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Effectiveness of Hardiness Training on Anxiety and Quality of Life of pregnancy Women

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Abstract

This research has performed to examine the effectiveness of hardiness training on Anxiety and Quality of life of pregnant women. The society under the study was 223 persons. Conducting the questionnaires showed that 55 out of them have the highest amount of Anxiety and lowest amount of Quality of life, 30 of them were selected randomly who were divided to test group and control group. The test group received training. And then a post-test was taken on both groups and the results indicators that hardiness training had been effective on Anxiety and Quality of life at level of $P < 0/01$.

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1. Introduction:

In spite of the scientific developments on the subject of physical problems during pregnancy, psychological problems are still considered to be of great importance in pregnant women's health. Anxiety, during pregnancy, could cause complications such as:

Severe nausea and vomitus on the first months of pregnancy, preeclampsia and eclampsia, preterm labor, low birth weight newborns, fetal distress, stillbirth, infantile death, and some fetal and newborn abnormalities such as: cleft palate, pyloric stenosis (Jannati, 2005), spontaneous abortion and new born abnormalities (Mulder et.al, 2002), insomnia in newborns (OConnor, 2007), increased plasma level of cortisole and increased fetal movements and preterm labor subsequently, anemia, hyper activity, severe irritability, malnutrition (Nejati, 1992 & Kammerer, 2002), derangement in the process of newborn's improvement (Otaes, 2002 & Van denBergh, 2005), and psychological disorders in newborn (Rahman, 2007).

Hardiness is some personality feature which is considered a factor for health improvement and immunizes the person against extrinsic and intrinsic pressures and also acts as a mediator between the stressful event and the disease.

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This construction proceeds the person in difficult situations and helps him to overcome the threatening events more successfully (Nzalicht, et. al, 2006).

Hotton & Evans (2002), in a research, showed that there is a logical meaningful relation between anxiety and hardiness. Jomehri, et. al (1381), in a research by the title of 'the relation between hardiness and tendency to anxiety and depression in men and women', reported that each of the three parts of hardiness has meaningful reversal relation with tendency to anxiety and depression. Maddi, et. al, in 2000 and Beasly, et. al, in 2003 found a reversal relation between *hardiness* and *anxiety and depression*. Also, Neil, et. al, (2003), showed that the sportsmen with more hardiness had lower level of anxiety. Wanda, et. al, in 2006 showed a considerable positive relation between the quality of life and hardiness.

World Health Organization: the quality of life is the people's perception of their situations in life from the view point of culture, system value in which they live, their aims, their standards and their preferences, therefore, it is quite personal and could not be observed by the others

Sao Paulo (2009) made a research by the title of 'the quality of life, depression, and anxiety in pregnant women with past record of negative pregnancy consequences. Results showed that women with inadequate past record took lower credit on the questionnaire of quality and took higher credit on the questionnaire of anxiety. Colleen (2007) studied the effect of hardiness and social support on the quality of life in people suffering from Fibromyalgia.

Therefore, decreasing the anxiety and improving the daily health level of pregnant women are preferable and psychological hardiness training is one of the psychological interventions which is widely used in researches and leads to stress and anxiety reduction and improvement in the quality.

2. Methods:

2.1. Statistical population

The present study is an experimental pretest and post test research in which both the *test group* and *control group* were evaluated twice. The population of the study is all the 18-35 year old mothers who to receive routine pregnancy care in their first to third pregnancy had gone to the health and treatment centers of the city of Rasht in 2011.

2.2. Statistical sample and data collection tools

Sampling was done in 1/5 months. 55 persons was suffering from the highest amount of anxiety and had the least level of the quality of life. From these, 30 persons were chosen randomly as two fifteen person group of test and control. Compilation of the needed data in this study was made by demographic questionnaire, the questionnaire of pregnancy anxiety of Vandenberg (Huizink, 2000) and the questionnaire of the quality of life SF-36 (Orley, 1992).

