Chapter V

DISCUSSION

Infertility is a worldwide issue in reproductive health. It ranks one of the major global reproductive health problems. Ten to fifteen percent of couples experience infertility. Sherrod (2004) stated that infertility has multiple aspects, including physical, emotional, financial, social and psychological effects. Feelings of grief and loss are very common as couples come to terms with the fact that they are not able to conceive. Merga (2004) expressed 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.

Schmidt (2005) stated that infertility is frequently perceived by the couple as an enormous emotional strain and counseling may prove helpful as a part of the initial infertility evaluation, an adjunctive measure during treatment, or a final measure to help patients. Cope with acceptance of their infertility problem. Lemmer (2004) expressed that recognition of the distressing character of infertility diagnosis and treatment had led to the development of several psychosocial intervention for infertile couples.

Infertility is a psychological crisis. Psychological supports that assist patients to remain active and focused on the problem
can minimize the negative impact of infertility. Keeping this mind and the unparallel benefits of counseling and relaxation therapy to couple with infertility, the researcher selected the present study. The present study was aimed to evaluate the efficacy of counseling and relaxation therapy with the following objectives.

**Objectives of the Study**

**Phase I**

1. To assess the stress level of women with primary infertility.
2. To identify the coping ability of women with primary infertility.
3. To correlate the stress level with selected variables such as years of married life, social support, literacy level and employment.

**Phase II**

4. To evaluate the effectiveness of counseling and relaxation therapy on stress level among the couples with primary idiopathic infertility.
5. To evaluate the effectiveness of counseling and relaxation therapy on coping level among the couples with primary idiopathic infertility.
6. To evaluate the effectiveness of counseling and relaxation therapy on knowledge on conception among the couples with primary idiopathic infertility.
7. To evaluate the effectiveness of counseling and relaxation therapy on conception rate among the couples with primary idiopathic infertility.
8. To correlate the mean knowledge score with selected variables such as age, education and occupation.

The study was conducted in infertility clinic, Jipmer, Pondicherry from June 2010 to December 2012. Samples were selected randomly. For Phase I, 350 women with primary infertility and for Phase II, 50 couples with primary idiopathic infertility were selected based on the inclusion criteria. The collected data were analyzed and arranged. The study findings are discussed in this chapter.

PHASE I

Section I: Socio Demographic Variables of the Women with Primary Infertility

The distribution of demographic variables of the women with primary infertility revealed that 78.6% were in the age group of less than 30 years old. As far as religion is concerned, most of them (93.7%) were Hindus. Regarding residence, 47.7% were from Urban. With regard to family system 50.85% were from nuclear family.

The educational status of the women revealed that 31.1% had secondary education. Regarding the occupational status of the women, the analysis showed that 58.6% were homemakers. With regard to spouse educational status, 35.4% had primary education. As far as occupation is concerned, 46.3% were from private company.
Regarding family income per month, 52% had upto 4000 rupees. In regard to duration of marriage, 33.4% were between 6-10 years of married life.

The above findings are consistent with study by Yazori (2012), who found that 87% of the participants were in the age group of less than 30 years, and only 20.2% had secondary education. Also it revealed that 42% of the participants had 6-10 years of married life.

Similar study was conducted by Shiney (2002) and the results conveyed that 57.5% of the participants were from nuclear family and 52.5% were housewives. It also revealed that only 10% had primary education and 82.5% had salary less than Rs.3,000/-.  

The distribution of gynaecological variables of the women with primary infertility revealed that majority of the women (66.9%) attained menarche between 13-15 years of age. With regard to age at marriage, 54% got married between 21-25 years. Regarding, mode of menstrual flow, 60% had normal flow. Among 126 participants, who had the history of dysmennorhoea, 99.4% expressed that they used analgesics as their mode of treatment.

With regard to the family history of infertility, 80.9% had no family history. Spouses were cited as the social support by majority of the women (84.6%). In 35.1% of the women, the husbands were responsible for initiating the treatment.
Majority of the women (99.4%) expressed that they were living together with their husbands.

Regarding privacy at home, almost all (99.4%) of the women revealed that they had privacy. Among 350 women, none of them took any traditional treatment.

