count may be poor response to ovarian stimulation. Ovulatory dysfunction which is (defined as a history of oligomenorrhea or amenorrhea or as luteal progesterone levels repeatedly less than 3 ng/mL, or both) any change in progesterone levels or leutinizingharmone will result in ovulatory dysfunction thereby leading to infertility.[29]

Female causes of infertility

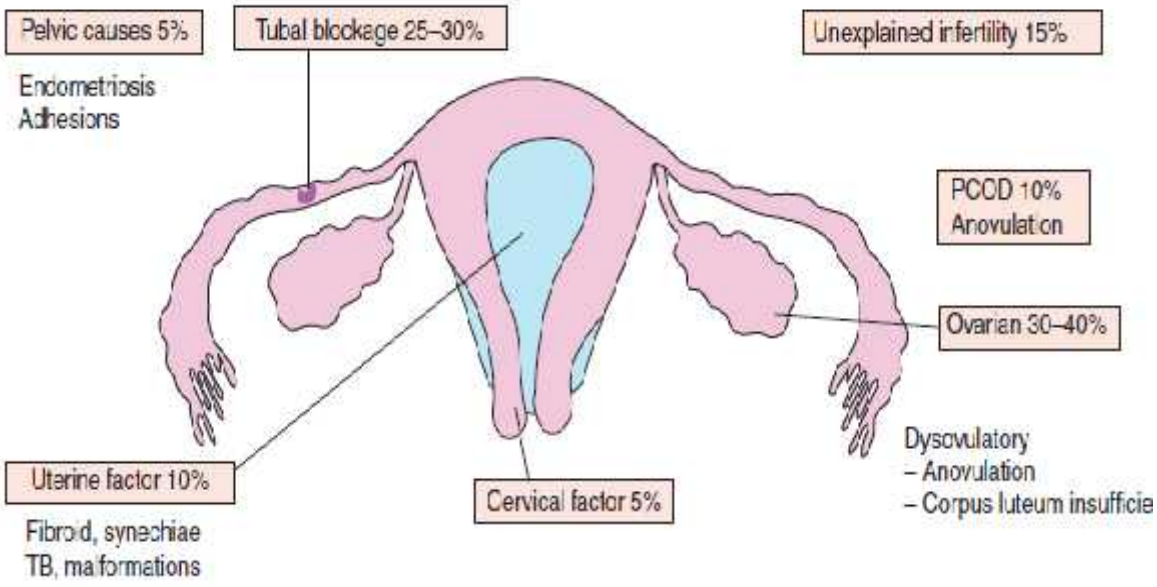


Fig.3 Source: ShawsText book of Gynaecology[28]

There are various causes such as dyspareunia, defects in the genital tracts such as absent uterus, septate vagina, PID especially due to chlamyda ,tubal blocks due to infections, loss in alkaline nature of cervical mucous, Ovulatory dysfuctions, PCOD, and Harmonal imbalance.[28]

Physiology of spermatogenesis

Sperms are formed in the seminiferous tubules. The germ cells undergo mitosis into spermatogonia and at puberty meiosis takes place to form spermatocytes which further develop into spermatozoa .The time taken for the entire process to occur is 72 days. The sperms which undergo capacitation in the cervical canal can only capable of fertilizing the ova.[28]

Factors responsible for male infertility[28]

Dysfunction of spermatogenesis—50%

Efferent ducts obstruction—30%

Dysfunction of sperm motility—15%

Sexual dysfunction

Unexplained—15%

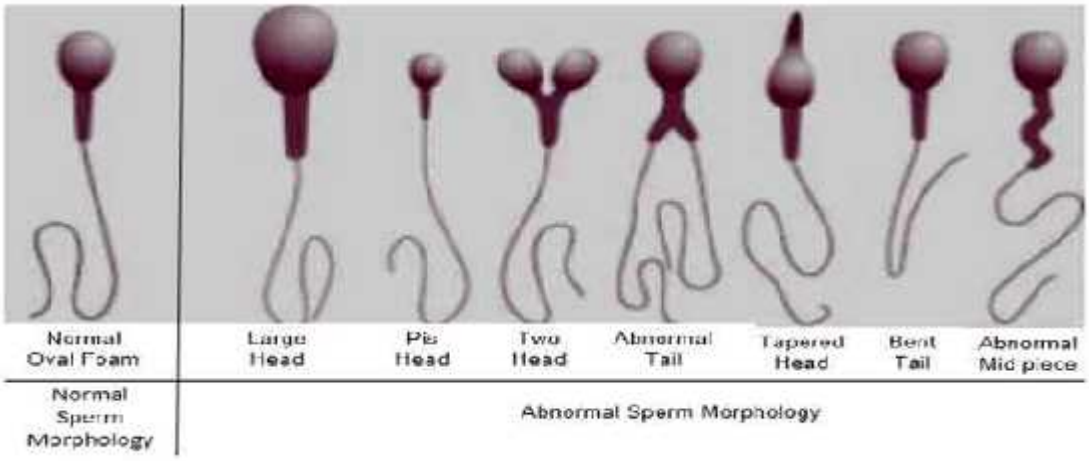


Fig.4 VIOS Fertility Institute –sperm morphology[31]

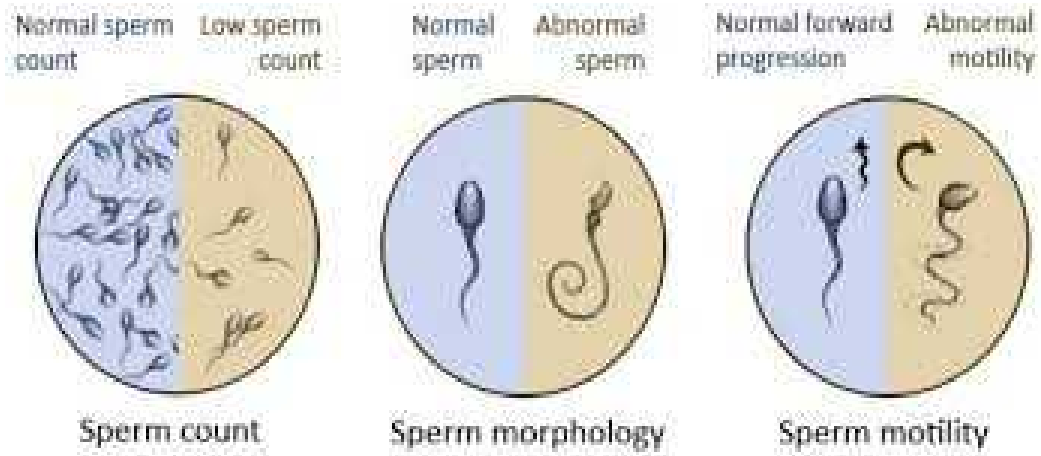


Fig.5 RMA- Semen analysis[47]

Unexplained Infertility

In 10% of couples trying to get pregnant, all tests will normal and there is no cause for infertility they might have problems with egg quality, fertilization, genetics, tubal function, or sperm function that are difficult to diagnose and/or treat. It is said to be unexplained if no pregnancy occurs within three to six treatment cycles.[29]

Various factors influencing fertility

Aging and Fertility

Age plays a major role in fertility. Studies have shown that meiotic spindle formation is impaired in older oocytes. There is decline of fertility among married couples with advancing age and about one-third of women who defer pregnancy until the mid to late 30s will have an infertility problem. In males there is decrease in testosterone and sperm count and with age greater than 40 years.[29]

Endocrine Changes with Aging

The germ cells produce a total of 6–7 million oogonia by 16–20 weeks of pregnancy. At puberty, the germ cells are reduced to approximately 300,000 units. Over the next 35–40 years of reproductive life, only 400–500 oocytes will ovulate, and will be depleted at menopause.[29]

Women with ovarian failure have elevated FSH decreased levels of inhibin, but normal levels of estradiol. In the follicular phase among women between 45–49 years inhibin levels are lower compared to younger women. There is rise in FSH after age 40, but there is no change in LH levels until menopause. These changes and the decline in ovarian follicles are correlated with a decrease in ovarian volume.[29]

Female		
History		
Physical		
Prepregnancy evaluation*		
Additional evaluation for etiology of infertility	Diminished ovarian reserve	• Antimüllerian hormone or basal follicle-stimulating hormone plus estradiol • Transvaginal ultrasonography with antral follicle count
	Ovulatory dysfunction	Ovulatory function test (eg, serum progesterone measurement)
	Tubal factor	• Hysterosalpingography • Hysterosalpingo-contrast sonography
	Uterine factor	• Transvaginal ultrasonography • Sonohysterography • Hysteroscopy • Hysterosalpingography
Male		
History		
Semen analysis		

Fig. 6 ACOG criteria for infertility evaluation[32]

Time Required for Conception in Couples Who Will Attain Pregnancy

Time of Exposure	% Pregnant
3 months	57%
6 months	72%
1 year	85%
2 years	93%

Couples need to be evaluated for all these causes. Both male and female are investigated for infertility which include history, examination and investigations. The protocol to be followed for the evaluation according to ACOG (American College of Obstetricians and Gynecologists) is as follows.

Evaluation of infertility

History and physical examination:

Duration of infertility

Menstrual history

Coital frequency and sexual dysfunction

Past surgery/serious illness

Thyroid disease

Family history

Weight, body mass index (BMI),

bloodpressure and pulse

Pelvic or abdominal tenderness

Discharge PV

Diagnostic evaluation – It is done only after the most possible causes of infertility are ruled out to avoid unnecessary cost burden.[28]

Profile of married women with infertility

A meta-analysis was conducted by searching medical literature published between 1988 and 2010. After a detailed search 88 articles were found when subjected to inclusion criteria overall 52 articles were selected globally. The results show that overall prevalence of infertility globally is 10%. It also showed that there was increase in the prevalence between 1988-2010. Highest prevalence was seen in Asian continent and lowest in Africa and Australia. There was correlation between year of study and prevalence of secondary infertility, but no correlation between overall prevalence and year of study.[8]

According to prospective population based cohort study, done in Iran showed a prevalence rate of 17.3% among the 1087 women in the age group 18-57.Their mean age was 40.3 and age at marriage was 20.6.Their BMI and education level was found to be higher compared to fertile women which was statistically significant and nearly 65.4% were unemployed .Results have also shown that that 59.8%of the female causes 29.1% of male causes14.4% of unexplained causes ,and 4.7% of other causes accounted for primary infertility. Almost 82% couples sought treatment from gynecologists, and other allopathic doctors outofwhich58.3% receivedtreatment.[2]

In a communitybased crosssectional study conducted in Central India among 570 married women of reproductive age group about 51 (8.9%) women had primary infertility. Socio-demographic factors have shown significant association. Among which age at marriage i.e women married after 25 years have 11.9 times greater odds of being infertile. Similarly women in nuclear family, with higher socioeconomic status, employed women, women with positive family history, with education level of middle school and above were found to have greater odds of being infertile. Obesity and pre-obesity, age more than 14 years at menarche, irregular menstruation pattern also had more risk of having infertility.[5]

A study done in Allahabad showed 72 couples were infertile which accounted to 8.53% of the 422 couples surveyed. Out of which 22(5.21%) belong to rural area and 50(11.85%) belong to urban area respectively. Overall primary infertility accounted to 4.98% and secondary 11.85%. Infertility was highest among women between 25-35 years age group (10.15%) and maximum among women married beyond 30 years (47.06%).There was no association between religion and infertility .Among the infertile women 14.94% of have pursued education till

intermediate/pucand 17.39% were employed which were statistically significant and majority belong to upper middleclass (16.95%).Among the infertile women the mean age of marriage was 25.5 years which was greater than fertile women.[9]

A study done among Khairwar tribe In Madhaya Pradesh where 133 eligible couples from the Khairwar tribe and 99 couples from Non Khairwar tribe were surveyed. The prevalece of infertility among Khairwars and Non Khairwar was 17.2% and 10% respectively. The mean age was 31 years for Khairwarsand 27years for Non Khairwar women and average duration of marriage was 14.9 years among infertile Khairwar women which was higher than non-Khairwar infertile women which was 11.1.About 90% of Khairwar women and Non Khairwar women were agriculture labourers and illiterates.[23]

In a study done in Kanyakumari district, the incidence of female infertility was found to be 45.67% and male infertility was 54.33%. Among the infertile couple 82.48 % had primary infertility and 17.52% had secondary infertility. It was more common among women between 25-30 years of age. In Kanyakumari half of 137 infertile women were married for more than 5 years, 32% were married for 10yrs, 13.14% for 15 years, 01.46% for 20 years and 00.73% for 25 years respectively. According to the study among the infertile women who resided in urban area, 60% were from Kanyakumari,65% from Thirunelveli and 67% from Thiruvananthapuram. They were uniformly distributed across all religions and those with higher education showed lower fertility. In Kanyakumari, Thirunelveli and Thiruvananthapuram the percentage of infertile women who were unemployed are 70% , 78.77% and 70.18%, respectively. The family history of infertility was 13%, 18% and 17% in these three places respectively and significantly correlated with infertility. Contraception showed

negative correlation but menstrual irregularity was positively correlated and was seen among the women in all three areas.[4]

Another study done in CSI Holdsworth Memorial Hospital and Chitra's Hospital in Mysore among 996 eligible women showed the prevalence of primary infertility was 12.6%. Among those 74% of them were housewives and 60% belong to Hindu religion .Study also showed that prevalence of HSV-2 seropositivity was highest among infertile women. And women with abnormal vaginal discharge and higher age at marriage had higher odds of infertility and unprotected sexual acts in the last three month was also positively associated with primary infertility.[10]

A study was conducted at KIMS Bangalore to know the prevalence and causes of primary infertility and to describe their socio demographic characteristics .The study was carried out with the help of ASHA workers at Kumbalgodu PHC consisting of 26,190 people .The prevalence of primary infertility according to their study was 4.5% among which 41.9% of women were in age group of 20 to 24 years .Couples who were educated up to high school had highest problem of primary infertility. Out of 2568 eligible couples primary infertility was found to be highest in nuclear family and least in three generation family .Among males it was highest in those who smoked, consumed alcohol had history of diabetes and who were obese. Whereas in females it was highest in those who had history of PID(42.9%) and least with history of endometritis(4.8%).[1]

Treatment seeking behaviour

A cross-sectional population survey was conducted in Britain between 2010 and 2012 which consisted of sample size of 15,162 women and men aged 16–74 years where participants were interviewed using computer-assisted personal interviewing (CAPI), response rate being 57.7% and the co-operation rate was 65.8%. In this study the prevalence of infertility was lowest in the youngest women and peaked among 35–44 years (17.7%).Overall prevalence of infertility was 12.5% among women and 10.1% (CI 95% 9.2–11.1) among men. It was highest among degree holders and lowest with no academic qualifications. Treatment seeking prevalence was highest in their 20's among females and in men more than 30 years. There was significant association between age of the women and treatment seeking behaviour. Treatment seeking behaviour was highest among women who never had a child or who became mothers at 35 or older (74.6%) compared to males who never had a child (5.9%). There was also significant association between socioeconomic position and help seeking pattern. Men and women with lower occupational statuses did not seek help.[18]

A prospective population based cohort study, done in Iran showed a prevalence rate of 17.3% among the 1087 women in the age group 18-57 years. Their mean age was 40.3years and age at marriage was 20.6.Their BMI and education level was found to be higher compared to fertile women which was statistically significant and nearly 65.4% were unemployed. Results have also shown that that 59.8% of the female causes 29.1% of male causes, 14.4% of unexplained causes and 4.7% of other causes accounted for primary infertility. Almost 82% couples sought treatment from gynecologists, and other allopathic doctors out of which 58.3% received treatment.[21]

An international study was conducted to know the prevalence and treatment seeking pattern where 28 studies were selected based on population surveys around the globe. The prevalence of infertility was found out to be 6.6% to 26.4% among different studies .The rate of childlessness was 1.3% in China and was 16.4% sub-Saharan African countries in the first 5–8 years of marriage. Women seeking treatment for infertility ranged from 42 to 76.3% in developed countries and 27% to 74.1% in less developed countries. Proportion of couples who sought medical advice was more in developed countries i.e 42% and 22% had taken treatment. Whereas in well developed countries 34.9% have sought treatment and 58% had taken treatment.[22]

A study had been conducted at Centre for assisted reproduction (CARe) Dhaka to know the treatment seeking behaviour of the patients revealed that 30% initially went to traditional healers and 36% sought treatment from both traditional healers and doctors,32% consulted general practitioners and gynecologists and only 2% came straight to tertiary care centres. Overall only 32.37% took treatment.[17]

Another study used the DLHS 3 (2007 08) data consisting of 720,320 households among which 643,944 ever married were interviewed .The results showed that 8% women had infertility among which 6% suffered from secondary and 2% suffered from primary infertility. Infertility was higher among women who were not educated(9%),employed(9%),who's age at marriage was greater than 30 years(19.7%) residing in rural areas .Among 80% of the infertile women 33% received non allopathic treatment reasons being expensive treatment and lack of awareness .[2]

According to the study done in Uttarpradesh by taking married women aged 20-34 years from the DLHS data who were trying for pregnancy for at least 2 years

reported that 10.7% of them suffered from infertility. Most of them nearly 3/4th suffered from primary infertility. It was highest among 20-24 years age group(12.8%) and declined at 30-34 years. The same pattern was followed both in urban and as well as rural areas. It was higher among Hindus(6.2%) compared to other religions(4.9%).Highest infertility rate was shown among illiterate(10.8%) and lowest among those with higher education (8.7) and those who got married below the age of 18 years. In this study as the infertility rate was not affected by socioeconomic status. Among the couples who sought treatment the highest were from urban area. Among the infertile couples 85% sought treatment from allopathic doctors among which 24% belong to government hospitals and 68% are private practitioners. The average time taken by the couples attempting to initiate pregnancy was 4.7 years.[14]

A study done in Andhra Pradesh had taken 332 infertile women where 73% of them were below 30years,age at marriage was 15.4years ,66% belong to nuclear families. Most of them were Hindus with literacy level of 30%.Nearly43% were agriculture labourers and 33% were houewives.Nearly70% of them were primarily infertile and 30% had previous history of conception. Among the infertile women, 26% didn't seek treatment the cause being high cost. Among 242 of who sought treatment they first approached traditional methods. Nearly 73% sought allopathic treatment among which majority went to private doctors. Initially they sought Allopathic treatment (39%) and homeopathy, Ayurveda was sought by 58% of the couples in first two courses of treatment later shifted to other methods like spiritual leaders.[15]

Experience of women being infertile

A qualitative study was done in Northern Ghana to know the experiences of infertile women .Study showed that women received major blame and they feared of abandonment, divorce and polygamy of their male counterparts .Results showed that community treated infertile women as witches who have "eaten up" their children in their womb .Males were given the title Lankpolosoba (man with rotten penis) ,Yokuusoba(man with dead penis) and were excluded them from leadership roles. In one of the personal interview a man stated that he had also admitted a male undertaker called "Saabie" to impregnate his wife and beget children. Another women who had engaged in extramarital affair in order to prove her fertility had to undergo a purification ritual called "moora". Results also showed that some of the couples believed that they don't have entry into ancestral word thus losing their opportunity to live again .[19]

Another study was conducted to know the psychological experiences of being infertile. Results have shown that women had experienced psychological problems such as loneliness, anxiety, depression, lack of concentration, worrying, and reduced sexual satisfaction. In the interviews conducted they have stated that they feel very lonely especially when they are alone and wonder how their life would be much better with children .They also feel that they should give their best so that their husband should not remarry. Few have expressed that they were worried always and thought what wrong they have done that God has given this punishment.[20]

Capacity of services offered in India for Infertility

A study was conducted among various health centres in six zones in India to evaluate the capacity of district heath management system services in prevention and management of infertility. Results show that more than 2/3^{rds} of gynaecologists and Medical officers have reported to come across 4-5% of women with history of inability to conceive in every month in their OPD's which defines the magnitude of the problem. They also report not having undergone training on infertility management 50% of gynaecologists said that they have undergone training for laparoscopy whereas only 30% for TVU, Ovulation induction and follicumetry which showed lack of proper training. Only 25% of the Medical officers were aware of In-vito fertilization and about 45% were not aware of various other hormonal or diagnostic methods. Equipment and drugs used for infertility management were inadequate at more than half of PHC's and CHC'S. When knowledge was assessed only 22% of MO's knew that semen examination is also part of investigation , 70% reported that they take took detailed history of infertile couple but important history regarding consummation of marriage and frequency of sexual intercourse, previous history of STI,MTP was not asked. Basic physiccal examination services were available in all centers but semen analysis was available at 21% of CHCs and 6% of PHCs The study concludes that that most of the services are available in the selected districts there is a need for strengthening of services of infertility management.[3]

The previous studies have used the WHO's epidemiological definition of infertility i;e unable to conceive for 2 years. It is not possible for every couple to conceive within 2 years of their marriage because of cultural as well as family reasons.[(1,3)] Hence a demographic definition would throw more light on the reasons

for infertility and also treatment seeking behaviour. The previous studies have only used secondary data or data collected from a specific source collected for specific reason, hence though the population covered was large but other required information from infertile couple like treatment seeking behaviour or perception of being childless was not possible to assess adequately.[2,4] Many couples would have sought treatment initially but have found it difficult to continue it due to either economic burden and long duration of treatment. There is no common protocol for evaluation of infertility especially in health care centres. Most of the basic services are not available in our health centres which impose economic burden on the family. Treatment for infertility is also not included in any insurance scheme. Hence this study highlights the need to incorporate infertility services in the present RCH programme.

METHODOLOGY

Belagavi district is situated in Northern part of Karnataka having a population of about 50 lakhs. Belagavi district has ten taluka, including Belagavi taluka having a population of 9, 57,373 divided into urban (6, 43,862) and rural Belagavi (3, 13,511), as per the details availed from the District Health Office of Belagavi. Belagavi Taluka has one District Hospital (DH), one Community Health Centre (CHC), 12 Primary Health Centres (PHCs), ten Urban Primary Health Centres (UPHCs) and 70 Sub-centres (SCs) as per the details collected from the District health Office (DHO), Belagavi out of which two UPHCs, two PHCs and 13 SCs are the field practice area under the administrative control of Department of Community Medicine, Jawaharlal Nehru Medical College, KAHER, Belagavi.

Source of Data:

For Primary objective: Profile of Married women with infertility residing in rural area

Primary infertility: Married women of reproductive age (15 to 49 years) group who were exposed to risk of pregnancy for more than 5 years but are unable to ever bear a child.

Secondary infertility: Married women of reproductive age (15 to 49 years) group who had conceived previously but failed subsequently for more than 5years.

For Secondary objective: Treatment seeking behaviour among infertile women residing in rural area

Type of treatment sought has been taken into consideration which included Allopathy, Homeopathy, Ayurveda and Traditional healers.

For third objective: To know the experiences of infertile women being childless, qualitative study methodology was used.

In depth interview was conducted and responses of each participant was noted down manually .The respondents were asked 5 open ended questions regarding their experiences of being infertile, how their husband, parents ,in-laws treated them and also their experiences of being childless in the society. The interview was conducted by giving adequate privacy to the participant in order to obtain unbiased information and to avoid influences of the family members during the interview.

Study Design: A Community based Cross Sectional study.

Study Period: The study was conducted from One year – 1st January to December 31st 2019(12months)

Sample size and Sampling method: Universal sampling was applied and all the infertile women residing in the field practice area of Kinaye and VantamuriPHC were included and information was taken from eligible couple registers.

