

**How to Cite:**

Ali, A. H. (2022). Evaluation of health-promotion behavior among infertile couples. *International Journal of Health Sciences*, 6(S10), 1078–1084. <https://doi.org/10.53730/ijhs.v6nS10.13801>

## **Evaluation of health-promotion behavior among infertile couples**

**Alaq Hameed Ali**

University of Kufa / College of Nursing

**Abstract**---The performance of infertile couples was maintained, their quality of life improved, and medical costs were decreased as a result of improving their lifestyle. To accomplish the initially stated goals, the present study used a cross-sectional descriptive approach. From December 1st, 2021, through May 14th, 2022, the study was in progress. In an infertility clinic in Al-Najaf City, Iraq, the study is being done. 200 women and men who visited infertility clinics at Al-Najaf Al-Ashraf Health Directorate were included in this non-probability (Purposive sample) sample. The process of gathering data involves developing a questionnaire utilizing an interviewing technique with both men and women, using the Arabic questionnaire version, and it is divided into three sections: Socio-demographic data and reproductive characteristics and standard Health\_Promoting Lifestyle questionnaires. The findings indicated that participants don't always engage in healthy behaviors to the required extent. These behaviors significantly contribute to improving life quality, preserving health, and fostering fertility. It is imperative to offer techniques, especially those that are consistent with predictors of health promoting activities, in order to enhance the health condition of infertile couples.

**Keywords**---health promoting behaviors, infertile couples.

### **Introduction**

According to study, up to 15% of reproductive-aged couples worldwide experience infertility, which is the inability to become pregnant after a full year of engaging in frequent, unprotected intercourse. This disease is recognized as a medical problem. (WHO, 2015). According to the WHO, one in four couples in underdeveloped nations struggle with infertility. (WHO, 2017). Obesity, a poor diet, smoking, and extreme stress are unhealthy lifestyle choices that can harm fertility and reproductive outcomes. (Anderson et al., 2010; sharma et al., 2013). Labels like "failure in reproduction" can have a negative impact on infertile couples in a variety of ways, including: loss of self-worth, diminished dignity, destruction of the masculine and feminine senses of self, a decline in marital

contentment, an increase in mental tension, and various other health problems. The cost and duration of infertility therapies, as well as the uncertainty and sadness brought on by treatment failures, are additional substantial risks to the lives of infertile couples. (Khodakarami et al., 2010). The WHO estimates that 60% of a person's quality of life and health are determined by their lifestyle choices and health promotion behaviors. (Mirghafourvand et al., 2014; Rahimi et al., 2014).

In order to give people more control over their lives and to enhance their health, health promotion involves empowering people. Health promotion is a responsibility that extends beyond the health industry and is connected to everyone living a healthy lifestyle in the community (Mirghafourvand et al., 2014; Naji et al., 2021). The purpose of promotion is to give people more control over their health and quality of life. It is not an end in and of itself. Health promotion is not a brand-new concept. Is all this early suffering and death essential, Florence Nightingale questioned in an 1859 speech on caring the sick. On November 21, 1986, WHO sponsored the First International Conference on Health Promotion in Ottawa, Canada. The public's response to growing optimism for a new public health movement that primarily targeted industrialized nations was the conference. Following the meeting, WHO stressed the need of health promotion for achieving health equity (Zuckerman, 2008; Mahmoud et al., 2021).

According to Walker and colleagues (1990), a healthy lifestyle is a multi-dimensional model made up of people's beliefs and actions that begin with their motives and encourage self-actualization and a greater level of health. Pender separated leading a healthy lifestyle into six categories: eating right, working out, managing stress, interacting with others, developing one's spirituality, and taking care of one's health (Enjezab et al., 2012). A healthier lifestyle must be improved in order to maintain health (Tol et al., 2013; Nasir et al., 2021; Ahmed et al., 2020). Numerous research have demonstrated the link between lifestyle and infertility. These studies suggest that a variety of environmental and lifestyle factors may have an impact on human health and lead to unfavorable reproductive outcomes. Therefore, the one stage in assisting infertile couples & raising their chances of conception could be to improve behaviors that may affect fertility. In actuality, lifestyle factors include adaptable behaviors that can be employed in assisted reproduction. (Durairajanayagam, 2018; Emokpae & Chima, 2018).