The findings are supported by the study by Shiney (2002), where 55% of the participants got married between 20-25 years and 15% of the women were initiated by their husbands for the treatment. It also revealed that 77.5% of the women were living together with their husbands.

The first objective was to assess the stress level of women with primary infertility

The study found that among 350 women with primary infertility only 15.1% had low stress and remaining 84.9% had different categories of stress like average stress (40%), moderately high stress (30.9%) and very high stress (14%). The mean score was found to be 174.3 with standard deviation 12.36 and this indicated that the level of stress was high.

Average stress was experienced by 40.2% and 46.9% of the women in social domain and sexual domain respectively. Moderately high stress was felt by 30.9% and 86.6% of the women in relationship and rejection of child free lifestyle domain respectively. In need for parenthood domain 86.5% had average stress. The mean scores of the different domains were found to be
38.6, 26.1, 35.7, 20.3 and 53.6 and these indicated that the level of stress is high.

Numerous studies support the above findings. The findings are consistent with study by Yazori (2012) who found that among 129 participants 93% had very high stress, 3.9% had moderately high stress, 0.3% had average stress and none had low stress.

In a study by Sreshthaputra (2008), the global fertility problem inventory score of the women were $M = 154.7$, $SD = 22.6$. In a study by Boivin (2005) the overall stress score of infertility women were $M = 28.66$, $SD = 8.5$.

In a study by Venkatesan (2009) the stress level of women with infertility in different domains were revealed. In social domain $M = 39.08$, $SD = 6.36$, in Sexual domain $M = 25.8$, $SD = 4.97$, in relationship domain $M = 40.01$, $SD = 5.46$, in rejection of childfree lifestyle domain $M = 24.15$, $SD = 2.99$ and in need for parenthood domain $M = 51.55$, $SD = 4.62$.

Similarly in study by Boivin (2005), the stress scores of infertile women at different domains were as follows: In personal domain $M = -14.34$, $SD = 4.6$, in social domain $M = 6.34$, $SD = 2.6$ and in marital domain $M = 7.94$, $SD = 3.2$.

**The second objective was to identify coping ability of women with primary infertility**

The present study found that among 350 women with primary infertility, none of them had high level of coping. 39.1%
had low level of coping and 60.9% had medium level of coping. The mean score was found to be 32.54 with SD = 5.46 and this indicated the inadequate coping level.

In active avoidance coping, 96% had high coping and this indicated that women were avoiding the situation actively and that implied poor adjustment to infertility. In active confronting coping, 86.6% had low coping. In passive avoidance coping 68% had medium coping, which again predicted that they had poor adjustment to infertility. In meaning based coping almost all (99.4%) showed low coping. The mean scores of the different domains were found to be 20.45, 5.85, 5.99 and 0.24 and these indicated the inadequate coping level.

The findings are consistent with study by Schmidt (2005), where in active avoidance coping M=6.98, SD=2.27, in active confronting M=15.67, SD=4.09, in passive avoidance M=9.13, SD=1.97 and in meaning based M=11.20 SD = 2.99. Similarly Peterson (2006) conducted a study and found that in active avoidance coping M=6.98, SD= 2.27, active confronting M=16.06, SD=63.67, Passive avoidance M=9.18, SD = 1.93 and in Meaning based M=11.35, SD = 2.90.

The correlation of the stress level with the coping level

The correlation of the stress level with the coping level of the women with primary infertility revealed that overall stress had negative correlation with active avoidance and passive avoidance...
coping at P<.01 level. This indicated that greater the overall stress, the less the active and passive avoidance coping.

It was also found that overall stress had positive correlation with active confronting and meaning based coping at P<.01 level. This expressed that greater the overall stress, the more the confronting and the meaning based coping.

The findings are consistent with study by Lykeridou (2011) where passive avoidance coping was positively correlated with marital and personal stress (r = 0.186 and 0.146, respectively, P<0.01) All kinds of stress (Marital, personal, social) were positively correlated with both active – avoidance (r=0.302, 0.423 and 0.211, p<0.01) and active confronting scale (r=0.150, 0.21 and 0.141, respectively, P<0.01).