- Total number of women with primary infertility :231
- Total number of women with secondary infertility :254
- Approximate sample size :485

Method of Data Collection:

Permission was obtained from the Principal, Jawaharlal Nehru Medical College, KAHER, Belagavi. Ethical Clearance was obtained from the Institutional Ethics Committee for Human Subjects' Research, to conduct the study on 24/11/2018 (Annexure I).

For the initial estimation of sample size of 485, Eligible couple list was obtained subcenter wise and ASHA workers were asked to line list couples on the basis of zero child and one child. Data collection was done by the investigator by doing house to house visits.The houses of infertile women were located with the help of the respective area ASHA worker. A prior intimation was given to the ANM and ASHA workers a day before the date of survey. Predesigned pretested questionnaire was prepared to collect data from all infertile women.Information regarding socio demographic status, treatment seeking behaviour and their experiences of being infertile was obtained after taking written informed consent (Annexure III).

Inclusion criteria:

All married women with infertility (primary & secondary) residing in the field practice area for more than one year.

Exclusion criteria:

Any married women with h/o abortion or still birth in recent 5 years.

Data Analysis plan:

The data collected using the questionnaire were coded and entered in to Microsoft Excel sheet.

Statistical tests: Data was compiled into tables and expressed as percentages and chi-square test was applied for categorical variables. Qualitative study responses were categorised into themes and interpreted.

Study variables:

Occupation[44]: the source of their income, as self-reported by the beneficiaries, who would earn his or her living by means of it.

1. Agricutural labourer: owns his land or on a contract basis or who works at any place including agricultural fields on a daily wage basis.

2. Government employee: beneficiary who is a permanent or contract worker in any government agencies.

3. Private employee: beneficiary who is a permanent or contract worker in any private companies or factories or NGOs.

4. Business:a person engaged in commercial or industrial business either an owner or executive

5. Others: carpenter, painter, daily wage labourers, cooks, drivers.

Type of family [43]

1. Nuclear: The family consisting of married couple along with their dependent children.

2. Joint: It consists of number of married couples and their children who live in the same household

Socio-economic Status[34]: Modified B. G. Prasad's classification was used which was obtained by:

The B.G. Prasad's scale was introduced in 1961 considering the base of Consumer Price Index (CPI) for 1960 as 100.

Consumer Price Index for January 2019 was 307

Multiplication factor = Current index value (307) = 3.07

Base index value in 2001 (100)

The new income value is calculated using the following equation:

= multiplication factor × old income value × 4.63 × 4.93.

Here 4.63 and 4.93 are the linking factors given by the Labour Bureau of India.

So, after substituting the values, the new scale is,

Socio-economic status: class	B. G. Prasad's classification of 1961 (monthly income in rupees)	Revised B. G. Prasad's classification for 2019 (monthly income in rupees)
I	100 and above	7008 and above
II	50-99	3504-7007
III	30-49	2102-3503
IV	15-29	1051-2101
V	Below 15	1050 and below

Educational Qualification:

1. Illiterate: beneficiary who cannot read or write with understanding in any language.

2. Primary: beneficiary who had completed one to five years of schooling.

3. Secondary: beneficiary who had completed six to ten years of schooling.

4. PUC: beneficiary who had completed education up to PUC.

5. Degree: beneficiary who had completed any graduation degree course or any post-graduation course.

Anthropometry[45]

Body Mass Index: Calculation of BMI = weight in kg/ (Height in m)^2

BMI calculate was categorised as per WHO criteria for Asian population.

Category	Body Mass Index
Underweight	< 18.5 Kg/m^2
Normal	18.5 – 23.0 Kg/m^2
Overweight	23.0 – 27.5 Kg/m^2
Obese	>27.5 Kg/m^2

Consanguinity- Mating between people who are related by blood. Such offsprings may carry rare recessive genes. Hence marriage between first cousins is discouraged.[35]

Still Birth- A baby born with no signs of life at or after 28weeks gestation.[37]Abortion-pregnancy termination or loss before 20 weeks' gestation or with afetus delivered weighing <500 g.[30]

Treatment sought by the participants

Allopathy-"The system of medical practiced by doctors who treat diseases with drugs.MDs practice allopathic medicine."[36]

Homeopathy- It was founded in the 19th century where minute doses of drugs capable of producing the symptoms similar to the disease are given to normal people based on the concept that body can cure itself. It is based on the exposure theory which is used in the treatment of allergies.[48]

Ayurveda- It is a system of medicine based on the principal that wellness depends upon balance betweenbody, mind, and spirit. It uses a comprehensive holistic approach by emphasizing on herbal remedies, exercise,diet,breathing, physical therapyand meditation.[38]

TraditionalHealers-:A person in a primitive society who uses long establishedmethods passed down from one healer to another to treat a person suffering from various illnesses, many of which have psychological underpinnings. Methods us ed by traditional healers include the use of roots, fetish dolls, voodoo dolls, and the s moking out of a possessing spirit or spell."[39]

Others –"faith healersa method of treating diseases by prayer and exercise of faith in God."[38]

Causes of infertility

Male causes- Male factors contributing to infertility.

Azoospermia- absence of living spermatozoa in the semen.[49]

Oligospermia-deficiency of spermatozoa in semen.[49]

Aesthenospermia-Loss or reduction of mobility of sperms, frequently associated with infertility.[40]

Oligoaesthenospermia- it is a combination of reduced sperm motility and low spermatozoon count.[41]

Teratozoospermia- Abnormal sperm morphology.[50]

Female causes- Female factors contributing to infertility.

Tubal block-When hysterosalpingography shows blockage of the corneal end of the tube.[28]

PCOD-Endocrinopathy in women of reproductive age with the ovarian expression of various metabolic disturbances and a wide spectrum of clinical features such as obesity, menstrual abnormalities and hyperandrogenism.[28]

Ovulatory dysfunction- consists of group of disorders where the normal ovulation fails to occur.[28]

Premature ovarian failure- It is defined as early menopause the average age of onset being 27 years. Ovaries donot produce normal amount of oestrogen or release eggs regularly.[46]

Uterine anomalies and mullerian abnormality- Congenital disorders which occur during foetal development which include fallopian tubes, uterus, cervix, upper two thirds of vagina.[42]

Symptoms:

Abnormal vaginal discharge – Alteration in the colour, consistency or smell with or without itching mostly due to infection.[28]

UTI –infection in any part of urinary system which includes kidneys, bladder, ureters and bladder.[28]

H/o genitourinary TB – previously diagnosed or ongoing case of genitourinary TB.[28]

Menstrual irregularities -The menstrual disturbances reported include menorrhagia, menometrorrhagia, intermenstrual bleeding, oligomenorrhoea, hypomenorrhoea, amenorrhoea and even postmenopausal bleeding.[28]

RESULTS

Table1. Distribution of Infertile women according to Age and Type of Infertility

AGE	Primary infertility	Secondary infertility	Total	
			Number	Percentage
16-20	8	4	12	2.47
21-25	43	30	73	15.05
26-30	80	81	161	33.20
31-35	58	44	102	21.03
36-40	44	29	73	15.05
41-45	38	10	48	9.90
>46	12	4	16	3.30
Total	283	202	485	100.00

In the present study the distribution of infertile women were maximum between 26 to 30 years and 31 to 35 years age group. About 33.2 % women belonged to 26 to 30 years and 21% belonged to 21 to 25 years age group. Primary infertility was found to be higher in the age group of 26 to 30 years and secondary infertility was higher among 31 to 35 years age group.

Table2. Distribution of Infertile women according to their Occupation

Occupation	Primary infertility	Secondary infertility	Total	
			Number	Percentage
Agricultural Labourer	52	21	73	15.05
Government job	2	2	4	0.82
Private job	9	6	15	3.09
House wife	220	173	393	81.04
Total	283	202	485	100.00

In the present study 81% of infertile women were housewives, 15.05% agriculture labourers, 3.05% were in private job and 0.9% in Government job.

Table3. Distribution of Infertile women according to Occupation of Husband

Occupation of husband	Primary infertility	Secondary infertility	Total	
			Number	Percentage
Agricultural Labourer	63	36	99	20.41
Government job	15	9	24	4.95
Private job	105	91	196	40.41
Business	33	36	69	14.23
Others	67	30	97	20.00
Total	283	202	485	100.00

*Others- Which include Painter, Tailor, Coolie, Driver, Cook

The above table shows the occupation of husbands where 40.41% hold a privatejob. This is due to the fact that there are few private companies around the field practice area and most of them were employed in those companies.20.4 % were agricultural labourers 4.95% had government jobs 14.2% were into business and 20% were into other professions .

Table4. Distribution of Infertile women according to Type of family

Type of Family	Primary infertility	Secondary infertility	Total	
			Number	Percentage
Joint	69	55	124	25.57
Nuclear	214	147	361	74.43
Total	283	202	485	100.00

Show the distribution of infertile women according to type of fertility in the present study 75% of the women belong to nuclear family and 25% belong to joint family. Though the present study was done among women residing in rural area, it is seen that the trend of joint families existing only in rural areas and nuclear families existing in urban areas has changed owing to urbanization.

Table5. Distribution of Infertile women according to Socio-economic status

Modified B.G Prasad's classification	Primary infertility	Secondary infertility	Total	
			Number	Percentage
I	21	3	24	4.95
II	144	87	231	47.63
III	90	68	158	32.58
IV	24	33	58	11.75
V	4	11	14	3.09
Total	283	202	485	100.00

The present study shows that 47.63 % belong to class II 32.58%belong to class III, 11.75% belong to class IV 4.95% to class I and 3.09 % to class V of Modified BG Prasad classification. Thus even though majority belong to Class II and III of Modified BG Prasad classification, it is due to the fact that 3/4th of them belong to nuclear families and 40% of them own a private job where they are paid Rs6000/-per month. Hence though they fall into Class II of Modified BG Prasad classification, their salary is only enough to sustain their family. When it comes to seeking a health care facility or treatment for infertility it would result in out –of pocket expenditure for these couples.

Table6. Distribution of Infertile women according to level of Education

Education	Primary infertility	Secondary infertility	Total	
			Number	Percentage
Illiterate	39	11	50	10.31
Primary schooling	60	43	103	21.24
Secondary schooling	127	105	232	47.84
PUC	44	37	81	16.70
Degree	13	6	19	3.91
Total	283	202	485	100.00

Education level of infertile women showed that 47.84%have completed secondary schooling 21.24% primary schooling ,16.70% PUC,10.31% are illiterate and 3.91% have completed their degrees. This shows that literacy rate has increased compared to the previous literacy rates in India. This encourages our women to think rationally but still women are not allowed to take their own decisions especially regarding seeking health care for their infertility.

Table7. Distribution of Infertile women according to Education level of husband

Education of husband	Primary infertility	Secondary infertility	Total	
			Number	Percentage
Illiterate	36	7	43	8.87
Primary schooling	37	20	57	11.75
Secondary schooling	101	81	182	37.53
PUC	80	74	154	31.75
Degree	29	20	49	10.10
Total	283	202	485	100.00

Show the distribution of women according to their education level of their husbands 31.75% have completed their PUC, 37.5% completed secondary schooling, 11.75% primary schooling 10.1% degree and 8.85% were illiterate. Thus education level of women was higher when compared to males but only 8.87% were illiterate compared to females who were 10%.

Table8. Distribution of infertile women according to their BMI

BMI	Primary infertility	Secondary infertility	Total	
			Number	Percentage
< 18.5 Kg/m^2	14	6	20	4.13
18.5 – 23.0 Kg/m^2	191	87	278	57.32
23.0 – 27.5 Kg/m^2	71	105	176	36.29
>27.5 Kg/m^2	7	4	11	2.27
Grand Total	283	202	485	100.00

Present study showed that 57.32% of women had their BMI in normal range 36.29% were overweight, 2.27% were obese and 4.13% underweight. Hence majority of them were in a normal range though very few have reported to exercise daily

Table9. Distribution of infertile women according to their Family history of Infertility

Family history of Infertility	Primary infertility	Secondary infertility	Total	
			Number	Percentage
Absent	236	189	425	87.63
Wife and Husband's side	4	0	4	0.83
Present on wife's side	23	8	31	6.39
Present on Husband's side	20	5	25	5.15
Grand Total	283	202	485	100.00

In the present study there was no family history of infertility among 87.63% of couples and 12.37% showed history of infertility, among which 6.39 % had history on wife's side 5.15 % on husband's side and in 0.83 % it was found on both in wife's as well as husband's side.

Table10. Knowledge about fertile days in a menstrual cycle

Knowledge about fertile days	Primary infertility	Secondary infertility	Total	
			Number	Percentage
Present	79	71	150	30.93
Absent	204	131	335	69.07
Grand Total	283	202	485	100.00

About 69.08 % did not have any knowledge about fertile days in a menstrual cycle. Only 30.93% had knowledge, this could be a reason for higher number of coupes having primary infertility.

Table11. Distribution of infertile women depending on their presenting complaints

Presenting complaints	Primary infertility	Secondary infertility	Total	
			Number	Percentage
Abnormal Vaginal discharge	13	13	26	5.36
UTI	11	15	26	5.36
H/o Genitourinary TB	2	0	2	0.41
Menstrual irregularity	99	82	181	37.32
No problems/complaints	158	92	250	51.55
Grand Total	283	202	485	100.00

The above table shows the distribution of infertile women depending on their presenting complaints nearly 51.55% of them did not have any problems or complaints, 37.32% had menstrual irregularities, and 10.72% had symptoms of UTI and vaginal discharge.

Table12. Distribution of infertile women depending on degree of consanguineous marriage

Degree of consanguinity	Primary infertility	Secondary infertility	Total	
			Number	Percentage
Not a consanguineous marriage	251	184	435	89.69
First degree consanguinity	3	1	4	0.82
Second degree consanguinity	25	17	42	8.67
Third degree consanguinity	4		4	0.82
Grand Total	283	202	485	100.00

In the present study 89.7% marriages were non-consanguineous 8.67% had second degree consanguinity, 0.82% had first degree and 0.82% had third degree consanguineous marriage.

Table13. Distribution of infertile women depending on Frequency of Intercourse

Frequency of Intercourse	Primary infertility	Secondary infertility	Total	
			Number	Percentage
1-2 times a week	111	31	142	29.28
Once in 2 weeks	101	89	190	39.18
Once a month	34	46	80	16.49
Does not remember the last episode of intercourse /More than 6 months	37	36	73	15.05
Grand Total	283	202	485	100.00

The above table shows frequency of intercourse and type of infertility. It shows that most of the couples had intercourse once in two weeks.15.05% who do not remember their last episode of intercourse. These were couples who were infertile for more than 10 years of married life.

Table14. Distribution of infertile women depending on History of tobacco consumption

Tobacco consumption	Primary infertility	Secondary infertility	Total	
			Number	Percentage
Absent	186	156	342	70.52
Husband consumes	89	43	132	27.22
Both husband and wife consume	8	3	11	2.26
Grand Total	283	202	485	100.00

In the present study 70% of the couple did not have any history of tobacco consumption, 27.22 % have reported that their husbands consume tobacco and in 2.26 % both the husband as well as the wife consume tobacco.

Table15. Distribution of infertile women depending on System of Medicine sought for treatment(N=274)

Treatment sought	Primary infertility	Secondary infertility	Total	
			Number	Percentage
Allopathy	137	59	196	71.53
Traditional healers	2	1	3	1.09
Allopathy + Homeopathy	40	8	48	17.53
Allopathy+Ayurvedic	22	3	25	9.12
More than 3 treatments	2	0	2	0.73
Total	203	71	274	100.00

In the present study nearly 71.53% had sought allopathic treatment, which included private or government hospitals or clinics .17.53% of them sought both Allopathy and homeopathy, 9.12 % have sought both Allopathy and Ayurvedic and 1.1% sought traditional healers and 0.73% have sought more than 3 systems of medicine.

Table16.Distribution of infertile women depending on reason for not seeking treatment(N=211)

Reason for not seeking treatment	Primary infertility	Secondary infertility	Total	
			Number	Percentage
Economic burden	48	21	69	32.70
Spontaneous conception	23	88	111	52.61
Don’t know to whom to approach	5	17	22	10.43
Not willing treatment	1	5	6	2.84
Others	3	0	3	1.42
Total	80	131	211	100.00

*Others- Male dominance where the women is not allowed to approach health care facility

In the present study 52.61% of infertile women said that they were still waiting for spontaneous conception hence they have not sought medical help for infertility, among which 79.27% were having secondary infertility, 32.7%had reported that due to economic burden they did not seek treatment ,among which 69.56% had primary infertility ,10.3% had reported that they did not know whom to approach for treatment and 2.84% were not willing for treatment ,1.43 % had not sought any treatment

because the fact that male dominance existed in the family hence woman was not allowed to seek medical help.

Table17. Distribution of infertile women depending on Cause of Infertility (N=274)

Cause of Infertility	Primary infertility	Secondary infertility	Total	
			Number	Percentage
Husband	38	12	50	18.25
Wife	60	28	87	31.75
Both	15	6	21	7.66
No cause	90	26	116	42.34
Total	203	71	274	100.00

*N=211 have not sought any treatment hence no cause found

The above table shows the distribution of infertile women depending on cause of infertility 31.75% was due to female factors contributing to infertility, 18.25% due to male factors 7.66% due to both male and as well as female and 42.34% had no cause for infertility.

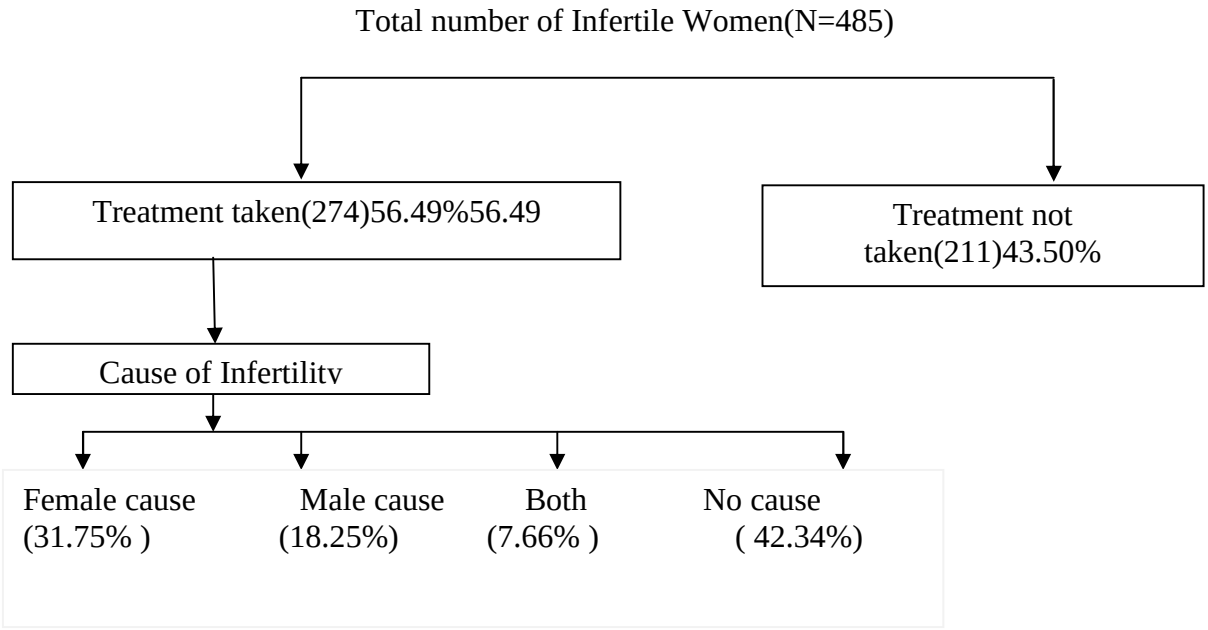
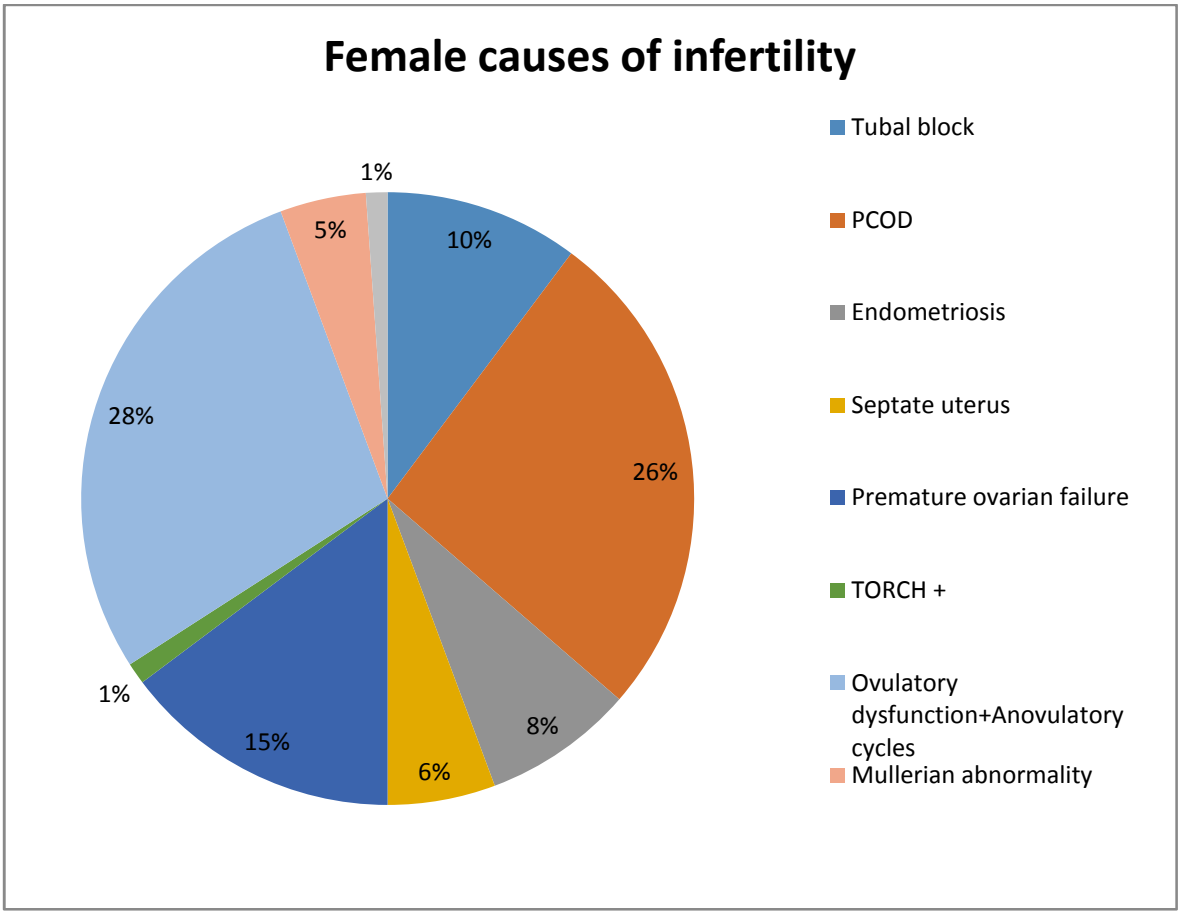


Table18. Table showing distribution of Female Causes of Infertility (N=87)

Female causes of infertility	Total	
	Number	Percentage
Tubal block	9	10.34
PCOD	23	26.44
Endometriosis	7	8.05
Septate uterus	5	5.75
Premature ovarian failure	13	14.94
TORCH +	1	1.15
Ovulatory dysfunction+Anovulatory cycles	24	27.59
Mullerian abnormality	4	4.60
Hypothyroidism+Latent TB	1	1.15
Total	87	100.00

Figure 7: Pie chart showing the distribution Female Causes of Infertility



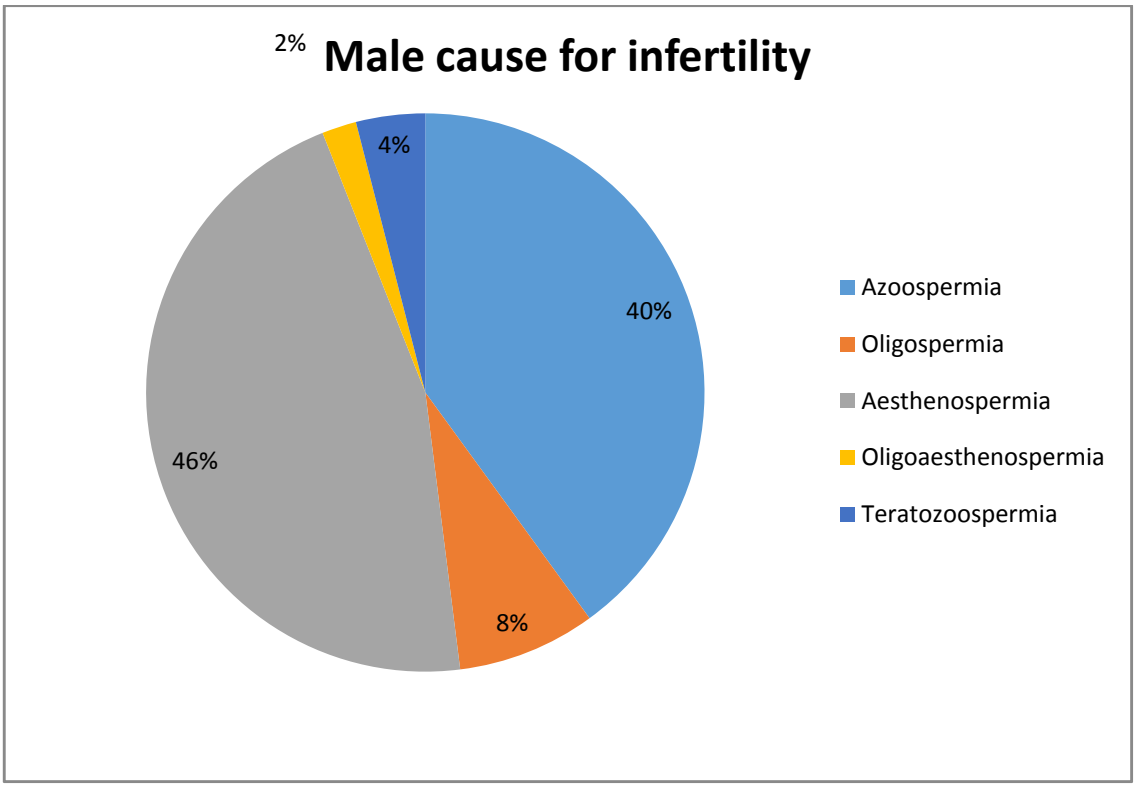
The pie chart shows the distribution of infertile women depending on female causes of infertility.Nearly 27.59% of women were diagnosed with ovulatory dysfunction and an ovulatory cycles. They have been told by the treating doctor that they don't have any reason in particular for infertility but they had immature follicles and were asked to undergo induction of ovulation which is a phase wise procedure and were also given few medications. Some of these women said that they have undergone treatment but it was futile and they had to bear huge cost of expenditure.

