



Effectiveness Of Meditation Therapy In Reducing Stress And Anxiety Among Women With Infertility

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Abstract: This study has been undertaken to investigate the effectiveness of meditation therapy in reducing stress and anxiety among women with infertility in Jabalpur Fertility Center, Madhya Pradesh. Infertile couples often experience chronic stress, depression, and anxiety due to the inability to conceive and the rigorous nature of infertility treatments. For this very purpose, a quasi-experimental pretest and posttest control group design was used with a sample size of 60 women (30 in the control group and 30 in the experimental group) selected through purposive sampling. Data was collected using the Cohen's Standardized Perceived Stress Scale and the Modified Hamilton Anxiety Rating Scale. The analytical framework reveals that the mean post-test scores of stress and anxiety in the experimental group were significantly lower than those in the control group ($P < 0.05$), indicating that meditation is a highly effective mind-body intervention for this population.

Index Terms - Infertility, Meditation Therapy, Stress Reduction, Anxiety, Nursing Intervention.

1. Introduction People take parenthood as much for granted as birth and death; for couples who discover they cannot have children, the loss of parenthood comes as a rude shock. The World Health Organization (WHO) reports that 60-80 million people experience infertility around the world, with infertility affecting 10-15% of couples in the reproductive age group in India. The inability to conceive causes women to experience severe psychosocial problems, and the extensive and invasive investigation and treatment procedures can create profound emotional distress and depression. Infertility has been characterized as a form of chronic stress, and research suggests that stress itself may negatively influence the outcome of infertility treatments.

Meditation therapy is a mental discipline by which one attempts to get beyond the conditioned thinking mind into a deeper state of relaxation or awareness for reducing stress and anxiety. It serves as a tool for relaxation, providing mental and physical peace while helping women cope with the psychological challenges of infertility. The primary objective of this study was to assess and compare the pretest and posttest levels of stress and anxiety among infertile women in control and experimental groups.

2. Research Methodology

2.1 Population and Sample The target population for this study was women with infertility attending the Jabalpur Fertility Center in Madhya Pradesh. The sample size selected was 60 women, divided evenly into 30 for the control group and 30 for the experimental group. A purposive sampling technique was used to select mothers who attend the center regularly and were willing to participate.

2.2 Data and Sources of Data Primary data was collected directly from the participants using structured interview schedules over a period of 5 weeks. Demographic variables including age, education, and duration of infertility were recorded. To measure the psychological variables, Cohen et al.'s Standardized Perceived Stress Scale (a 10-statement tool) was used to measure stress, and the Modified Hamilton Anxiety Rating Scale (a 20-statement tool) was used to measure anxiety.

2.3 Theoretical framework The conceptual framework for this study was based on Roy's Adaptation Model (1984), which focuses on the adaptation of a person to focal, contextual, and residual stimuli. In this study, the focal stimuli included demographic variables and the administration of meditation therapy, while the output was the effective adaptation (reduced stress and mild anxiety) or ineffective adaptation (moderate/severe stress and anxiety). The independent variable was the meditation therapy (incorporating jnana muthira, pranayama, and stress meditation over 30 minutes), and the dependent variables were the stress and anxiety levels.

3. Results and Discussion

3.1 Descriptive Statistics of Study Variables In the pretest, the majority of women had moderate to high levels of stress (66.6% moderate in the control group; 53.3% high in the experimental group). Similarly, pretest anxiety was predominantly moderate (60% control, 80% experimental). Following the intervention, 60% of the experimental group achieved a "low level of stress" compared to 0% in the control group. For anxiety, 86.6% of the experimental group reached "mild anxiety" post-test, while 73.3% of the control group remained at "moderate anxiety".

3.2 Comparison of the Models (Pretest vs. Posttest) A paired 't' test and independent 't' test were used to measure the effectiveness of the therapy.

- **Stress:** The post-test mean score for stress in the experimental group (15 ± 4.95) was significantly lower than the pretest mean score (26.2 ± 4.35) with a 't' value of 8.86 ($P < 0.05$). Conversely, the control group showed no significant change ('t' value = 1.08).
- **Anxiety:** The post-test mean score for anxiety in the experimental group (15 ± 6.14) was significantly lower than the pretest mean score (36.03 ± 9.05) with a 't' value of 9.99 ($P < 0.05$). The control group showed no significant change.

When comparing the post-test results between the two groups, the experimental group's stress levels were significantly lower than the control group's ($t = 8.29, P < 0.05$). The anxiety levels were also significantly lower in the experimental group compared to the control group ($t = 12.83, P < 0.05$). There was no significant association found between the post-test levels of stress/anxiety and specific demographic variables like age, education, or income.

4. Conclusion The study findings revealed that there was a significant reduction in the level of stress and anxiety among women with infertility after the administration of meditation therapy. Based on the statistical findings, it is evident that the provision of meditation therapy effectively helps reduce stress ($t=8.29$) and anxiety ($t=12.83$) in infertile women. Thus, meditation therapy serves as an effective, low-cost mind-body intervention that can be utilized by nursing professionals to improve patient adaptation, provide mental peace, and potentially improve the chances of fertility.

