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Midwives Percieved Risk Factors, Consequences and Counselling Strategies in Managing Infertility in Anambra State

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Abstract

Infertility is a frustrating condition that challenges couples of child bearing age. It affects life of the couple, their family and friends with stressful and depressive consequences. The study investigated the risk factors, consequences and counselling strategies in managing infertility in Anambra state using descriptive design. The whole population served as sample since population is not much. The instrument for data collection was tagged "Risk Factors, Consequences and Counselling Strategies in Managing Infertility Questionnaire" (R.F.C.C.S.M.I.Q).The reliability of the instrument was determined using test retest method and 0.80 was found. While administration of the instrument was done on face to face. Weighted mean scores were used to answer the three research questions. The major findings are; depressions, stress, age among others are the risk factors. Depression, stress, strain on relationship, social isolation, stigmatization among others are the consequences of infertility. While counselling strategies are cognitive behaviour therapy, group and individual counselling,

mind body intervention among others are effective strategies in managing infertility. Based on the findings, the following recommendations were made among which are; fertility counsellors should be posted to hospitals and health institutions to create awareness on infertility to reduce the mental issues or emotional turmoil associated with it. Society should be aware that infertility is not the fault of the couples in order to reduce stigmatization associated with infertility.

Introduction

Infertility is one of the frustrating conditions that challenge couples of child bearing age especially in developing countries. It is all about failure to achieve pregnancy. Many researchers defined infertility from their different perspectives. According to Zergers Houchschild, F, Adamson D Dyer S, Racowsky C de Mouzoh, J Vander Poel S(2017) indicate that infertility represents.

> "the failure to establish a clinical pregnancy after 12 months of regular unprotected sex or an impairment of a person's ability to reproduce either as individual or with a partner and this affect about 8-12% of couples of reproductive age globally"

The World Health Organization (WHO,2018) defined it as this ''Infertility is a disease of male or female reproductive system defined by the failure to achieve pregnancy after 12 months or more of regular unprotected sexual intercourse". Vander Borght M, and Wyns C (2018) defined infertility "as a disease of the reproductive system that leads to failure to achieve a clinical pregnancy after 12 months or more despite regular unprotected sexual intercourse". Therefore Infertility is conceptualized in this work as inability to get pregnant after one or two years of continuous coitus without the use of contraceptives. Research has indicated that the prevalence of infertility in the world is projected at the ratio of 1: 6 couples of child bearing age. It is suspected that in every 6 couples of child bearing age 1 is expected to be experiencing infertility. Worldwide 48 millions of couples experience infertility of which 19.2 million are suffering from Primary infertility and 29.3 million are experiencing Secondary infertility. Primary infertility means couples who have not achieved pregnancy once while

Secondary infertility means couples who have achieve pregnancy but failed to get pregnant again (Zergers-Hochscild,F.,AdamsonD Dyer,S,Racowsky.C., de Mouzon, J Sokol.R... Vander Poel, S. 2017). Research has shown the prevalence of infertility in different parts of the world as follows: Urban population of Central India has 8/9%, 11.5-11.7% in Canada,23% in China, 12.5% in Britain,11.2&- 14% in Iran and Nigeria with 22% of primary infertility and 18% secondary infertility (Verkuijlen, J.Verhak,C.,Nelen W.L.MWilkinson,J andFarquharC 2016).

Infertility is a never a welcome condition in developing countries whereby child bearing is an expected obligation to be achieved and cherished. Men and Women who experience infertility undergo different psychological trauma while trying to avert this situation. Many risk factors have been adduced as underlying causes of infertility ranging from Biological, Environmental and Psychological. Research evidence emphasized that biological factors such as age and chromosomal abnormalities have the potential to forestall fertility for instance women of ages 15-29 years have 7% difficulties in achieving pregnancies and this increases to 37% for women of 44-45 years ages. Above this age, the probability of becoming pregnant decreases further to 15% making it impossible to achieve pregnancy. This could be linked to decrease and decline of quantity of oocytes in relation to reduction of follicles as regards to aging (Segal TR. Guidice L.C 2019). This problem may be consequent on health problems as well as chromosomal abnormalities in a women's egg which may interfere with pregnancy and probability of higher rate of miscarriage. Other female factors includes hormonal imbalances, such as Polycystic ovarian(PCO) syndrome associated with irregular or absent periods, lack of ovulation, blocked tubes, weight gain, acne and excessive hair. On the part of men, infertility may ensue due to issues with sperm production, such as sperm count, sperm motility and abnormal shape of sperm.

