A Study to Assess the Effectiveness of Interventional Module on Stress Levels among Infertile Women Attending Infertility Clinics of Selected Hospitals at Bagalkot

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Abstract:

❖ **OBJECTIVES**

   This chapter deals with the statement of the problem, objectives, operational definitions, assumptions, hypothesis, variables, and conceptual framework of the study.

Objectives of theStudy

1. To assess the levels of stress among infertile women attending selected infertility clinics at Bagalkot.
2. To assess the effectiveness of interventional module on stress levels among infertile women.
3. To determine the association between posttest stress levels of infertile women with their selected socio-demographic variables.

➢ **Hypothesis:**
H1- There is a significant difference between pre-test scores and post test scores regarding levels of stress by using perceived stress scale among infertile women attending infertility clinics of selected hospitals at Bagalkot is accepted.
H2: Chi-square test used to find out the association between post test scores of infertile women with their selected socio demographic variables.

I. INTRODUCTION

Plannig a pregnancy is important as it can ensure that you create an environment that is right for bringing a child into the world helping the child stay fit mentally and physically. Infertility is defined as failure to conceive after one year of family life without contraception most people assume that they can have children when they choose, after twenty of assuming that they would have their children when wanted and spending time and energy trying, they do not get pregnancy.

The connection between Stress and Infertility While stress alone is not a factor of your infertility; it can be an inhibiting influence on your ability to conceive without any difficulties. When you're feelingstressed certain hormones are released that may play a role in infertility. Studies indicate that focusing on reducing stress in your life can have a positive effect on fertility. Using yoga for infertility issues that you're experiencing can reduce stress and help you to relax, leading to pregnancy. When you practice yoga, you'll find that you view your body in a different way. Rather than feeling as though your body has failed you because you're having difficultyconceiving, you'll be able to instead explore the positive aspects of your body. Using yoga for infertility can be viewed as a holistic way for you to explore the union of your body and mind.I. RESEARCH METHODOLOGY

In a research study the researcher moves from the beginning a study (posing a question) to the end (obtaining an answer) is a logical sequence of predetermined steps that is similar across studies. This chapter deals with that flow, which is selected by the investigator in order to solve research problem.

A. ResearchApproach

Research approach is the most significant part of any research. The appropriate selection of research approach depends on the purpose of the study.

An evaluative approach was used to assess the effectiveness of interventional module on stress levels among infertile women. An evaluative research approach is generally applied where the primary objective is to determine the extent to which a given strategy meets the desired result.

B. ResearchDesign:

The research design adopted for this study was pre experimental one group pretest posttest design without control group.

A pre-test was conducted among infertile women using Structured Interview on stress in infertility by using Perceived Cohen stress Scale. Intervention was given in the form of interventional module on stress among infertile women by using perceived Cohen stress scale; post test was conducted by using same perceived Cohen stress scale to assess effectiveness of interventional module.

C. Variables Of TheStudy:Variable is a content that has measurable changing attributes. Variables are qualities, properties, or characteristics of persons, things, or situation that change or vary.

Socio-DemographicVariables: In this study socio-demographic variable refers to selected variables of infertile women such as; Age, Types of family, Religion, Duration of marriage in year, Educational Qualification, Occupation, Duration of infertility treatment, Any history of miscarriage, Infertility treatment taken for self or spouse or both, How many children do you have?, Is your family supporting you?, Monthly income of the family in rupees, Sources of information regarding health.

D. Setting Of TheStudy:The present study was conducted in selected according to the availability of infertility clinics at selected Hospitals of BagalkotPopulation.

➢ *The TargetPopulation:*

Target population-The target population for the study is infertile women who are attending infertility clinics Bagalkot, Karnataka.

E. SamplingTechnique:

The convenient sampling technique was used to select sample for the present study. The infertile women were selected simple random method was used to selected hospital..

F. Data CollectionMethod:The tool was modified by considering the experts suggestions and results of pilot study. Data were collected by perceived Cohen stress scale by investigator for assessing the stress levels among infertile women attending selected infertility clinics of Bagalkot.

G. Developmental OfTheTool:A standard scale was used and on the basis of suggestion of guide and expert with an aim to assess the stress among infertile women by using Cohen perceived stress scale.

