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Background
Infertility may have many emotional and psychological implications on infertile couples. So far, different methods for reducing anxiety in infertile couples have been evaluated. The goal of this study is to evaluate the effect of provision of information regarding infertility treatment to infertile couples on their anxiety levels.

Materials and methods
This study was conducted as a before and after clinical trial. Forty-two individuals were considered as cases and 40 as controls. In order to evaluate anxiety and depression in participants, the Hamilton Anxiety and Depression Scale (HADS) questionnaire was used. The intervention group received information about infertility treatment through a two hour face-to-face meeting and was provided with a brochure. Anxiety level was assessed at the time of admission, immediately after the session and two weeks later. Assessment was performed twice for the control group; once at the time of admission and secondly, two weeks later.

Results
Our results show that receiving information about infertility treatment significantly decreases anxiety among infertile couples two weeks post-training. This decline does not have a significant correlation with age, sex, education level of the couple, and neither with the duration nor the cause of infertility. Providing information does not have any significant effect on the rate of depression among couples.

Conclusion
It is recommended that provision of information regarding infertility treatment methods should be considered as a means of decreasing anxiety among infertile couples who refer to infertility treatment centers.

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fertilization (IVF) in the USA costing between $10,000 and $15,000. An associated problem is the concern about job security for women. One study found that levels of self-reported anxiety, PRL, and F increased significantly from baseline to the time of egg retrieval during IVF. Harlow and colleagues also found that levels of state anxiety and PRL and F all increased during IVF but that there was no relationship between increased anxiety, hormones, and pregnancy outcome.

Infertility is clustered into two classifications. Primary infertility talks about couples who have not become pregnant after at least 1 year of unprotected intercourse. Secondary infertility states couples who have been pregnant at least once, but never again. A wide variety of physical and emotional factors can cause infertility. Another study was done by Jind (2003) to explore the attributional processes and the effect of various causal attributions on post-traumatic symptomatology among parents who had lost an infant. Study was focusing on parental reactions to the loss of an infant, several relationships between attributional processes and other factors in terms of contextual factors and post-traumatic symptomatology were examined. Infertility-related stress. The term infertility-related stress refers to the level of such stress perceived by each spouse individually. The relationship between the level of infertility-related stress, as experienced by male and female participants who formed part of infertile married couples, and coping strategy. Therefore, this chapter will provide an overview of two theoretical frameworks, namely family systems theory, Self-Efficacy Theory, Coping Theory, and Stress and Appraisal Theory, that are deemed appropriate to conceptualize infertility-related stress and its relationship to specific aspects of coping strategy.