About 26.44% of women were diagnosed with PCOD. These women were advised for lifestyle modification. When they were inquired if they were able to follow the medical advice it was found out that almost everyone did not take the advice seriously and they were not aware of the diet to be followed and what exercise to be done. And they did not follow-up with the treating doctor for the same. Next common problem women had was Premature ovarian failure. These women were just asked to follow balanced diet exercise and adapt stress free life. Women complained that they always had an issue with their menstrual cycles. Their menstrual cycles would be to short or irregular. They have reported that they would be in such a stress to conceive that their usal menses would be delayed, they would get very anxious and check for UPT only to find out it's negative. Some of them also said that following the birth of a child they are having this problem and previously their cycles were normal. Rest of the causes like septate uterus, Tubal block, Mullerian abnormalities, account for 45% of the causes which require surgical intervention and In vitro fertilization techniques. These women have not undergone treatment due to Out –of pocket expenditure.

Table19. Table showing distribution of Male Causes of Infertility (N=50)

Male causes of infertility	Number	Percentage
Azoospermia	20	40
Oligospermia	4	8
Aesthenospermia	23	46
Oligoaesthenospermia	1	2
Teratozoospermia	2	4
	50	100

Figure 8: Pie chart showing the distribution Male Causes of Infertility

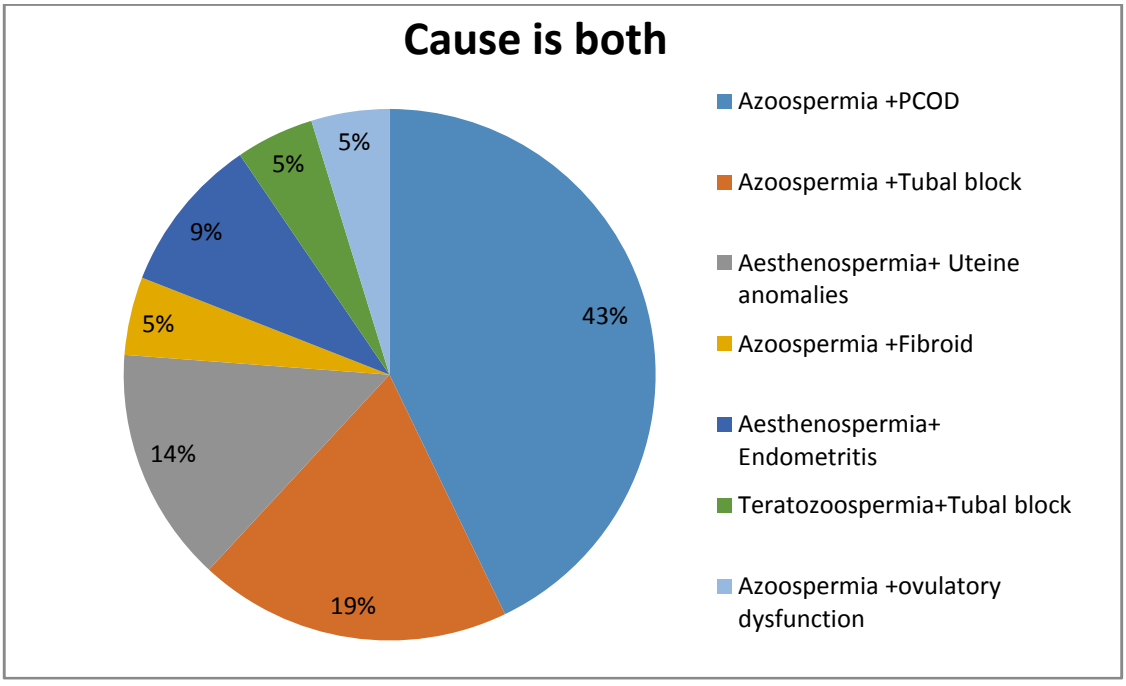


Overall male causes accounted for 18.25% of total causes for infertility. Among which Aesthenospermia accounted for 46% and Azoospermia 40%. Rest other causes like Oligospermia, Oligoaesthenospermia, Teratozoospermia accounted for 14% of male causes for infertility. Though 274 couples have sought treatment , it was noted that a proportion of them have not undergone semen analysis because they felt that women were the reason for infertility and few of them denied giving their semen for analysis as per the treatment protocol as told by the infertile women participants.

Table20. Table showing combination of both Male and Female Causes of Infertility (N=21)

Cause of infertility in both	Number	Percentage
Azoospermia +PCOD	9	42.86
Azoospermia +Tubal block	4	19.05
Aesthenospermia+ Uteine anomalies	3	14.29
Azoospermia +Fibroid	1	4.76
Aesthenospermia+ Endometritis	2	9.52
Teratozoospermia+Tubal block	1	4.76
Azoospermia +ovulatory dysfunction	1	4.76
Total	21	100

Figure 9: Pie chart showing the combination of both Male and Female Causes of Infertility



About 42.86% have been diagnosed with a combined problem of Azoospermia and PCOD. This type of problem can be overcome by medication and calendar method by noting the fertile days in a menstrual cycle. Rest of the 47.86% of the problems need surgical intervention.

Table21. Association between family history and Type of infertility

Family history of Infertility	Primary infertility		Secondary infertility		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
Absent	236	55.53	189	44.47	425	87.63
Both	4	100	0	-	4	0.83
Present on wife's side	23	74.19	8	25.81	31	6.39
Present on Husband's side	20	80.00	5	20.00	25	5.15
Grand Total	283		202		485	100.00

*Yates chi square value=9.231 $p<0.05$

The above table shows that 100% of couples with primary infertility had family history of infertility present on husband's as well as wife's side. Whereas 80% of couples with primary infertility had positive family history of infertility as compared to couples with secondary infertility. About 74.1% of primary infertile couples had family history on wife's side thus though the percentage of couples not having any family history of infertility was high overall in both the groups, it is seen that the couples having family history of infertility are high among couples with primary infertility as compared to secondary infertile couples and the difference is significant with p value<0.05.

Table22. Association between Frequency of intercourse and Type of Infertility

Frequency of Intercourse	Primary infertility		Secondary infertility		Grand Total	
	Number	Percentage	Number	Percentage	Number	Percentage
1-2 times a week	111	78.17	31	21.83	142	29.28
Once in 2 weeks	101	53.16	89	46.84	190	39.18
Once a month	34	42.50	46	57.50	80	16.49
Does not remember the last episode of intercourse /More than 6 months	37	50.68	36	49.32	73	15.05
Grand Total	283		202		485	100.00

*Yates chi square value=33.136 p<0.001

This table shows that the overall frequency of intercourse i.e once in 2 weeks was 40% in both the groups and it was 78.16% in couples with primary infertility as compared to 21.84% of couples with secondary infertility having intercourse 1-2 times a week. Rest of the other frequencies such as once in a month or couples who did not have intercourse for more than 6months almost remained same 40-50% in both the groups. This difference between frequency of intercourse and type of infertility among both the groups was significant with p value<0.001 . Thus though the frequency of intercourse was higher among couples with primary infertility they were not able to conceive.

Table23.Association between BMI and Type of Infertility

BMI	Primary infertility		Secondary infertility		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
< 18.5 Kg/m^2	14	70.00	6	30.00	20	4.13
18.5 – 23.0 Kg/m^2	191	68.71	87	31.29	278	57.32
23.0 – 27.5 Kg/m^2	71	40.34	105	59.66	176	36.29
>27.5 Kg/m^2	7	63.64	4	36.36	11	2.27
Grand Total	283		202		485	100.00

*Yates chi square value=35.287 p<0.001

57.32% of infertile women had normal BMI.36.29% were overweight, 4.13% were malnourished and 2.27% were obese. Among malnourished with BMMI<18.5 70% were with primary infertility and among obese 63.64% were with primary infertility.

Table 24A. Association between type of infertility and Treatment seeking behaviour

Treatment seeking behaviour	Primary infertility		Secondary infertility		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
Evaluated for infertility	203	74.09	71	25.91	274	56.49
Not evaluated	80	37.91	131	62.09	211	43.51
Total	283		202		485	100.00

Chi square value-64.18 p value <0.001

The above table shows that 3/4th of the primary infertile couples have sought some form of treatment as compared to couples with secondary infertility and this difference is significant with p value <0.05. Nearly 62.08% of couples with secondary infertility have not sought any treatment because they already had one child hence they were waiting for spontaneous conception.

Table24B. Association between Type of infertility and System of Medicine sought for treatment

Treatment sought	Primary infertility		Secondary infertility		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
Allopathy	137	69.90	59	30.10	196	71.53
Traditional healers	2	66.67	1	33.33	3	1.09
Allopathy + Homeopathy	40	83.33	8	16.67	48	17.52
Allopathy+Ayurvedic	22	88.00	3	12.00	25	9.12
More than 3 treatments	2	100	0	-	2	0.73
Total	203		71		274	100.00

*Yates chi square-0.262

The table shows that hundred percent of the couples with primary infertility had sought more than 3 systems of medicine and 88% of them have sought both Allopathy and Ayurveda as compared to couples with secondary infertility. Overall treatment seeking behaviour was found highest among couples with primary infertility as compared to couples with secondary infertility but the difference was not significant.

QUALITATIVE STUDY-RESULTS

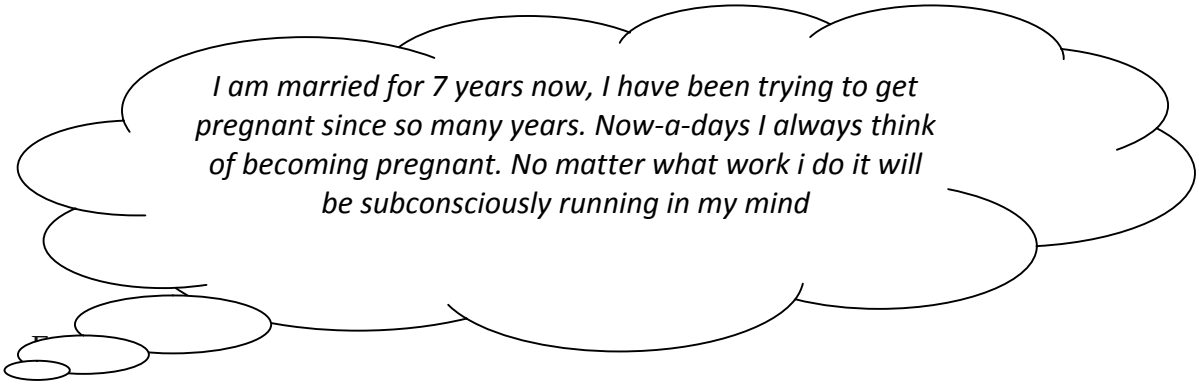
When women were asked how they feel being childless, the following responses were obtained.

All the responses obtained were segregated into themes. The following themes were obtained

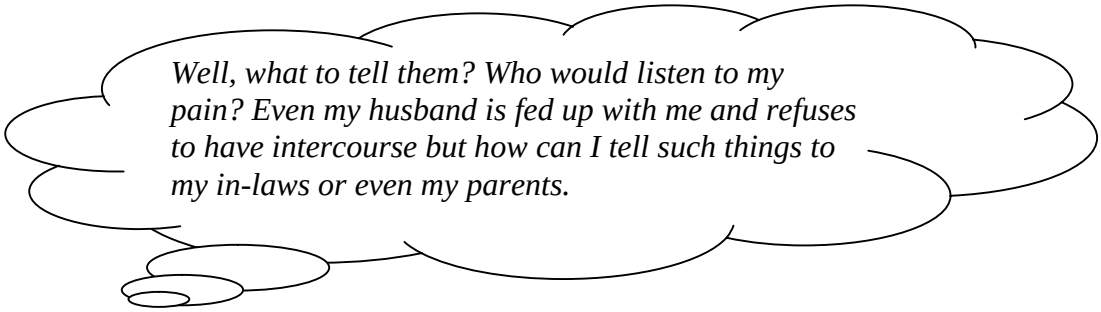
1) **Anxiety/worry**
2) **Depression**
3) **Sexual disharmony**
4) **Carefree attitude-coping mechanism**

1) Anxiety/worry

Most of the participants were apprehensive about their infertility status .They have stated that they would always be thinking about it often. It would amount to not able to concentrate fully on their day to day activities. This constant thinking would drain them by the end of the day.



Most of them also said that they will not express it to their family members because they feel even others would get burdened with these thoughts. Few of them said that they also feel uncomfortable talking about how they feel because it's a known fact that she is unable to conceive.



Women reported that they tend to worry especially when they would have taken treatment for infertility but without any results. Few women also reported that their husbands worry more than them and sometimes women had to console their partners and encourage them to lead a normal life

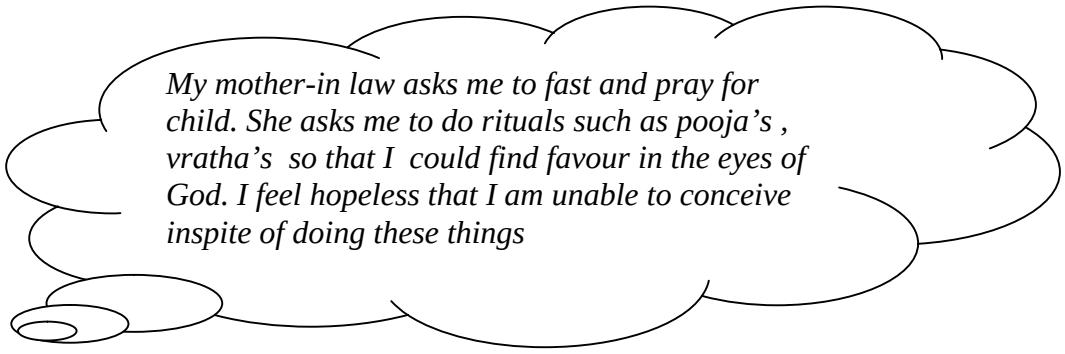
"We have seen quite a few doctors, but of no use so I will be always worried about my pregnancy. Every month I will just pray that I should not get periods."

"My husband takes more tension than me. Sometimes he feels low and he cries because he loves kids. I have to console him and tell him it's going to be fine."

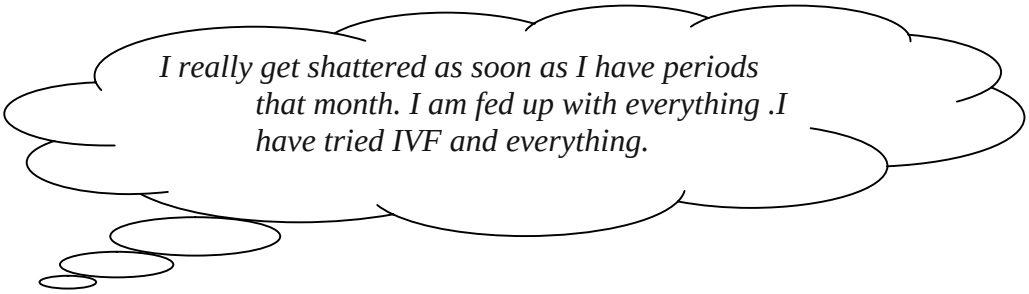
2) Depression

Women have reported that they feel hopeless and have lost interest in life. Though they are in the fertile reproductive age group because they were married early they feel that they have lived major part of their lives. There could be multiple reasons why women of 25or 27 years gets fed up in her life. The most common reason happens to be that the atmosphere of the household, where the house members especially her in-laws demand her for a child immediately after marriage.

In-Laws feel that their family's reputation would be at stake if she does not conceive within one year of her marriage. The mother-in law feels that she might be looked down by others from her neighbourhood if her daughter-in law does not conceive. Hence she gives too many suggestions to her daughter in-law or asks her to do certain rituals like other women who have already conceived.



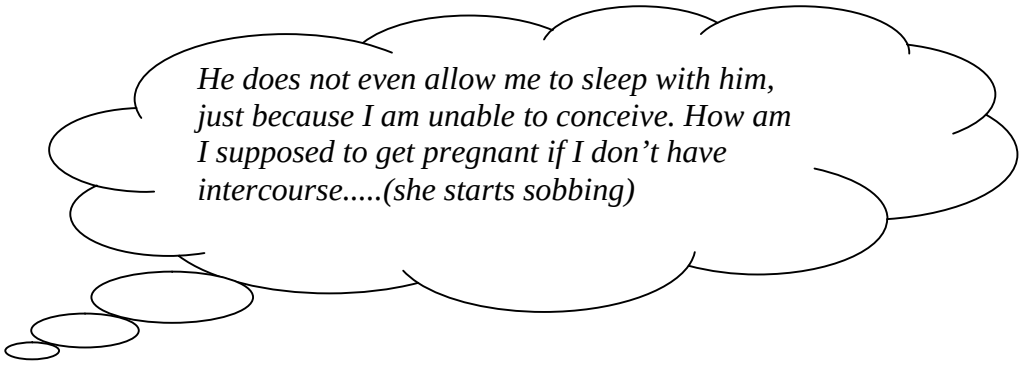
Few of them have also reported that they have immense pressure that they have to conceive but every time they get periods they get shaken. Sometimes due to that stress they do not get periods on time and that is more stressful for them. As soon as they skip their periods they check for urine pregnancy test but only to find out its negative.



3) Sexual disharmony

Couples feel that it's useless having an intercourse because it does not result in a child. Women had reported that their husbands do not let them into their bedrooms as there is no use of having intercourse.

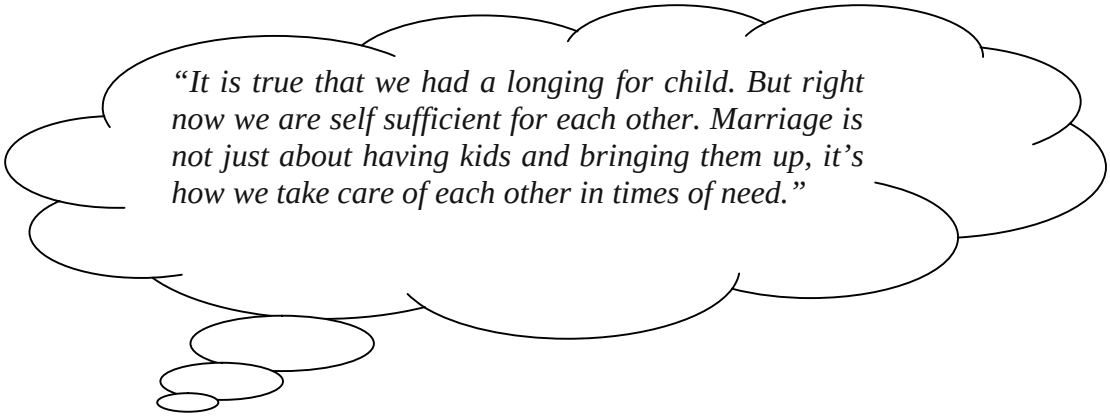
When one of the participant was asked about her experience of being childless, immediately her face turned red with tears in her eyes she admitted that her husband does not show any interest in her and blames her for not getting pregnant.



4) Carefree attitude-coping mechanism

Few of the couples have reported that they do not care what others think about their fertility status .They feel that both of them are self sufficient to each other and do not require a child to complete their family. These couples have tried every other option to get pregnant

These were the words said by one of the participant who had not conceived for 10 years.When women were asked what were the reasons for not seeking treatment the following responses were obtained.



When women were asked what were the reasons for not seeking treatment the following responses were obtained.