Environmental factors are likely to influence both partners such as diseases, genetic conditions, life styles like smoking substances with nicotine which has been found to destroy eggs, as eggs destroyed cannot be replaced again. This is why women smokers attain their menopause 4 years earlier than their counterparts while alcohol addiction in men reduces quantity of sperm that is needed for pregnancy to occur. Other factors include; illicit sex, over weight and unexplained sources. Other environmental factors include risky methods of abortion, lack of adequate care in maternity wards. This may be due to

inadequate care of the patients which may likely results to dangerous infections after births or abortion (Vander Borght M and Wyns, 2018).

Other researchers have suggested that Psychological factors such as depression, stress and anxiety could cause infertility through alteration of body mechanism by escalating Prolactin levels which may interrupt hypothalamic pituary adrenal axis and consequently reduce effective functioning of thyroid as well as alter pregnancy hormones. This could reduce the possibility of pregnancy to occur (Woods, BM, Patrician PA, Fazeh PL, Ladores S .2022). Depression has been associated with how luteinizing hormone controls ovulation. When luteinizing hormone is faulty the likely hood of ovulation to take place will be hindered thus leading to failure to achieve pregnancy.

Having explored the risk factors of infertility on both male and female child bearing couples. One can deduce the fact that infertility may likely have a wild range of consequences on the couples and others. Research evidence has indicated that infertility breeds emotional turmoil such as sadness, anger, anxiety, frustration, stress and depression which may alter the body functions of both partners thus prevent the likelihood of pregnancy to occur. Infertility is associated with various issues such as hormonal imbalance, treatment issues, unsuccessful attempts and loss of huge amount of money that may go down the drain in quest to achieve pregnancy. All these could cause frustration and depression to the concerned couples as well as reduce the urge for coitus, thus preventing the possibility of pregnancy to occur.

Parenthood is a stage of life both men and women are expected to cherish as adults. Failure to attend this has been linked to negative emotions like anger, depression, anxiety and sense of worthlessness. These indirectly affect their self esteem. As a result many couples are disenchanted about their failure to achieve pregnancy. This could result to sexual problems and sexual isolation if they do not achieve pregnancy. They may feel ashamed and experience sense of loss and poor self esteem. Women are mostly affected by this emotional turmoil than men because of social stigma attached to women who cannot bear children. This is so escalated in developing cultures where child bearing is the primary purpose of life and definition of role of a woman, such infertile women are isolated, neglected and this may likely decrease their self esteem, and self worth. These infertile women may doubt their identity as they are expected to play the role of motherhood that is consequent on child bearing. Since these women are barren so to say they doubt their womanhood which may results to

self devaluation, worthlessness and neglect. Men are not exempted from this self identity problem as they are expected to show case their father hood /masculinity through child bearing. In as much as they could not achieve pregnancy with their partners they may start doubting their self identity as men. Since child bearing is a proof of manhood in developing cultures, these infantile men may doubt their identity as men. This identity challenges could lead to a feeling of helplessness and loss of control over one's body and future. Thus weakening coping mechanism of the couple or both and heighten their psychological issues.

As psychological issues of stress, anger, anxiety, and diminished self esteem worsen, sexual satisfaction also decreases thus straining the relationship between couples and reduce chance of pregnancy to occur. (Vetriselvi V 2013). In response to increased stress and tensions, women use various coping strategies to manage the stigma of infertility to protect them from this harm or challenging situations. In this regard some women use anxious emotional response which can create tensions in their social relations. Some of these women report a decrease in sexual desire, lower level of sexual satisfaction and severe marital strain. Men indicate lower level of sexual satisfaction, ejaculation, self esteem and increased anxiety. These could cause the couple to experience loss of confidence in their own body coupled with sense of failure.

The task of trying to achieve pregnancy in addition to emotional turmoil may lead to misunderstanding, conflicts and a sense of isolation. As this continues it may lead to break down of communication between the partners or couples thus decreasing the chance of pregnancy. Guilt and blame may become the other of the day, as the couple may internally indulge in self blame and guilt. This may emerge due to misconceptions about the cause of the infertility or societal expectation after marriage. The humiliation and guilt brought about by infertility may lead to impotence, poor sexual pleasure and erectile dysfunction. Psychological trauma associated with infertility is always on the high side thus aggravating the chances of pregnancy to occur. Earlier research has indicated how stress and depression can alter the body mechanisms of infertile women as regards to the activities of Prolactin increased levels, disorganization of hypothalamic-pituitary adrenalin axis making the thyroid less effective. (Zurlo MC,Cattaneo Della Volta MF, Vallone F 2020; Woods BM Patrician PA,Fzeli PL ,Ladores S 2022). Depression has been linked with luteinizing hormone to control ovulation. At times poor functioning of luteinizing hormone may cause

anovulation thus preventing pregnancy to occur. Stress and depression negatively reduce immune system and prevent pregnancy to occur. Researchers have also indicated the risky influence of depression, stress, anxiety on related behaviours like poor libido, smoking and alcohol addiction to prevent occurrence of pregnancy (Szkodziak F,KryzanowskiJ,Szkodziak P 2020: Kim M,Moon SH.KimJ E 2020).