**The third objective was to correlate the stress level with selected variables such as years of married life, social support, literacy level and employment**

The present study found that there was no association between the level of the stress with duration of married life. But there was an significant association between the level of the stress and educational status at 0.05 level.

There was no association between stress and occupational status. There was no association between stress and social support.
This findings are consistent with study by Yazori (2012) where there was no statistical association between stress and duration of married life (p value (.939)) and no association between stress and education status (p=.312). It also revealed that no association existed between stress and occupation (p = 0.754).

**PHASE II**

**Distribution of the demographic variables of the women with primary idiopathic infertility**

The distribution of demographic variables of the women with primary idiopathic infertility revealed that, out of 50 women participated in the study, 32% were between 31-40 years. As far as religion is concerned most of them (96%) were Hindus. Regarding residence, 38% were from Urban.

With regard to family system, 50% were from nuclear family. The educational status of the women revealed that 18% had collegiate education. Regarding the occupational status, the analysis showed that half of the participants (52%) were housewives and 12% were self employed.

With regard to spouse educational status, 24% had primary education. As far as spouse occupation is concerned, 40% were working in private company. Regarding family income per month, 32% had upto 2000 rupees. With regard to duration of marriage, 50% had 6 to 10 years of married life.
Numerous studies support the above findings. The findings are consistent with study by Shiney (2002), who found that 45% were from Urban Community, and 57.5% were from nuclear family.

Also it revealed that 17.5% had collegiate education, 52.5% were housewives, 15% were self-employed and 27.5% had Primary education.

Similar study was conducted by Yazori (2012) and the results conveyed that 37.2% of the participants were in the age group of more than 30 years. In study by Pottinger (2006), in 42% of the participants, the duration of married life was more than 7 years.

The distribution of gynaecological variables of the women with primary idiopathic infertility revealed that majority of the women (82%) attained menarche between 13-15 years of age. With regard to age at marriage, 10% had marriage after 25 years.

Regarding mode of menstrual cycle, all had regular cycle. With regard to days of cycle, 52% had 26-30 days cycle. In regard to amount of menstrual flow, 60% had normal flow. Twenty six percent of women had history of dysmenorrhea and 61.5% used analgesics for their dysmenorrhea. Only 16% had family history of infertility. Regarding social support, 88% received support from their spouse and 12% from their in laws.
In twelve percent, husbands were responsible for initiating the treatment but in 88%, the family members and friends were responsible. All women (100%) expressed that they were living with their spouses. Hundred percent of women expressed that they had privacy at home. Fifty percent revealed that they had treatment for 1-2 years and 42% expressed that they took treatment for 3-4 years. None of them had taken traditional treatment.

The above findings are consistent with study by Shiney (2002), who found that in 15% of the women, the husbands were responsible for initiating the treatment and in 85% the family members were responsible. Also it revealed that 77.5% were living with their spouse.

**Assessment of stress level among the couples with primary idiopathic infertility before intervention**

The study results revealed that before intervention most of the women (98%) had very high stress. Moderately high stress was experienced by only 2% and none had low and average stress. The overall stress score of infertile women was high M=222.40, SD = 5.026.

In social, sexual and rejection of childfree life style of the stress, all women (100%) had very high stress. In relationship domain, most of the women (98%) experienced very high stress. In need for parenthood domain, everyone (100%) had low stress. In
all the domains the stress level was high. In social domain M = 57.70, SD = 1.55, in sexual domain M = 42.72, SD = 1.29. In relationship domain M = 43.96, SD = 1.49, in rejection of child free lifestyle M = 33.86, SD = 0.606 and in need for parenthood M = 44.16, SD = 2.14.

The findings are consistent with study by Yazori (2012) where 91.3% of them had very high stress. In a study by Venkatesan (2009) at Chennai revealed that the stress level before intervention among infertility women was high (M = 164.30, SD = 19.03). Also a study by Peterson (2006) showed that the infertile women stress score was high (M = 128.9, SD = 35.2).

