

# EFFICACY OF MINDFULNESS ON STRESS AND ANXIETY AMONG WOMEN WITH INFERTILITY

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## INTRODUCTION

A failure to achieve a clinical pregnancy after 12 months or more of frequent unprotected sexual intercourse defines infertility as a disorder of the reproductive system. In a recent Indian National Family Health Survey, women who resided in urban regions were shown to have higher rates of infertility than those who resided in rural areas. It is also true, however, that men are mostly responsible for infertility. When you have infertility, it tends to impact women more than males. Stress and varied coping mechanisms must be treated by infertile women populations. We also investigated the psychological impact of infertility and coping techniques that Indian women use in order to deal with the issue.

## METHODOLOGY

In this study, the evaluative approach and quasi-experimental pretest and posttest control group design were utilized, as well as an evaluative approach and controlled group pretest and posttest design, at select hospitals in Lucknow. Modified Roy's adaption (1991) model was used as the conceptual framework. A group of 60 women had fertility issues and was the sample size. The experimental group consists of 50 samples and the control group has 50 samples. These samples were recruited by purposive sampling and were examined for the effect of meditation therapy on stress and anxiety with the Perceived stress scale and the Modified Hamilton anxiety scale. Descriptive statistics were used to evaluate demographic data (frequency and percentage). Descriptive statistics were used to quantify the pre- and posttest levels of stress and anxiety (mean, standard deviation, frequency and percentage). In order to determine whether or not an increase in stress and anxiety levels exists following a test, a "paired t-test" was applied. Effectiveness of meditation therapy was evaluated using a 'independent' t-test, which determines if an effect occurred as a result of a treatment. The chi-square test was employed to see if demographic characteristics had an effect on stress and anxiety levels post-test in the experimental group.

## Resulting information: RESULTS AND DISCUSSION

In the control group, 16.3% of women between the ages of 21 and 30 had infertility. In the experimental group, 20% of women in the same age range had infertility. A higher percentage of women were aged 40 and above in the control group. These findings are congruent with the findings of Kalavathi, S., (2006), which found that women aged 21 to 30 made up the majority of the study participants (68 percent ).

In the experimental group, women who had completed secondary school were in the majority (13, 43.3 percent), while in the control group, women who had completed university studies were in the majority (10, 33.3 percent). In the control group, just 1.3% of women had obtained primary education, but in the experimental group, 6.6% of the women each had obtained primary school. These findings are in line with previous research by Vashumathi, S.P., (2006), which found that 66.66% of the women in that study had finished their studies.

In the control group, the majority of women (76.6 percent) were housewives in control while the remaining (24.4 percent) were in non-occupational positions. In the experimental group, the majority of women (66.6 percent) were housewives in control while the remaining (34.4 percent) were in non-occupational positions. In the control group, just one (3.3%) of the women were government employees, but in the experimental group, not

a single (0%) woman was a government employee. Results are in agreement with previous research done by Kalavathi, S., (2006) which stated that the majority of women were housewives (73.3 percent).

Among women with infertility, in the control group, 53.3% were women from nuclear families, and 46.6% were from joint families. Both nuclear and joint family backgrounds [15(50%) of each group] were equally represented in the experimental group. The current findings are similar with previous research conducted by Kalavathi, S. (2006), which found that infertile women live in both joint families (45.3%) and nuclear households (45.3%) (44.0 percent).

27 percent of the women in the control group and 90 percent of the women in the experimental group were Hindus. In the control group, 1(3.3 percent) of the women were Muslims, and 2(6.6 percent) were Christians. However, in the experimental group, 1(3.3 percent) of the women were Muslims, and 2(6.6 percent) were Christians. This research found to be compatible with data published by Kalavathi, S., (2006) which indicated that most of the women were Hindus (73.3 percent).

14% of women with infertility in the control group and 12% of women with infertility in the experimental group had duration of infertility of 6-10 years. In the control group, 2% of the women and 3% of the women had duration of infertility that lasted less than two years, while in the experimental group, 6% of the women and 10% of the women had this duration. This results are in agreement with the findings of Osterweil, N., (2007), which revealed that the average infertile woman had been waiting for conception for  $4.2 \pm 2.1$  years.

According to the family history of infertility in women with infertility, the majority of women in the control group (22 [73.3 percent]) and the experimental group (28 [93.3 percent]) had no family history of infertility. In the control group, the number of women with a family history of infertility [8(26.6 percent)] was less, whereas in the experimental group, the number of women with family history of infertility [2(6.6 percent)] was more.

The majority of women in the control group (16 percent) and the experimental group (14 percent) received therapy for infertility for roughly two to five years. In the control group, 1% more women (3.3%) and 2% more women (6.6%) than the experimental group went to treatment for infertility during a period of more than 10 years.

Data analysis found that, prior to the experiment, 20(66.6%) of the women in the control group experienced mild stress and only 10(33.3%) of the women in the experimental group had higher levels of stress.

a majority of women (53.3 percent) felt significant stress and a smaller percentage (43.3 percent) had manageable stress.

