

A Competitive Study of Infertility Cases with Respect to Variables Between Weight Groups

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Abstract

Infertility is the most common health problem among women in the world. Various methods and good procedures are available in the country for the treatment of infertility.

Aim and Objectives: The objective of this study is to continuously increase the number of women suffering from infertility due to problems caused by overweight and obesity.

Methods: To complete this study, 50 infertility women have been taken from OPD, UPUMS, Saifai, Etawah Uttar Pradesh. Two criteria have been made for this study. Anova test is used in this study .

Result: After completion of this study, a total of 07 samples of normal weight (14 percent), overweight 16 samples (32 percent) and obesity samples 27, (54 percent) have been received. Through this study it has also been found out that women should avoid being overweight and obese. So that they themselves and the society do not have to face problems. According to the medical history of the women and after talking to them, this study has revealed that excessive obesity is mostly seen in the society due to the consumption of outside food items .

Conclusion: This study revealed that infertility in women is mostly seen due to obesity and extreme obesity.

Keyword: Infertility, Radiation, Weight, Tubal Patency, Obesity etc.

Introduction

In this study, over 50 women suffering from infertility Studies have been conducted which show that normal weight , overweight and obese. Infertility is defined as the ability to conceive after unprotected intercourse for a period of one year of couples in which the woman is under 36 years of trying for couples in which the women is over 36 years of age. Primary infertility is a condition in which no previous pregnancies have occurred. Secondary infertility is a condition in which a prior pregnancy, although not necessarily a live birth has occurred. 6.1 million people in the united states or roughly 10-15% of the individuals belonging to the reproductive age group are affected by infertility there were an estimated 48.5 million infertile couple worldwide from 1990 to 2010. There is only little change noted in the overall prevalence of infertility in most of the countries. Such studies have already been done by other researchers . But in my study, the complaint of infertility has also been seen in women due to increasing weight. This study has been completed by me through tables and graphs. I not only hope but have full faith that this study will help in the ever increasing problem of infertility among women . The prevalence of pelvic disease , Genital tract tuberculosis , Chronic Infection etc. is quite common in our

country so the incidence of Tubale factors in Infertile women is high. Rubin described the tubal Insufflation test in 1920 by using Carbon dioxide .Various methods have been developed for Tubale patency evolution ,HSG –Hysterosalpingography used . This study is to bring to focus the value of the female pelvic Ski gram in assist tubal patency in order to overcome the radiation hazard associated with Hysterosalpingogram reduce the cost of examination.

Material And Methods

To complete this study , it has been completed with the help of Gynaecology OPD and Radiology Department UPUMS, Saifai Etawah . Total 50 women suffering from infertility have been selected in this study . Counting examinations for different elements , the tubal component was assessed by : Overweight and Obesity (in a couple cycles).

Data collection: All the patients with consideration measures who had been clinically determined to have primary or secondary infertility going to the OPD in OBG Department of Uttar Pradesh University of Medical sciences, Saifai, Etawah was incorporated.

Criteria of Inclusion: All instances of infertility measured age between 20-40 years. , All cases were ready to take part in the study. , The age limit was less than 20 years and more than 40 years. , Active PID , Patients with cervical pathology (e. g: polyp and so on) , Hypersensitivity to differentiate. ,The patient is unsuitable for sedation or anaesthesia. , The patient has a history of tubal medical procedure .

Criteria of Exclusion - Exclusion criteria Impotence, premature ejaculation, retrograde discharge , Profound status , propensities , addictions. History of mumps, measles , smallpox ,tuberculosis. History of openness to STD. History of diabetes , hypertension. History of radiation, chemotherapy.

Results

Table: Representation of frequency distribution of cases with respect to BMI Category.

BMI Category	No of cases	Percentage
Normal Weight	7	14.0
Overweight	16	32.0
Obesity	27	54.0
Total	50	100.0

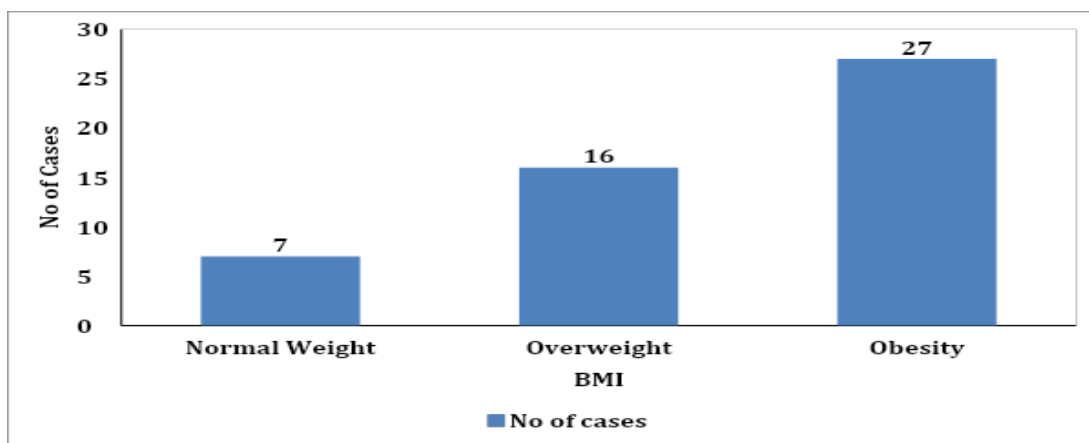


Figure : Graphical Representation of frequency distribution of cases with respect to BMI Category