Similar findings were reported by Yazori (2012) where the stress level was high in all the domains. In Social domain M = 25.45, SD = 8.27, in sexual domain M = 21.68, SD = 7.72, in relationship domain M = 16.02, SD = 4.93, in rejection of childfree lifestyle M = 33.25, SD = 8.11 and in need for parenthood domain M = 36.88, SD = 10.86. In study by Peterson (2006) the mean stress levels of women with infertility at different domains showed that in personal distress domain M = 8.25, SD = 4.60, in marital domain M = 3.95, SD = 3.19 and in social domain M = 2.24, SD = 2.55.

The stress levels among husbands of the women with primary idiopathic infertility before intervention revealed that
among 50 men, only 14% of them had low stress. The rest 86% had stress in different levels. Very high stress was experienced by 46% of the men. Average and moderately high stresses were experienced by 30% and 20% of men respectively. The overall stress score of husbands of the women was high M=176.48, SD = 14.89.

In the social domain 56% had moderately high stress. In sexual domain 50% had moderately high stress. In relationship domain, majority of the men (72%) experienced very high stress. In rejection of childfree lifestyle, most of the men (94%) had very high stress. In need for parenthood domain, 98% had low stress. The mean stress levels of husbands of the women at different domains showed that in social domain M=40.20, SD = 3.94. In sexual domain M = 27.58, SD = 3.11. In rejection of child free lifestyle M=25.98, SD = 3.51. In need for parenthood M=43.88, SD = 2.60.

The findings are consistent with study by Yazori (2012) where 100% of them had very high stress M = 134.92, SD = 17.01. Similarly Peterson (2006) conducted a study among couple with infertility and found that the stress score among men were M=114.5, SD = 28.3.

Also a study by Yazori (2012) showed that the stress levels were high in all the domains. In social domain M=28.8, SD=11.81, in sexual domain M=20.2, SD=5.76, in relationship domain
M = 16.96, SD = 4.17, in rejection of childfree lifestyle domain M = 35.68, SD = 7.80, and in need for parenthood domain M = 33.28, SD = 7.82. Similar findings were reported by Peterson (2006) where the stress levels at different domains were M = 5.36, SD = 3.79 in personal domain, M = 3.82, SD = 3.14 in marital domain and M = 1.45, SD = 2.19 in social domain.

**Assessment of coping level among the couples with primary idiopathic infertility before intervention**

The coping levels of the women with primary idiopathic infertility before intervention revealed that among 50 women with primary idiopathic infertility, none had high coping. Seventy four percent had medium coping and 26% had low coping level. The overall coping level was less M = 22.76, SD = 2.86.

In active avoidance coping 94% had high coping. In active confronting and meaning based coping all the women had (100%) had low coping. In passive avoidance 62% had medium coping. The mean coping level of women at different domains showed that in active avoidance domain M = 13.04, SD = 1.39. In active confronting domain M = 2.42, SD = 2.11, in passive avoidance domain M = 7.10, SD = 1.44, in meaning based domain M = 0.2, SD = 0.989.

The findings are consistent with study by Peterson (2005) where the results showed that in active avoidance domain M = 6.02, SD = 1.98, in active confronting domain M = 13.61,
SD=3.39, in passive avoidance domain M = 8.51, SD = 2.13 and in Meaning based domain M = 10.60, SD = 2.81.

The Coping levels among husbands of the women with primary idiopathic infertility before intervention revealed that among 50 men none had high coping. Fifty six percentage experienced low coping and 44% had medium coping. The mean coping level showed that M = 20.82, SD = 2.38.

In active avoidance coping, 92% had high coping. In active confronting coping, majority of the men (98%) had low coping. In passive avoidance, most of the men (66%) had medium coping. In meaning based coping all of them (100%) had low coping. The mean coping level of husbands of women at different domains revealed that in active avoidance domain M = 12.00, SD = 0.832. In active confronting domain M = 1.84, SD = 1.503. In passive avoidance domain M = 6.76, SD = 1.302, In meaning based domain M=0.220, SD = 0.763

The findings are consistent with study by Schmidt (2005) where in active avoidance domain M =6.01, SD = 1.98, in active confronting domain M = 13.42, SD = 3.48, in Passive avoidance domain M= 8.46, SD = 2.15, and in Meaning based domain M = 10.47, SD = 2.89.
Assessment of knowledge level among the couples with primary idiopathic infertility before intervention

The knowledge levels of the women with primary idiopathic infertility before intervention revealed that majority of the women (96%) had inadequate knowledge, 4% had moderately adequate knowledge and none had adequate knowledge. The mean knowledge level showed that $M = 8.42$, $SD = 2.15$. The findings are consistent with study by Shiney (2002) where 42.5% had below average, 17.5% had average and 35% had good and 5% had excellent knowledge level.

