

“The Experimental-Study to Assess the Effectiveness of Self-Instructional Module Related To Psychological Effects of Infertility Among Couples in Selected “Rural Area”, At Gwalior City, (M.P.).”

Ms. Sonal Bundela

Final Year MSc Nursing, Community Health Nursing, Year 2016-2017

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. The magnitude of the problem calls for urgent action, particularly when in the majority of cases the infertility is avoidable. Knowledge of reproductive physiology and availability of sensitive and specific diagnostic methods, infertility management has improved considerably.

US census Bureau (2004), Extrapolated prevalence of infertility in India is 23,885,775 out of 1, 065, 070, 60 population.

National institute for population sciences, Mumbai (2005-2006), reported in **National Family Health Survey(NFHS)** that 3.8 % of women between ages of 40-44 yrs did not have any children and 3.5% of currently married women were declared infertile. Considering this, **WHO** had recognized infertility as public health issue worldwide?

WHO (2006), on the worldwide scale, nearly 50-80 million people suffer from infertility problems. The incidence in men and women is identical while in 30-40% cases; infertility is exclusively a female problem approximately 10-15% of couples of childbearing age are experiencing infertility. Generally, worldwide it is estimated one in seven couples have problem in conceiving.

District Level Household and Facility Survey (2007-08), Madhya Pradesh revealed that seven percent of ever married women age 15-49 years in Madhya Pradesh has infertility Problem, and among them 5.1 and 1.8 percent had primary and secondary infertility respectively. A sizeable 72.8 percent of ever married women reported to have experienced problems in conceiving for the first time, 12.1 percent had problems conceiving after still/live birth and 6.4 percent after undergoing induced abortion. Infertility rate in the Gwalior district was found to be 20%.

The World Health Organization (WHO) (2009), in conjunction with the Technologies, has formally recognized infertility as a disease in its new international glossary of Assistive Reproductive Technologies (ART) terminology. ASRM applaud the WHO for leading this important effort and for being so clear about the disease status of infertility', said Dr William Gibbons, American Society of Reproductive Medicine (ASRM) President. He added: "For too long those suffering from infertility have had their condition slighted or even ignored. Insurance companies don't pay to treat it, governments don't put adequate resources to study it and consequently patients suffer. We hope that this international recognition that infertility is, in fact, a disease will allow it to be treated like other diseases".

NEED FOR THE STUDY:

Infertility is a silent and unseen issue in Indian scenario. Many researches have been carried out on infertility and effects of various aspects on infertility such as ageing, obesity, smoking, caffeine, drug abuse, and radiations and medical conditions like anovulation, luteal phase defect, impaired tubal function and motility, uterine hypoplasia, fibroid uterus but the studies to assess psychological effect of infertility on couple are limited.

Moreover, infertile couples often experience strong anger and anxiety, but sometimes these seem to be denied (Chiba et al., 1997) or repressed (Facchinetti et al., 1992)

In addition, for anger it is difficult to state whether anger levels and expressions are consequences of the stressful condition experienced by those who do not succeed in conceiving a child or instead are predisposing factors for this condition. This is the reason for selected couple for study. Regarding the high rate of psychological problems of couple, this study would bring more attention of health professionals toward the need for infertility centers that offer psychological services. This would help the married couples to reduce their stress level by adopting various coping strategies as information booklet regarding advice on coping strategies on infertility.

Statement Of The Problem

“The experimental-study to assess the effectiveness of Self-instructional module related to psychological effects of “Infertility” among couples in selected “Rural area”, at Gwalior City, (M.P.).”

Objectives Of The Study

- 1) To assess the psychological effects of infertility in couples in selected rural area.
- 2) To prepare information booklet regarding advise on coping strategies on infertility.
- 3) To ascertain association of between psychological effects of infertility on couples in selected rural area with selected demographic variables.

OPERATIONAL DEFINITIONS:

1. Effectiveness: It refers to the outcome of self-instruction module in improving the level of stress regarding infertility among infertile couples.

2. Self Instructional Module: In this study self-instruction module is self-contained and self-sufficient unit of instruction for learner to achieve a set of objectives.

3. Psychological Effects: A term used to describe the mental health and behavior. In the study infertility leads to psychological disturbances like depression, sleep disturbances, suicidal tendencies etc.

4. Infertility: Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus.

5. Rural Area: A rural area is an open swath of land that has few homes or other buildings, and not very many people. A rural areas population density is very low. Many people live in a city, or urban area.

6. Couple: Two persons considered as joined together, as a married.

7. Primary Infertility: Couples who have not become pregnant after at least 1 year having sex without using birth control methods.

Assumptions;

The study assumes that:

- 1) Psychosocial effects of infertility will have impact on health of couples.
- 2) Infertility will produce stress among the couples (husbands and wives).
- 3) Information booklet will help to increase coping strategies.

HYPOTHESIS

H₁: There will be a significant association between psychological effects of infertility and selected demographic variables.

H₂: There is a significant association between the level of stress of the infertile couples and selected demographic variables.

Delimitations;

The study has delimited only:-

- ✓ The sample size is limited to 60 couples, who are living in the rural area during the period of study.
- ✓ Those couple who give consent to participate in the study.

