



IMPACT OF INTERVENTION ON STRESS AND HAPPINESS LEVELS AMONG INFERTILE COUPLE

P. Shobha Rani¹, Ph.D. & Saroj Arya², Ph.D.

¹Research Scholar, Department of Psychology Osmania University.

²Former Associate Professor & Head, Dept. of Rehabilitation Psychology, NIMH, Secunderabad.

Abstract

The main objective of the study was to assess the impact of intervention with Yoga and CBT on stress and happiness levels among infertile Couple. This study was conducted on 80 infertile couple aged between 20 to 45 years attending the infertility clinics in Hanamkonda and Warangal. Fertility problem inventory and oxford happiness questionnaire were used to measure the impact of intervention on stress and happiness levels. Intervention was given for a period of twenty weeks. The results were analyzed using Mean and Standard Deviation. Results showed that all dimensions of Stress levels were significantly reduced and Happiness levels were improved.

Key Words: Infertility, Stress, Happiness, Intervention, Yoga and CBT.



Scholarly Research Journal's is licensed Based on a work at www.srjis.com

Introduction:

Infertility is defined as the inability of a couple to conceive after a specified period i.e. 12 - 24 months of regular unprotected sexual intercourse (1, 2). Stress is a complex pattern of cognitive appraisals, physiological responses behavioral tendency that occur in response to a perceived imbalance between situational demands and resources needed to cope with them (3). Stress due to infertility is different from other types. Infertile couple suffers from chronic stress each month if fertilization does not happen (4). Infertility also known as infertility crisis, as it is accompanied by physical, economical, psychological and social stress which could affect all aspects of one's life (5, 6, 7). In recent years attention has been increased on the impact of infertility and psychological wellbeing of couple (8). The relationship between stress and infertility forms a vicious circle in which they intensify each other. Infertile couple who know they are the cause of infertility blame themselves. This guilty feeling might increase the stress and make the problem worse (9). As the incidence of stress is high in infertile couple their happiness levels are very low when compared to fertile couple (10). Happiness is an essential dimension of life related to functioning and success (11). Studies show that happiness not only considered as outcome of positive events and factors but also

considered as productive of positive outcomes especially in mental health (12). Studies on happiness consistently have shown a strong relationship between happiness and health as happier people are healthier (13). Happiness and mental health are two key concepts in psychology that have considerably overlap with each other, because both of them related to psychological wellbeing (14). Yoga is one of the complementary alternative medicines which is widely practiced and has a definite scope in various areas of medicine, especially with mental wellbeing of an individual (15, 16). The practice of yoga and meditation helps in increasing the clarity of the mind and maintains the homeostasis of body chemistry (17). Cognitive behavioral therapy (CBT) helps to replace negative thought patterns with more positive and realistic ones (18, 19).

Objective: To study the impact of intervention with Yoga and CBT on stress and happiness levels among infertile couple.

Methodology: The study was conducted on 80 infertile couples aged 20-45 years, who referred to various hospitals in Hanamkonda and Warangal, after getting approval from the institutions and from the sample. The study was carried out for a period of 20 weeks. Among the participants 60% are in age range of 31-40 years, 29% are between 20-30 years and 11% are above 40 years. Equal representations of male and female respondents are taken for the study. The socio economic status of 55% of the selected sample is MIG, while 27.5% is HIG and remaining 17.5% is LIG. Educational status of the respondents - 43.8% is graduates, 23.8% are educated to 10th class, 21.3% completed inter while 11.3% post graduates. The number of married years - 22.5% of sample is 2-4 years, 45% sample is 5-8years, while 32.5% is more than 8years. The infertility type - 70% of the sample had primary infertility and 30% had secondary infertility. After obtaining consent from each couple data was collected using Fertility problem inventory and Coping strategies inventory.

Fertility problem inventory (FPT) was developed by C.R. Newton in 1999. FPI is a 46 item inventory and each item will be measured on a 6- point Likert Scale ranging from strongly disagree to strongly agree. It has 5 sub scales and global stress.

Oxford happiness questionnaire was developed by Michael Argyle and Peter Hill of Oxford University. This is a 29 item questionnaire and each item is measured on a 6 point likert scale ranging from strongly disagree to strongly agree.

Data Analysis and Results:

Data was analyzed using Mean and Standard Deviation.

Table 1 : Mean Differences in infertility related stress scores pre and post Intervention

Dimensions	Pre Intervention		Post Intervention		t	p
	Mean	SD	Mean	SD		
Social concern	41.02	6.44	25.5250	4.15092	15.910	0.000**
sexual Concern	34.39	3.6	27.7073	2.61002	23.406	0.00**
Relationship Concern	42.2	5.01	32.2439	3.99237	20.09	0.00**
Rejection of child free lifestyle	32.29	3.95	24.0244	3.79136	22.08	0.00**
Need for parent hood	43.12	4.21	32.4634	3.92490	20.353	0.00**
Global stress	193.07	18.66	142.2927	10.77090	29.292	0.00**

****p<0.01 level of significance**

The table indicates the mean differences in infertility stress pre and post intervention. From the table it can be said that all dimensions of stress i.e. social concern, sexual concern, relationship concern, rejection of child free life style, need for parenthood and global stress mean scores and standard deviations were decreased and significant at 0.01 level.