➢ *Description of theTool:*

Part-1

It consist of 13 items regarding the socio-demographic information of the subjects such as; Age, Types of family, Religion, Duration of marriage in years, Educational qualification, Occupation, Duration of infertility treatment, Any history of miscarriage, Infertility treatment taken for self or spouse or both, How many children do you have?, Is your family supporting you?, Monthly income of the family in rupees, Source of information regarding health attending infertility clinics of selected Hospital at Bagalkot.

Part-2

Cohen perceived stress scale to assess the stress among infertile women. The scale consists of 10 items.

➢ *Reliability of the tool:The reliability of the tool was established by using odd and even numbers method. Karl Pearson's co-efficient correlation 'r' was computed for finding out the reliability. The coefficient correlation for the test was found to be significant. The obtained value of 'r' was 0.91, indicating that the tool was highly reliable.*

Data CollectionProcedure:After obtaining the formal permission from the Dean, H.S.K. hospital and research center Bagalkot. The main study was conducted from 3-03-2020 to 5-05-2020 among 50 infertile women; the subject was selected by convenient sampling technique.

The investigator given self-introduction explained the purpose of the study, subject's willingness to participate in the study was ascertained. The subjects are assured anonymity and confidentiality of the information provided by them and written informed consent was obtained. The assessment of stress conducted on 18-02-2020 by using Cohenperceived stress scale each subject took 30 minutes to answer the Cohen perceived stress scale.

II. RESULTS

Analysis is a research technique for systematic, objective and quantitative description of content of research procured through various means of research investigations. The analysis and interpretation of data involve the objectives material in the possession of researcher and his subjective reaction to theproblem.

This chapter deals with an analysis and interpretation of data collected from 50 infertile women attending infertility clinics selected Hospital at Bagalkot.

➢ *Presentation ofData:*

To begin with, data was entered in a master sheet for tabulation and statistical processing. The findings were presented under the following headings.The collected information was organized and presented in 4 Parts as follows:

Part-I: Description of socio-demographic characteristics of sample.

Part-II: Assessment of levels of stress among infertile women attending infertility clinics selected Hospitals at Bagalkot.

Part-III: To assess the effectiveness of interventional module on stress among infertile women attending infertility clinics selected Hospitals at Bagalkot.

Section I: Comparison of stress level of infertile women in pre-test scores and post-test scores.
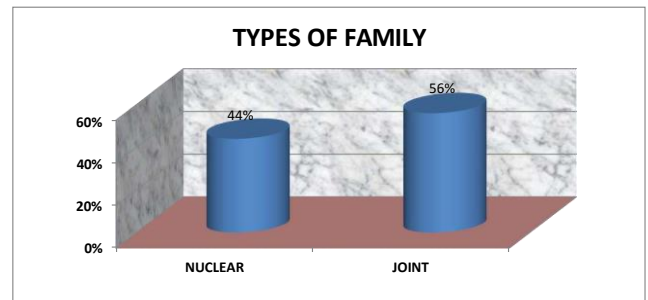
Section II: Testing of Hypothesis.

Part-IV: Association between posttest stress levels scores of infertile women with their selected socio-demographic variables.

Part- I: Description of samples with their selected socio demographic variables.
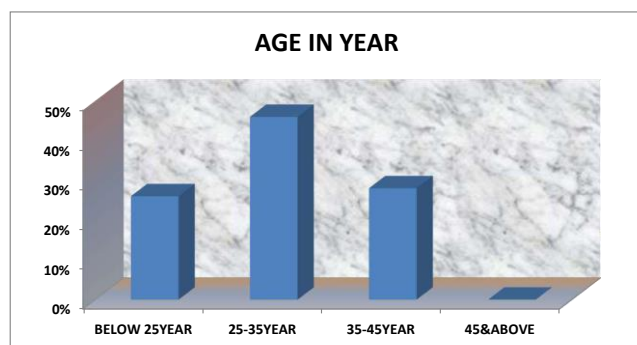
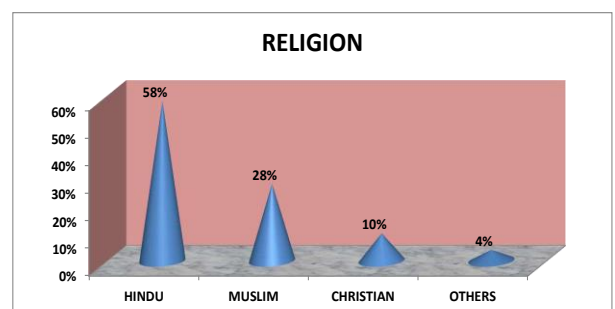**Fig-6.1: Percentage wise distribution of infertile women according to their age.**