1) **To avoid marital disharmony**
2) **Due to economic burden**

Reasons for not seeking treatment

1. To avoid marital disharmony

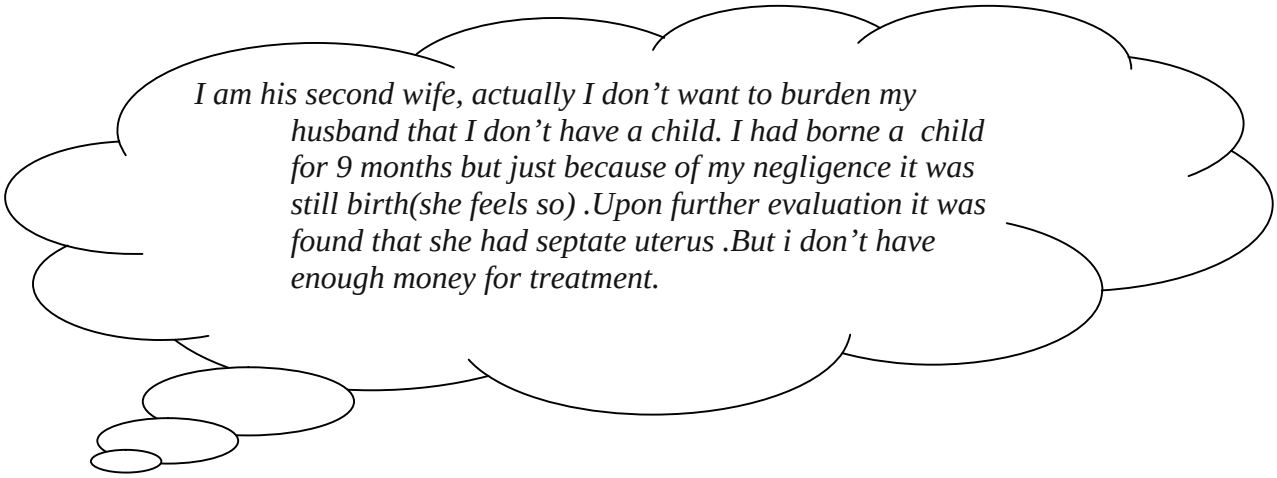
Women had also reported that their husbands do not get their semen analysis done because they feel if they know the problem is with the husband then there might be sexual disharmony.

One of the women had reported that her husband wanted to avoid marital disharmony hence they do not seek treatment for infertility. When further questioned it happened to that she is his second wife and even the first wife had not conceived.

Thus men have a sense of dominance over the female. Women are not given right to take their own decisions. Men being the earning members, they do not allow wife to take a decision and approach a health care facility. Thus in this scenario the husband is exploiting the women's right and concealing his medical condition.

2. Due to economic burden

One of the participants reported that she being his second wife did not want to burden her husband with medical bills.



Thus in this scenario since she is his second wife, she feels that she does not have right to seek treatment as it will be an economic burden to the family to get her operated. Thus she denies her desire to have children due to economic burden

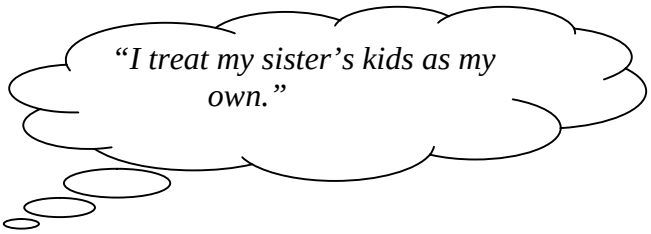
It was also found that couples have adopted one or other forms of coping mechanism. The following coping mechanisms were adopted

Coping mechanism adopted

1) **Pacifying themselves**
2) **Blaming on God/leaning on Higher spirituality**
3) **Concept of Re-marriage**
4) **Adoption**

1) Pacifying themselves

When women lose hope in becoming pregnant they assort to other means of pacifying themselves or it's a way of coping mechanism adopted.



2) **Blaming on God/leaning on Higher spirituality**

"I just want a child I don't know when God will give me one."

"I used to always think when will I get a child but now God has spoken to me .I believe in (mentions some deity) so even though I don't have kids ,I am at peace now. God has told me what to do."

"Whatever has been written for me will happen we can't change what God has written for us"

3) Concept of Re-marriage

Marriage is considered very sacred according to Indian traditions and customs. The concept of remarriage is limited to only few religions in India (Muslims).The following were the four scenarios which were noted at a single field practice area among which two had reported similar incidents

1) In the first scenario the wife had got her husband remarried when she found out that she had a Mullerian abnormality with absent uterus.

2) Second scenario where she was infertile hence she got her husband remarried herself.

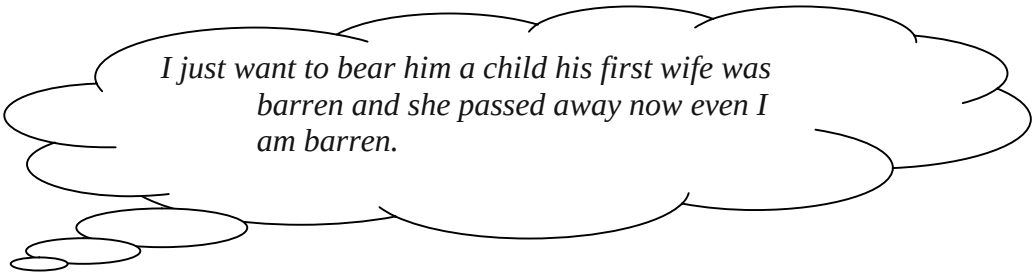
Re-marriage in an Indian set-up will mostly be against her will or will be done forcefully but in both these cases it was wilful.

Though the concepts of re-marriage were different, the purpose was the same. Both of the above mentioned women wanted to save their marriage by getting their

spouse re-married. They themselves have searched for an alliance and got them married. They wanted to save their marriage otherwise their husband's would divorce them.

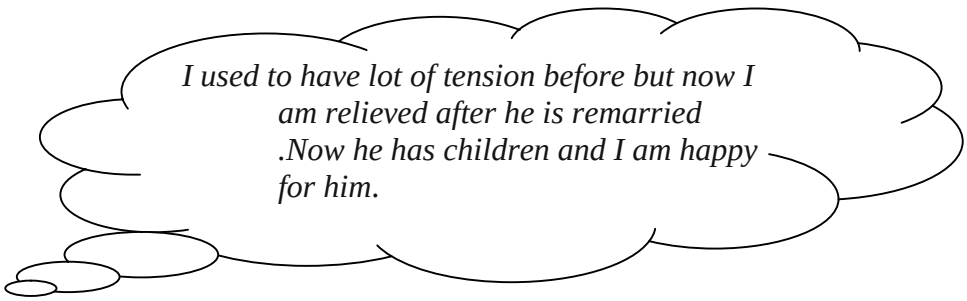
3) Third scenario was where the man was married twice but both his wives were not able to conceive. When further questioned the male counterpart was never evaluated for infertility. Hence there could be a possibility of male cause for infertility in this case. But since it's customary to get the male counterpart re-married both of his wives were not able to conceive because the problem is with the husband. Women are being labelled as infertile though the problem exists with the husband.

The following response was obtained from his second wife



This response of hers clearly shows how society still considers that only women are responsible for infertility, and men are given dominance in their families such that no one can question them about their infertility status.

4) In the fourth scenario also the women gets her husband re-married but in this case it's a mutual decision taken by the couple.



4) **Adoption**:

Very few of them also reported adopting a child from their siblings. They have not undertaken adoption procedure legally. After their efforts proved to be futile since they had a strong desire for a child they had decided to adopt.

When asked what was the reason that led them to take this decision, most of them had already taken treatment without any results or they were not diagnosed with any cause for infertility. But all of them fall into a single category where they wanted a child because either their siblings or peer groups had children.

When women were asked how their husbands treat them, almost all of them have given a positive feedback.

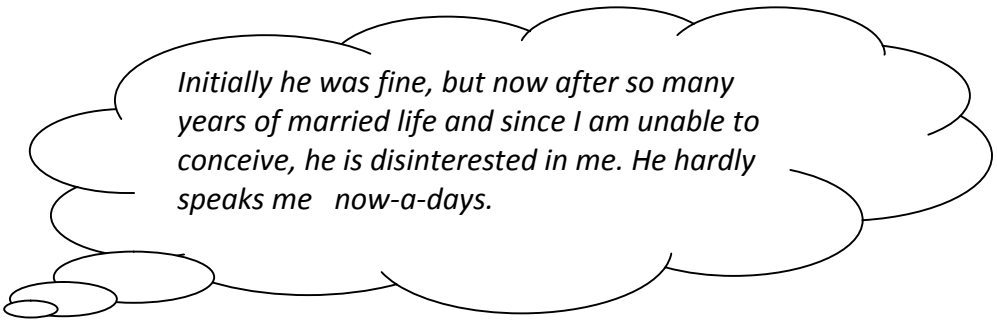
Caring and Supportive

Most of them have stated that their husband is cooperative and they would not pressurize them. They have said that even if their in-laws pressurize them their husbands would always support them and they do not let external advices to influence their relationship.

“He’s very kind and takes good care of me”

“He takes more tension than me”

These were the responses which were obtained by maximum participants. Very few of them said that their husband does not bother or care for them or how they feel.



When women were asked how their parents treat them, the responses obtained were:Most of them said that they do not say anything at all and they never discuss about their pregnancy status. Some have said they don’t have parents.

When were asked how their In-Laws treat them, the following themes were obtained

1) **Vexed**
2) **Comparing with others**
3) **Restrictive**

1) Vexed

Women reported that their in-laws always ask when would they conceive. They would They would always compare them with other daughter-in law or sister-in law or neighbours which vexed them.

"My mother in –law is extremely irritating. What does she gain by comparing me with others...She makes me feel that I am useless....I am vexed with her."

Some of them do not live with their in-laws hence they said they are not bothered what their in laws feel.

One of the participants has shifted their house as their in -laws poke their nose into their marital life and both husband and wife were vexed with their questions.

2) Comparing with others

"All of my siblings have children so even I want a child"

"My sister has borne a child right after marriage" (starts weeping)

"My neighbours have a child so I want"

These were few responses obtained. Women after one or two years of marriage will be questioned both in their family as well as in the society about their pregnancy status. So they are always compared with their siblings or their neighbours. Thus it has a lot of pressure in their marital life

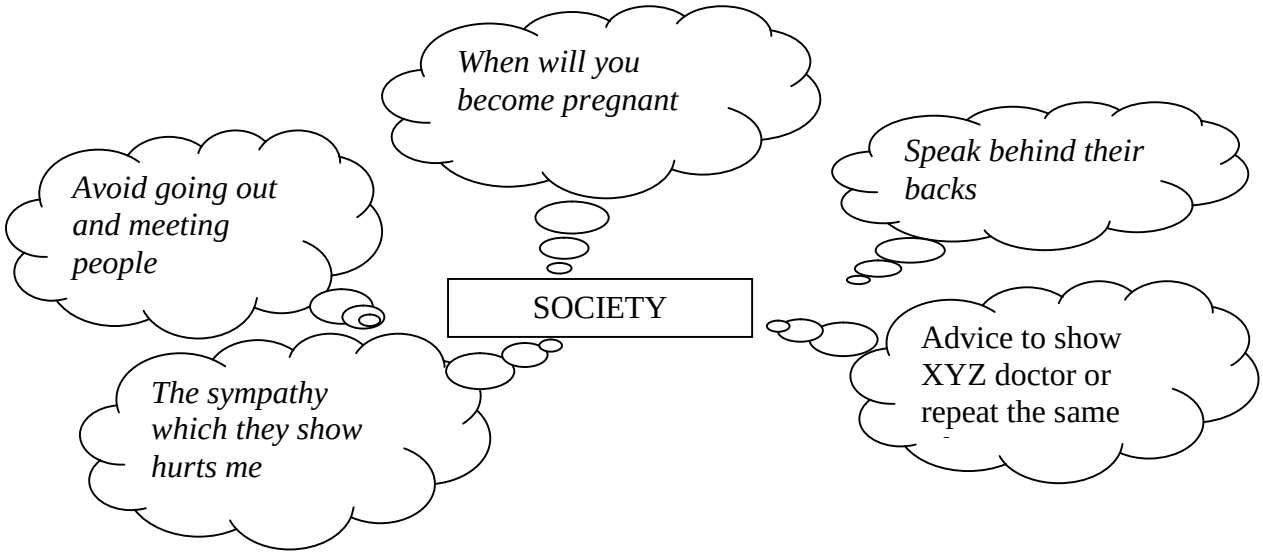
3) Restrictive

Women have reported that they are not sent out of the house because others in neighbourhood would converse with them regarding the treatment for infertility and get to know the cause for infertility. They have also said that since everyone in the neighbourhood would ask regarding their infertility status and it would become a matter of gossip for others. Hence their in-laws do not allow her out of the house unless they accompany.

Few have also sad their in-laws give too many advices, which annoys them.

When women were asked what about her experiences in the society, they said that they ignore what others think.

Women said that they have not faced any major issues in the society but they have also quoted that none speak upfront and everyone would speak behind their back.



Ignore

Thus women said that they do not pay attention to others advice or they try to avoid others by not going out. They have stated that everyone gives their own advices and how sympathy which irritates them the most hence they just ignore their neighbour.

DISCUSSION

Table 1 in the present study the distribution of infertile women weremaximum between 26 to 30 years and 31 to 35 years age group. About 33.2 % women belonged to 26 to 30 years and 21% belonged to 21 to 25 years age group. Primary infertility was found to be higher in the age group of 26 to 30 years and secondary infertility was higher among 31 to 35 years age group.

According to a study done in Amritsar, the prevalence of primary infertility was 1.95 % and secondary infertility was 2.62 %. Infertility was highest among 21 to 25 years and 26 to 30 years age group among which 33.9% which had primary infertility belonged to 21 to 25 years and 16.8% who belong to 31 to 35 years age group had secondary infertility. This shows that in the age group 21 to 30 years there is increase in primary infertility and as secondary infertile women had already experienced pregnancy, their age tends to be higher than women with primary infertility.[24] These results were similar to the present study.

Similar findings were found in other study where primary infertility was higher below 25 years of age and secondary infertility was higher above 35 years of age.[2]

According to a study done in South India where primary infertility had prevalence rate of 58.35% and secondary infertility head prevalence rate of 41.64% among infertile women. Primary infertility according to the study was found to be higher than secondary infertility and overall infertility status was higher among women aged 25 to 30 years age group.[4]

According to a study done in Allahabad, also showed increased prevalence of infertility among 25 to 35 years age group.[9]

Table 2 In the present study 81% of infertile women were housewives, 15.05% agriculture labourers, 3.05% were in private job and 0.9% in Government job.

Study done in Mysore showed similar results where 70.96% were unemployed ,12% were labourers ,6% were into business ,6% were farmers and 2% in government and professional jobs.[1]

Another study showed that infertility was highest among those who were employed which accounted to 17.39%.[9]

Another study done in Mysore also showed similar results where 81.4% were housewives.[10] Study done in Amritsar also showed that 90.7 percent were housewives and 9.3 % were in income generating activities.[24]

Table 3 In the present study 40.4% of husbands were in private job 20.4 % were agricultural labourers, 5% in Government jobs, 14.2% were into business and 20% were into other professions like Painter, Tailor, Coolie, Driver and Cook.

In a study done in Mysore showed that 43.5 % were labourers,20.9 7% were into business 16.13% were agricultural labourers, 4.84 % were unemployed and 8.06 % were into Government service.[1]

Table 4 shows the distribution of infertile women according to type of infertility. In the present study 75% of the women belong to nuclear family and 25% belong to joint family. Though the present study was done among women residing in

rural area it is seen that the trend of joint families existing only in rural areas and nuclear families existing in urban areas has changed owing to urbanization.

In another study also showed that 66.7% belonged to joint family and 33.3% belong to nuclear family.[24]

Study done in Mysore also showed that 66.12% of the Infertilecoupleslived in a nuclear family and 21.41% lived in a joint family and 6.45% belong to three generation family.[1]

Another study done among 62 couples with primary infertility, 66.12% resided in nuclear families, 27.41%belonged to joint families and 6.45% belonged to three generation family. Among 49 couples with secondary infertility, 64.34% belonged to nuclear family and 18.63% belonged to joint family and 14.28% belonged to three-generation family.[13]

Table 5 The present study shows that 47.63 % belong to class II , 32.58%belong to class III,11.75% belong to class IV, 4.95% to class I and 3.09 % to class V of Modified BG Prasad classification.

The results are consistent with study done in Mysore with states that 38.8% belong to medium and high socio economic status, 18.4 % belong to low socioeconomic status and 4.1 % belong to very highsocioeconomic status.[1]

According to a study done by using DLHS 2007-2008,9.11% belong topoor,8.22 % belong to middle and 7.8% belong to rich class.[2]

Another study show that among 52 infertile couple 80.76% belong to first and second social economic status and 17.30%couples belong to third , fourth and fifth social economic status.[5]

Study done in Allahabad showed that 16.67% belonged to upper class, 16. 95 % belonged to upper middle class, 7.42% belonged to middle class ,6.73% belong to upper lower class and 8.44% belong to lower class.[9]

Table 6 Education level of infertile women showed that 47.84%have completed secondary schooling 21.24% primary schooling, 16.70% PUC,10.31% are illiterate and 3.91% have completed their degrees.

Results are consistent with a study done in Mysore which showed that 29% had completed their High Schooling, 19.4% had completed their middle school, 17.7 percent primary schooling , 3.2% were graduates and 6.5 % till intermediate and 4.2 % were illiterate.[1]

In another study 14.94% had pursued their High School and 26.6% completed their PG, 11.3% completed graduation 15.91% till intermediate and 8.72 till secondary schooling.[9]

Study done in Amritsar showed that 64.9% had completed their education till matriculation and above and 30.1% had completed schooling.[24]

Table 7Showed the distribution of infertile women according to their education level of their husbands 31.75% had completed their PUC, 37.5% completed secondary schooling, 11.75%primary schooling, 10.1% degree and 8.85% were illiterate.

Study done in Mysore also show that 25.8 percent completed till their High School, 21% till middle school ,14.5% till primary schooling, 17.7% were illiterate and 8% till intermediate.[1]

Table 8 In the present study showed that 57.32% of women had their BMI in normal range 36.29% were overweight, 2.27% were obese and 4.13% underweight.According to a study done in West Bengal, among 124women, 53.12%were overweight and 46.87% were within normal range.[25]According to a study done in tertiary Care Hospital in Pune among 88 females 42.0 5% were overweight, 51.13% were normal and 6.82 % per underweight.[26]

Table9: In the present study there was no family history of infertility among 87.63% of couples and 12.37% showed history of infertility, among which 6.39 % had history on wife's side 5.15 % on husband's side and in 0.83 % it was found on both in wife's as well as husband's side.

According to a study done in West Bengal family history of infertility was present among 14.23% infertile males and 11.29% infertile females.[25]

Another study done in couples attending infertility clinic of tertiary care hospital in North India show that 25% had family history of infertility and 75% did not have any history.[27]

According to a community based cross sectional study done in Central India 27.2 % of infertile women had family history of infertility and 5.9% did not have family history.[5]

Table 10 In the present study only 30.92% had any knowledge about fertile days in a menstrual cycle.

Table 11 Showed the distribution of infertile women depending on their presenting complaints nearly 51.55% of them did not have any problems or complaints, 37.32% had menstrual irregularities, 10.72%had symptoms of UTI and vaginal discharge.

In a study done in Central India also showed that 14.1% women had in irregular menstrual pattern.[5]

Case control Study showed significant association of STI with secondary infertility with p=0.0002.[16]

In another study conducted in West Bengal 21.46% women had menstrual abnormalities, 64% had PID,19% had PCOD.[25]

Table 12 In the present study 89.7% marriages were non-consanguineous, 8.67% had second degree consanguinity, 0.82% had first degree and 0.82% had third degree consanguineous marriage.

Table 13The table shows frequency of intercourse and type of infertility. It shows that 2/5thof the couples had intercourse once in two weeks and 3/10th of them for 1-2 times a week.

Table 14In the present study 70% of the coupledid not have any history of tobacco consumption, 27.22% had reported that husbands consumed tobacco and in 2.26 % both the husband as well as the wife consumed tobacco.

Another study show that 15.70% males among 191 infertile couples were addicted to tobacco whereas 7.32%females were addicted to tobacco.[25]

Another study showed that 20% of the males who attended a infertility clinic at tertiary care centre were addicted to tobacco.[26]

Similar results were also found in another study where 40 couples who had visited infertility clinic showed that 45% of them had substance use in their partners.[27]

Table 15In the present study nearly 3/4thhad sought allopathic treatment ,1/5th of them sought both Allopathy and homeopathy, 1/10th have sought both Allopathy andAyurveda and 1.1% sought traditional healers.

The results were similar to another study done in Karnataka which also showed that 97.67% of males and 94% of females with primary infertility and 84% and 96% of male and female having secondary infertility had sought allopathic treatment. Nearly 4% of males and females having primary infertilityhad sought homeopathictreatment ,4% of males and 8% of females having primary infertility sought Ayurveda and 9% of males and 12% of females having primary infertility sought traditional healers.[13]

A study done in Andhra Pradesh also showed that couples had sought to various types of treatment which included allopathy which is either government hospital or private hospital or private clinic, Ayurveda and traditional medicine and the religious practices.[15]

Another study showed that 21.47% of couples sought treatment from Primary Health Centre ,nearly 2%of couples had sought treatment from infertility clinic and 3.6% of males and 5.76 % of females had sought treatment from Ayush,17.28% of females and 7.8 5% of males consulted Quaks.[25]

A studydone in North India showed that 82% of couples had visited 1-4 helping agencies before visiting health care centre and 62.5% had taken treatment from Private Health sector ,25% went to public health sector 10% took treatment from traditional healers and 2.5 % from AYUSH.[27]

Table number 16 In the present study 52.61% of infertile women said that they were still waiting for spontaneous conception hence they have not sought medical help for infertility. Among which 79.27% were having secondary infertility,

32.7%had reported that due to economic burden they did not seektreatment ,among 69.56% with primary infertility ,10.3% had reported that they did not know whom to approach for treatment and 2.84% were not willing for treatment ,1.43 % had not sought any treatment because the fact that male dominance existed in the family hence woman was not allowed to seek medical help.

In a study done in Karnataka also showed similar results where 47.37% of males and 50% of females with primary infertility and 29% and 33.33% with secondary infertility due to economic hardship did not avail any treatment. 15.79% of males and 8.33% of females with primary infertility and 41.6 7% of males and 44.44% of females with secondary infertility have given a reason of waiting for spontaneous conception. Nearly 10.3% of infertile couple stated that they were not able to avail facility due to increase distance of Health Care facility and 15.7 9% of males with primary infertility and 8.33% of males with secondary infertility were not willing to take treatment. About 10.53% of males and 16.67% of females with primary and 4.1 7% of males and 5.56 % of females with secondary infertility were ignorant about treatment for infertility. Others who had secondary infertility said that one kid is already present, that is a reason for not availing Health Care facility. [13]

Table 17 Shows the distribution of infertile women depending on cause of infertility 31.75% was due to female factors contributing to infertility, 18.25% due to male factors 7.66% due to both male and as well as female and 42.34% had no cause for infertility.

A study done among 300 women with primary infertility in south India also showed that 29% had female factors, 25% had male factors 30% had combined male as well as female factors and nearly 15% did not have any factor contributing to infertility.[11]

Table 18 and Figure1: Shows the female causes for infertility. It is seen that Ovulatory dysfunction+Anovulatory cycles and PCOD together contribute 54% of the causes. Others like Premature ovarian failure,Mullerian abnormality,Tubal block, Endometriosis,septate uterus etc contribute to 15%, 4.6%, 10.34%, 8% and 5.75% respectively.