Table 2: The Happiness Levels of participants pre and post intervention

	Mean	SD	t	p
Pre	62.4	7.14	32.65	.000**
Post	118.12	8.08		

****p<0.01 level of significance**

The happiness in participants pre and post intervention was presented in the table. From the table it can be said that mean scores of happiness after intervention increased and significant mean differences in pre and post intervention was found at 0.01 level.

Discussion

The effect of intervention with Yoga and CBT on stress and happiness levels among infertile couples were examined using the fertility problem inventory and oxford happiness questionnaire. Results depicted that intervention was effective in reducing infertility related stress and enhancing happiness levels.

Several studies have demonstrated that infertility had devastating effect on couple's mental health. Infertility is not only a physiological condition which needs medical treatment

but also an emotional, social, cultural, religious and economic reality which needs an effective intervention (20, 21,22).

Yoga can help the couple to cope the challenges of infertility related stress. The practice of yoga and meditation can help to increase the clarity of the mind, maintain healthy body chemistry, well being, happiness and stress tolerance(17).

CBT employs multiple strategies. It includes cognitive restructuring which refers to the process of identifying and changing inaccurate negative thoughts. Behavioral modification aims to help participants engage more often in enjoyable activities and enhance problem solving skills(18, 19).

Conclusion:

This study highlights the effect of intervention with Yoga and CBT on stress and happiness levels among infertile couple. Intervention had a positive effect in reducing stress levels and improving happiness levels. Therefore intervention should be given to infertile couples as a regular practice along with their medical treatment for infertility.

References

- WHO- ICMART Glossary- Human reproduction programme – Research for impact- Oct 2016. *Obstet Gynecol India* 2006; 56(1): 64-67.
- Lazarus R, Folkman S (1984) *Stress, Appraisal, and coping*, New Yark: Springer.
- Sreshthaputra O, Sreshthaputra R. A, Vutyavanich T. Gender differences in infertility- related stress and the relationship between stress and social support in Thai infertile couples. *J Med Assoc Thai* 2008;91: 1769-73.
- Gibson D M, Myers JE, The effect of social coping resources and growth- fostering relationships on infertility stress in women. *Journal of Mental Health Counseling* 2002;24, 68-80.
- BKiD (Counseling network for infertility in Germany).(2004) *Guidelines on ‘ psychosocial infertility counseling. Germany.*
- Fidler AT, Bernstein J. Infertility: from a personal to a public health problem. *Public Health Rep.* 1999; 114(6): 494-511.
- Guerra D, Liobra A, Veiga A, Barri PN. (1998) *Psychiatric morbidity in couples attending a fertility service. Hum. Reprod* 13: 1733-1736.
- Erica M T. The stress of infertility. *Hum Ecol* 2002; 95:12.
- Covington SN. Pregnancy loss. In: Burns LH, Covington SN, editors. *Infertility counseling: a comprehensive handbook for clinicians.* New York: Parthenon Publishing; 2000. pp. 84–145.
- Agid O, McDonald K, Siu C, Tsoutsoulas C, Wass C, Zipursky RB, et al. Happiness in first-episode schizophrenia. *Schizophr Res.* 2012;141(1):98–103.
- Kesebir P, Diener ED. In pursuit of happiness: empirical answers to philosophical question. *Perspectives on Psychological Science.* 2008;3(2):117–125.
- Graham C. *Happiness around the world: the paradox of happy peasants and miserable millionaires.* New York: Oxford University Press; 2009.
- Kozma A, Stones MJ. Predictors of happiness. *Journal of Gerontology.* 1983;38(5):626–628.

Asana- Pranayama Mudra bandha by Swami Satyananda Saraswathi

Yogaritham by P. Sudharshan Reddy.

Khalsa, H.K. (2003), *Yoga is an adjunct to infertility treatment. Fertility & Sterility*. 80(4), 46-51.

Epstein NB, Zheng L. *Cognitive-behavioral couple therapy. Current Opinion in Psychology*. 2017;13:142-147. DOI: 10.1016/j.copsy.2016.09.004.

Epstein NB, Baucom DH. *Enhanced cognitive-behavioral therapy for couples: A contextual approach. Washington, DC: American Psychological Association; 2002. DOI: 10.1037/10481-000. Cognitive Behavioral Therapy and Clinical Applications 138.*

Greil AL, Leitko TA and Porter KL. *Gender Soc* 1988;2:172-199.

Kemmann E, Cheron C and Bachmann G. *J Reprod Med* 1998; 43:196-198

Sandelowski M. *Int J Nurs Stud* 1999; 36:13-20.