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TO COMPARE STRESS LEVEL AND COPING MECHANISM BETWEEN THE HUSBANDS AND WIVES ATTENDING INFERTILITY CLINICS

Gynaecology

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ABSTRACT

Background : Reproductive health is a state of complete physical, mental and social well-being in all aspects relating to the reproductive system and to its functions and processes Infertility therefore, is a basic component of reproductive health and its prevention and appropriate treatment, where feasible are essential .Infertility is the inability to conceive after 1 year of unprotected intercourse. Emotion is the primary player in the drama of marital distress and in changing that distress. It is emotion that organizes attachment behaviors.

Method: Non experimental- comparative descriptive research design is used . Non-probability Purposive Sampling technique is used . Sample size are 30 couples (30 husbands & 30 wives) Tools are Perceived Stress Scale and Coping Mechanism Scale .Then Comparing the level of stress and coping mechanism between husbands and wives attending Infertility clinics

Results: 10% of the husband and 3.33% of the wives had poor level of stress, 70% of the husband and 33.33% of the wives had average level of stress, 20% of the husband and 63.33% of the wives had good level of stress. Each 43.33% of the husband and wives had average and 56.67% of husband and wives had good level of coping mechanisms.

Conclusion: Husband and wives continuously expose to community they have greater risk for stress related problems

KEYWORDS

Level of stress, Coping mechanism, Husband and Wives, Infertility clinics

INTRODUCTION

Infertility is a world-wide problem affecting people of all communities, though the cause and magnitude may vary with geographical location and socio-economic status. Approximately 15-20% (2004) of couples within the reproductive age group present for medical assessment, generally following two years of failed efforts to reproduce. It is estimated that globally between 60-80 million couples suffer from infertility every year, of which probably between 15-20 million are in India alone.. In India 40% infertile couples, the cause of infertility is the man, in 10%, it is both the man and the woman.[1]

Emotion is the primary player in the drama of marital distress and in changing that distress. It is emotion that organizes attachment behaviors, and motivates us to respond to others, and communicates our needs and longing to them. A support group potentially may help partners/spouses begin to sort out their feelings, strengthen existing coping skills, and develop new ones, and, most importantly, communicate with each other and with other people in their support networks more clearly by identifying, processing, and expressing emotions concerning their personal experiences of infertility. The current methods in treating women faced with infertility have been short term with an emphasis on providing medical knowledge and helping the couple learn stress-reducing coping techniques[2]

Infertility treatment involves more complicated, uncomfortable, and humbling medical procedures for women, so the coping strategies used by wives may differ from those used by husbands. In particular, many studies underscore that treatments for assisted conception, and particularly IVF, which is the most studied of these, are a source of stress for the couple who make a great emotional investment in these treatments sadness, depression, anxiety hopelessness, and anger are common in infertile couples undergoing IVF treatment. The emotional distress is particularly great when waiting for treatment outcome, in the case of unsuccessful treatment and in the cycles following the first attempt it also depends on the ability of the couple to cope with this condition.[3]

OBJECTIVES:

1. To assess the level of stress among husbands and wives attending the infertility clinics.
2. To assess the level of coping mechanism among husbands and wives attending the infertility clinics.
3. To compare the level of stress and coping between husbands and wives.

ASSUMPTION:

- Stress and coping mechanism of husbands will differ from wives.

HYPOTHESIS:

H_0: There is no significant difference in stress and coping mechanism between the husbands and wives.

H_1: There is significance difference in stress and coping mechanism between husband and wives.

MATERIAL AND METHOD: This study was based on comparative descriptive approach. The population was husbands and wives attended infertility clinic. In this study, 30 couples are included**.**

Inclusion Criteria

1. The age of husbands is 21-44 years and age of wives is 18-44 years those who are attending the infertility clinic.
2. Those that can able to understand and read Marathi or English.
3. Those who are willing to participate in the study.

Exclusion Criteria

1. Surrogate mothers attending the infertility clinic.
2. Couple on treatment for secondary infertility.

Development of tools: A tool is an instrument or equipment use for collection of data which is stress scale and coping mechanism

SECTION I- Consists of demographic variables (Age, Religion, Education, Occupation, Income of family, Type of family, Duration of marriage, Family history of infertility)

SECTION II- The Perceived Stress Scale (PSS) is the most widely used psychological instrument for measuring the perception of stress.