Counselling is a professional help given to individual who is experiencing emotional turmoil and therefore need professional help to overcome his problems. American Counselling Association (2015) define Counselling as a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness and life goals. It also describes counselling as a service that provides ways of coping with challenges. Therefore counselling makes a person to be confident, determined, purposeful, and realistic to maintain adjustment in his environment.

The main aim of counselling is to help an individual to live a life of adjustment. Infertility subject infertile couples to stress, depression, shame, stigmatization among others. These issues hurt infertile couples' feelings and can affect their sense of security. It is observed that some couples feel unconfident about their future and plans as well. These negative effect of infertility needs to be overcome by the infertile couples through counselling to enable the couples live a meaningful or well adjusted life. Obi, Okafor and Idigun citing Faluye (2015) posits that certain experiences of family life necessitate the need for spouses to obtain counselling services to be able to cope and adjust to family situations. Such situations include infertility. Therefore there is need for infertility counselling for infertile couples.

Counselling for infertility is a process which guides and assists an infertile couple to understand and proffer solutions to problems arising from infertility and its treatments. It provides intended parents clarity on ways to handle infertility in a better healthy fashion. Therefore counselling for infertility is a process that can help infertile couple to make an informed decision as regards to treatment options to choose, whether to continue or terminate infertility treatment. Counselling for infertility is based on the needs of the couple concerned and at the stage of treatment. There are different types of infertility counselling and not every couple will seek all types depending on the severity of their problem. Types of Infertility Counselling namely are: Information, Decision and Support counselling. Information counselling hinges on educating

couple on the possible causes of infertility and the degree of the issue. Such information may be handled by medics as this could be shocking and upsetting. Decision counselling is about explanation regarding treatment options, its success rates, the possible risks involved due to a person's health background among others while Support counselling is given when infertile couple needs moral or emotional support during crisis such as failed treatment. This is mostly done by mental health professional such as therapists or counsellors. Supportive and therapeutic counselling can improve the psychosocial wellbeing, reduce infertility- related stress, improve the tolerance for infertility and facilitate communication and interaction among the couple and significant thirds.

The ultimate aim of fertility counselling is to explore, understand, resolve and more effectively deal with issues arising from infertility and related treatments. American Society for Reproductive Medicine (ASRM) maintained that the goal of infertility counselling is for every infertile couple to learn how to face physical and emotional changes that may be experienced during infertility as well as changes likely to occur in the treatment processes.

Infertility is a frustrating condition that necessitates compassionate support and enhancement. Counselling plays this role in normalizing and managing the inner emotional turmoil, carefully and gently guiding the infertile couple to find meaning and reduce frustration entangled with infertility. Infertility counsellor strives to listen, understand and strengthen individuals to navigate their emotions and make informed decisions about their fertility treatment and outcomes. By validating their experiences and offering skilful strategies. Counselling can help couples find meaning in the face of uncertainty and despair. Counsellors are equipped with different strategies to be used in changing undesirable behaviours to desirable behaviours. Ifelunni cited by Obi, Okafor and Idigun (2017) describe Counselling strategies as theories, techniques and skills needed by counsellors to achieve certain goals and objectives. These strategies include Cognitive behaviour therapy, Problem solving skills, Psycho-education, Group counselling, Trauma Focused Therapy, Individual and Group Counselling, Mind Body Intervention among others.

Statement of Problem

Parenthood is a cherished stage of life of a couple but unfortunately many couples are checkmated with inability to conceive baby despite engaging in unprotected sex for more than a year or more. Such infertile couple may experience shame, stress, anxiety, depression, and decreased self esteem among

others. This is the situation of some couples in Anambra state. Hospitals, Religious denominations and Individuals have proffered different solutions to manage this situation. Yet the situation continues to escalate to the extent that some marriages are separated or at the extreme dissolved. The strategies they embarked upon are imposed on the infertile couples which may reduce the quality of life of the couples. There is need to adopt counselling strategies that are cooperative in nature in other to help infertile couples to live a meaningful life or adjustment. Counsellors use Counselling strategies that gently strive to listen, understand and guide the couples to navigate their emotions and make informed decision about the treatment, its outcome and increase the quality of life of the infertile couples. Support counselling is also given when infertile couple needs moral and emotional support especially during crisis such as failed treatment. Research evidence though foreign has indicated risk factors, consequences and counselling strategies and its potentials in assisting couples to navigate infertility. Unfortunately there is no literature evidence on risk factors, consequences and counselling strategies in managing infertility in Anambra state. Hence this study seeks to find out the risk factors, consequences and counselling strategies in managing infertility in Anambra state.