The results were similar to study done in South India where 14% had PCOD, 6% had uterine anomalies, 4% endometritis, 4% ovarian cyst, 4% tubal factors, 3% low ovarian reserve.[11]

Study done in Teritiary care hospital in Dhaka showed that 17% had anovulation, 23% had premature ovarian failure, 8% had endometritis, 7% had tubal block, 3% had uterine factor problems.[17]

Table19 and Figure2 Shows the distribution of male causes of infertility. 40% had Azoospermia and 46% had Aesthenospermia. Rest of the causes likeOligospermia,Oligoaesthenospermia, Teratozoospermia contributed to 8%,2% and 4% respectively

Results were similar to a study done in South India where oligospermia was found in 15%, 5% had severe oligospermi and azoospermia and 1% had normospermia.[11]

A study done in Dhaka showed 18% had azoospermia, 24% had abnormal sperm parameters and 58% had normozoospermia.[17]

Table 20 and Figure3 Showed the combination of both male and female causes of infertility. It was seen that Azoospermia with PCOD is the most common cause which is found among infertile couples.

Table 21 Shows that couples with family history of infertility had higher chances of having primary infertility as compared to secondary infertility and this difference was significant among both the groups with $p<0.05$.

Table 22 Shows that frequency of intercourse was higher among couples with primary infertility as compared to those with secondary infertility and this difference was significant with $p<0.001$.This shows that frequency of intercourse does not determine type of infertility.

Table 23 Shows that women with primary infertility were either underweight or malnourished when compared with women with secondary infertility with $p<0.001$. Thus proves that nutrition has a significant role in determining fertility.

Table 24A Shows that couples with primary infertility were more enthusiastic in seeking some form of treatment for infertility when compared to secondary infertile couples and this difference was significant with $p<0.05$.

Table 24B Shows that $3/4^{th}$ of the couples have sought allopathic treatment, but the overall treatment seeking behaviour was seen higher among couples with primary infertility as compared to secondary infertility but there is no difference among both the groups in system of medicine sought for treatment.

Table 23 It was also noted that women having primary infertility were either malnourished or obese when compared to secondary in fertile women thus proving that there is a difference among both groups as far as BMI is concerned.

CONCLUSION

The study shows that infertile women were maximum between 26 to 35 years. About 70% did not have knowledge about fertile days in menstrualcycle. Nearly 40% of infertile women have not got any treatment the most common reasons being waiting for spontaneous perception and economic burden .Out of 60% of women who had sought some form of treatment, female causes of infertility contributed to 31.75%. Among the female causes nearly 55% of the causes did not require any surgical intervention but rest of the 45 % of the women required surgical intervention did not opt for further treatment due to out of pocket expenditure.

Thus even though RMNCH+A includes reproductive and sexual health, only maternity, child and adolescent component is emphasized and infertility component is not addressed. The program guidelines do not include the basic diagnosis or treatment of infertility. In the present study though $3/5^{th}$ of couples have sought some form of treatment from various systems of medicine as there is no uniform protocol in management of infertility and capping of charges, couples had to undergo huge- out-of pocket expenditure for the basic investigations and diagnosis which they could not bear. Since the treatment of infertility is a long process, anxious couples no longer show interest in continuing the treatment after a certain period of time and resort to other systems of medicines thus losing their valuable time. Therefore counselling of couples is very important.

Women have also expressed that they often bear the guilt of being infertile which adds up to their already anxious state of being childless. Infertility has a psychological effect on the couples, women in particular and disturbs their quality of life.Entrenched mindset of the society and families that only women are responsible for infertility needs to be uprooted.Hence women need to be empowered.

STRENGTHS

1) All infertile women residing in the field practice area were included in the study by universal sampling method.
2) Along with quantitative data, the qualitative component has been added to the study has thrown light upon feelings of women especially those with primary infertility for being childless.
3) Present study tried to focus on treatment seeking behaviour by noting various systems of medicine sought and treatable causes for infertility were found.
4) Various reasons for not seeking treatment also were studied.

LIMITATIONS

1)Memory bias in obtaining history regarding treatment could have occurred as infertility treatment requires lot-of-time.

2) Despite taking care of privacy some participants might be hesitant to share their experience regarding being childless.

RECOMMENDATIONS

1) RMNCH+A programme should emphasize on infertility component.
2) Need for standardised protocol to assess the cause and treatment of infertility.
3) Provision of basic investigation services and training of health personnel at primary health centers.
4) AyushmanBharath scheme must include treatment of infertility to avoid catastrophic health expenditure.
5) Adoption to be considered as an option to manage infertility through counselling.

SUMMARY

This study was conducted among 485 infertile women residing in the field practice area of Kinaye and VantamuriPHC.

Out of the total women surveyed maximum women with infertility were found between 26 to 30 years age group. Nearly 58.35% of them had primary infertility and 41.65% had secondary infertility, 80% of the women were housewives and 47.84% of them had completed their secondary schooling. Most of their husbands hold a job in private company and belonged to class II according to Modified B.G.Prasad classification. About 74.43% of them belonged to nuclear families.

Out of 485 women 56.49% had sought treatment for infertility and 43.51% of them had not approached any health care facility. Out of those who had sought treatment, 71% of them opted for allopathic treatment and others who did not seek treatment had given reasons of economic burden and waiting for spontaneous conception. Among those who took treatment female causes of infertility contributed to 31.75% the most common causes being ovulatory dysfunction and PCOD. Male causes contributed to 18.25% the most common reasons being Azoospermia and Aesthenospermia. Only 7.66% had both male and female factors contributing to infertility, the most common combination was Azoospermia and PCOD.

Family history of infertility was found higher among couples with primary infertility. The consumption of tobacco and related products was found higher among males. Nearly 57.32% of infertile women had BMI within a normal range and most of the couples had intercourse once in two weeks.

When women were interviewd regarding their experiences of being childless, they said that they had experienced Anxiety and tend to worry regarding their infertility status. Few had reported being depressed and having Sexual disharmony in

their married life. Others had adopted various coping mechanisms such as pacifying themselves by treating others kids as their own, Blaming on God/leaning on Higher spirituality, Re-marriage and Adoption.They also reported that they were annoyed with their in–laws and various questions put forth by them and the society. Hence they chose to ignore what society thinks about them.

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ANNEXURE I – ETHICAL CLEARANCE LETTER

K.L.E. ACADEMY OF HIGHER EDUCATION AND RESEARCH
(Deemed – to- be- University)
Accredited 'A' Grade by NAAC (2nd Cycle) Placed in Category 'A' by MHRD (GoI)
JAWAHARLAL NEHRU MEDICAL COLLEGE,
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Ref: MDC/DOME/40 **Date: 24/11/2018**

To,

REG. NO. BD0118002
PG student in Community Medicine,
J.N.Medical College,
BELAGAVI.

Sub: Institutional Ethical Clearance for the study.

With reference to the above, we wish to inform you that your proposed research project titled **"PROFILE OF MARRIED WOMAN WITH INFERTILITY RESIDING IN RURAL AREA – A CROSS SECTIONAL STUDY",** is ethical and justifiable. The proposed research project has been cleared by the JNMC Institutional Ethics Committee on Human Subjects Research.

(Dr. Arathi Darshan)
Member Secretary
JNMC Institutional Ethics Committee
on Human Subjects Research,
J.N.Medical College, Belagavi.

(Dr. Roopa M Bellad)
Chairman,
JNMC Institutional Ethics Committee
on Human Subjects Research,
J.N.Medical College, Belagavi.

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ANNEXURE II- ICMR GRANT LETTER

वी ए बी एक्स./PABX : 26588980, 26588707, 26589336, 26589745, 26589414
फैक्स/FAX : 011-26588662, 011-26589791, 011-26589258

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भारतीय आयुर्विज्ञान अनुसंधान परिषद
INDIAN COUNCIL OF MEDICAL RESEARCH
वी. रामलिंगस्वामी भवन, अन्सारी नगर, पोस्ट बॉक्स 4911, नई दिल्ली - 110 029
V. RAMALINGASWAMI BHAWAN, ANSARI NAGAR, POST BOX 4911, NEW DELHI - 110 029

Dr. N. C. Jain
Scientist- G & Head (HRD)
REG. NO. BD0118002
Community Medicine,
JNMC,Belagavi-590 010
christikarthaka20@gmail.com

No.3/2/March- 2019/PG-Thesis-HRD (36)
Dated: 25.03.2019

Dear REG. NO. BD0118002

This is with reference to your application seeking financial assistance from the ICMR for MD/MS/DM/MCh dissertation thesis entitled **"Profile of married women with infertility residing in rural area"**.

I am glad to inform you that Director General, ICMR, based on the recommendation of Expert Committee, has sanctioned a sum of**Rs. 50, 000/- (Fifty thousand only)** for providing an electronic and hard copy of your dissertation thesis to the ICMR. Mandatory requirement to avail this opportunity is to provide us with an undertaking duly forwarded through the guide, to the undersigned, enabling us to release the grant.

This is to inform you that Rs.50, 000/-will be disbursed to you in two Instalments. Initial amount of Rs.30,000/- after receipt of the undertaking as per the guidelines and remaining amount of Rs.20,000/-on receipt of the electronic copy, hard copy and summary of work done of your dissertation thesis duly approved by the University/ Institute along with one publication in an indexed Journal.

The amount will be released after submission of the UNDERTAKING AS WELL AS THE MANDATE FORM (format enclosed) WITHIN SIX WEEKS for receiving e-payment along with a photocopy of a cancelled cheque for purpose of verification of the concerned bank account where money is to be remitted.

Kind regards,

Yours sincerely,

(N. C. Jain)
011-26589258
drencejain@gmail.com

Copy to: Dr. Padmaja R Walvekar, Professor, Community Medicine, JNMC,Belagavi-590010.

ANNEXURE III – WRITTEN INFORMED CONSENT FORM

"Profile of married woman with infertility residing in rural area -A cross sectional study"

Principle investigator: **REG. NO. BD0118002**
PG Student, Dept of Community Medicine,
J. N.Medical College,KAHER, Belagavi-10.

Guide: Dr. _____
Professor, & Head of Department of Community Medicine,
J.N. Medical College,KAHER, Belagavi-10.

Objective / Purpose of the study:

Infertility is an emergent issue in India. Though Reproductive and Child Health addresses reproductive health of female not much importance is given to it in day to day practice .Hence couples seek various treatment options for infertility. But the highest burden of being infertile is borne by the female. Hence this study is being conducted to know the profile of women with infertility, treatment seeking behaviour among the infertile women and their experiences of being childless.

Procedures:

I will be personally interviewing you regarding your profile,treatment seeking behaviour, and experiences of being infertile with the help of predesigned pretested questionnaire.

Possible benefits:

There are no possible benefits

Incentives:

You will not be eligible for any kind of monetary benefits or free services by virtue of your participation in the study at UHC/PHC or at KLE Hospital, Belagavi.

Possible risks:

There are no risks involved in this study individually. Your participation helps to know the problems faced by infertile women, which in turn helps to formulate recommendations to help program managers.

Cost of participation:

The cost of the study will be entirely borne by the researcher. There will be no cost to you for your participation in this study.

Legal rights:

By signing this consent form, you are not waiving off any of your legal rights.

Privacy and Confidentiality:

Your identity will not be revealed and all information collected will be coded so that, no one other than the investigator will know your identity.

Withdrawal from the study:

Participant can withdraw from the study at any point of time if they wish to do so.

Authorization to publish the results:

The researcher may use the information gathered from this study for presentation or publication in scientific journals. However your personal identity will not be revealed.

Questions:

If you have any queries/doubts regarding the study, you can contact **Dr. K. Ch** **REG. NO. BD0118002** duate student, Department of Community Medicine, J.N. Medical College, Belagavi-590010, Mob no: or **Dr.** _____, Professor & Head of Department of Community Medicine,Mob no: _____

CONSENT STATEMENT

"I have been explained all the contents of this consent form in my local language and have understood and clarified all my queries about the study to the best of my knowledge. Furthermore I recognize that I have the complete right to withdraw this consent at any point during the study. I understand that the information given by me will be confidential and will be used for research purpose only, further I am aware that the result of this research will be presented/published without disclosing any personal identification of the participants.

I hereby give my voluntary consent for participation in the study. I do sign the informed consent form in front of an eyewitness whom I recognize."

Name and Signature/left thumb impression of the participant:

Name and Signature/left thumb impression of the witness

Name and Signature of the interviewer:

Date:

Place:

ANNEXURE IV – RESEARCH PROFORMA

TITLE: PROFILE OF MARRIED WOMEN WITH INFERTILITY RESIDING IN RURAL AREA

1) Name:

2) Age :

3) Place:

4) Occupation:wife : agriculture/government job/private job/business/others specify

Husband: agriculture/government job/private job/business/others specify

5) Type of family a) Joint b) Nuclear

6) Total number of family members:

a) Total income

b) Per capita income

7) Education level of:

7a)wife: a) Illiterate b) primary schooling c) secondary schooling d) PUC e) degree

7b) husband:a) Illiterate b) primary schooling c) secondary schooling d) PUC e) degree

8) Age at marriage:

9) Duration of married life:

10) Is it a consanguineous marriage:a) yes b) no

10a) If yes type of consanguinity:

11) Number of children:a) one b) none

11a) If one age of the child in completed years:

12) H/o still birth /abortion

a) yes b) no

12) If yes specify (how many years back):

12) How long have you been attempting to initiate pregnancy:

13) Have you been evaluated for infertility

a) yes b) no

14) If yes have you been treated for infertility:

a) yes b) no

14a) If yes whom did you seek treatment from:

a) Allopathic b) Homeopathy c) Ayurveda d) Traditional healers e) others specify

14b) If no what is the reason for not availing health care facility:

a) economic burden b) waiting for spontaneous conception c) don't know d) not willing for treatment e) others specify

15) What was the cause for infertility if investigations were done ; problem with

a) husband b) wife c)both d) no cause found

15a) If problem with husband mention the cause :

15b)If problem with wife mention the cause(mention about 'TORCH' infection if investigated):

16) Is there family h/o infertility:a) yes b) no

16a) If yes who's side (mention the relation):wife's side

: husbands' side

17) History of tobacco consumption

a) present b) absent

17a) If present who uses

a) wife b) husband c) both

18) Do you have any h/o

a) abnormal vaginal discharge b) UTI c) h/o genitourinary TB d) menstrual irregularities

19) Height: Weight: BMI:

a) <18.5 b)18.5 22.9 c) 23 26.9 d) >27

20) Does your husband have any problems with erection?

a) Yes b) No

21) Do you have any dryness of vagina?

a) Yes b) No

21a) If yes do you use any lubricants used during intercourse?

a)Yes b) No

22) How frequently do you have intercourse?

23) Do you have any idea about fertile days in menstrual cycle?

ANNEXURE V – KEY TO MASTER CHART

1) Name:

2) Age: actual

3) Place:

1. Kinaye 2. Vantamuri

Desur-11	Honaga-21
Karle-12	Kakati A-22
Khadarwadi-13	Kakati B-23
Kinaye-14	Vantamuri-24
Macche-I-15	Bhutramitti-25
Macche-II-16	
Peeranwadi-17	
Santibatwad-18	
Waghawade-19	

4) Occupation:wife : 1.agriculture 2.government job 3.private job 4.business 5.others specify

Husband: 1.agriculture 2.government job 3.private job 4.business 5.others

5) Type of family 1. Joint 2.Nuclear

6) Total number of family members: actual number

a) Total income: actual number

b) Per capita income: Calculated

7) Education level of:

7a)wife: 1) Illiterate 2) primary schooling 3) secondary schooling 4) PUC 5) degree

7b) husband:1) Illiterate 2) primary schooling 3) secondary schooling 4) PUC 5) degree

8) Age at marriage: actual age

9) Duration of married life: actual duration in years

10) Is it a consanguineous marriage:1) yes 2) no

11- First degree consanguinity

12-Second degree consanguinity

13-Third degree consanguinity

11) Number of children:1) one 2) none

11a) If one age of the child in completed years: actual age in years

12) H/o still birth /abortion

1) yes 2) no

12) If yes specify (how many years back): actual age

12) How long have you been attempting to initiate pregnancy: actual number of years

13) Have you been evaluated for infertility

1) yes 2) no

14a) If yes whom did you seek treatment from:

11) Allopathic 12) Homeopathy 13) Ayurveda 14) Traditional healers 15)Allopathic+ Homeopathy 16) Allopathic +Ayurveda 20) others specify

14b) If no what is the reason for not availing health care facility:

21) economicburden 22) waiting for spontaneous conception 23) don't know 24) not willing for treatment 25) others specify

15) What was the cause for infertility if investigations were done; problem with

1) Husband 2) wife 3) both 4) no cause found 0) NA

15a) If problem with husband mention the cause:

11- Azoospermia

12-Oligospermia

13- Aesthenospermia

14- Oligoaesthenospermia

15- Teratozoospermia

15b)If problem with wife mention the cause(mention about 'TORCH' infection if investigated):

21-Tubal block

22-PCOD

23-Endometriosis

24-Septate uterus

25-Premature ovarian failure

26-TORCH +

27-Ovulatory dysfunction+Anovulatory cycles

28-Mullerian abnormality

29-Hypothyroidism+Latent TB

If problem with both-

31-Azoospermia +PCOD

32-Azoospermia +Tubal block

33-Aesthenospermia+ Uteine anomalies

34-Azoospermia +Fibroid

35-Aesthenospermia+ Endometritis

36-Teratozoospermia+Tubal block

16) Is there family h/o infertility:1) yes 2) no

16a) If yes who's side (mention the relation):11)wife's side

:12) husbands' side

17) History of tobacco consumption

1) present 2) absent

17a) If present who uses

11) wife 12) husband 3) both

18) Do you have any h/o

1) abnormal vaginal discharge 2) UTI 3) h/o genitourinary TB 4) menstrual irregularities

19) Height: Weight: BMI:

1) <18.5 2)18.5- 22.9 3) 23- 26.9 4) >27

20) Does your husband have any problems with erection?

1) Yes 2) No

21) Do you have any dryness of vagina?

1) Yes 2) No

21a) If yes do you use any lubricants used during intercourse?

11) Yes 12) No

22) How frequently do you have intercourse?

1) 1-2 times a week 2) once in 2 weeks 3) once a month 4) Don't remember

23) Do you have any idea about fertile days in menstrual cycle?

1) yes 2) no

S.NO	AGE	PLACE	OCCUPATION WIFE	OCCUPATION HUSBAND	TYPE OF FAMILY	TOTAL NUMBER OF FAMILY MEMBERS	PER CAPITA INCOME	EDUCATION WIFE	EDUCATION HUSBAND	AGE AT MARRIAGE	DURATION OF MARRIED LIFE	CONSANGUINOUS MARRIAGE	NUMBER OF CHILDREN	AGE OF LAST CHILD	H/O STILLBIRTH/ABORTION	IF YES (HOW MANY YEARS BACK)	HOW LONG -ATTEMPTING TO INITIATE PREGNANCY	EVALUATED FOR INFERTILITY	WHOM DID YOU SEEK TREATMENT	IF NO WHAT IS THE REASON	CAUSE OF INFER	PROBLEM WITH HUSBAND1/WIFE2/BOTH3/NONE0	FAMILY H/O INFERTILITY	H/O TOBACCO CONSUMPTION	H/O -VD/ UTI/TB/MENST IRRE	BMI	ERECTION PROBLEM	DRYNESS OF VAGINA & LUBRICANT USED	FREQUENCY OF INTERCOURSE	ANY IDEA ABOUT FERTILE DAYS
1	30	21	5	3	1	6	4	3	3	22	8	2	2	0	2	0	8	1	20	0	4	0	12	2	1	2	2	2	4	1
2	30	21	5	3	1	4	2	5	5	23	7	2	2	0	2	0	7	1	15	0	4	0	11	2	5	2	2	2	1	2
3	28	21	5	3	1	14	4	3	3	16	12	2	1	1	2	0	7	1	11	0	3	31	2	2	4	3	2	2	1	2
4	25	21	5	5	2	3	4	3	2	18	7	2	2	0	2	0	7	1	16	0	4	0	11	12	5	2	2	2	4	1
5	39	21	5	3	2	3	3	2	3	18	27	2	1	12	2	0	7	2	0	22	0	0	2	12	5	2	2	2	2	2
6	30	21	5	4	2	3	3	3	3	24	6	2	2	0	2	0	6	1	11	0	4	0	2	2	5	1	2	12	4	2
7	33	21	5	5	2	2	3	3	3	16	17	2	2	0	1	10	17	1	16	0	1	11	2	12	5	2	2	2	2	2
8	39	21	5	3	1	5	1	5	4	32	7	2	2	0	2	0	7	1	11	0	4	0	2	2	4	2	2	12	1	2
9	35	21	5	5	2	3	3	2	2	28	7	2	2	0	2	0	7	1	16	0	4	0	2	12	5	2	2	2	3	2
10	25	21	5	3	2	2	1	4	5	19	6	2	2	0	2	0	5	1	11	0	2	22	2	2	4	3	2	2	1	1
11	30	21	5	4	2	2	2	3	4	20	10	2	2	0	1	9	10	1	15	0	4	0	2	12	5	2	2	2	1	2
12	32	21	5	4	2	2	2	1	1	22	10	2	2	0	2	0	10	1	15	0	4	0	2	2	5	2	2	2	1	2
13	27	21	1	5	2	2	1	3	1	16	11	2	2	0	1	10	10	1	16	0	2	23	2	2	5	2	2	2	1	2
14	43	21	5	3	2	2	2	3	4	23	20	2	2	0	1	17	17	1	15	0	4	0	2	2	4	2	2	12	3	1
15	35	22	1	3	1	6	3	3	3	18	17	2	2	0	2	0	15	1	11	0	4	0	2	12	4	2	2	2	4	2
16	32	22	1	1	2	2	2	5	5	23	9	2	2	0	1	8	8	1	11	0	2	24	2	2	5	2	2	2	4	1
17	43	14	5	3	2	2	2	4	3	21	22	2	2	0	1	20	20	1	11	0	1	12	12	12	5	2	2	2	1	1
18	31	14	5	4	1	5	3	3	4	19	12	2	2	0	2	0	12	1	11	0	2	22	12	2	4	3	2	2	4	2
19	40	21	5	4	2	2	3	3	4	24	16	2	2	0	1	15	15	2	0	25	0	0	11	2	5	1	2	2	4	2
20	35	21	5	5	2	3	3	2	2	28	7	2	2	0	2	0	7	1	16	0	4	0	2	12	5	2	2	2	3	2
21	35	17	3	3	2	3	3	5	5	18	17	2	1	5	2	0	10	1	11	0	2	25	2	2	5	3	2	2	2	2
22	30	17	5	3	2	3	3	5	4	16	14	2	1	5	2	0	6	2	0	22	0	0	2	2	5	2	2	2	2	2
23	40	17	5	1	2	3	3	4	3	20	20	2	1	8	2	0	7	1	11	0	4	0	2	12	5	2	2	12	2	1
24	26	12	1	1	1	4	3	3	3	21	5	1	2	0	2	0	5	2	0	21	0	0	2	12	1	2	2	2	2	2
25	22	12	1	5	2	2	3	3	5	16	6	2	2	0	2	0	6	1	11	0	3	31	2	2	1	2	2	2	4	2
26	28	14	1	3	2	3	2	2	3	20	8	2	1	5	2	0	3	2	0	22	0	0	2	12	5	2	2	2	2	2
27	30	14	1	3	2	2	2	2	3	20	10	2	1	5	2	0	5	1	11	0	4	0	2	12	4	2	2	2	4	2
28	33	14	5	1	1	5	4	2	2	20	13	2	1	6	2	0	5	2	0	24	0	0	2	12	5	1	2	2	4	2
29	37	12	1	3	2	3	4	2	4	19	18	2	1	17	2	0	10	1	11	0	2	23	2	2	4	2	2	2	4	1
30	25	12	5	3	2	2	3	2	4	20	5	2	2	0	2	0	5	2	0	22	0	0	2	12	5	2	2	2	4	2
31	28	12	1	3	1	8	4	3	3	16	12	2	2	0	1	10	12	1	11	0	3	32	2	12	5	2	2	2	4	2
32	38	12	5	3	2	3	3	3	4	19	19	2	1	18	2	0	12	2	0	22	0	0	2	2	5	2	2	2	3	2
33	39	12	5	1	1	6	4	2	2	20	19	2	1	18	1	10	17	2	0	22	0	0	2	2	5	2	2	2	4	2
34	30	16	5	3	2	3	3	5	5	20	10	2	1	5	2	0	5	1	11	0	4	0	2	2	5	2	2	2	1	2
35	31	16	5	4	1	7	4	3	3	13	18	2	1	5	2	0	10	1	15	0	2	22	11	2	4	3	2	2	4	2
36	28	16	5	1	2	2	3	3	2	16	12	2	1	5	2	0	6	2	0	22	0	0	2	12	5	2	2	2	2	2
37	31	16	5	1	2	3	2	4	3	21	10	2	2	0	2	0	10	1	11	0	4	0	2	12	5	2	2	2	1	2
38	30	16	5	3	2	2	2	1	3	21	9	2	2	0	2	0	9	2	0	21	0	0	2	12	5	2	2	2	2	2
39	26	12	1	3	1	4	3	3	4	21	5	11	2	0	2	0	5	1	11	0	1	11	2	2	5	2	2	2	4	2
40	42	17	1	1	2	2	3	1	1	32	10	2	2	0	2	0	10	1	11	0	4	0	2	2	1	2	2	2	4	2
41	33	17	5	5	2	3	3	3	3	16	17	2	2	0	2	0	17	1	11	0	2	21	11	2	5	2	2	2	1	2
42	26	17	5	3	2	2	2	3	4	18	8	2	2	0	2	0	8	1	11	0	2	21	2	12	5	2	2	2	1	2
43	22	17	5	5	2	2	2	3	3	16	6	2	2	0	2	0	6	1	11	0	2	21	2	12	5	1	2	2	1	2
44	36	17	5	5	2	2	2	3	4	16	20	2	2	0	2	0	20	1	11	0	4	0	2	2	5	3	2	2	2	1
45	33	17	5	5	2	2	4	3	3	16	17	2	2	0	1	10	17	1	16	0	1	11	2	12	5	2	2	2	1	2
46	25	17	5	5	2	3	4	3	2	18	7	2	2	0	2	0	7	1	16	0	4	0	11	12	5	2	2	2	4	1
47	25	14	1	1	2	3	2	1	3	20	5	2	2	0	2	0	5	1	11	0	3	31	2	12	4	3	2	2	2	2
48	34	14	5	5	2	3	4	3	3	18	16	2	1	6	2	0	8	1	11	0	2	25	2	2	5	2	2	2	4	2
49	35	21	5	5	2	2	4	1	2	15	20	2	1	10	2	0	10	2	0	21	0	0	2	12	5	2	2	2	4	2
50	34	21	5	5	2	2	4	2	2	18	16	2	1	6	2	0	8	2	0	24	0	0	2	12	1	2	2	2	1	2
51	32	17	1	1	2	3	3	3	3	20	12	2	1	5	2	0	5	2	0	22	0	0	2	2	5	2	2	2	1	1