The experimental group was in a state of high stress due to it. According to Vashumathi, S.P., (2006), 55% of women report having moderate stress, while 30% of women report having low stress, and 15% of women report having high stress.

When asked about their anxiety levels prior to the experiment, 18 (60 percent) of the women in the treatment group had moderate anxiety, while 9 (30 percent) of the women in the control group had mild anxiety, and only 3 (10 percent) of the women in the treatment group had severe anxiety. the pretest shows that 80% of the women experienced moderate anxiety, with 13.3% having mild anxiety and 6.6% having severe anxiety. It seems that these findings agree with This study conducted by Ramezanzadeh Fatemeh et. al. (2004) revealed that the levels of anxiety among women with infertility, both (38.1 percent) who have moderate levels of anxiety and (17 percent) who have severe levels of anxiety, was approximately equal.

Analysis of the data showed that in the post-test, approximately 22(73.3%) of the women with infertility had moderate stress, while in the experimental group, approximately 18(60%) of the women had low stress. in the control group, all the participants had low levels of stress, however in the experimental group, none of the participants had low levels of stress.

The majority of women who were having fertility problems in the post-test group (74.3 percent) had moderate anxiety in the control group, while those in the experimental group (86.6 percent) experienced mild worry. In the control group, just 2(6.66 percent) of the women had significant anxiety, whereas in the experimental group, none of them did.

Analysis of the data found that the post-test mean score (15.4 + 4.95) was lower than the pretest mean score (26.2 + 4.35), resulting in an 8.86 t-value, which was significant at the 0.05 level in the experimental group. Since the research hypothesis (H1) was accepted, the experimental group had considerably lower post-test stress levels than pretest stress scores.

Although the post-test mean score (24.7 + 4.14) was lower than the pretest mean score (25.4 + 3.62), the t-value of 1.08 was not significant, since it was equal to zero at the 0.05 significance threshold in the control group.

The data revealed that, after an adverse event, the M score, which measures a person's emotional state, was lower than the pre-stress level, with a statistically significant difference, with a p-value of <.001. When comparing the pre-test stress level (M=246.65, SD=22.18) to the post-test stress level (M=247.06, SD=21.89), the pre-test stress level was found to be statistically equal to the post-test stress level.

The post-test mean score (15 + 6.14) was lower than the pretest mean score (36.03 + 9.05). The t' Value of 9.99, which was significant at the 0.05 level in the experimental group, is consistent with the results of the data analysis. thus, the study hypothesis (H2) was accepted, meaning that the experimental group had considerably lower post-test anxiety scores than pretest anxiety scores. Mean score of 34.9 and standard deviation of 10.5 was greater than the pretest mean score of 33.5 and standard deviation of 8.42, the t-value of 1.31 was not significant, the p-value 0.05 in the control group

It was found that stress levels were much lower in the experimental group, with post-test scores of 15.0 and 4.95, as opposed to the control group, which had a post-test stress level of 24.7 and 4.14. This 't' value of 8.29 was significant at the 0.05 level. In order to validate the experimental hypothesis (H3), it was accepted that the experimental group's mean post-test stress levels were significantly lower than the control group's mean post-test stress scores.

Analysis of data revealed that the experimental group's mean post-test anxiety levels (15.06 + 6.14) were considerably lower than the control group's mean post-test anxiety scores (34.9 + 10.05). The t-value of 12.83 had a significance level of 0.05. Thus, the research hypothesis (H4) was accepted: The experimental group's mean post-test anxiety levels were found to be considerably lower than the control group's mean post-test anxiety scores.

Analysis of data showed that stress levels at the end of the study were not associated with any of the demographic characteristics that were examined, such as age, education, occupation, family type, religion, family monthly income, length of infertility, or the duration of infertility therapy. hence, the research hypothesis (H5), women with infertility will experience large increases in stress after the experiment, was disproven.

The test scores show that among the experimental group, average test scores declined.

Using data analysis, it was found that post-test anxiety levels are not correlated with demographics such as age, education, occupation, family type, religion, family monthly income, infertility duration, and family history of infertility. Thus, the hypothesis (H6) was rejected due to a lack of a meaningful relationship between women's anxiety levels immediately after the exam and demographic characteristics in the experimental group.

## CONCLUSION

According to the study findings, women with infertility saw a significant reduction in stress and anxiety after receiving mindfulness therapy. Pretest found that the majority of women in the control group had moderate stress levels of 66.6%, whereas the majority of women in the experimental group had stress levels of 53.3%. In the control group, 73.3% of the women reported moderate stress, whereas 60% of the women in the experimental group had low stress. For the pretest, 60% of the women in the control group felt moderate anxiety, while 80% of the women in the experimental group did. In the post-test period, the vast majority of women with infertility who experienced anxiety in the control group reported moderate anxiety, but far fewer of the women in the experimental group reported mild worry. It has been found through statistical research that providing meditation therapy to women with infertility helps to lower stress and anxiety (the 't' values are 8.29 and 12.83 respectively). Thus, through meditation treatment, they may assist to alleviate tension and anxiety, along with improving the possibility of becoming pregnant.

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