2.3. procedure and Data analysis

Hardiness training was performed for ten 1/5 hour sessions, once a week for 2/5 months based on the determined training package and speech, practical exercise and questions and answers. The control group only received the routine pregnancy care. Then all the samples completed the pregnancy anxiety questionnaire and the quality of life questionnaire again. To analyze the data the software of *SPSS18* and *several variant* covariance analyze (Mankova) were used.

3. Results

Based on the findings of this study, the mean credits for anxiety in intervention group (162/47) compared with control group (193/73) is lower, and the mean credits for the quality of life in intervention group (48/34) compared with control group (32/29) is higher. (Table 1)

The findings in this research show that after hardiness training, in test group, the mean anxiety was decreased and the mean quality of life was improved, while in control group the mean anxiety had no change and the mean quality of life was a bit decreased.

The analyses showed that the presumptions of linear relation, hypotheses of compatibility between the matrix of variance and covariance, the equality of variances' errors, and the equality of the regression line were all verified. Therefore covariance was analyzed.

Based on the data of the table, significance level less than the adjusted Alfa of Ben Feroni (0/005) and the effect size for the variant of anxiety 384/0 and for the variant of the quality of life 0/274 have been reported.(table 2)

4. Tables

Table 1: the credits for the mean standard deviation of pretest and post test of the amount of anxiety and quality of life, in the hardiness trained group and control group separately

	Anxiety		quality of life	
	Pretest(M±SD)	posttest(M±SD)	pretest(M±SD)	posttest(M±SD)
Control group	194/53± 32/29	193/73±32/29	44/20±2/95	39/66±14/37
Experimental Group	218/93±46/38	162/47±48/34	41/56±4/67	57/60±9/25

Table 2: Analysis of the covariance results for the variants of anxiety and the quality of life

Resource of Diffraction	sum of squares	degrees of freedom df	mean of squares ms	f	significance level p	effect size eta	power of the test
Anxiety group	16947/999	1	16947/999	16/230	0/001	0/384	0/972
Quality of Life group	2280/209	1	2280/209	15/561	0/001	0/374	0/967

4. Discussion and Conclusion

The findings in this research are compatible with the researches of Jomhori, et. al, (1381), Fapperdue ,(1998),Maddi, , et.al,(2000), Beasly,et. al, 2003, Wiebe, et. al, (1991), Neil, et.al, (2003), Colleen, (2007), Guyen, et. al, (2011), Wanda, et. al, (2006), and Asadi, et. al (2007).

Hardiness training includes: programming, effect on thoughts, feelings and behavior, sense of responsibility, different way of confronting with problems, and different insight upon the problems and situations of life. This training will lead to a feeling of more control, assurance and output and as a result more resistance and effort, and subsequently make success, feeling of relaxation, happiness, being effectiveness and successful, being more satisfied with life and more positive insight upon life, and its problems and situations. Therefore, hardiness training – by making change on the points mentioned- will lead to a change and difference upon those points between the two groups of trained and control.

During this training episode, some opportunities were created for the mothers so as to determine aims for their lives. Learning the value of the activities which permit them to achieve their aims, is useful. Moreover, during learning the way to select their aims, they will also learn the skills to make decisions, evaluation of the advantages and disadvantages, and the evaluation of improvement. By achieving short term aims, for them, the belief of having control upon their lives will be developed.

By training the mothers the effective way of relation, they will become more socially skilled and as a result, they will enjoy powerful family and friendship networks, which they could refer to when having trouble, and they will be able to use the social supportive systems effectively. Solving the social problems and needs will lead to happiness. And thus, the features mentioned above, totally, will lead to decrease in anxiety and improvement of the quality of life.

The results of this study could be a guide for the anxiety decrease, and the quality of life improvement during pregnancy, regarding the psychological health of the mothers, when giving them pregnancy service care in health and treatment centers.

In this way, it is recommended to use the new manner of mother care based on the council and hardiness training, and to teach the skills of hardiness training to relative health personnel.

It is suggested that, for more emphasize on the results of this research, other studies in this field with the aim of evaluation of anxiety situation for longer episodes after intervention, and also, in the field of the effect of hardiness training on other variants such as: type of labor, psychological development and children's behavior, are made.

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