S.NO	AGE	PLACE	OCCUPATION WIFE	OCCUPATION HUSBAND	TYPE OF FAMILY	TOTAL NUMBER OF FAMILY MEMBERS	PER CAPITA INCOME	EDUCATION WIFE	EDUCATION HUSBAND	AGE AT MARRIAGE	DURATION OF MARRIED LIFE	CONSANGUINOUS MARRIAGE	NUMBER OF CHILDREN	AGE OF LAST CHILD	H/O STILLBIRTH/ABORTION	IF YES (HOW MANY YEARS BACK)	HOW LONG -ATTEMPTING TO INITIATE PREGNANCY	EVALUATED FOR INFERTILITY	WHOM DID YOU SEEK TREATMENT	IF NO WHAT IS THE REASON	CAUSE OF INFER	PROBLEM WITH HUSBAND1/WIFE2/BOTH3/NONE0	FAMILY H/O INFERTILITY	H/O TOBACCO CONSUMPTION	H/O -VD/ UTI/TB/MENST IRRE	BMI	ERECTION PROBLEM	DRYNESS OF VAGINA & LUBRICANT USED	FREQUENCY OF INTERCOURSE	ANY IDEA ABOUT FERTILE DAYS
56	30	17	5	3	2	2	2	2	3	16	14	2	2	0	1	10	10	1	15	0	3	31	2	2	5	2	2	2	2	2
57	28	17	5	5	1	7	3	4	5	18	10	2	2	0	1	8	10	1	11	0	1	11	11	2	5	1	2	2	2	2
58	26	17	5	3	2	2	2	5	3	21	5	2	2	0	2	0	5	1	15	0	4	0	2	2	5	2	2	2	2	2
59	30	17	5	3	2	3	2	3	3	15	15	2	1	12	2	0	10	1	11	0	4	0	2	2	4	1	2	2	1	2
60	32	17	5	3	2	3	2	3	3	16	16	2	1	15	2	0	14	2	0	22	0	0	2	12	5	1	2	2	4	2
61	30	17	5	4	1	6	2	4	3	19	11	2	2	0	2	0	11	1	11	0	2	21	2	2	5	2	2	2	3	2
62	27	17	5	5	1	9	4	3	5	15	12	12	1	5	2	0	5	1	11	0	4	0	2	2	5	2	2	2	1	1
63	29	17	5	4	2	2	1	3	3	22	7	2	2	0	2	0	7	1	11	0	4	0	2	2	5	2	2	2	2	2
64	25	17	3	3	2	2	3	3	3	15	10	2	2	0	1	9	9	1	11	0	4	0	2	2	4	2	2	2	2	2
65	35	17	3	3	2	2	1	3	3	17	18	2	2	0	1	17	17	1	11	0	4	0	2	12	4	2	2	2	1	2
66	31	17	5	5	2	2	3	3	3	21	10	2	2	0	2	0	10	1	11	0	4	0	2	12	4	2	2	2	2	2
67	38	15	5	3	2	2	1	2	3	32	6	2	2	0	2	0	6	2	0	21	0	0	2	12	4	1	2	2	4	2
68	44	17	5	5	2	2	3	5	3	29	15	12	2	0	2	0	15	1	11	0	2	24	11	12	5	2	2	2	4	2
69	32	17	5	3	2	2	2	3	4	22	10	2	1	5	2	0	5	1	11	0	4	0	2	2	5	2	2	2	2	2
70	26	17	5	5	1	19	4	3	2	19	7	2	2	0	2	0	7	1	11	0	2	25	2	12	5	2	2	2	1	1
71	24	17	5	5	1	20	4	2	1	19	5	2	2	0	2	0	5	1	11	0	2	22	11	12	5	2	2	2	1	2
72	40	17	5	3	2	3	2	3	3	20	20	2	1	8	2	0	12	2	0	22	0	0	2	2	4	2	2	2	4	2
73	34	17	5	3	2	2	2	3	4	28	6	2	2	0	2	0	6	1	11	0	1	11	2	2	5	2	2	2	4	2
74	42	15	5	3	2	3	2	3	3	22	20	2	1	8	2	0	10	2	0	22	0	0	2	2	5	2	2	2	2	1
75	32	17	5	3	2	2	1	4	3	23	9	2	2	0	2	0	9	1	15	0	2	25	2	2	5	2	2	2	1	1
76	38	17	5	4	2	2	1	4	3	27	11	2	2	0	2	0	11	1	11	0	2	25	11	12	5	3	2	2	4	2
77	25	13	1	1	2	2	3	1	1	20	5	2	2	0	2	0	5	2	0	21	0	0	2	12	5	1	2	2	1	2
78	26	13	1	2	2	2	3	2	2	19	7	2	2	0	2	0	7	1	11	0	1	11	2	12	5	2	2	2	1	2
79	27	13	1	1	2	2	3	1	1	22	5	2	2	0	2	0	5	2	0	21	0	0	2	12	5	2	2	2	1	2
80	30	13	1	1	2	2	3	1	1	20	10	2	2	0	1	5	10	1	15	0	1	11	2	12	5	2	2	2	2	2
81	28	13	1	1	2	2	3	1	1	20	8	2	2	0	2	0	8	1	15	0	4	0	2	12	5	2	2	2	3	2
82	30	13	5	1	1	20	5	3	1	24	6	2	2	0	2	0	6	1	11	0	4	0	2	2	5	1	2	2	1	2
83	42	18	5	5	2	2	3	2	1	27	15	2	2	0	1	10	10	1	11	0	2	25	2	3	1	2	2	2	4	2
84	28	18	5	1	2	3	2	3	3	20	8	2	1	5	2	0	5	1	11	0	2	22	2	2	5	1	2	2	2	1
85	35	18	5	1	2	2	2	1	4	15	20	2	2	0	1	12	15	2	0	22	0	0	2	12	5	2	2	2	3	2
86	30	13	1	1	2	3	2	3	4	15	15	2	1	5	2	0	10	2	0	21	0	0	2	12	1	4	2	2	3	2
87	38	18	1	1	2	2	2	3	3	15	23	2	1	5	2	0	10	1	11	0	2	24	2	12	4	2	2	2	3	1
88	30	18	5	3	2	3	2	2	3	15	15	2	1	5	2	0	10	2	0	22	0	0	2	2	5	1	2	2	2	2
89	22	18	1	3	1	3	2	3	3	17	5	2	2	0	2	0	5	2	0	22	0	0	2	12	4	2	2	2	1	2
90	25	18	5	3	1	4	2	3	3	16	9	2	2	0	1	8	8	1	11	0	4	0	2	2	5	2	2	2	2	2
91	25	18	5	3	1	5	2	3	4	18	7	12	2	0	1	6	6	1	11	0	1	11	2	2	4	2	2	2	1	2
92	34	18	5	5	2	2	2	4	3	28	6	2	2	0	2	0	6	1	11	0	1	11	2	12	4	2	2	2	1	1
93	40	18	1	1	2	3	3	1	2	20	20	2	1	10	2	0	9	2	0	21	0	0	2	12	5	2	2	12	4	2
94	39	18	5	1	2	3	2	3	3	20	19	12	1	11	2	0	10	1	11	0	2	22	2	2	5	2	2	12	2	2
95	26	18	3	3	2	2	2	4	4	20	6	2	2	0	2	0	6	1	11	0	1	12	2	12	5	2	2	2	1	2
96	21	18	5	3	2	3	3	3	3	16	5	2	2	0	2	0	5	1	11	0	4	0	2	12	5	1	2	2	1	2
97	21	18	5	3	1	4	2	3	3	16	6	2	2	0	1	6	6	1	15	0	4	0	2	2	4	3	2	2	1	2
98	38	12	1	1	2	3	3	2	3	20	18	12	1	8	2	0	10	2	0	22	0	0	2	12	5	2	2	2	3	2
99	17	11	5	5	2	2	1	2	2	23	5	2	2	0	2	0	5	1	11	0	4	0	12	2	5	1	2	2	1	2
100	17	11	5	3	2	2	2	1	1	20	8	2	2	0	1	7	7	2	0	21	0	0	2	2	5	2	2	2	1	2
101	30	17	5	5	2	2	2	3	3	16	14	2	2	0	1	14	14	1	11	0	2	25	2	2	5	2	2	2	1	1
102	30	17	5	5	2	3	2	1	1	20	10	2	1	6	2	0	5	1	11	0	3	33	12	12	4	2	2	2	1	2
103	28	11	1	1	2	2	2	2	2	23	5	2	2	0	2	0	5	2	0	21	0	0	2	12	4	2	2	2	1	2
104	27	11	5	2	2	2	2	2	3	22	5	12	2	0	2	0	5	2	0	21	0	0	2	12	4	2	2	2	1	2
105	30	11	1	3	2	2	2	1	2	25	5	2	2	0	1	4	5	2	0	22	0	0	2	12	4	2	2	2	1	2
106	30	11	1	2	2	2	3	2	3	25	5	2	2	0	1	5	5	2	0	21	0	0	11	2	5	2	2	2	2	1

S.NO	AGE	PLACE	OCCUPATION WIFE	OCCUPATION HUSBAND	TYPE OF FAMILY	TOTAL NUMBER OF FAMILY MEMBERS	PER CAPITA INCOME	EDUCATION WIFE	EDUCATION HUSBAND	AGE AT MARRIAGE	DURATION OF MARRIED LIFE	CONSANGUINOUS MARRIAGE	NUMBER OF CHILDREN	AGE OF LAST CHILD	H/O STILLBIRTH/ABORTION	IF YES (HOW MANY YEARS BACK)	HOW LONG -ATTEMPTING TO INITIATE PREGNANCY	EVALUATED FOR INFERTILITY	WHOM DID YOU SEEK TREATMENT	IF NO WHAT IS THE REASON	CAUSE OF INFER	PROBLEM WITH HUSBAND1/WIFE2/BOTH3/NONE0	FAMILY H/O INFERTILITY	H/O TOBACCO CONSUMPTION	H/O -VD/ UTI/TB/MENST IRRE	BMI	ERECTION PROBLEM	DRYNESS OF VAGINA & LUBRICANT USED	FREQUENCY OF INTERCOURSE	ANY IDEA ABOUT FERTILE DAYS
111	28	11	5	1	1	10	4	2	3	16	12	2	1	5	2	0	7	2	0	22	0	0	2	12	5	2	2	2	1	2
112	40	17	1	3	2	3	3	2	3	20	20	2	1	13	2	0	10	2	0	22	0	0	2	2	4	2	2	2	3	2
113	28	17	5	1	2	2	2	2	3	20	8	2	2	0	1	8	8	2	0	21	0	0	2	2	4	2	2	2	1	2
114	34	18	5	2	2	3	2	3	5	15	19	2	1	9	2	0	15	2	0	22	0	0	2	2	1	2	2	2	3	2
115	38	17	2	2	2	3	3	3	3	15	23	2	1	5	1	10	10	2	0	22	0	0	2	2	4	2	2	12	3	2
116	35	17	5	4	2	2	1	4	5	20	15	2	1	10	2	0	9	1	11	0	1	13	2	12	4	2	2	2	2	1
117	39	15	5	2	2	3	2	3	4	20	19	2	1	5	2	0	10	2	0	22	0	0	2	2	4	2	2	12	2	2
118	25	12	5	4	2	2	1	4	5	20	5	2	2	0	2	0	5	1	11	0	4	0	11	2	4	2	2	2	1	1
119	27	12	5	3	2	9	4	3	3	21	6	2	1	5	2	0	4	1	11	0	4	0	2	2	4	2	2	2	2	1
120	29	17	5	3	2	2	2	4	4	20	9	2	2	0	2	0	9	1	15	0	1	15	12	12	5	2	2	2	1	2
121	20	11	1	1	1	5	2	3	4	15	5	12	2	0	2	0	5	2	0	21	0	0	2	12	1	2	2	2	1	2
122	32	13	5	3	2	2	2	2	4	25	7	2	2	0	1	7	7	1	15	0	3	31	2	12	4	1	2	2	2	2
123	40	13	1	1	2	3	3	1	1	25	15	2	1	10	2	0	8	2	0	21	0	0	2	2	1	2	2	2	4	2
124	28	13	1	1	2	2	3	1	1	21	7	12	2	0	1	7	7	2	0	21	0	0	12	12	1	2	2	2	1	2
125	28	13	5	1	2	3	3	2	5	18	10	2	1	5	2	0	5	2	0	22	0	0	2	2	5	2	2	2	2	2
126	30	13	5	4	1	10	3	3	3	23	7	2	2	0	1	6	6	1	15	0	4	0	2	2	1	2	2	2	1	2
127	25	13	5	5	1	8	3	1	1	19	6	2	2	0	1	6	6	2	0	21	0	0	12	2	4	2	2	2	2	2
128	38	13	5	5	2	2	2	3	3	23	15	2	2	0	1	10	15	1	15	0	2	22	2	2	4	3	2	2	1	1
129	35	13	1	1	2	2	3	2	1	25	10	2	2	0	1	9	9	2	0	21	0	0	2	12	4	2	2	2	2	2
130	30	13	1	1	2	2	2	1	2	20	10	2	2	0	2	0	10	2	0	21	0	0	2	12	4	2	2	2	1	2
131	30	13	5	1	2	3	3	3	4	22	8	2	1	5	2	0	6	2	0	22	0	0	2	2	4	2	2	2	2	1
132	35	13	5	4	2	2	1	4	4	27	8	2	2	0	2	0	8	1	15	0	1	11	2	2	4	2	2	2	1	1
133	25	13	5	3	2	2	2	3	4	20	5	2	2	0	2	0	5	1	11	0	2	25	2	2	1	2	2	2	1	1
134	28	21	5	1	1	6	3	3	3	18	10	2	1	7	2	0	5	2	0	22	0	0	2	2	4	2	2	2	2	2
135	42	15	1	5	1	10	4	2	2	20	22	2	1	8	2	0	12	1	11	0	4	0	2	2	4	2	2	2	4	1
136	30	15	5	1	2	2	2	4	5	20	10	2	2	0	1	9	9	1	11	0	1	11	2	12	5	2	2	2	2	1
137	28	15	5	1	2	2	2	2	2	23	5	2	2	0	2	0	5	2	0	22	0	0	2	12	4	2	2	2	1	2
138	37	15	5	4	2	2	2	2	4	17	20	2	2	1	1	18	1	1	14	0	4	0	2	2	5	2	2	2	2	1
139	38	15	5	3	1	8	3	3	4	20	18	12	2	0	1	10	18	1	11	0	1	11	2	12	5	2	2	2	4	2
140	24	15	5	5	1	18	4	3	3	19	5	2	2	0	2	0	5	1	11	0	4	0	2	2	5	1	2	2	1	1
141	40	15	5	5	1	10	3	2	4	20	20	2	1	8	2	0	10	2	0	22	0	0	2	12	4	2	2	2	2	2
142	41	15	5	1	1	10	3	3	5	23	18	2	1	8	2	0	10	1	11	0	4	0	2	2	5	2	2	2	1	1
143	30	15	1	1	2	2	2	2	2	20	10	2	2	0	1	9	9	2	0	21	0	0	2	12	4	2	2	2	1	2
144	48	15	5	5	1	4	4	1	3	21	27	2	1	5	2	0	20	1	11	0	4	0	11	12	1	2	2	2	4	2
145	29	16	5	4	2	2	2	3	4	20	9	2	1	5	2	0	4	1	15	0	1	13	12	2	5	2	2	2	2	1
146	26	16	5	1	1	5	3	2	4	20	6	2	2	0	1	6	6	1	11	0	4	0	11	12	5	2	2	2	2	2
147	42	16	5	3	2	3	2	3	3	22	20	12	1	12	2	0	10	1	11	0	3	34	2	2	4	2	2	2	2	1
148	35	16	5	5	2	3	2	3	3	24	11	2	1	5	2	0	6	2	0	22	0	0	2	2	5	2	2	2	3	2
149	29	16	5	4	1	8	4	4	3	24	5	2	2	0	2	0	5	1	11	0	2	22	2	2	5	2	2	2	1	2
150	33	18	5	5	1	11	4	3	4	19	14	2	2	0	1	11	11	1	11	0	3	32	2	2	5	2	2	2	1	2
151	30	18	5	3	2	2	2	5	5	25	5	2	2	0	2	0	5	2	0	22	0	0	2	2	4	3	2	2	1	1
152	26	16	5	5	2	2	2	3	4	18	8	2	2	0	2	0	8	1	15	0	2	22	2	2	4	3	2	2	2	1
153	23	16	5	3	1	4	3	4	4	18	5	2	2	0	1	5	5	1	16	0	1	14	12	2	4	2	2	2	1	1
154	25	16	5	3	2	2	2	1	3	18	7	2	2	0	1	7	7	2	0	22	0	0	2	12	5	2	2	2	1	2
155	32	16	5	3	2	2	2	5	5	25	7	2	2	0	2	0	7	1	16	0	2	22	12	2	4	3	2	2	1	2
156	27	15	5	4	1	4	3	4	3	18	10	2	1	5	2	0	5	1	11	0	2	21	2	2	5	3	2	2	2	2
157	35	18	5	5	2	3	3	2	3	20	15	12	1	14	2	0	10	1	11	0	1	13	2	12	5	2	2	2	4	2
158	37	18	1	1	2	2	4	1	1	20	17	2	2	0	1	16	16	2	0	21	0	0	2	3	1	2	2	2	2	2
159	31	13	5	5	1	4	3	5	5	26	5	2	2	0	2	0	5	1	11	0	4	0	12	2	5	2	2	2	1	2
160	30	15	5	5	2	3	3	2	3	15	15	2	1	5	2	0	5	1	16	0	2	22	2	2	5	3	2	2	2	2
161	30	16	5	3	2	2	2	2	5	19	11	2	2	0	1	10	10	1	11	0	2	24	2	2	5	2	2	2	2	1

