



Efficacy of Mindfulness Intervention on Anxiety and Stress Among Women with Infertility at Selected Hospitals in Gonda

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INTRODUCTION

Infertility is a reproductive system disease defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse. According to the Indian National Family Health Survey, infertility rates are highest in urban women and rise proportionately with education level. Men, on the other hand, are frequently held responsible for infertility. Surprisingly, the social consequences of infertility disproportionately affect women. The amount of stress and various coping methods used by infertile women must be identified and treated. In this regard, we assessed the psychological impact of infertility and coping strategies used by women attending infertility OPD at the Department of Obstetrics and Gynaecology in a tertiary care teaching hospital in Gonda, Uttar Pradesh.

Mindfulness-based cognitive therapy (MBCT) was developed by Segal et al. Mindfulness, according to Kabat-Zinn, is "intentional and nonjudgmental awareness, and paying attention in a specific way: on purpose, in the present moment, and nonjudgmentally." MBCT is divided into two skill sets: thought and mindfulness. The skills taught in MBCT are designed to assist participants in identifying and accepting negative thought patterns, as well as responding in intentional ways. The goal of cognitive therapy in MBCT is to free an individual from automatic reactions to thoughts, feelings, and events. MBCT's cognitive therapy emphasises accepting thoughts and feelings without judgement. The mindfulness skill entails systematic teaching of various stress management techniques, such as yoga and self-care techniques, to participants. Meditation practise is also used in MBCT to improve attention and awareness. MBCT appears to reduce psychological problems such as anxiety and depression in women.

METHODOLOGY

This study was conducted at selected hospitals in Gonda using an evaluative approach and a quasi-experimental pretest and posttest control group design. The Modified Roy's adaptation (1991) model served as the foundation for the conceptual framework. The study included 60 infertile women. Out of 100 samples, 50 were assigned to the experimental group and 50 to the control group. Purposive sampling was used to select the samples, and the effect of meditation therapy on reducing stress and anxiety was assessed using the Perceived stress scale and the Modified Hamilton anxiety scale. Descriptive statistics were used to analyse demographic variable data (frequency and percentage). The levels of stress and anxiety before and after the test were examined using descriptive statistics (mean, standard deviation, frequency and percentage). The paired 't' test was used to compare the levels of stress and anxiety in the experimental group before and after the tests. The effectiveness of meditation therapy was compared between the experimental and control groups using an independent 't' test. The Chi-square test was used to investigate the relationship between demographic variables and posttest levels of stress and anxiety in the experimental group.

RESULTS AND DEBATE

The majority of women with infertility were between the ages of 21 and 30 [16(53.3 percent)] in the control group and [20 (66.6 percent)] in the experimental group. In the control group, there were fewer women over the age of 40 [1(3.3 percent)]. This finding is consistent with the findings of Kalavathi, S. (2006), who reported that the majority of the women were between the ages of 21 and 30. (68 percent).

According to educational status, the majority of women with infertility were graduates [13 (43.3 percent)] in the control group, while the majority of women in the experimental group had higher secondary education [10 (33.3 percent)]. In the control group, fewer women had primary education [1(3.3 percent)] and fewer had no formal education [2(6.6 percent)], whereas in the experimental group, fewer women had primary education and fewer had no formal education [2(6.6 percent)]. This finding is consistent with Vashumathi, S.P., (2006), who reported that the majority of women (66.66 percent) completed high school.

According to occupation, the majority of women with infertility were housewives [23 (76.6 percent)] in the control group and [20(66.6 percent)] in the experimental group. In the control group, fewer women [1(3.3 percent)] worked for the government, while none worked for the government in the

experimental group. This finding is consistent with the findings of Kalavathi, S. (2006), who reported that the majority of the women were housewives (73.3 percent).

According to the type of family among women with infertility, the majority of women in the control group [16 (53.3 percent)] belonged to a nuclear family, while 14 (46.6 percent) belonged to a joint family. The experimental group consisted of 15 (50 percent) nuclear and joint family members. This finding is consistent with the findings of Kalavathi, S. (2006), who reported that infertile women lived equally in nuclear (45.3 percent) and joint families (44.0 percent).