All members of society, especially infertile couples, should practice health promotion practices. These behaviors, according to the literature, include all actions made to preserve and improve the health of an individual or group. Since health promotion in the community is a dynamic process that empowers people to take responsibility of their health based on world-class preventive interventions and emphasizes positive lifestyle changes, more emphasis should be made on health-promoting behaviors. In order to encourage infertile couples to engage in healthy behaviors, it is important to understand how their lifestyle—which includes how they work, rest, eat, and manage stress—affects those habits (Darkhor et al., 2018; Younis et al., 2021; Muwfaq et al., 2022).

## Method

To accomplish the initially stated goals, the present study used a cross-sectional descriptive approach. From December 1st, 2021, through May 14th, 2022, the study was under progress. In an infertility clinic in Al-Najaf City, Iraq, the study is being done. 200 women and men who visited infertility clinics at Al-Najaf Al-Ashraf Health Directorate were included in this non-probability (Purposive sample) sample. The process of gathering data involves developing a questionnaire utilizing an interviewing technique with both men and women, using the Arabic questionnaire version, and it is divided into three sections: Sociodemographic data and reproductive characteristics were included in Part 1; "standard Health Promoting Lifestyle-II" (HPLP II) questionnaires were included in Part 2. Data analysis utilizing inferential statistics and descriptive statistics (percentage, frequency, and mean of score).

## Results

Table 1  
Study group statistical distribution according to sociodemographic information

Demographic data	Rating and interval	Frequency	Percent
age	<= 25	54	27.0
	26 - 32	63	31.5
	33 - 39	50	25.0
	40 - 46	26	13.0
	47+	7	3.5
Gender	Male	102	51.0
	Female	98	49.0
Educational level	Don't read and write	4	2.0
	Read and write	18	9.0
	Primary school graduated	23	11.5
	Intermediate school graduated	21	10.5
	Preparatory School Graduate	23	11.5
	Institute Graduate	21	10.5
	College Graduate	75	37.5
Housing possession	Post Graduate	15	7.5
	Possession	98	49.0
	Tenant	59	29.5
Monthly income	Mutual	43	21.5
	Sufficient	75	37.5
	Sufficient to some extent	92	46.0
Type of infertility	Insufficient	33	16.5
	Primary	98	49.0
Cause of infertility	Secondary	102	51.0
	Female related	46	23.0
	Male related	68	34.0
	Unexplained	63	31.5

	Both male and female related	23	11.5
--	------------------------------	----	------

This table show that socio- demographic characteristics of the study sample, it explains that the highest percentage to ages between (26 - 32) years old (31.5%), male (51.0%), College Graduate (37.5%), those with Housing possession (49%), those with Sufficient to some extent (46.0%), secondary (51%), male related (34%).

Table 2  
Overall Assessment of the infertile couples health promotion behaviors

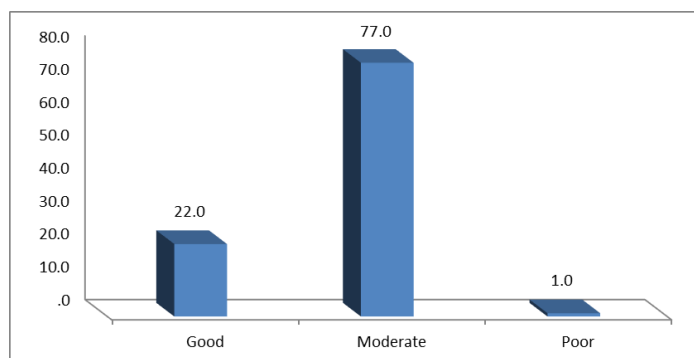
levels	Freq.	%	MS	Asses.
Good	44	22.0	1.83	Moderate
Moderate	154	77.0		
Poor	2	1.0		

"Freq : Frequency ; MS : Mean of Scores ; Good : MS = 1-1.66 ; Moderate : MS = 1.67-2.33 ; Poor : MS  $\geq$  2.34"

Table (2) shows descriptive statistics for the sub-scales of health promotion behaviors among infertile couples, and shows that the highest percentage of all items was (77%) moderate.