The knowledge levels among husbands of women with primary idiopathic infertility before intervention revealed that majority of the men (94%) had inadequate knowledge. Four percent had moderately adequate and 2% had adequate knowledge. The mean knowledge level showed that $M = 8.74$, $SD = 2.98$.

Assessment of stress level among the couples with primary idiopathic infertility after intervention

The stress levels among women with primary idiopathic infertility after intervention revealed that among 50 women, all of them (100%) had low stress. This showed the effectiveness of counseling and relaxation therapy. The Mean stress level showed that $M = 101.02$, $SD = 9.36$. 
In social domain and need for parenthood domains of the stress, all the women (100%) had low stress. In sexual and relationship domains, majority of the women (98%) had low stress. In rejection of childfree lifestyle domain most of the women (94%) had low stress. The mean stress level at different domains were M = 22.86, SD = 2.11 in social domain, M = 12.62, SD = 3.28 in sexual domain, M = 20.50, SD = 4.56 in relationship domain, M = 18.08, SD = 2.48, in rejection of child free life style domain, M = 26.96, SD = 2.57 in need for parenthood domain.

The stress levels among husbands of women with primary idiopathic infertility after intervention revealed that among 50 men, all of them (100%) had low stress. This showed the effectiveness of counseling and relaxation therapy. The Mean stress level showed that M = 112.960, SD = 12.66.

In social domain and need for Parenthood domains of stress, all the men (100%) showed low stress. In sexual domain, 56% showed average and 44% showed low stress. In relationship domain, majority of the men (98%) had low stress. In rejection of childfree lifestyle domain 92% showed low stress. The mean stress level in different domains were M = 25.36, SD = 2.89 in social domain, M = 19.88, SD = 3.38 in sexual domain, M = 24.08, SD = 2.85 in relationship domain, M = 17.58, SD = 2.90 in rejection of childfree life-style domain and M = 26.06, SD = 2.11 in need for parenthood domain.
The findings are consistent with study by Venkatesan (2009) where the Posttest scores revealed low stress $M=164.30$, $SD=19.03$. This showed the effectiveness of positive therapy. This study also revealed that the stress levels were low in all the domains. In social domain $M = 23.23$, $SD = 4.79$, Sexual domain, $M = 17.00$, $SD = 5.94$ relationship domain $M = 25.86$, $SD = 3.96$ rejection of childfree lifestyle $M = 27.46$, $SD=4.26$ and need for parenthood domain $M = 42.10$, $SD = 3.72$.

**Assessment of coping level among the couples with primary idiopathic infertility after intervention**

The coping levels among women with primary idiopathic infertility after intervention revealed that among 50 women, almost all (98%) showed medium coping, after the intervention. The mean coping level showed that $M = 30.12$, $SD = 2.63$.

The coping level increased in all the domains. In active avoidance coping, majority (96%) showed low coping. In active confronting domain coping, all of them (100%) showed medium coping. In passive avoidance coping, most of the women (98%) showed low coping. In meaning based coping, 90% had medium coping. The mean coping level in different domains were $M = 5.06$, $SD = 0.61$ in active avoidance domain, $M = 13.56$, $SD = 1.45$ in active confronting $M = 3.00$, $SD = 0.606$ in passive avoidance domain, and $M = 8.50$, $SD = 1.51$ in meaning based domain.
The coping levels among husbands of women with primary idiopathic infertility after intervention revealed that among 50 men, all of them (100%) showed medium coping, after the intervention. The mean coping level showed that $M = 27.26$, $SD = 4.46$.

In active avoidance coping, most of the men (88%) had high coping. In Active confronting coping, 74% had medium coping. In passive avoidance coping, majority of the men (86%) had medium coping. In meaning based coping, 82% had low coping. The Mean coping level in different domains were $M = 11.00$, $SD = 1.79$ in active avoidance domain, $M = 8.54$, $SD = 2.28$ in active confronting domain, $M = 4.38$, $SD = 1.21$ in passive avoidance domain, and $M = 3.34$, $SD = 3.06$ in meaning based domain.