Table and Figure shows the frequency distribution of **BMI Category**, where 7 subjects were found in Normal Weight i.e., 14.0%, 16 subjects were found in Overweight i.e., 32.0% and 27 subjects were found in Obesity i.e., 54.0%. After completion of this study, a total of 07 samples of normal weight (14 percent), 16 samples of overweight (32 percent) and 27 samples of obesity, (54 percent) have been obtained. Through this study it has also been found out that women should avoid being overweight and obese. So that they themselves and the society do not have to face problems. According to the medical history of the women and after talking to them, this study has revealed that excessive obesity is mostly seen in the society due to the consumption of outside food items. Women can easily avoid the problem of infertility mostly. Do yoga, exercise and do your own household work every day. Body mass index is a simple calculation using a person's height and weight. This formula is used to calculate body mass index which is as follows – **BMI = kg/m²** where kg is a person's weight in kilograms . **m² is their height in square meters.** A BMI of **25.0 or higher is overweight**, while the **healthy range is 18.5 to 24.9**. BMI-for-age is a measurement that is analogous to the adult index, so it can be used continuously from age 2 through adulthood. In the United States, BMI-for-age is not used before age 2 to check growth.

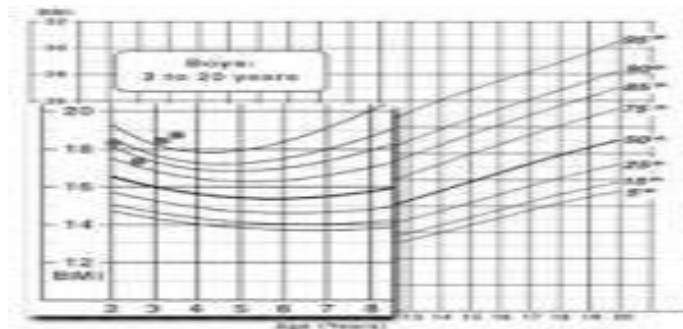


Fig.no.1- Graf



Fig.no.2 – BMI Index Figure

DISCUSSION

We have conducted a study on 50 infertility women who are normal, obese and extremely obese. Among these 50 women, 07 are of normal weight, 16 are overweight and 27 are obese. A table of body mass index was made on the basis of which its percentage has also been calculated which is as follows - Percentage of normal weight women - 14%, percentage of overweight women - 28% and percentage of obese women is 54%. ANOVA test has been used for this study. If your BMI is less than 18.5, it falls in the underweight range. If your BMI is 18.5 to 24.9, it falls within the healthy weight range. If your BMI is 25.0 to 29.9, it falls in the overweight range. If your BMI is 30.0 or more, it falls in the obese range.

CONCLUSION

This study has revealed that out of 50 women with infertility, the highest number of overweight women is 27, whose percentage is 54%. Therefore, this study would provide very important information to the women community (they should try to lose weight, exercise every day, do daily household work, avoid eating fast food, get married at the right age) which they themselves can remove. So that she can avoid this type of disease.

REFERENCES

1. L. Mastroianni et al : British Journal of obstetrics and Gynaecology,1982 Vol 98:619-623.
 2. Richman TS & et al Fallopian Tubal patency assessed by ultrasound fluid injection Radiology 1984;152;507-10.
 3. Allahabadiya GN.Fallopian tubes and ultrasound .The Sion experience .Fertile Steril 1992:58: 901-2
 4. Omigbodun AO, Fatukasi JI, AbuduT. Ultrasonography as an adjunct to hydrotubation in the management of female infertility. CentAfr J Med.1992 Aug;38(8):345-50.
 5. Inki P., Palo P, Anttila L. Vaginal Sonosalpingography in the evaluation of tubal patency; Acta Obstet Gynecol Scand. 1998 Nov; 77(10):978-82.
 6. David sutton ,text book of radiology & Imaging 6th Ed. Churchill Livingstone ,vole II 1998:45,1247-48.
 7. A Strandell et al. The Assessment of endometrial pathology and tubal patency: a comparison between the use of USG and X-Ray HSG for the investigation of infertility patients; Ultrasound Obstet Gynecol. 1999 sep; 14(3): 200-4.
 8. J Bacevac et al. Diagnosis value of HSG in examination of fallopian tube in infertile women; Srp Arh Celok Lek. Oct 2001; 129(9-10): 243-6.
 9. Kdous M. Hysterosalpingography in the assessment of tubal patency; Tunis Med. 2006 Aug; 84(8): 520-5. French.
 10. Luciano D. et al. Contrast Ultrasonography for tubal patency; J Minim Invasive Gynecol. 2014; 21(6):994-8.
 11. Monte G. et al. Hysterosalpingo contrast Sonography: let's make the point; Arch Gynecol Obstet. 2015 Jan; 291(1); 19-30.
 12. J Bacevac et al. Diagnosis value of HSG in examination of fallopian tube in infertile women; Srp Arh Celok Lek. Oct 2001; 129(9-10): 243-6.
- Gonca Yetkin et al The Relationship between HSG Proven Tubal Occlusion, Stimulated Intrauterine Insemination and Pregnancy Rate : Balkan Med J. 2017 Jan; 34(1): 60-6.