S.NO	AGE	PLACE	OCCUPATION WIFE	OCCUPATION HUSBAND	TYPE OF FAMILY	TOTAL NUMBER OF FAMILY MEMBERS	PER CAPITA INCOME	EDUCATION WIFE	EDUCATION HUSBAND	AGE AT MARRIAGE	DURATION OF MARRIED LIFE	CONSANGUINOUS MARRIAGE	NUMBER OF CHILDREN	AGE OF LAST CHILD	H/O STILLBIRTH/ABORTION	IF YES (HOW MANY YEARS BACK)	HOW LONG -ATTEMPTING TO INITIATE PREGNANCY	EVALUATED FOR INFERTILITY	WHOM DID YOU SEEK TREATMENT	IF NO WHAT IS THE REASON	CAUSE OF INFER	PROBLEM WITH HUSBAND1/WIFE2/BOTH3/NONE0	FAMILY H/O INFERTILITY	H/O TOBACCO CONSUMPTION	H/O -VD/ UTI/TB/MENST IRRE	BMI	ERECTION PROBLEM	DRYNESS OF VAGINA & LUBRICANT USED	FREQUENCY OF INTERCOURSE	ANY IDEA ABOUT FERTILE DAYS
166	40	25	5	3	2	3	3	3	4	20	20	2	1	10	2	0	10	2	0	22	0	0	2	12	5	2	2	2	3	1
167	28	21	5	1	2	3	1	3	3	20	8	12	1	5	2	0	4	2	0	22	0	0	2	2	5	3	2	2	4	2
168	27	21	1	5	2	2	3	3	1	16	11	2	2	0	1	10	10	1	16	0	2	23	2	2	5	2	2	2	1	2
169	32	21	5	3	2	2	2	4	4	22	10	2	2	0	2	0	10	1	15	0	4	0	2	2	4	2	2	2	1	2
170	30	16	5	2	1	4	2	2	4	20	10	2	2	0	1	9	9	2	0	21	0	0	2	12	4	2	2	2	2	2
171	29	25	5	5	2	2	2	3	3	15	14	12	2	0	1	14	14	1	16	0	2	26	2	2	5	2	2	2	2	1
172	26	25	5	1	2	2	2	3	1	16	10	2	2	0	1	9	9	2	0	21	0	0	2	12	1	2	2	2	1	2
173	24	25	5	5	2	2	3	3	3	18	6	12	2	0	2	0	6	1	11	0	1	11	2	12	5	2	2	2	1	1
174	28	25	1	1	2	2	3	1	1	20	8	2	2	0	2	0	8	2	0	21	0	0	3	2	5	2	2	2	2	2
175	27	25	5	1	2	2	3	1	1	20	7	2	2	0	2	0	7	2	0	21	0	0	2	3	5	2	2	2	2	2
176	30	25	5	1	2	3	3	2	4	15	15	2	1	5	2	0	10	2	0	21	0	0	2	2	5	2	2	2	1	2
177	25	25	5	3	2	2	2	4	4	20	5	2	2	0	2	0	5	1	11	0	4	0	12	2	5	2	2	2	1	1
178	28	25	5	3	2	2	2	3	4	20	8	12	2	0	2	0	8	1	16	0	1	13	2	2	5	2	2	2	2	2
179	40	25	5	1	2	3	3	2	3	20	20	2	1	10	2	0	10	2	0	22	0	0	2	2	4	2	2	2	3	2
180	26	25	5	1	2	2	2	3	4	20	6	2	2	0	2	0	6	1	16	0	4	0	2	12	4	2	2	2	1	2
181	35	22	5	3	2	2	2	4	5	25	10	2	2	0	1	9	9	2	0	22	0	0	2	2	5	2	2	2	2	2
182	28	25	5	1	2	2	3	1	1	20	8	2	2	0	2	0	8	2	0	21	0	0	3	2	5	2	2	2	3	2
183	30	22	5	1	2	2	3	3	4	20	10	2	2	0	1	9	9	1	16	0	4	0	2	2	5	4	2	2	2	2
184	42	22	5	5	2	2	3	2	2	20	22	12	2	0	1	20	20	2	0	21	0	0	2	2	4	2	2	2	4	1
185	32	22	5	3	2	2	2	3	4	20	12	2	2	0	1	10	10	2	0	21	0	0	2	2	5	2	2	2	2	1
186	40	22	5	5	2	2	2	4	5	28	12	2	2	0	1	10	10	1	16	0	4	0	2	2	5	2	2	2	2	2
187	49	22	5	5	1	10	3	2	3	33	20	2	2	0	2	0	20	2	0	21	0	0	2	2	4	2	2	2	3	2
188	35	22	5	5	1	5	3	2	2	23	12	2	2	0	1	12	12	1	16	0	2	22	2	12	4	2	2	2	3	2
189	49	22	5	4	2	2	2	4	4	20	33	2	2	0	1	30	30	1	16	0	2	21	2	2	5	2	1	2	2	2
190	30	22	5	1	1	5	4	3	3	20	10	2	2	0	1	9	9	2	0	21	0	0	3	2	5	2	2	2	2	2
191	23	22	5	3	1	5	4	3	3	17	6	2	2	0	2	0	6	1	11	0	2	22	2	2	4	2	2	2	2	1
192	23	22	5	3	1	4	3	3	3	18	5	2	2	0	2	0	5	1	11	0	2	22	2	2	4	2	2	2	1	2
193	33	22	5	3	2	3	2	2	3	20	13	2	2	0	1	10	10	1	11	0	4	0	2	2	4	2	2	2	3	2
194	29	22	5	3	2	3	3	4	4	20	9	2	1	5	2	0	6	2	0	22	0	0	2	2	5	2	2	2	1	1
195	22	22	5	3	2	2	2	3	5	15	7	2	2	0	1	7	7	1	16	0	4	0	2	2	5	2	2	2	2	2
196	35	22	5	3	2	3	2	4	4	20	15	2	1	5	2	0	10	1	11	0	2	27	2	2	5	2	2	2	4	2
197	40	22	5	3	2	3	2	4	4	20	20	12	1	10	2	0	15	2	0	22	0	0	2	2	5	2	2	2	2	2
198	25	22	5	3	2	2	2	4	5	20	5	2	2	0	2	0	5	2	0	22	0	0	2	2	5	2	2	2	2	1
199	30	22	5	3	1	9	3	5	5	19	6	2	2	0	2	0	6	1	11	0	3	35	2	2	1	2	2	2	1	2
200	30	22	5	3	1	7	3	3	2	25	5	2	2	0	2	0	5	1	11	0	4	0	2	2	5	2	2	2	1	2
201	27	22	5	3	2	2	3	4	5	21	6	2	2	0	2	0	6	1	11	0	2	25	2	2	5	2	2	2	1	2
202	30	22	5	3	2	2	2	4	5	20	10	2	2	0	2	0	10	1	11	0	4	0	2	2	5	2	2	2	2	1
203	28	22	5	3	1	8	3	3	5	23	5	2	2	0	2	0	5	2	0	25	0	0	2	2	5	2	2	2	4	2
204	30	22	5	5	1	3	3	3	3	12	18	13	2	0	2	0	18	1	11	0	1	11	2	12	5	2	2	2	1	2
205	30	22	5	1	1	9	4	4	4	18	12	2	1	5	2	0	6	2	0	22	0	0	2	2	5	2	2	2	3	2
206	33	22	5	2	1	12	4	4	4	21	12	2	2	0	2	0	12	1	11	0	2	27	2	2	4	2	2	2	2	2
207	33	22	5	1	1	10	3	3	3	15	18	12	2	0	2	0	18	2	0	21	0	0	2	12	5	2	2	2	4	2
208	33	22	5	1	1	9	4	3	3	22	11	2	2	0	1	9	9	1	11	0	4	0	2	2	5	2	2	2	2	2
209	40	22	5	3	1	6	3	3	4	15	25	2	2	0	2	0	20	1	11	0	2	28	2	2	5	3	2	2	4	2
210	30	22	5	2	2	2	2	4	5	15	15	2	2	0	1	14	14	1	11	0	1	13	2	2	5	2	2	2	2	2
211	38	22	5	4	2	2	2	4	4	23	15	2	2	0	1	10	10	1	11	0	4	0	2	2	2	4	2	2	3	2
212	22	22	5	3	1	9	3	4	3	16	5	12	2	0	2	0	5	1	11	0	2	22	11	12	5	2	2	2	1	2
213	46	22	5	3	2	2	1	3	4	25	21	2	2	0	1	20	20	1	16	0	4	0	2	2	2	4	2	2	4	2
214	40	22	5	5	1	10	5	3	3	28	12	2	1	10	2	0	8	2	0	23	0	0	2	2	5	2	2	2	4	2
215	46	22	3	5	1	5	4	3	3	20	26	2	2	0	1	20	20	1	15	0	2	28	11	2	5	2	2	2	4	2
216	26	22	5	5	1	5	4	4	3	20	6	2	2	0	2	0	6	1	11	0	4	0	2	2	2	2	2	2	1	2

S.NO	AGE	PLACE	OCCUPATION WIFE	OCCUPATION HUSBAND	TYPE OF FAMILY	TOTAL NUMBER OF FAMILY MEMBERS	PER CAPITA INCOME	EDUCATION WIFE	EDUCATION HUSBAND	AGE AT MARRIAGE	DURATION OF MARRIED LIFE	CONSANGUINOUS MARRIAGE	NUMBER OF CHILDREN	AGE OF LAST CHILD	H/O STILLBIRTH/ABORTION	IF YES (HOW MANY YEARS BACK)	HOW LONG -ATTEMPTING TO INITIATE PREGNANCY	EVALUATED FOR INFERTILITY	WHOM DID YOU SEEK TREATMENT	IF NO WHAT IS THE REASON	CAUSE OF INFER	PROBLEM WITH HUSBAND1/WIFE2/BOTH3/NONE0	FAMILY H/O INFERTILITY	H/O TOBACCO CONSUMPTION	H/O -VD/ UTI/TB/MENST IRRE	BMI	ERECTION PROBLEM	DRYNESS OF VAGINA & LUBRICANT USED	FREQUENCY OF INTERCOURSE	ANY IDEA ABOUT FERTILE DAYS
221	48	12	5	5	2	3	3	1	1	28	20	12	2	0	1	18	2	1	16	0	2	21	2	3	5	2	1	2	4	2
222	25	12	1	1	2	2	3	2	3	20	5	2	2	0	2	0	3	2	0	21	0	0	2	12	5	2	2	2	1	2
223	26	12	5	4	1	5	2	4	4	19	7	1	2	0	1	6	4	1	15	0	4	0	2	2	5	2	2	2	2	1
224	29	12	5	5	1	4	3	3	4	19	10	2	2	0	2	0	8	1	11	0	1	12	2	2	2	4	2	2	1	1
225	30	12	5	4	2	3	2	3	4	20	10	2	1	5	2	0	3	1	11	0	4	0	2	2	5	2	2	2	2	2
226	30	12	1	1	2	3	1	1	2	25	5	2	2	0	2	0	5	2	0	21	0	0	3	2	4	2	2	2	2	2
227	45	12	5	5	2	2	2	3	2	25	25	2	2	0	1	20	15	1	11	0	4	0	2	2	4	2	2	2	4	2
228	40	12	5	3	2	2	2	3	4	25	15	2	2	0	2	0	10	1	11	0	2	25	2	2	4	3	2	2	2	2
229	32	12	5	5	1	5	2	3	5	20	12	2	2	0	1	8	3	1	11	0	2	28	2	2	5	2	2	2	1	2
230	26	12	5	5	2	2	2	2	3	20	6	2	2	0	2	0	4	1	11	0	3	35	2	2	2	4	1	2	2	2
231	28	18	1	1	2	2	2	1	1	15	13	2	2	0	1	10	10	1	11	0	4	0	2	2	4	2	2	2	1	2
232	30	13	5	3	2	2	2	4	5	23	7	2	2	0	1	6	3	2	0	22	0	0	2	2	5	2	2	2	1	2
233	30	18	1	1	2	3	3	1	1	20	10	2	2	0	2	0	8	2	0	21	0	0	2	3	5	2	2	2	2	2
234	30	23	5	2	2	2	2	3	5	22	8	2	2	0	2	0	5	2	0	24	0	0	2	2	5	2	2	2	1	2
235	25	23	5	4	2	2	2	4	3	20	5	2	2	0	2	0	4	1	11	0	4	0	12	2	5	2	2	2	1	2
236	23	23	5	5	2	3	3	3	3	15	7	2	1	5	2	0	2	2	0	22	0	0	2	12	5	2	2	2	4	2
237	20	23	5	4	2	2	3	3	4	15	5	2	2	0	2	0	4	1	11	0	4	0	2	2	5	2	2	2	2	2
238	25	23	5	3	2	3	3	4	4	15	5	2	1	7	2	0	4	1	11	0	1	11	2	2	5	2	2	2	1	2
239	27	23	5	3	2	2	2	3	3	20	7	2	2	0	2	0	5	1	11	0	2	21	2	12	5	2	2	2	1	2
240	38	23	5	3	2	2	2	3	3	21	17	2	2	0	2	0	10	1	15	0	3	32	12	12	5	2	2	2	2	2
241	30	23	5	3	2	3	2	4	4	15	15	2	1	5	2	0	5	2	0	22	0	0	2	2	5	2	2	2	1	1
242	40	23	5	3	1	5	3	3	4	20	20	2	1	10	1	9	4	1	11	0	2	29	2	12	4	3	2	2	2	1
243	35	23	5	3	2	3	2	4	4	15	20	2	1	10	2	0	5	2	0	22	0	0	2	2	5	2	2	2	2	2
244	26	23	5	3	2	2	2	4	4	20	6	2	2	0	2	0	5	2	0	21	0	0	12	12	2	2	2	2	4	2
245	27	22	5	3	1	5	2	5	5	20	7	2	1	5	2	0	2	2	0	22	0	0	2	2	2	4	2	2	2	1
246	25	22	5	5	2	2	2	5	5	20	5	2	2	0	2	0	4	2	0	25	0	0	2	2	5	2	2	2	2	2
247	29	22	5	2	2	3	2	4	4	20	9	2	1	5	2	0	4	1	11	0	2	22	2	2	5	2	2	2	2	2
248	45	23	5	3	2	2	2	4	4	20	25	13	2	0	1	24	20	1	15	0	3	37	12	12	2	2	2	2	4	1
249	32	23	5	5	1	4	3	3	3	18	14	2	1	10	2	0	2	2	0	22	0	0	2	2	5	3	2	2	2	2
250	29	23	5	3	2	3	2	4	5	18	11	2	1	6	2	0	4	2	0	23	0	0	2	2	5	2	2	2	2	2
251	30	24	5	3	2	2	2	3	3	20	10	2	2	0	1	0	5	1	11	0	1	13	2	2	5	2	2	2	2	2
252	22	14	5	5	2	2	2	3	4	16	6	2	2	0	2	0	4	1	11	0	2	22	2	12	4	2	2	2	1	1
253	34	14	1	1	2	2	3	3	3	17	17	2	2	0	1	10	10	1	11	0	2	22	2	2	2	2	2	2	3	1
254	30	24	5	3	2	2	2	3	3	20	10	2	1	5	2	0	3	1	11	0	2	24	2	2	4	2	2	2	4	1
255	25	24	1	1	2	2	3	3	4	20	5	2	2	0	2	0	4	2	0	22	0	0	2	12	4	2	2	2	1	2
256	30	24	5	3	2	3	3	3	3	15	15	2	1	7	1	0	5	2	0	23	0	0	2	12	4	2	2	2	2	2
257	30	24	5	3	2	3	3	3	3	15	15	2	1	7	1	0	5	2	0	22	0	0	2	12	4	2	2	2	2	2
258	35	24	1	3	2	2	2	2	3	15	20	2	1	10	2	0	7	1	11	0	1	13	2	2	4	2	2	2	1	2
259	35	24	2	3	2	2	2	2	3	15	20	2	1	10	2	0	7	1	11	0	1	13	2	2	4	2	2	2	1	2
260	25	24	5	3	2	2	2	3	4	20	5	2	2	0	2	0	4	2	0	22	0	0	2	2	4	2	2	2	1	2
261	25	24	5	3	2	2	2	3	4	20	5	2	2	0	2	0	4	2	0	22	0	0	2	2	4	2	2	2	2	2
262	37	24	5	5	2	2	2	2	4	15	22	2	2	0	2	0	10	1	11	0	1	11	11	12	5	2	2	2	1	2
263	37	24	5	5	2	2	2	2	4	15	22	2	2	0	2	0	10	1	11	0	1	11	11	12	5	2	2	2	1	2
264	45	24	5	3	2	3	2	3	3	20	25	2	1	10	2	0	10	2	0	22	0	0	2	2	2	4	2	2	2	2
265	30	24	5	3	2	3	3	3	3	15	15	2	1	7	1	0	5	2	0	23	0	0	2	12	4	2	2	2	2	2
266	29	24	5	3	2	2	2	3	3	20	9	2	1	5	2	0	2	1	11	0	2	27	2	2	5	2	2	2	1	2
267	29	14	5	3	2	3	2	2	3	20	9	2	1	5	2	0	2	1	11	0	2	27	2	2	5	2	2	2	2	2
268	25	24	5	3	2	2	5	2	3	20	5	2	2	0	2	0	4	2	0	21	0	0	11	12	4	2	2	2	2	2
269	28	22	5	5	2	2	3	1	3	20	8	2	2	0	1	7	5	1	11	0	1	11	2	2	4	2	2	2	1	2
270	32	3	5	3	2	2	3	4	4	20	12	2	2	0	1	10	7	1	11	0	2	27	2	2	4	2	2	2	1	2
271	31	3	5	3	2	2	2	3	4	20	11	2	2	0	1	10	7	1	11	0	4	0	2	2	5	2	2	2	2	1
272	33	18	2	2	2	2	2	2	4	17	5	2	2	0	2	0	5	2	0	21	0	0	2	2	5	2	2	2	2	2

S.NO	AGE	PLACE	OCCUPATION WIFE	OCCUPATION HUSBAND	TYPE OF FAMILY	TOTAL NUMBER OF FAMILY MEMBERS	PER CAPITA INCOME	EDUCATION WIFE	EDUCATION HUSBAND	AGE AT MARRIAGE	DURATION OF MARRIED LIFE	CONSANGUINOUS MARRIAGE	NUMBER OF CHILDREN	AGE OF LAST CHILD	H/O STILLBIRTH/ABORTION	IF YES (HOW MANY YEARS BACK)	HOW LONG -ATTEMPTING TO INITIATE PREGNANCY	EVALUATED FOR INFERTILITY	WHOM DID YOU SEEK TREATMENT	IF NO WHAT IS THE REASON	CAUSE OF INFER	PROBLEM WITH HUSBAND1/WIFE2/BOTH3/NONE0	FAMILY H/O INFERTILITY	H/O TOBACCO CONSUMPTION	H/O -VD/ UTI/TB/MENST IRRE	BMI	ERECTION PROBLEM	DRYNESS OF VAGINA & LUBRICANT USED	FREQUENCY OF INTERCOURSE	ANY IDEA ABOUT FERTILE DAYS
276	24	18	5	3	2	2	2	3	3	15	9	2	2	0	1	8	4	1	11	0	4	0	2	2	4	2	2	2	2	2
277	30	3	3	3	2	2	2	4	5	22	8	2	2	0	1	7	5	1	15	0	4	0	2	12	5	2	2	2	2	2
278	35	23	5	5	2	3	3	3	4	23	12	2	1	10	2	0	2	1	11	0	4	0	11	2	5	2	2	2	2	2
279	23	23	5	3	2	2	2	3	4	16	7	2	2	0	2	0	5	1	11	0	2	21	2	2	5	2	2	2	2	2
280	27	14	1	1	1	2	2	2	3	20	20	2	2	0	2	0	5	2	0	22	0	0	2	2	5	2	2	2	2	2
281	30	14	5	1	2	2	3	1	2	15	15	2	2	0	1	10	10	2	0	21	0	0	2	3	5	2	2	2	1	2
282	27	14	1	1	2	2	2	3	4	20	7	2	2	0	2	0	6	2	0	21	0	0	2	2	5	2	2	2	2	2
283	30	14	5	1	2	2	3	2	2	20	10	2	2	0	1	9	8	1	11	0	2	27	2	12	4	2	2	2	2	2
284	25	23	5	3	2	2	2	3	4	15	10	2	2	0	2	0	8	1	11	0	4	0	2	12	5	2	2	2	1	2
285	30	23	5	3	2	2	2	3	3	20	10	2	2	0	1	9	7	1	11	0	1	13	2	2	5	2	2	2	2	2
286	22	23	5	4	1	10	4	3	4	15	7	13	2	0	1	6	5	1	11	0	2	22	2	2	4	2	2	2	2	1
287	31	23	5	5	2	2	1	5	5	24	7	2	1	5	2	0	2	1	11	0	2	27	2	2	4	2	2	2	2	1
288	35	23	5	4	2	2	2	3	4	23	12	2	2	0	1	10	8	1	11	0	4	0	2	2	5	2	2	2	2	2
289	25	12	1	1	2	2	2	3	3	20	5	2	2	0	2	0	4	2	0	22	0	0	2	2	5	2	2	2	2	2
290	26	12	5	2	2	2	2	3	4	20	6	2	2	0	2	0	5	2	0	22	0	0	2	2	5	2	2	2	2	2
291	30	22	1	1	2	2	2	1	1	15	15	2	2	0	1	10	7	1	11	0	1	11	2	2	2	2	2	2	1	2
292	42	12	5	2	2	2	2	3	4	20	22	2	1	10	2	0	10	2	0	22	0	0	2	2	4	2	2	2	4	1
293	41	18	5	2	2	2	2	2	2	20	21	2	2	0	1	20	10	2	0	21	0	0	2	2	5	2	2	2	3	2
294	34	12	5	3	2	2	2	3	3	20	14	2	1	10	2	0	5	2	0	22	0	0	2	2	2	2	2	2	3	1
295	42	12	5	3	1	4	4	3	3	20	22	2	1	12	2	0	5	2	0	22	0	0	2	2	4	2	2	2	3	1
296	49	18	5	2	1	10	4	1	1	20	29	2	2	0	1	28	20	1	11	0	4	0	2	2	3	4	1	2	4	2
297	24	22	1	1	2	3	3	2	2	18	6	2	2	0	1	6	4	1	11	0	4	0	2	2	5	2	2	2	1	1
298	27	23	5	3	2	2	2	2	3	20	7	2	2	0	1	6	4	2	0	22	0	0	2	12	4	2	2	2	1	1
299	30	23	5	3	1	5	4	2	2	20	10	2	2	0	2	0	7	1	11	0	3	33	12	2	4	2	2	2	1	1
300	31	14	5	5	2	2	3	3	3	15	16	13	2	0	2	0	14	1	11	0	2	28	2	12	5	1	2	2	1	2
301	30	19	5	3	2	2	2	3	3	20	10	2	1	6	2	0	4	2	0	22	0	0	2	2	5	3	2	2	1	2
302	31	13	5	1	2	2	2	1	1	20	11	2	2	0	1	10	8	2	0	23	0	0	2	12	4	3	2	2	2	2
303	30	13	5	3	2	2	2	2	3	20	10	2	1	5	2	0	2	2	0	22	0	0	2	2	5	3	2	2	2	1
304	40	13	1	1	2	2	2	1	1	20	20	2	1	14	2	0	5	2	0	22	0	0	2	3	4	3	2	2	4	2
305	26	13	1	3	2	2	2	2	3	20	6	2	2	0	2	0	5	1	11	0	4	0	11	2	4	3	2	2	1	2
306	27	13	1	3	2	2	2	2	2	20	7	2	2	0	1	7	5	1	11	0	4	0	2	12	4	3	2	2	1	2
307	23	13	5	1	2	2	2	3	2	17	6	2	2	0	2	0	5	1	15	0	4	0	12	2	2	3	2	2	2	2
308	25	13	5	1	2	2	2	2	2	20	5	2	2	0	2	0	4	1	16	0	4	0	2	2	4	3	2	2	2	2
309	25	13	5	5	2	2	2	3	3	20	5	2	2	0	2	0	4	2	0	23	0	0	2	2	4	3	2	2	2	2
310	30	13	5	2	2	2	3	3	3	20	10	2	1	5	2	0	4	2	0	22	0	0	2	2	4	3	2	2	3	2
311	29	13	5	4	2	2	2	2	3	20	9	2	1	8	2	0	2	2	0	22	0	0	2	2	2	3	2	2	2	2
312	45	13	5	3	2	2	2	3	3	20	25	2	2	0	2	0	20	1	15	0	4	0	11	2	5	3	2	2	4	2
313	36	13	5	3	2	2	2	3	3	20	10	2	1	6	2	0	4	2	0	22	0	0	2	2	2	4	2	2	2	2
314	30	13	5	3	2	2	2	2	2	20	10	2	1	6	2	0	4	1	15	0	4	0	2	2	4	3	2	2	4	1
315	30	13	5	4	2	2	2	2	3	20	10	2	2	0	1	10	9	1	15	0	4	0	2	2	4	3	2	2	2	2
316	35	13	5	3	2	2	2	3	4	20	15	2	2	0	2	0	10	1	15	0	4	0	2	12	4	3	2	2	1	2
317	36	24	5	3	2	3	3	2	4	18	18	2	1	12	2	0	10	1	11	0	2	23	11	12	4	2	2	2	2	2
318	25	13	5	3	2	2	2	3	3	20	5	2	2	0	2	0	4	2	0	22	0	0	2	2	4	3	2	2	2	2
319	26	24	1	1	1	5	2	1	2	20	6	12	2	0	2	0	4	1	11	0	4	0	2	2	5	2	2	2	2	1
320	20	24	1	1	2	10	4	2	2	15	5	12	2	0	1	0	3	1	15	0	1	11	2	2	4	2	2	2	1	1
321	35	24	1	1	2	10	5	1	1	20	15	2	1	5	1	4	3	1	15	0	3	31	2	12	4	2	2	2	1	1
322	28	24	1	1	2	2	3	1	2	22	6	2	2	0	1	5	4	1	11	0	2	27	2	12	4	2	2	2	2	1
323	25	19	5	1	2	2	3	1	1	15	10	2	1	5	1	4	2	2	0	21	0	0	2	2	5	1	2	2	3	1
324	29	19	5	1	2	2	2	3	3	20	9	2	2	0	2	0	5	2	0	21	0	0	2	12	5	3	2	2	2	2
325	34	19	5	3	2	2	2	3	2	20	14	12	1	7	2	0	5	2	0	23	0	0	2	2	4	3	2	2	2	2
326	35	19	5	1	2	2	2	2	3	20	15	2	2	0	1	10	10	1	11	0	4	0	2	2	4	3	2	2	2	2