The knowledge levels of women with primary idiopathic infertility after intervention revealed that among 50 women, all of them (100%) gained adequate knowledge. The mean knowledge level showed that $M = 23.0$, $SD = 1.25$.

The knowledge levels among husbands of the women with primary idiopathic infertility after intervention revealed that among 50 men, most of them (96%) gained adequate knowledge. The mean knowledge level showed that $M = 22.90$, $SD = 0.343$. 
Comparison of stress levels among couple with primary idiopathic infertility before and after intervention

Hypothesis 1: Stress level of the couples with primary idiopathic infertility after intervention will be less than the stress level of the couples before intervention.

The comparison of stress levels among women with primary idiopathic infertility before and after intervention revealed that there was a reduction of stress level after the intervention. The Pretest values were $M=222.40$, $SD=5.026$ & the Posttest values were $M=101.02$, $SD=9.36$. It showed that the reduction of stress level was statistically significant at 0.001 level.

There was a decrease in the Posttest stress scores in all the domains. The paired ‘t’ test values computed between the pre and Posttest stress scores at different domains has shown that there was a statistically significant difference found in all the domains such as the social, sexual, relationship, rejection of childfree lifestyle and need for parenthood domains of stress at $p<.001$ level.

The findings are consistent with study by Venkatesan (2009) where there was a statistically significant difference seen between the pretest $M = 247.51$, $SD = 23.14$ and the Posttes $tM = 164.30$, $SD = 19.03$, at 0.001 level. Also there was a statistically significant difference seen between the pre test stress domains and the Posttest stress domains at $P<.0001$ level.
Similarly Tarabusi (2004) conducted a study among 50 women with infertility. The results showed that after cognitive behavioral group therapy a significant decrease in the total value of psychological uneasiness from M=17.7, SD = 13.7 to m=14.1, SD =14.0.

Also a study by Hughes (2011) assessed effectiveness of art therapy using Mean Beck hopelessness, depression and anxiety inventories among women with infertility. The results showed that Mean Beck hopelessness scale fell from 6.1 to 3.5 after therapy. Beck depression inventory score fell from 19.8 to 12.5 and Beck Anxiety inventory score changed from 12.4 to 8.4.

The comparison of stress levels among husbands of women with primary idiopathic infertility before and after intervention revealed that there was a decrease in the level of stress after intervention. The pretest values were M=176.48, SD=14.89 and the Posttest values were M=112.96, SD=12.66. This showed that the reduction of stress level was statistically significant at 0.001 level.

There was a decrease in the Posttest stress scores in all the domains. The paired ‘t’ test values computed between the pre and Posttest stress scores at different domains has shown that there was a statistically significant difference found in the social, sexual, relationship, rejection of child free lifestyle and need for
parenthood domains of stress at P<.001 level. These findings support hypothesis 1. So the hypothesis was accepted.

The findings are consistent with study by Matthiesen (2012) where the initial stress (Wilks Lambda = 0.68, F(2,28) = 6.48) decreases after the intervention to (Wilks Lambda = 0.83, F(2,28) = 2.92).

Comparison of coping levels among couples with primary idiopathic infertility before and after intervention

Hypothesis 2: Coping ability of the couples with primary idiopathic after intervention will be greater than the coping ability of the couples before intervention.

The comparison of coping levels among women with primary idiopathic infertility before and after intervention revealed that there was an increase in the level of coping after intervention. The Pretest values were M=22.76, SD = 2.86 and the Posttest values were M=30.12, SD=2.63. It showed that an increase in the level of coping was statistically significant at 0.001 level.

The paired ‘t’ test values computed between the pre and Posttest coping scores in different domains has shown that there was a statistically significant difference found in the active avoidance, active confronting, passive avoidance and meaning based domains at P<.001 level.

