A Study to Evaluate the Effectiveness of Positive Therapy on the Level of Stress among Infertile Women in Selected Infertility Clinics

Mrs Sunita Bhatt[1] Dipti Shukla[2]

[1] *(M,Sc Nursing,Obstetric & Gynecologic Nursing, SV Subharti University, Meerut)*
[2] *(Assistant Professor ofObstetric & Gynecologic Nursing, SV Subharti University, Meerut)*
Corresponding Author: Mrs Sunita Bhatt

Abstract:
Purpose: This study has examined the effect of positive therapy on the level of stress among infertile women.
Methods: This quasi experimental one group pre-test post-test Research study conducted in selected infertility clinics in Meerut. An instrument was developed by the investigator based on previous knowledge literature consisting of two sections: Demographic Variables and modifiedFertilityProblemInventory to assess the level of stress among infertile women.
Result: Thirty women completed the study,
Conclusion: Thepositive therapy affected positively women's reduce stress.

I. Introduction

Fertility is highly valued in most cultures and the wish for a child is one of the most basic of all human motivations. For women, pregnancy and motherhood are developmental milestones that are highly emphasized by our culture. When attempts fail to have a child, it can be an emotionally devastating experience But in the past two decades, advances in reproductive medicine have made the treatment of infertility a highly successful prospect that has given hope and success to thousands of couples. The high-tech reproductive technologies have associated psychological and ethical issues that must be addressed by the infertile couple. Therefore, it is important for the health care professional to understand the psychological issues surrounding infertility.

Infertility involves suffering and being childlessness is a psychological trauma and it is this perceived undesirability that prompts patients & couples to seek professional help. Not everyone has the goal of becoming a parent, but for those who do, being unable to conceive a child is an exquisitely painful reality. Most of the people spend a portion of their lives attempting to avoid unplanned pregnancies, and assume that once we are ready to conceive, it will happen with little difficulty. The belief that psychological factors play a role in infertility is long-standing, and there is evidence that stress levels influence the outcome of infertility treatment, as well as contribute to patients' decisions to continue treatment.

All over the world, infertility was experienced by individuals and couples as a stressful situation. All cultures and societies perceive infertility as a problem. Infertility signifies the most severe emotional crisis. The report given by clinicians and researchers states that infertility and its treatment are viewed by infertile women as extremely stressful situation. Based upon the Individual differences on psychological stress, this stress may lead to a chronic disease.

II. Materials & Method

Aim
This study was aimed to explore the effect of positive therapy on the level of stress among infertile women.

Design: Investigator selected quasi experimental one group pre-test post-test Research design and evaluate the effectiveness of positive therapy in terms of reducing stress among infertile women for this study.

Sample:
A Non-probability purposive sampling was used for the study .The advantages of non-probability purposive sampling are that it represents typical condition and researcher's knowledge about the population and its elements can be used to do hand pick cases.

The investigator preferred to choose this sampling technique because of the constraint of time in order to complete the data collection within the stipulated time.

The current study sample comprised of infertile women, aged 25- 40 years. The aim of these inclusion criteria was to avoid confounding variables. The sample size for the current study was 30.To avoid problem of attrition, a supplementary 2 women were increased to have 30 samples in the last.

Setting

The research was accomplished at infertile clinics of two different cities(Meerut & Bulandsher) in Uttar Pradesh.

Tools:

Two tools were used in this study, as follows.

Tool-I

Socio-demographic data.

This tool was designed and used by researcher to collect the data about the subject's general characteristics such as age, sex, educational status, occupation, and family monthly income, and religion, type of family and duration of married life. This section was answered through interview.

Tool-II

Modified Fertility Problem Inventory

ThemodifiedFertilityProblemInventorywasdesignedtomeasurethedistress,beliefs,andattitudesrelate dtoinfertility. Thisisamultidimensional measure that identifies infertility-related stress in five different domains, namely, social concern, sexual concern, relationship concern, the need for parenthood, and rejectionofachild-freelifestyle.Respondentswereaskedtoindicatetheiragreement with each question using a six-point Likert rating scale ranging from "strongly disagree" to "stronglyagree".

The Fertility Problem Inventory was designed on basis of the following domains:

DOMAINS	NO. OF QUESTIONS
Social concern	6
Sexual concern	6
Relationship concern	6
Rejection of child-free lifestyle	6
Need for parent hood	6

Scoring Procedure:

Positivelyphraseditems*arefirstre-keyedasfollows; (6=1, 5=2, 4=3, 3=4, 2=5,1=6)
GlobalStressiscalculatedbysummingallitems(orall5subscalescores)

Scoring Interpretation:

SCORE	LEVEL OF STRESS
< 25%	Low stress
26- 50%	Mild stress
51-75%	Moderate stress
>75%	High stress

Level of stress was assessed before and after the intervention.

II. Method

Data Collection Procedure and Ethical Consideration:

Before the conduction of this study an official permission was obtained from the responsible authorities of the study setting to take their permission to conduct the study.

The participants of the study were selected by non-probability purposive sampling . Formal permission was obtained from the participants after explaining the objectives of the study. All the women aged between 25-40 years from the selected clinics were screened related to infertility and inclusion criteria.

30 samples were divided in 5 groups and each group contains 6 samples. One week was allotted for each group .Every group The data related to pretest was collected by using Modified Fertility problem inventory from the group on first day and on 2nd day group received intervention of positive therapy under four sessions first on 2nd day second sesson on 3th day, third session on 4th day (At the first day, the subjects got familiar with goals, definition of infertility, depression generation and its symptoms and the relationship between depression and infertility. In addition, relaxation practicing. The second day was allocated to the identification of thoughts and feelings. The third day focused on thoughts. Mindfulness and meditation were also practiced. & they were instructed to cope with their mood status in future) .