Table 3  
association between the overall assessment of health promotion behavior among infertile couples and their sociodemographic data

Socio_demo	X <sup>2</sup>	df	Sig.
age	2.73	4	0.60
gender	0.13	1	0.71
educational level	11.66	7	0.11
Housing possession	5.12	2	0.08
Monthly income	3.24	2	0.20
Type of infertility	1.43	1	0.23
Cause of infertility	4.12	3	0.25



## **Discussion**

According to (Table 3.1) shows that, The research results indicate the greater than 31.5% of the participants with age ranging (26-32)years old may be this age more prefer to such work that requires Renewed scientific strength, which is often present in this age group. This results match to the study done by (Chiou et al., 2014). Concerning their gender, this study indicates that most of the sample is male, Also the most of participants are have college certificate, our study agrees with this finding consistent with the research done in (2015) by Chauhan that revealed demographic information where more than half of respondents (51%)were male.

The study showed that the percentage of respondents in the questionnaire is higher for those who own homes. In addition the research result demonstrates that the most of the participants has sufficient monthly income to some extent, this result interpreted it always that economic status, and occupational level. This result agrees with (Şenol et al., 2014; Al-Ghurairi et al.,2022) their result indicates that the most of participants' monthly income is insufficient. The results appearance that the cause of infertility is related to men by 34%, and this result always explains the psychological state of the couples. This result is in agreement with (Rashidi et al., 2008; Mukhlif et al.,2022; Adea et al.,2022). Data analysis showed a statistically significant correlation between age groups, gender, and assessment of health-promoting behaviors by implementing the outcome. Supportive evidence was reported by the work of Mirghafourvand (2014) who did find a significant relationship between age, gender, and health-promoting behaviors.

There is a strong relationship between education level and health promotion habits, as seen by the correlation between these two variables. The studies by Mirghafourvand and colleagues (2014) and Rashidi (2008), which discovered a substantial correlation between"education level, age, gender, and health promotion behaviors"complement these findings. This data analysis showed that socioeconomic status and health promotion practices had a statistically significant link. According to research by Mirghafourvand (2013), there is convincing evidence that socioeconomic level and health promotion practices are significantly correlated.

## **Conclusion**

Overall, the findings show that infertile couples' health-promoting activity was moderate. The couple also had a modest level of stress management, diet, interpersonal relationship, health responsibility, and physical activity. Furthermore, educational advisory centers should be formed to promote health as an essential way of life for infertile couples, as well as health education programs that emphasize physical exercise and health responsibility issues.