Fig-6.2: Percentage wise distribution of infertile women according to their family

Percentage wise distribution of infertile women's according to their age reveals that higher percentage (46%) of infertile women's are in the age group of 25-35 years, (28%) percentage of the infertile women's are in the age of 35-45 years. Followed by lowest percentages (26%) of infertile women were in the age group below 25 years. (Fig: 6.1)

Percentage wise distributions of infertile women according to their family reveals that out of 50 infertile women, highest percentage (56%) of infertile women are joint family and only (44%) percentage of infertile women are nuclear family. (Fig: 6.2)

Percentage wise distribution of infertile women's according to their Religion reveals that highest percentage (58%) of infertile women's where belongs to Hindu, (28%) of infertile women's where belongs to Muslims,(10%)of infertile women's where belongs to Christians, and lowest percentage (4%) of infertile women's where belong to from other Religion. (Fig: 6.3)

Percentage wise distribution of infertile women's according to their duration of marriage reveals that highest percentage (54%) of infertile women's duration of marriage 5-7years. (24%) percentage of infertile women's their duration of marriage below 2-5 years and lowest percentage of (22%) percentage of infertile women's to their duration of marriage above 7years. (Fig: 6.4)

Fig- 6.3: Percentage wise distribution of infertile women'saccording to Religion.
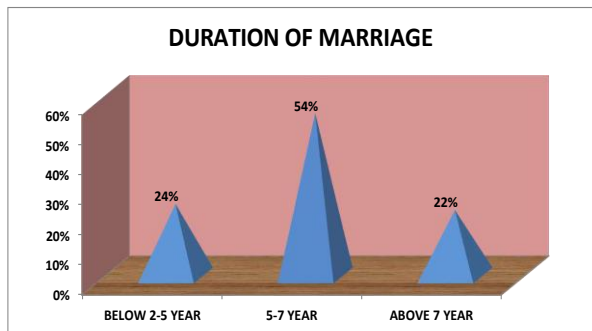
Fig:-6.4 Percentage wise distributions of infertile women are according to their duration of marriage.

Percentage wise distribution of infertile women's according to their educational qualification reveals that highest percentage (34%) of infertile women's had primary education, (24%) percentage of infertile women had no formal education, (22%) percentage of infertile women's had secondary education, and lowest (20%) percentage of infertile women had studied PUC & equivalent. (Fig: 6.5)

Percentage wise distribution of infertile women according to their occupation reveals that Higher percentage (42%) of infertile women's are private employees, (32%) percentage of infertile women are self employees, (24%) percentage of infertile women's are homemaker and lowest percentage (2%) of infertile women are government employees. (Fig: 6.6)

Percentage wise distribution of infertile women's according to their duration of infertility treatment reveals that higher percentage (50%) of infertile women's are had infertility treatment about 6-8years, (26%) of infertile women's are having infertility treatment about age group 4-6years. (20%)of infertile women's are having infertility treatment about age group 2-4 years. lowest percentage (4%) of infertile women are taken having infertility treatment about age group above 8 years. (Fig: 6.7)

Percentage wise distribution of infertile women according their history of miscarriage reveals that, highest percentage (54%) of infertile women's are not had any history of miscarriage, (46%) of infertile women's had history of miscarriage. (Fig; 6.8)
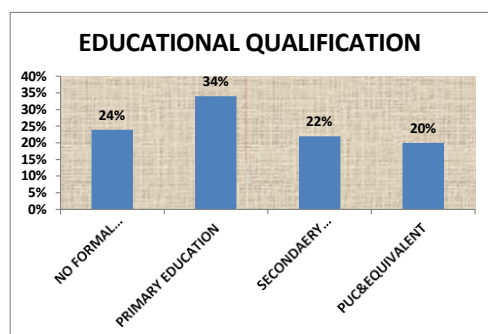