The Comparison of coping levels among husbands of women with primary idiopathic infertility before and after intervention
revealed that there was an increase in the level of coping after intervention. The pretest values were $M=20.82$, $SD=2.38$ and the Posttest values were $M=27.26$, $SD=4.46$. It showed that an increase in the level of coping was statistically significant at 0.001 level.

The paired ‘t’ test values computed between the husbands pre and Posttest coping scores in different domains has shown that there was a statistically significant difference in the active confronting, passive avoidance and meaning based domains at $P<.001$ level. Active avoidance coping showed statistically significant difference at $P<.01$ level. These findings support hypothesis 2 so the hypothesis 2 was accepted.

**Comparison of knowledge levels among couple with primary idiopathic infertility before and after intervention**

**Hypothesis – 3:** The knowledge on conception among couple with primary idiopathic infertility after intervention will be greater than before intervention.

The Comparison of knowledge levels of women with primary idiopathic infertility before and after intervention revealed that there was an improvement in the knowledge level after intervention. The Pretest values were $M=8.42$, $SD=2.15$ and the Posttest values were $M=23$, $SD=1.25$. It showed that an improvement in the level of knowledge was statistically significant at 0.001 level.
The comparison of knowledge levels among husbands of women with primary idiopathic infertility before and after intervention revealed that there was an improvement in the knowledge level after intervention. The pretest values were $M = 8.74$, $SD = 2.98$ and the Posttest values were $M = 22.90$, $SD = 0.343$. It showed that an improvement in the level of knowledge was statistically significant at 0.001 level. These findings support hypothesis 3. So the hypothesis 3 was accepted.

**Comparison of conception rate among women with primary idiopathic infertility**

**Hypothesis-4:** The percentage of women who conceive will increase among women with primary idiopathic infertility after attending the counseling and relaxation therapy.

Conception rate of women with primary idiopathic infertility after intervention revealed that there was an increase in the conception rate. As per 2010-2011 record, 6% of women with primary idiopathic infertility had conception. Whereas in the intervention group, 22% of women with primary idiopathic infertility had conception. It showed that the increase in the conception rate was statistically significant at 0.05 level.

The findings are consistent with study findings by Abedinia (2009), where, in case group, 70 couples received psychotherapy in 6-8 sessions and 70 couples in control group did not receive any intervention. Pregnancy rate was compared between two groups.
The results showed that 47.1% in case group and 7.1% in control group conceived.

Similarly, Domar (2000) conducted a study among women with infertility. Hundred and eighty four women with infertility were randomized into a cognitive behavioural group, a standard support group and to the control group. They were followed for 1 year. Pregnancy rate was compared between 3 groups. The results showed that 55% of the cognitive-behavioural and 54% of the support group participants experienced a viable pregnancy, in contrast to 20% of the controls. Thus, these findings support hypothesis 4. So the hypothesis 4 was accepted.

**Correlation of stress, coping and level of knowledge**

The assessment of correlation between stress, coping and level of knowledge among women with primary idiopathic infertility revealed that the level of knowledge did not have correlation with level of stress and level of coping.

The assessment of correlation between stress, coping and level of knowledge among husbands of women with primary idiopathic infertility revealed the negative correlation between stress and coping at \( P<.01 \) level. This indicated that greater the stress level the lesser the coping level.

The findings are consistent with study by Pottinger (2006) where the statistical significant correlation existed between stress and coping at \( P< 0.05 \).
Correlation of knowledge level with selected variables

Correlation of mean knowledge score with age of women with primary idiopathic infertility revealed that there was a negative association between mean knowledge scores age of the women. As the age increased, the mean knowledge score decreased and the P-value inferred that the association was statistically significant at <.05 level.

The findings are consistent with study by Shiney (2002) where there is association between age and knowledge level at p< 0.05 level.

The correlation of mean knowledge score with education of women with primary idiopathic infertility revealed that there was no association between knowledge score of women and education.

The findings are consistent with study by Shiney (2002) where there is no association between education and knowledge level.

The correlation of mean knowledge score with occupation of women with primary idiopathic infertility revealed that there was a positive association between the occupation and mean knowledge score of the women. The P-value inferred that the association was statistically significant at <.05 level.

The findings are consistent with study by Shiney (2002) where there is statistical significant association between occupation and knowledge level at p<0.05 level.