SECTION III -Coping Mechanism Scale included questions on coping responses. 15 coping responses were selected. And the informed consent from the entire participants was taken before starting the study.

RESULTS:

Distribution of subjects according to their age in years reveals that 30% of the wives were in the age group of <25 years, 76.7% of the husband and 63.3% wives were in the age group of 25-34 years, 23.3% of the husband and 6.7% of the wives were in the age group of 35-44 years respectively.

Identification of stress:-

The frequency and percentage wise distribution of husband and wives according to level of stress. The levels of stress were seen into 4 categories, poor, average, good and excellent. 10% of the husband and 3.33% of the wives had poor level of stress, 70% of the husband and

33.33% of the wives had average level of stress, 20% of the husband and 63.33% of the wives had good level of stress.

Identification of coping strategies:-
The frequency and percentage wise distribution of husband and wives according to level of coping mechanism. The levels of coping mechanism were seen into 4 categories, poor, average, good and excellent. Each 43.33% of the husband and wives had average and 56.67% of husband and wives had good level of coping mechanisms.

Comparison of various stress and coping between husband and wives:-
The comparison of level of stress and coping mechanisms among husband and wives. The tabulated 't' values was for level of stress was 1.98 (df=58) which is much less than the calculated 't' i.e. 4.17 at 5% level of significance. Also the calculated 'p'=0.0001 which was much less than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that there is significant difference between level of stress among husband and wives.

The tabulated 't' values was for level of coping mechanisms was 1.98 (df=58) which is much higher than the calculated 't' i.e. 0.29 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 there is no significant difference between level of coping mechanisms among husband and wives. .

DISCUSSION:-
The frequency and percentage wise distribution of husband and wives according to level of stress. The levels of stress were seen into 4 categories, poor, average, good and excellent. 10% of the husband and 3.33% of the wives had poor level of stress, 70% of the husband and 33.33% of the wives had average level of stress, 20% of the husband and 63.33% of the wives had good level of stress.

In 2002, study conducted to compare treatment-related stresses of couples undergoing IVF or ICSI treatment (ejaculated, epididymal or testicular spermatozoa) and to identify sex differences and risk factors for depression. A one year cohort of couples was retrospectively sent questionnaires on infertility and treatment-related distress and depression (Depression Scale, D-S). Two hundred and eighty-one women and 281 men (61% of those eligible) were included. Treatment-related distress was generally higher for women than for men[4].

Treatment by ICSI carried additional burdens for the men: they reported a greater subjective responsibility for the infertility, impact of childlessness on daily life, treatment-related stresses (particularly for MESA/TESE) and time demands. Even when clinical differences between treatments (e.g. age, previous treatments) were controlled statistically, depression scores did not differ[5]

In 2003, M.M stein and Ganiats et al conducted study to evaluate the hypothesis that infertility may result in a decrease in quality of life and an increase in marital discord and sexual dysfunction. The burden of infertility is physical, psychological, emotional, and financial[6].

NURSING IMPLICATION :-
Nursing services:- Nurse working in the obstetrics and community set up can benefit from such researches, as it will provide more insight the level of stress and coping mechanism between the husbands and wives. They should know the knowledge of the infertility about husband and wives

Nursing administration:- A strong communication system should exist between the administrative staff, hospital staff community staff to obtain information about infertility in husband and wives

Nursing education: Nursing education is developing in India and nurse from our country can be found all over the world providing education .Nursing education should help in including value and sense of responsibility in the students to educate the husband and wives and to foster the practice of health education husband and wives about infertility

RECOMMENDATIONS:-
- A similar study may be conducted or a larger population for generalization of findings
- A comparative study to identify stress between husband and wives.
- A comparative study to identify coping strategies adapted by the husband and wives
- A study can be carried out to study the effect of counseling session on reduction of stress level among husband and wives

CONCLUSION
Husband and wives continuously expose to community they have greater risk for stress related problems. Stress may arise from their work, contact with community, demands of organizations who he/she works etc. infertility couple must have emotional maturity to cope with frustration and sadness. If they use healthy coping strategies in stressful situation it will be more appropriate and thus depression can be avoided. Communication is an important way of ventilating in stress. In addition, counseling, stress management techniques, assertive training etc. have been useful to control their own stress. Biofeedback, relaxation, and yoga are also useful.

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