Fig-6.5: Percentage wise distribution of infertile women according to their Educational qualification.
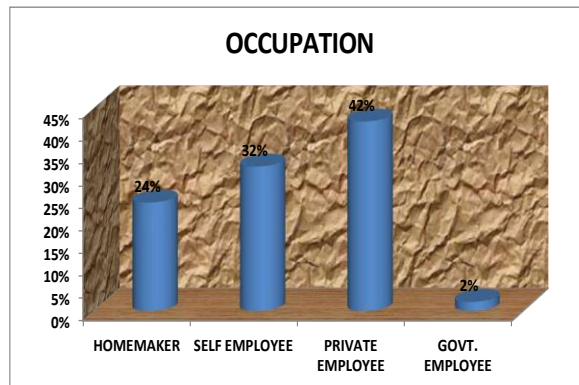

Fig-6.6: Percentage wise distribution of infertile women's according to their occupation.
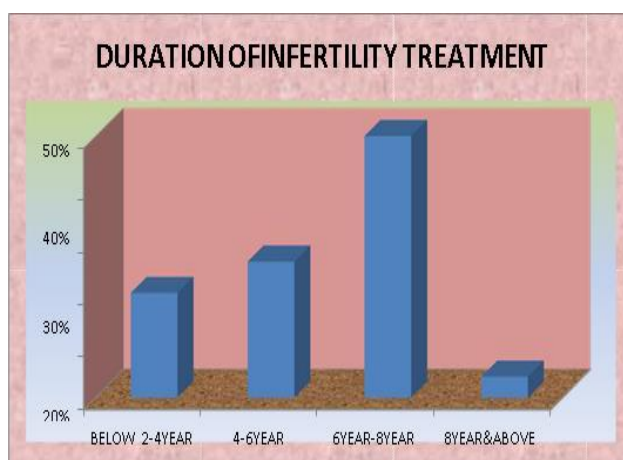

Fig-6.7: Percentage wise distribution of infertile women according to duration of infertility treatment.

Fig -6.8: Percentage wise distribution of infertile women according to history of miscarriage.

Percentage wise distribution of infertile women's according to their infertility treatment reveals that higher percentage (50%) of infertile women treatment taken spouse only and (32%) of infertile women's taken infertility treatment by self only. and lowest percentage (18%) of infertile women treatment taken for both (self, spouse). (Fig: 6.9)

Percentage wise distribution of infertile women's according to their how many children they have reveals that, higher percentage (66%) of infertile women's they are not had any children. and (30%) of infertile women they had only one children. and lowest percent(4%) of infertile women's had 2 and above children have. (Fig: 6.10)

Percentage wise distribution of infertile women's according to their family support reveals that highest percentage (54%) of infertile women's got family support, and (46%) percentage of infertile women's not get family support.(Fig: 6.11)

Percentage wise distribution of infertile women according to their family monthly income reveals that higher percentage (58%) of infertile women's family had monthly income 6000rs-9000rs. (20%) of infertile women's family monthly income is 9000re-12000rs, (12%) of infertile women family monthly income is below 6000rs and lowest percentage (6%) of infertile women family monthly income 12000rs and above.(Fig; 6.12)
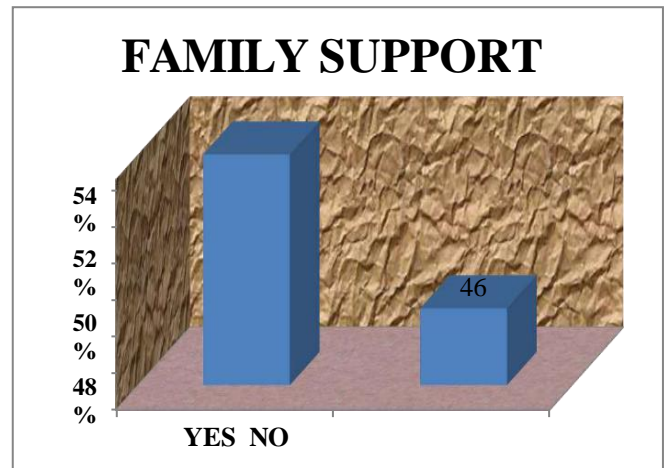

Fig -6.11: Percentage wise distribution of infertile women's according to their family support.