## References

- Adea MK, Lefta RM, Younis NM. Impact of psychosocial aspect parameters on psoriasis patients' quality of life at outpatient clinic in Al-Dewania City, Iraq. *Rawal Medical Journal*. 2022 Dec 11;47(4):892-.
- Ahmed MM, Younis NM, Hussein AA. Violence towards nurses staff at teaching hospitals in Mosul City. *Indian J. Forensic Med. Toxicol* 2020;14(3):2598-603.
- Al-Ghurairi SA, Younis NM, Ahmed MM. Prevalence of weight gain among students of Mosul University, Iraq during quarantine 2020. *Rawal Medical Journal*. 2022 Jul;47(3).
- Anderson K, Norman RJ, Middleton P. Preconception lifestyle advice for people with subfertility. *Cochrane Database Syst Rev* 2010;14:Cd008189
- Asci O, Rathfisch G. Effect of lifestyle interventions of pregnant women on their dietary habits, lifestyle behaviors, and weight gain: a randomized controlled trial. *J Health Popul Nutr*. 2016;35:7.
- Darkhor S, Estebarsari F, Hosseini M, Charati JY, Vasli P. Effect of health promotion intervention on nurses' healthy lifestyle and healthpromoting behaviors: RCT study. *J Adv Pharm Educ Res*. 2018;8 (1):108–114.
- Durairajanayagam D 2018 Lifestyle causes of male infertility. *Arab Journal of Urology* 16 10–20.
- Emokpae MA & Chima HN 2018 Effect of senescence on some apoptosis and oxidative stress markers in infertile normozoospermic and oligozoospermic men: a cross-sectional study. *International Journal of Reproductive Biomedicine* 16 435–442.
- Enjezab B, Farajzadegan Z, Taleghani F, Aflatoonian A, Morowatisharifabad MA. Health promoting behaviors in a population-based sample of middle-aged women and its relevant factors in Yazd, Iran. *Int J Prev Med* 2012; 3 (1): 191-8.
- Khodakarami N, Hashemi S, Seddigh S, Hamdiyeh M, Taheripanah R. Life experience with Infertility; a Phenomenological Study. *J Reprod Infertil* 2010; 10 (4): 287-97.
- Mahmoud Mohammed Ahmed, Nasir Muwfaq Younis and Ahmed Ali Hussein. Prevalence of Tobacco use among Health Care Workers at Primary Health care Centers in Mosul City. *Pakistan Journal of Medical and Health Sciences*, 2021, 15(1), pp. 421–424
- Mirghafourvand M, Baheiraei A, Nedjat S, Mohammadi E, Mohammadalizadeh Charandabi S, Majdzadeh R. A population-based study of healthpromoting behaviors and their predictors in Iranian women of reproductive age. *Health Promot Int*. 2014;30(3):586–594.
- Mukhlif HH, Younis NM. Evaluation of the association between internet addiction and fatigue among undergraduate students at universities in Mosul city, Iraq: A cross-sectional study. *Rawal Medical Journal*. 2022 Dec 11;47(4):829-.
- Muwfaq Younis N , Efficacy of Health Beliefs Model-Based Intervention in Changing Substance Use Beliefs among Mosul University Students: A Randomized Controlled Trial. *Revis Bionatura* 2022;7(2) 35.
- Naji AB, Ahmed MM, Younis NM. Adherence the Preventive Measure Against for COVID-19among Teachers at University of Mosul. In *J Med Tox Leg Med* 2021;24(3&4).pp:273\_277
- Nasir Muwfaq Younis, Mahmoud Mohammed Ahmed and Nawaf Mohammed Dahir. Prevalence of Covoravirus among Healthcare Workers. *International*

- Journal of Medical Toxicology & Legal Medicine. Volume 24, Nos. 1-2, Jan-June 2021. pp: 267-269.
- Rahimi Foroushani A, Estebani F, Mostafaei D, The effect of health promoting intervention on healthy lifestyle and social support in elders: a clinical trial study. Iran Red Crescent Med J. 2014;16(8): e18399.
- Sharma R, Biedenharn KR, Fedor JM, Agarwal A. Lifestyle factors and reproductive health: taking control of your fertility. Reprod Biol Endocrinol 2013;11:66.
- The National Infertility Association (NIA): How can I afford my infertility , . USA . 2002 , PP.1-5.
- Tol A, Tavassoli E, Shariferad GR, Shojaezadeh D. Health-promoting lifestyle and quality of life among undergraduate students at school of health, Isfahan university of medical sciences. J Educ Health Promot 2013; 2: 11.
- Walker SN, Kerr MJ, Pender NJ, Sechrist KR. A spanish language version of the health-promoting lifestyle profile. Nurs Res 1990; 39 (5): 268-73.
- Younis NM, Mahmoud M, Ahmed A, et al. University Students' Attitude Towards E-Learning. Bahrain Medical Bulletin 2021;43(2):460-2.