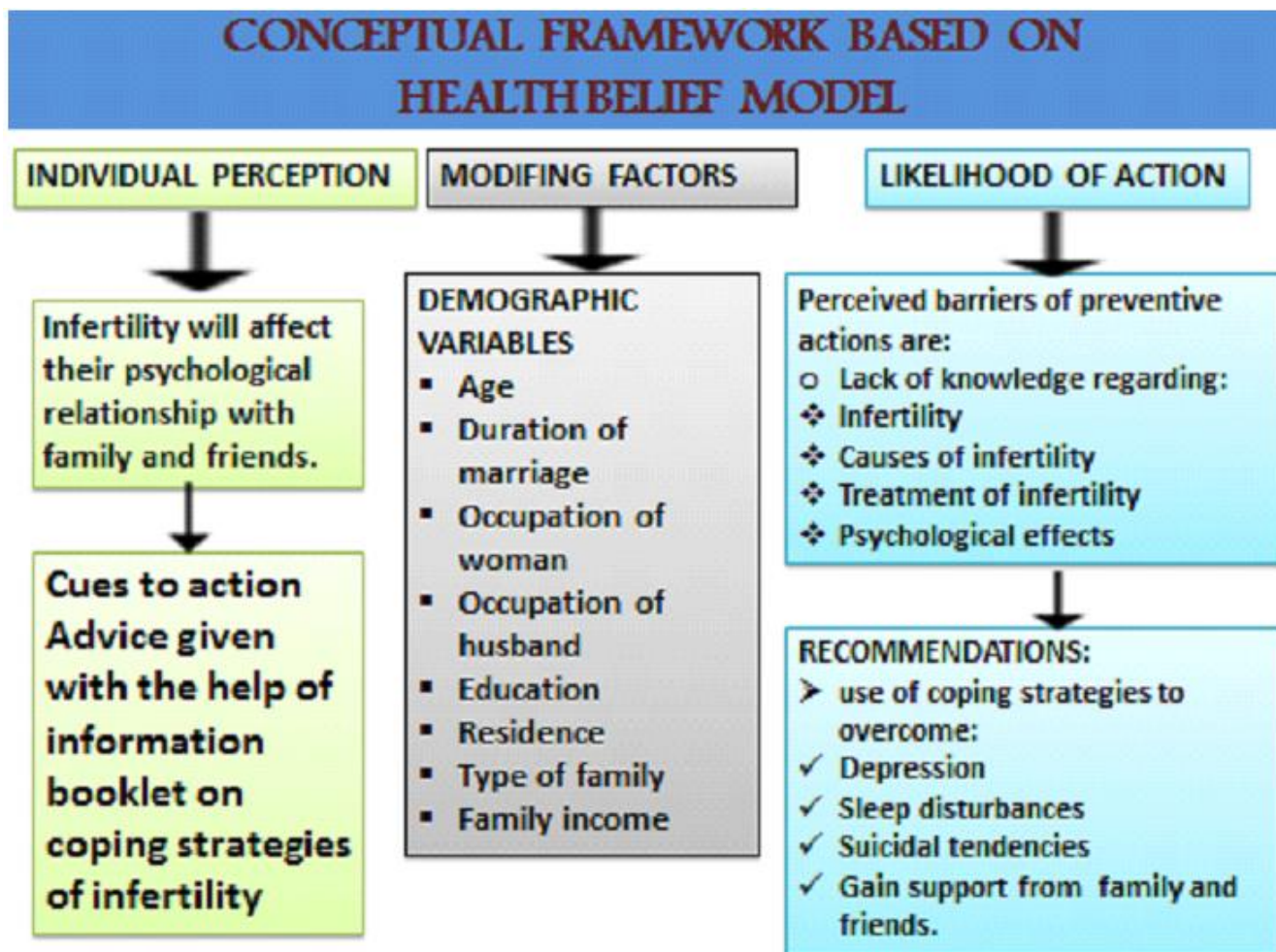
Conceptual Framework

The conceptual framework of the present study is based on “the health belief model” by Redman (1980) as shown in the figure.

In its original form, developed in 1950’s it says that people are not likely to take health action unless:

- They believe they are susceptible to the disease in question.
- They believe that the disease would have serious effects on their lives if they should contract it.
- They are aware of certain actions that can be taken and believe that these actions may reduce their likelihood of contracting the disease or reduce the severity of it.
- They believe that the threat to them from taking the action is not as great as threat of the disease itself.

The conceptual framework of the present study based on this model explains that the couples have some belief that they are susceptible to psychological impacts of infertility and this would have serious effects on their lives if they adopt it. Knowledge regarding various risk factors such as age, duration of marriage, occupation both husband & wives, education, residency, family income etc. would help them to perceive the threat to their health due to infertility.



RESEARCH APPROACH

- ☐ The experimental study approach was used to assess the effectiveness of psychological effects of infertility.

Research Design

- ☐ The research design selected for the study was quasi experimental design.

Variables

1. Independent Variable:

Infertility is independent variable which will be introduced by the investigator to achieve desired effects.

2. Dependent Variable:

Psychological effects are dependent variable which will be changed to give desired effects.

3. Influencing Variables:

Age, educational status, type of family, residence, occupation husband and wives, duration of marital life, monthly family income this will influence the research findings.

Setting Of The Study

- The study was conducted in the (Banmor) Gwalior (M.P.). The setting was chosen to perform the study, considering the feasibility of conducting the study and availability of samples

Population

- The study population comprises of all the married couples between (18-33Years) coming in the above selected area.

Sample

- ☐ The sample for this study comprised of married couples (18-33years) who fulfilled the inclusive criteria in the selected rural area (Banmor), Gwalior.

Sampling Technique

- ☐ Non probability convenient sampling technique is used to select the sample.

Sample Size

- ☐ The sample size for the study was 60 married couples (18-33years) who are attending selected Rural area (Banmor) and who satisfied the inclusive criteria.

Criteria For Selection Of Samples

Inclusive Criteria

- Those couples who are willing to participate.
- Those couples available at the time of data collection.
- Those couples who have primary infertility.
- Those couples that can able understand and read either Hindi or English.

Exclusive Criteria

- Surrogate mothers.
- Couples on treatment for secondary infertility.