According to religion, the majority of women with infertility [27(90 percent) each] were Hindus in both the control and experimental groups. In the control group, fewer women [1(3.3 percent)] and [2(6.6 percent)] were Muslims and Christians, whereas [2(6.6 percent)] and [1(3.3 percent)] women were Muslims and Christians in the experimental group. This finding is consistent with the findings of Kalavathi, S. (2006), who reported that the majority of the women were Hindus (73.3 percent).

According to family monthly income among women with infertility, most of the women [14(46.6 percent)] had monthly income of Rs. 5001-10000 in the control group, whereas most of the women [13(43.3 percent) each] had monthly income of less than Rs.5000 and Rs. 5001-10000 in the experimental group. In the control and experimental groups, there were fewer women [3(10%)] and [1(3.3%)] with monthly incomes of Rs. 15001 and above. This finding is consistent with Vashumathi, S.P., (2006) who reported that the majority of women (68.33 percent) have a monthly income of more than Rs.5001.

According to the duration of infertility among women with infertility, the majority of them [14(46.6 percent)] and [12(40 percent)] had infertility for 6-10 years in the control and experimental groups, respectively. In the control and experimental groups, fewer women [2(6.6 percent)] and [3(10 percent)] had been infertile for less than 2 years, respectively. This finding is consistent with Osterweil, N., (2007), who reported that the women had been infertile for an average of 4 2.1 years.

According to family history of infertility among women with infertility, the majority of women [22(73.3 percent)] and [28(93.3 percent)] in the control and experimental groups had no family history of infertility. In both the control and experimental groups, fewer women [8(26.6 percent)] and [2(6.6 percent)] had a family history of infertility.

According to the duration of infertility treatment among women with infertility, the majority of women [16 (53.3 percent)] and [14 (46.6 percent)] received infertility treatment for about 2-5 years in the control and experimental groups, respectively. In the control and experimental groups, fewer women [1(3.3 percent)] and [2(6.6 percent)] sought infertility treatment for more than ten years.

Data analysis revealed that in the control group, the majority of women [20(66.6 percent)] had moderate stress and a smaller number of women [10(33.3 percent)] had high stress during the pretest.

In the pretest, the majority of women [16(53.3 percent)] reported high levels of stress, while 13(43.3 percent) reported moderate levels of stress. level in the experimental group This finding is consistent with Vashumathi, S.P., (2006), who reported that the majority of women (55%) experience moderate level of stress, 30% experience low level of stress, and 15% experience severe level of stress.

In the control group, the majority of women [18(60 percent)] had moderate anxiety, [9(30 percent)] had mild anxiety, and only three women [3(10 percent)] had severe anxiety. In the experimental group, the majority of women [24 (80 percent)] had moderate anxiety, 4 (13.3 percent) had mild anxiety, and 2 (6.6 percent) had severe anxiety. These findings are in line with According to Ramezanzadeh Fatemeh et al. (2004), the level of anxiety among women with infertility is 38.1 percent moderate anxiety and 17 percent severe anxiety.

Data analysis revealed that in the post test, the majority of women with infertility [22(73.3 percent)] had moderate level of stress in the control group, whereas the majority of women [18(60 percent)] had low level of stress in the experimental group. In the control group, none of them had a low level of stress, whereas none of them had a severe level of stress in the experimental group.

In the post-test, the majority of infertile women [22(73.3 percent)] reported moderate anxiety in the control group, while [26(86.6 percent)] reported mild anxiety in the experimental group. In the control group, fewer women [2(6.66 percent)] had severe anxiety, whereas none had severe anxiety in the experimental group.

Data analysis revealed that the post test mean score ($15 + 4.95$) was lower than the pretestmean score ($26.2 + 4.35$), with a t' value of 8.86 in the experimental group that was significant at the 0.05 level. As a result, the research hypothesis (H1), that the mean post-test stress scores in the experimental group are significantly lower than the mean pretest stress scores, was accepted.