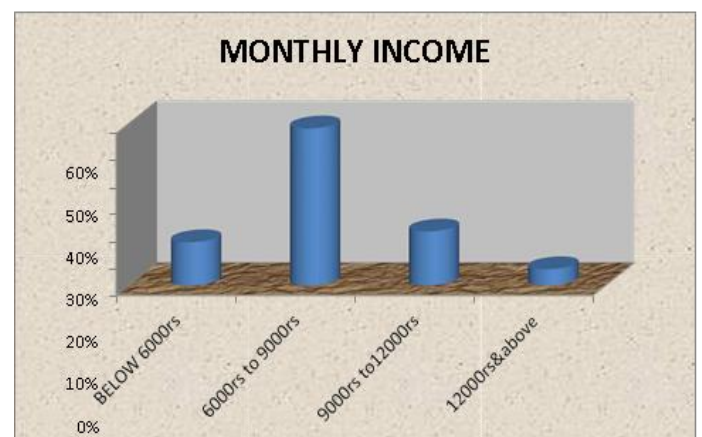Fig- 6.12: Percentage wise distribution of infertile women's according to their monthly familyincome
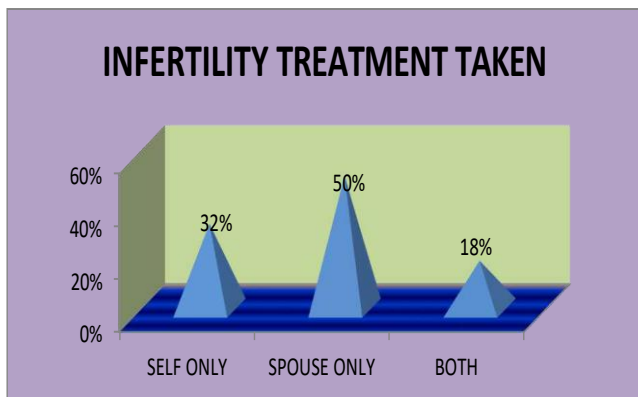

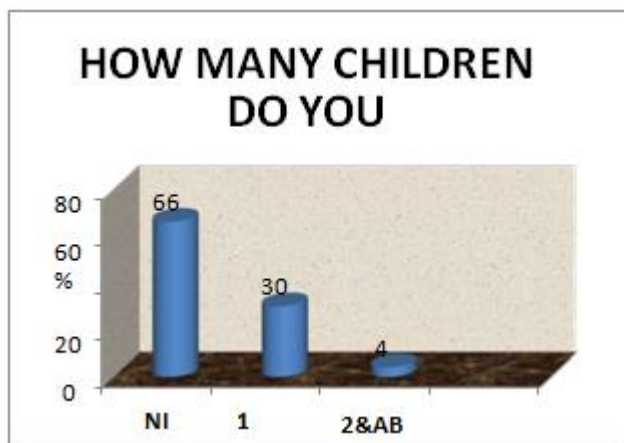Fig-6.9:Percentage wise distribution of infertile women according to taken infertility treatment.

Fig-6.10: Percentage wise distribution of infertile women according to how many children have?
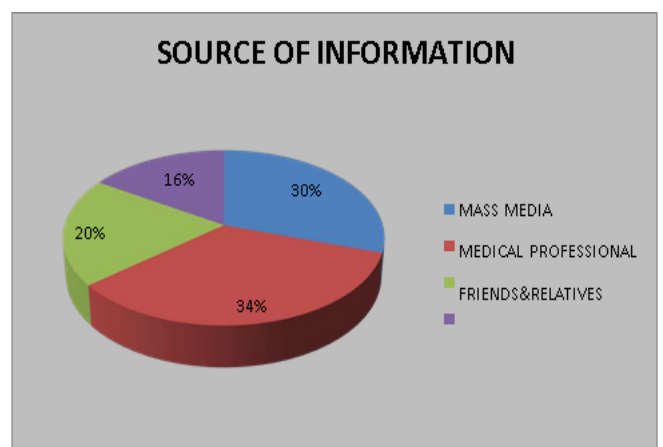

Fig-6.13: Percentage wise distribution of infertile women attending infertility clinics according to source of information.

Part-II: Assessment of levels of stress among infertile women attending infertility clinics selected Hospitals at Bagalkot.

Table 6.2: Percentage wise distribution of infertile women's attending infertility clinics according to levels of stress in pre-test scores

Test	Levels of stress	Number(F)	Percentage (%)
Pre-test stress levelsscore.	Low stress level	00	0%
	Moderate stress level	15	30%
	High perceived stress levels	35	70%

Table 6.3: Percentage wise distribution of infertile women's attending infertility   clinics according to levels of stress in post test scores.