S.NO	AGE	PLACE	OCCUPATION WIFE	OCCUPATION HUSBAND	TYPE OF FAMILY	TOTAL NUMBER OF FAMILY MEMBERS	PER CAPITA INCOME	EDUCATION WIFE	EDUCATION HUSBAND	AGE AT MARRIAGE	DURATION OF MARRIED LIFE	CONSANGUINOUS MARRIAGE	NUMBER OF CHILDREN	AGE OF LAST CHILD	H/O STILLBIRTH/ABORTION	IF YES (HOW MANY YEARS BACK)	HOW LONG -ATTEMPTING TO INITIATE PREGNANCY	EVALUATED FOR INFERTILITY	WHOM DID YOU SEEK TREATMENT	IF NO WHAT IS THE REASON	CAUSE OF INFER	PROBLEM WITH HUSBAND1/WIFE2/BOTH3/NONE0	FAMILY H/O INFERTILITY	H/O TOBACCO CONSUMPTION	H/O -VD/ UTI/TB/MENST IRRE	BMI	ERECTION PROBLEM	DRYNESS OF VAGINA & LUBRICANT USED	FREQUENCY OF INTERCOURSE	ANY IDEA ABOUT FERTILE DAYS
331	30	19	5	3	2	2	2	4	4	20	10	2	1	5	2	0	5	1	11	0	4	0	2	2	5	3	2	2	1	1
332	25	24	1	3	2	2	2	3	3	20	5	12	2	0	2	0	4	2	0	22	0	0	2	2	4	2	2	2	2	2
333	25	24	2	3	2	2	2	2	3	20	5	2	2	0	2	0	4	2	0	23	0	0	2	2	4	2	2	2	2	1
334	45	24	1	1	2	2	2	1	1	20	25	2	2	0	1	20	10	1	15	0	4	0	2	12	4	2	2	2	1	2
335	33	23	5	4	2	3	2	2	4	15	17	12	2	0	1	15	10	1	11	0	2	22	11	2	5	3	2	2	4	2
336	25	23	5	5	1	6	3	3	4	20	5	12	2	0	2	0	4	1	11	0	4	0	2	2	5	2	2	2	1	2
337	25	23	5	5	1	5	3	3	3	18	7	12	2	0	1	6	5	1	11	0	2	27	2	12	4	3	2	2	1	1
338	30	18	5	3	2	2	2	3	3	20	10	2	2	0	1	9	8	1	11	0	4	0	2	2	5	2	2	2	1	2
339	25	23	5	5	1	7	3	3	3	17	8	12	2	0	2	0	7	1	14	0	4	0	11	12	1	4	2	2	4	1
340	25	18	5	5	1	7	3	3	3	15	10	2	1	5	2	0	3	2	0	22	0	0	2	2	5	2	2	2	2	2
341	20	23	5	5	1	7	3	3	2	15	5	2	2	0	2	0	4	1	11	0	2	25	2	2	4	3	2	2	1	1
342	33	18	5	5	2	2	2	1	2	15	18	12	2	0	2	0	17	1	11	0	2	23	2	12	5	3	2	2	4	2
343	30	23	5	5	1	10	5	3	4	15	15	2	1	5	2	0	4	2	0	22	0	0	2	2	4	2	2	2	1	2
344	28	18	5	5	1	10	5	3	4	17	8	2	2	0	1	6	4	1	11	0	4	0	2	2	5	2	2	2	1	1
345	30	23	5	5	2	2	2	2	4	20	10	2	2	0	1	5	8	1	15	0	2	23	2	12	4	3	2	2	1	1
346	27	16	5	5	1	2	2	2	4	20	7	2	1	5	2	0	4	2	0	23	0	0	2	2	1	3	2	2	1	2
347	24	16	5	4	2	2	2	2	4	17	7	2	2	0	1	6	44	1	11	0	4	0	2	2	5	2	2	2	2	2
348	20	16	5	4	2	2	2	2	4	15	5	2	2	0	2	0	3	1	11	0	1	13	2	2	5	3	2	2	1	1
349	30	16	5	4	2	2	2	3	3	20	10	2	2	0	1	7	3	2	0	22	0	0	12	2	3	2	2	2	2	2
350	35	16	5	2	2	2	2	3	4	25	10	2	2	0	1	7	3	2	0	23	0	0	2	2	4	3	2	2	2	2
351	45	25	5	2	2	3	2	2	4	25	20	2	1	10	2	0	6	2	0	22	0	0	2	2	4	3	2	2	3	1
352	46	25	5	3	2	3	2	3	4	20	26	2	1	20	2	0	8	1	15	0	4	0	11	12	5	3	2	2	4	2
353	25	25	5	2	2	2	2	4	2	20	5	2	2	0	2	0	4	1	11	0	4	0	2	2	5	3	2	2	1	2
354	45	25	1	1	2	3	2	1	1	20	25	2	1	14	2	0	6	2	0	21	0	0	2	2	4	2	2	2	2	2
355	45	25	5	3	2	3	2	3	5	25	20	2	1	10	2	0	8	2	0	23	0	0	2	2	5	3	2	2	3	1
356	46	25	5	4	2	3	3	3	4	25	21	2	1	11	2	0	4	2	0	22	0	0	2	2	4	3	2	2	1	2
357	46	25	5	3	2	3	2	4	4	20	26	2	1	15	1	16	10	2	0	21	0	0	2	2	4	3	2	2	3	2
358	45	25	5	3	2	2	2	3	4	20	25	2	1	12	2	0	8	2	0	22	0	0	2	2	5	3	2	2	4	2
359	46	25	5	3	2	3	2	2	4	20	26	2	1	18	2	0	10	1	11	0	4	0	2	12	5	3	2	2	3	2
360	42	21	5	4	2	3	2	3	3	20	22	2	1	10	2	0	8	2	0	22	0	0	2	2	5	3	2	2	2	2
361	42	21	5	4	2	3	3	3	4	20	22	2	1	12	2	0	5	2	0	22	0	0	2	2	4	3	2	2	2	2
362	40	21	3	4	2	3	2	4	4	20	20	2	1	8	2	0	44	1	11	0	4	0	2	2	2	3	2	2	2	1
363	43	21	5	3	2	3	4	4	4	20	23	2	1	20	2	0	5	2	0	22	0	0	2	2	5	3	2	12	1	2
364	44	21	5	3	1	20	3	4	4	20	24	2	1	20	2	0	10	2	0	22	0	0	2	2	4	3	2	12	2	2
365	43	21	5	3	1	10	4	3	3	20	23	2	1	20	2	0	10	2	0	22	0	0	2	2	4	3	2	12	2	2
366	43	21	5	4	2	3	2	4	4	20	23	2	1	20	2	0	10	1	11	0	2	27	2	2	4	3	2	12	3	2
367	45	21	5	3	1	13	3	2	3	20	25	2	1	20	2	0	10	2	0	22	0	0	2	12	5	3	2	12	3	1
368	43	21	5	3	2	3	2	3	4	20	23	2	1	13	2	0	10	2	0	22	0	0	2	2	5	3	2	2	2	2
369	47	21	5	1	1	10	3	2	2	20	27	2	1	20	2	0	10	2	0	23	0	0	2	2	5	3	2	12	2	2
370	45	21	5	3	2	3	2	3	4	20	25	2	1	20	1	19	10	2	0	23	0	0	2	2	5	3	2	2	3	1
371	48	21	5	3	2	3	2	3	4	20	28	2	1	20	2	0	10	1	11	0	4	0	2	2	5	3	2	12	4	1
372	42	21	5	4	2	3	2	3	4	20	22	2	1	12	2	0	10	2	0	22	0	0	2	2	4	3	2	2	1	1
373	42	21	5	3	2	3	2	3	3	20	22	2	1	15	2	0	5	2	0	23	0	0	2	2	4	3	2	2	2	2
374	42	21	5	3	2	3	3	3	3	20	22	2	1	12	1	6	4	1	11	0	4	0	2	2	4	3	2	2	2	2
375	40	21	5	5	2	3	2	3	3	20	20	2	1	8	2	0	4	2	0	22	0	0	2	2	5	3	2	2	2	2
376	40	21	5	4	2	3	2	3	4	20	20	2	2	0	1	18	10	1	11	0	3	31	2	2	5	3	2	2	2	2
377	40	21	5	4	2	3	2	4	5	20	20	2	1	10	2	0	4	2	0	23	0	0	2	2	4	3	2	2	2	2
378	40	21	5	3	2	3	2	3	4	20	20	2	1	10	2	0	4	2	0	22	0	0	2	2	5	3	2	2	2	2
379	40	21	1	1	2	3	2	2	2	20	20	2	1	10	2	0	8	2	0	21	0	0	2	2	4	3	2	2	1	2
380	40	21	5	4	2	2	2	3	4	20	20	2	2	0	2	0	18	2	0	23	0	0	2	3	5	3	2	2	3	1
381	37	17	5	5	1	10	4	2	2	25	12	2	1	6	2	0	3	2	0	24	0	0	2	2	4	3	2	2	3	2

S.NO	AGE	PLACE	OCCUPATION WIFE	OCCUPATION HUSBAND	TYPE OF FAMILY	TOTAL NUMBER OF FAMILY MEMBERS	PER CAPITA INCOME	EDUCATION WIFE	EDUCATION HUSBAND	AGE AT MARRIAGE	DURATION OF MARRIED LIFE	CONSANGUINOUS MARRIAGE	NUMBER OF CHILDREN	AGE OF LAST CHILD	H/O STILLBIRTH/ABORTION	IF YES (HOW MANY YEARS BACK)	HOW LONG -ATTEMPTING TO INITIATE PREGNANCY	EVALUATED FOR INFERTILITY	WHOM DID YOU SEEK TREATMENT	IF NO WHAT IS THE REASON	CAUSE OF INFER	PROBLEM WITH HUSBAND1/WIFE2/BOTH3/NONE0	FAMILY H/O INFERTILITY	H/O TOBACCO CONSUMPTION	H/O -VD/ UTI/TB/MENST IRRE	BMI	ERECTION PROBLEM	DRYNESS OF VAGINA & LUBRICANT USED	FREQUENCY OF INTERCOURSE	ANY IDEA ABOUT FERTILE DAYS
386	35	17	5	5	1	7	4	3	4	20	15	2	1	5	2	0	5	1	11	0	2	27	2	2	1	3	2	2	2	1
387	33	17	5	4	2	3	3	3	4	15	18	2	1	10	2	0	4	2	0	22	0	0	2	2	4	3	2	2	3	1
388	32	17	5	2	1	10	4	3	4	15	17	2	1	10	2	0	4	2	0	23	0	0	2	2	1	3	2	2	2	2
389	34	17	5	5	1	8	4	2	3	20	14	2	1	7	2	0	4	2	0	24	0	0	2	12	2	3	2	2	2	2
390	35	17	5	4	2	3	2	4	5	20	15	2	1	7	2	0	2	2	0	22	0	0	2	2	4	3	2	2	2	1
391	30	17	5	3	2	3	2	3	4	20	10	2	1	5	2	0	3	1	15	0	4	0	2	2	5	3	2	2	3	2
392	40	17	5	3	1	10	5	2	2	20	20	2	1	10	2	0	5	1	11	0	2	27	2	12	4	3	2	2	4	2
393	48	17	5	3	2	3	2	4	4	28	20	2	1	10	2	0	5	2	0	22	0	0	2	2	4	3	2	12	4	1
394	40	17	5	3	1	10	5	3	3	20	20	2	1	10	2	0	4	2	0	21	0	0	2	2	4	2	2	2	3	2
395	40	17	5	3	1	8	3	3	4	20	20	2	1	10	2	0	5	1	16	0	1	13	12	12	5	2	2	2	3	1
396	40	17	5	3	1	10	3	4	4	20	20	12	1	10	1	10	5	2	0	22	0	0	2	12	5	3	2	2	4	1
397	40	17	5	3	1	4	2	3	4	25	15	12	1	10	2	0	5	1	16	0	1	12	2	12	5	2	2	12	4	1
398	45	17	5	4	2	3	2	3	4	20	25	12	1	15	2	0	5	2	0	21	0	0	2	12	5	3	2	2	3	1
399	37	17	5	4	1	8	4	3	3	25	12	2	1	6	2	0	4	2	0	21	0	0	2	2	4	3	2	2	4	1
400	44	17	5	4	2	3	3	4	4	20	24	2	1	10	2	0	5	2	0	22	0	0	2	2	4	3	2	2	2	1
401	41	17	5	4	2	3	3	4	5	20	21	2	1	20	1	18	10	2	0	22	0	0	2	2	5	2	2	12	3	2
402	40	17	5	3	1	20	4	2	4	20	20	2	1	10	2	0	5	2	0	22	0	0	2	12	5	3	2	2	2	2
403	36	17	3	4	2	3	2	3	4	20	16	2	1	10	2	0	6	1	11	0	2	22	2	2	5	3	2	2	2	2
404	45	17	5	4	2	3	3	3	4	20	25	2	1	15	2	0	5	2	0	22	0	0	2	2	5	3	2	12	3	1
405	36	17	5	2	1	8	4	3	4	20	16	2	1	10	1	9	4	1	15	0	4	0	2	2	5	3	2	2	3	2
406	35	17	5	3	1	10	4	4	4	25	10	12	1	5	2	0	2	2	0	22	0	0	2	2	4	3	2	2	2	2
407	35	16	5	4	2	3	3	3	4	20	15	2	1	10	2	0	5	2	0	23	0	0	2	2	4	3	2	2	3	1
408	40	16	3	3	2	3	2	5	5	20	20	2	1	10	2	0	5	1	11	0	1	13	2	2	2	3	2	2	2	1
409	35	16	5	4	1	10	5	4	4	20	15	2	1	10	2	0	7	2	0	21	0	0	2	2	5	3	2	2	2	2
410	35	16	5	1	1	5	4	4	2	15	20	1	1	10	2	0	7	2	0	21	0	0	2	2	5	2	2	2	3	2
411	35	16	5	4	1	10	5	3	4	20	15	2	1	10	2	0	5	1	11	0	2	27	2	2	2	3	2	2	4	2
412	35	16	3	3	1	3	3	4	2	15	20	2	1	5	1	5	4	2	0	21	0	0	2	2	2	3	2	2	3	1
413	47	16	5	4	1	8	3	2	4	20	27	2	1	20	1	19	5	2	0	22	0	0	2	2	5	3	2	12	4	2
414	40	16	5	3	1	10	4	3	3	20	20	2	1	10	2	0	10	2	0	23	0	0	2	2	5	3	2	2	4	1
415	35	16	5	3	1	10	5	3	3	20	15	2	1	10	1	9	5	1	11	0	1	13	2	2	2	3	2	2	2	2
416	35	16	5	4	2	3	3	4	4	20	15	2	1	10	2	0	7	2	0	23	0	0	2	2	2	3	2	2	2	2
417	35	16	5	3	1	10	4	3	4	20	15	2	1	10	2	0	7	2	0	23	0	0	2	2	2	3	2	2	2	1
418	35	16	5	4	2	3	3	4	4	25	10	2	1	5	2	0	3	2	0	22	0	0	2	2	2	3	2	2	2	2
419	35	16	5	5	2	3	3	2	2	20	15	2	1	10	1	9	4	1	11	0	2	23	2	2	4	3	2	2	2	1
420	35	16	5	4	2	3	3	2	2	25	10	2	1	5	2	0	4	2	0	22	0	0	2	2	2	2	2	2	2	1
421	35	16	5	4	2	10	4	3	4	20	15	2	1	8	2	0	5	2	0	21	0	0	11	2	1	3	2	2	1	2
422	40	16	5	3	2	3	3	3	3	20	20	2	1	10	1	9	5	2	0	22	0	0	2	2	1	3	2	2	2	2
423	44	16	5	4	2	3	3	3	3	20	20	12	1	10	2	0	7	1	15	0	3	31	12	12	5	3	2	2	1	2
424	45	16	5	3	1	20	4	2	2	20	25	2	1	20	1	19	10	2	0	21	0	0	11	3	4	3	2	2	4	2
425	44	16	5	3	1	10	5	3	3	20	20	2	1	18	2	0	10	2	0	21	0	0	2	2	4	3	2	2	4	1
426	42	16	5	4	1	5	3	3	3	20	22	12	1	10	2	0	10	1	11	0	1	13	2	2	4	3	2	2	3	1
427	35	16	5	4	2	3	3	4	4	25	10	2	1	5	2	0	4	2	0	21	0	0	2	2	5	3	2	2	3	2
428	42	16	5	4	2	3	2	3	3	20	22	2	1	15	2	0	10	2	0	22	0	0	2	2	4	3	2	2	3	2
429	38	16	5	3	2	3	3	3	4	20	18	2	1	10	2	0	4	2	0	23	0	0	2	2	5	3	2	2	3	2
430	38	16	5	5	2	3	3	3	3	20	18	2	1	5	2	0	4	2	0	22	0	0	2	2	4	3	2	2	3	2
431	38	16	5	3	2	3	2	4	4	20	18	2	1	10	2	0	4	2	0	22	0	0	2	2	4	3	2	2	3	2
432	40	16	5	3	1	10	5	3	3	20	20	2	1	10	2	0	5	2	0	22	0	0	2	2	4	3	2	2	2	1
433	34	21	5	5	2	2	4	2	2	18	16	2	1	6	2	0	8	2	0	24	0	0	2	2	4	3	2	2	2	1
434	32	17	1	1	2	3	3	3	3	20	12	2	1	5	2	0	5	2	0	22	0	0	2	2	4	3	2	2	2	1
435	35	14	5	3	2	2	2	4	5	20	15	2	1	5	2	0	10	2	0	22	0	0	2	2	4	3	2	2	2	1
436	40	17	5	4	2	2	1	3	4	15	25	2	2	0	1	24	24	1	15	0	4	0	2	2	5	3	2	2	3	2

S.NO	AGE	PLACE	OCCUPATION WIFE	OCCUPATION HUSBAND	TYPE OF FAMILY	TOTAL NUMBER OF FAMILY MEMBERS	PER CAPITA INCOME	EDUCATION WIFE	EDUCATION HUSBAND	AGE AT MARRIAGE	DURATION OF MARRIED LIFE	CONSANGUINOUS MARRIAGE	NUMBER OF CHILDREN	AGE OF LAST CHILD	H/O STILLBIRTH/ABORTION	IF YES (HOW MANY YEARS BACK)	HOW LONG -ATTEMPTING TO INITIATE PREGNANCY	EVALUATED FOR INFERTILITY	WHOM DID YOU SEEK TREATMENT	IF NO WHAT IS THE REASON	CAUSE OF INFER	PROBLEM WITH HUSBAND1/WIFE2/BOTH3/NONE0	FAMILY H/O INFERTILITY	H/O TOBACCO CONSUMPTION	H/O -VD/ UTI/TB/MENST IRRE	BMI	ERECTION PROBLEM	DRYNESS OF VAGINA & LUBRICANT USED	FREQUENCY OF INTERCOURSE	ANY IDEA ABOUT FERTILE DAYS
441	26	17	5	3	2	2	2	5	3	21	5	2	2	0	2	0	5	1	15	0	4	0	2	2	5	3	2	2	3	2
442	30	17	5	3	2	3	2	3	3	15	15	2	1	12	2	0	10	1	11	0	4	0	2	2	5	3	2	2	3	2
443	32	17	5	3	2	3	2	3	3	16	16	2	1	15	2	0	14	2	0	22	0	0	2	2	4	3	2	2	2	1
444	30	17	5	4	1	6	2	4	3	19	11	2	2	0	2	0	11	1	11	0	2	27	2	2	4	3	2	2	2	1
445	27	17	5	5	1	9	4	3	5	15	12	12	1	5	2	0	5	1	11	0	4	0	2	2	5	3	2	2	3	2
446	29	17	5	4	2	2	1	3	3	22	7	2	2	0	2	0	7	1	11	0	4	0	2	2	5	3	2	2	3	2
447	25	17	3	3	2	2	3	3	3	15	10	2	2	0	1	9	9	1	11	0	4	0	2	2	5	3	2	2	3	2
448	35	17	3	3	2	2	1	3	3	17	18	2	2	0	1	17	17	1	11	0	4	0	2	2	5	3	2	2	3	2
449	31	17	5	5	2	2	3	3	3	21	10	2	2	0	2	0	10	1	11	0	4	0	2	2	5	3	2	2	3	2
450	38	15	5	3	2	2	1	2	3	32	6	2	2	0	2	0	6	2	0	21	0	0	2	2	4	3	2	2	2	1
451	44	17	5	5	2	2	3	5	3	29	15	2	2	0	2	0	15	1	11	0	2	27	2	2	4	3	2	2	2	1
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453	26	17	5	5	1	19	4	3	2	19	7	2	2	0	2	0	7	1	11	0	2	27	2	2	4	3	2	2	2	1
454	24	17	5	5	1	20	4	2	1	19	5	2	2	0	2	0	5	1	11	0	2	27	2	2	4	3	2	2	2	1
455	40	17	5	3	2	3	2	3	3	20	20	2	1	8	2	0	12	2	0	22	0	0	2	2	4	3	2	2	2	1
456	34	17	5	3	2	2	2	3	4	28	6	2	2	0	2	0	6	1	11	0	1	13	2	2	4	3	2	2	3	1
457	42	15	5	3	2	3	2	3	3	22	20	2	1	8	2	0	10	2	0	22	0	0	2	2	4	3	2	2	2	1
458	32	17	5	3	2	2	1	4	3	23	9	2	2	0	2	0	9	1	15	0	2	27	2	2	4	3	2	2	2	1
459	38	17	5	4	2	2	1	4	3	27	11	2	2	0	2	0	11	1	11	0	2	27	2	2	4	3	2	2	2	1
460	25	13	1	1	2	2	3	1	1	20	5	2	2	0	2	0	5	2	0	21	0	0	2	2	4	3	2	2	2	1
461	26	13	1	2	2	2	3	2	2	19	7	2	2	0	2	0	7	1	11	0	1	13	2	2	4	3	2	2	3	1
462	27	13	1	1	2	2	3	1	1	22	5	2	2	0	2	0	5	2	0	21	0	0	2	2	4	3	2	2	2	1
463	30	13	1	1	2	2	3	1	1	20	10	2	2	0	1	5	10	1	15	0	1	13	2	2	4	3	2	2	3	1
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478	26	18	3	3	2	2	2	4	4	20	6	2	2	0	2	0	6	1	11	0	1	13	2	2	4	3	2	2	3	1
479	21	18	5	3	2	3	3	3	3	16	5	2	2	0	2	0	5	1	11	0	4	0	2	2	5	3	2	2	3	2
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483	17	11	5	3	2	2	2	1	1	20	8	2	2	0	1	7	7	2	0	21	0	0	2	2	5	2	2	2	1	2
484	30	17	5	5	2	2	2	3	3	16	14	2	2	0	1	14	14	1	11	0	2	25	2	2	5	2	2	2	1	1
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