Post test was conducted for the groups using the same scale on 7th day .Data collection procedure was completed within 40 days.

Data Analysis:
SPSS software was used for statistical analysis of the collected data

III. Findings of the study

Organization of Findings:
The analysis and interpretation of the observations are given in the following section:
Section A : Assessment of level of stress among infertile women before and after the administration of positive therapy.

OVERALL	LOW STRESS	MILD	MODERATE	SEVERE
Pre-Test	0(0%)	0(0%)	1(3.33%)	29(96.67%)
Post-Test	2(6.67%)	28(93.33%)	0(0%)	0(0%)

Pre- Test:
The above table shows that maximum 96.67% had severe stress and 3.33% had moderate stress.
Post Test:
In posttest maximum 93.33% of the infertile woman had mild stress 6.67% low stress.

Section B: Effectiveness of positive therapy in terms of reducing stress among infertile women.

n=30

Overall	Mean	SD	Mean Difference	t-value	p-value
Pre Test	238.10	14.24	156.53±17.55	48.84	0.0001 S,p<0.05
Post Test	81.56	8.09			

The above table shows the comparison of pretest and post test stress scores of infertile women. Mean, standard deviation and mean difference values are compared and student's paired 't' test is applied at 5% level of significance. The tabulated value for n=30-1 i.e 29 degrees of freedom was 2.04. The calculated 't' value i.e. 48.84 are much higher than the tabulated value at 5% level of significance for overall stress score of infertile women which is statistically acceptable level of significance. Hence it is statistically interpreted that positive therapy on the level of stress among infertile women in selected infertility clinics was effective

Section C: Association between posttest level of stress among infertile women with their selected socio-demographic variables.
1-The association of stress score with **age** in years of infertile women regarding positive therapy. The tabulated 'F' values was 3.35(df=2,27) which is much higher than the calculated 'F' i.e. 0.38 at 5% level of significance. Also the calculated 'p'=0.68 which was much higher than the acceptable level of significance i.e. 'p'=0.05.
Hence it is interpreted that age in years of infertile women is statistically not associated with their post test stress score.
2-The association of stress score with **educational level** of infertile women regarding positive therapy. The tabulated 'F' values was 3.35(df=2,27) which is much higher than the calculated 'F' i.e. 2.02 at 5% level of significance. Also the calculated 'p'=0.15 which was much higher than the acceptable level of significance i.e. 'p'=0.05.
Hence it is interpreted that educational level of infertile women is statistically not associated with their post test stress score.
3-The association of stress score with **educational level of husbands** infertile women regarding positive therapy. The tabulated 't' values was 2.04(df=28) which is much higher than the calculated 't' i.e. 1.00 at 5% level of significance. Also the calculated 'p'=0.32 which was much higher than the acceptable level of significance i.e. 'p'=0.05.
Hence it is interpreted that educational level of husbands of infertile women is statistically not associated with their post test stress score.
4-The association of stress score with **occupational** level of infertile women regarding positive therapy. The tabulated 'F' values was 3.35(df=2,27) which is much higher than the calculated 't' i.e. 0.28 at 5% level of significance. Also the calculated 'p'=0.75 which was much higher than the acceptable level of significance i.e. 'p'=0.05.
Hence it is interpreted that occupational level of infertile women is statistically not associated with their post test stress score.

5-The association of stress score with **monthly family income**(Rs) of infertile women regarding positive therapy. The tabulated 't' values was 2.04(df=28) which is much higher than the calculated 't' i.e. 0.63 at 5% level of significance. Also the calculated 'p'=0.53 which was much higher than the acceptable level of significance i.e. 'p'=0.05.

Hence it is interpreted that monthly family income(Rs) of infertile women is statistically not associated with their post test stress score.

6-The association of stress score with **religion** of infertile women regarding positive therapy. The tabulated 't' values was 2.04(df=28) which is much higher than the calculated 't' i.e. 1.67 at 5% level of significance. Also the calculated 'p'=0.10 which was much higher than the acceptable level of significance i.e. 'p'=0.05.

Hence it is interpreted that religion of infertile women is statistically not associated with their post test stress score.

7-The association of stress score with **type of family** of infertile women regarding positive therapy. The tabulated 't' values was 2.04(df=28) which is higher than the calculated 't' i.e. 0.30 at 5% level of significance. Also the calculated 'p'=0.76 which was much higher than the acceptable level of significance i.e. 'p'=0.05.

Hence it is interpreted that type of family of infertile women is statistically not associated with their post test stress score.

8-The association of stress score with **duration of married** life of infertile women regarding positive therapy. The tabulated 'F' values was 2.98(df=3,26) which is higher than the calculated 'F' i.e. 0.53 at 5% level of significance. Also the calculated 'p'=0.66 which was much higher than the acceptable level of significance i.e. 'p'=0.05.

Hence it is interpreted that duration of married life of infertile women is statistically not associated with their post test stress score.

IV. Discussion

The results suggest that the FPI is a reliable and valid measure that taps Six homogeneous and relatively independent infertility- related domains: Social concern, Sexual concern, Relationship concern, Need for parenthood, and Rejection of childfree lifestyle. A composite score derived by summing all five domain scores is interpreted as providing a global measure of perceived infertility-related stress.

V. Conclusion

The main conclusion of present study was the positive therapy could effectively reduce the level of stress among infertile women. This study clearly stated that positive therapy plays a vital role in reducing the level of stress among infertile women.

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