The post test mean score ($24.7 + 4.14$) was slightly lower than the pretestmean score ($25.4 + 3.62$) with a t' value of 1.08 in the control group, which was not significant at the 0.05 level.

Venkatesan, L., (2009) reported that in the experimental group, the post test stress level ($M=164.30$, $SD=19.03$) was lower than the pretest stress level ($M=247.51$, $SD=23.14$), and the difference was statistically significant at the $p.001$ level. There was no statistical difference between the pretest ($M=246.65$, $SD=22.18$) and posttest ($M=247.06$, $SD=21.89$) stress levels in the control group.

Data analysis revealed that the post test mean score ($15 + 6.14$) was lower than the pretestmean score ($36.03 + 9.05$), with a t' Value of 9.99 in the experimental group, which was significant at the 0.05 level. As a result, the research hypothesis (H2), that the mean post-test anxiety scores in the experimental group are significantly lower than the mean pretest anxiety scores, was accepted. The post test mean score ($34.9 + 10.5$) was higher than the pretestmean score ($33.5 + 8.42$), with a t' value of 1.31 in the control group that was not significant at the 0.05 level.

Data analysis revealed that the mean post-test stress scores in the experimental group ($15 + 4.95$) were significantly lower than the mean post-test stress scores in the control group ($24.7 + 4.14$) at the 0.05 level, with a t' value of 8.29. As a result, the research hypothesis (H3) was accepted: the mean post-test stress scores in the experimental group are significantly lower than the mean post-test stress scores in the control group.

This finding is consistent with Venkatesan, L., (2009), who reported that posttest stress levels in the experimental group ($M=164.30$, $SD=19.03$) were lower than posttest stress levels in the control group ($M=247.06$, $SD=21.89$), which was statistically significant at the $P.0001$ level.

Data analysis revealed that the mean post-test anxiety scores in the experimental group ($15 + 6.14$) were significantly lower than the mean post-test anxiety scores in the control group ($34.9 + 10.05$), with a 't' value of 12.83 being significant at the 0.05 level. As a result, the research hypothesis (H4), that the mean post-test anxiety scores in the experimental group are significantly lower than the mean post-test anxiety scores in the control group, was accepted.

Data analysis revealed that there is no significant relationship between post-test stress levels and demographic variables such as age, education, occupation, family type, religion, family monthly income, duration of infertility, family history of infertility, and duration of infertility treatment in the experimental group. As a result, the research hypothesis (H5), that there will be a significant association between the post-test levels of stress of infertile women and their demographic variables in the experimental group, was rejected.

These findings are in line with Venkatesan, L., (2009) reported that in the post test, all of the experimental group women, regardless of demographic variables, had low levels of stress. Posttest scores reveal that among the experimental group in this study.

Data analysis revealed that there is no significant relationship between post-test anxiety levels and demographic variables such as age, education, occupation, family type, religion, family monthly income, duration of infertility, family history of infertility, and duration of infertility treatment in the experimental group. As a result, the research hypothesis (H6), that there will be a significant association between the post-test anxiety levels of women with infertility and their demographic variables in the experimental group, was rejected.

CONCLUSION

The study's findings revealed that women with infertility experienced a significant reduction in stress and anxiety after receiving mindfulness therapy. During the pretest, the majority of women (66.6 percent in the control group and 53.3 percent in the experimental group) reported moderate stress. During the post-test, 73.3 percent of women with infertility in the control group had moderate levels of stress, whereas 60 percent of women in the experimental group had low levels of stress. During the pretest, the majority of women (60 percent in the control group and 80 percent in the experimental group) reported moderate anxiety. During the post-test, the majority of infertile women (73.3%) had moderate anxiety in the control group, while 86.6 percent had mild anxiety in the experimental group. According to the statistical findings, providing meditation therapy will help to reduce stress ('t' value=8.30) and anxiety ('t' value=12.33) among women with infertility in the experimental group when compared to the control group. As a result, meditation therapy can help them reduce stress and anxiety while also increasing their chances of becoming pregnant.

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