			N=50
Test	**Levels of stress**	**Number(F)**	**Percentage (%)**
Post-test stress levels score.	Low stress level	17	34%
	Moderate stress Level	28	56%
	High perceived stress levels	5	10%

❖ **Part-III: To assess the effectiveness of interventional module on stress among infertile women attending infertility clinics selected Hospitals atBagalkot**

❖ **Section I: Comparison of stress level of infertile women's in pre-test scores and post-testscores**

➢ **Table 6.4: Percentage wise distribution of infertile women's according to levels of stress in pre-test scores and post-test scores.**

Levels of stress	Pretest score		Post test scores	
	No of respondents	Percentage (%)	Noof respondents	Percentage (%)
Low stress Levels	00	00%	17	34%
Moderate stress levels	15	30%	28	56%
High perceived stress levels	35	70%	5	10%
Total	50	100%	50	100%

➢ **Section II: Testing ofHypothesis:**
To evaluate the effectiveness of interventional module, a research hypothesis was formulated.

H1-There is a significant difference between pre-test and post test scores regarding stress among infertile women attending infertility clinics of selected Hospitals ofBagalkot.

Paired 't' test was find out the differences between the pre-test stress scores and post-test stress scores of infertile women attending infertility clinics of selected Hospitals atBagalkot.

Table 6.5: Significant difference between the pretest and posttest levels scores of stress of infertile women's attending infertility clinics of selected Hospitals at Bagalkot.
N=50

Test	Mean	Mean Diff	SD Diff	Paired t- value	Table value
Pre-test (O1)	27.66	10.18	3.43	10.46	2.010
Post-test(O2)	17.48				

As the calculated 't' value (10.46) was much higher than table 't' value (2.010) for Degree of Freedom 49 and at 5% level of significance.

The Hypothesis:

➢ **H1-** There is a significant difference between pre-test stress levels scores and post- test stress levels scores of infertile women, Hence **H1** is accepted. Findings showed that there is significant difference between pre-test stress levels scores and post-test stress levels scores. Findings revealed the presence of significant difference between pre-test sores and post-test scores; hence the interventional module was positive impact on stress among infertile women. (Table6.5)

➢ **Part-IV: Association between post-tests stresses levels scores of infertile women with selected socio-demographicvariables.**

Table 6.6- Association between post tests stress levels scores of infertile women with selected socio-demographicvariables.
N=50

SI.NO	Socio-demographic variables	DF	Chi- square value	Table value	P-value	Association
1	Age	1	0.15	3.84	0.95	Not significant
2	Types of family	1	0.62	3.84	0.42	Not significant
3	Religion	1	0.03	3.84	0.85	Not significant
4	Duration ofmarriage in year	1	0.3	3.84	0.58	Not significant
5	Educational Qualification	1	0.00	3.84	0.99	Not significant
6	Occupation	1	0.00	3.84	0.99	Notsignificant
7	Duration of infertility Treatment	1	1.72	3.84	0.18	Not significant
8	Any history of miscarriage /still birth	1	0.03	3.84	0.84	Not significant
9	Infertility treatment taken for self orspouse or both	1	0.00	3.84	0.95	Not significant
10	How many childrendo you have?	1	0.15	3.84	0.69	Not significant
11	Is your family supporting you?	1	1.01	3.84	0.31	Not significant
12	Monthly income of the family in rupees	1	0.14	3.84	0.69	Not significant
13	Sources of information regarding health	1	0.00	3.84	0.95	Not significant

- **H2:**Chi-square test used to find out the association between post test scores of infertile women with their selected socio demographic variables by using contingencytable.

- There was no significant association found between post-test stress levels scores of infertile women with their selected socio demographic variables. Hence the **H2** Is rejected for socio-demographic variables like; Age, Types of family, Religion, Duration of marriage in years, Educational qualification, Occupation, Duration of infertility treatment, Any history of miscarriage, Infertility treatment taken for self or spouse or both, How many children do you have?, Family support, Monthly family income, and Source ofinformation.

III. SUMMARY

This chapter dealt with the analysis and interpretation of the findings of the study. The data gathered were summarized in the master sheet and both descriptive and inferential statistics were used for analysis (Table 6.6).

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