Purpose of the study

The main purpose of this study is to determine the risk factors, consequences and counselling strategies in managing Infertility. Specifically the study seeks to;

1. Determine the risk factors of Infertility.
2. Determine the consequences of Infertility.
3. Determine the counselling strategies in managing Infertility.

Research questions

1. What are the risk factors of Infertility?
2. What are the consequences of Infertility?

3 What are the counselling strategies in managing Infertility?

Method

The design of this study is a survey type in which a group of people/item is studied by collecting and analyzing data from items considered to be representative of the group. The population of the study is one hundred and twenty midwives from government hospitals and health centers from Anambra state. Since population is not much therefore there is no need for sampling. All the midwives in government hospitals and health centers were used in carrying out the research. The instrument used for data collection is structured questionnaire on the ”Risk Factors, Consequences and Counselling Strategies in Managing Infertility Questionnaire” (R.F.C.C.S.M.I.Q.) The questionnaire was

made up of 39 items. Two experts from Guidance and Counselling and an Expert from Measurement and Evaluation validated the questionnaire. Reliability of the instrument means the extent to which the results obtained from the test can be consistent if the same is administered to the same group of persons. To ensure the reliability of the instrument, the test retest method was adopted. The researchers administered the same instrument to 20 Midwives at Delta state at interval of 2 weeks. The two groups scores were correlated using Pearson Product Moment Co-efficient and reliability Index of 0.80 was found. Therefore the questionnaire is designed to elicit and extract vital information from the respondents. A four point scale format was used namely; Strongly Agree (SA), Agreed (A), Disagreed (D) Strongly disagreed (SD). The questionnaire has three sections. Section A measures Risk factors of infertility; Section B measures Consequences of infertility while Section C measures Counselling strategies in managing infertility. On the spot administration was embarked upon whereby the researchers met the midwives when they were on workshop and administered the questionnaire which were collected and analyzed using arithmetic mean. The critical point was calculated as follows. The mid mean value is 2.50. The decision rule therefore is that any response item for which the mean is 2.50 and above was taken to mean that the respondents agree while any response item is below 2.50 was taken as disagreed.

Results

Results question one; What are the risk factors of infertility.

Table 1; Midwives response on the risk factors of infertility.

S/N	ITEMS	MEANS	DECISION
1	Age	3.41	Agreed
2	Chromosomal abnormalities	2.91	Agreed
3	Depression	3.7	Agreed
4	Stress	3.75	Agreed
5	Sperm issues	3.16	Agreed
6	Life style (smoking, alcohol addiction)	3.16	Agreed
7	Illicit sex	3.08	Agreed
8	Risky method of abortion	3.16	Agreed
9	Lack of adequate care in maternity ward	2 .91	Agreed
10	Diseases	2.91	Agreed
11	Genetic conditions	2.87	Agreed
12.	Hormonal imbalance	3.04	Agreed
13.	External locus of control (witch craft)	2.41	Disagreed
14.	Oocytes issues	2.75	Agreed

A glance at the table 1 shows that items 3and 4 have the highest mean score of 3.75 respectively which indicated that Depression and Stress have highest potential to cause infertility on couples. Item 1(Age) is another high risk factor

that could predispose couples to infertility. The least rated item is item 13 with a mean score of 2.41. This indicates that External locus of control is rejected as a risk factor of couples infertility. All other items are confirmed as risk factors of infertility as all the items scored above decision mean.

Research question two; What are the consequences of infertility.

Table 2; Midwives responses on consequences of infertility

S/N	ITEMS	MEANS	DECISION
1	Depression	3.25	Agreed
2	Stress	3.25	Agreed
3	Strain on relationship	3.20	Agreed
4	Communication challenges	3.04	Agreed
5	Blame and guilt	2.91	Agreed
6	Social isolation	3.1	Agreed
7	Financial strain	3.01	Agreed
8	Sexual worries	3.04	Agreed
9	lower self esteem	2.91	Agreed
10	Stigmatization	3.01	Agreed

A look at the table 2 shows that the midwives on the average responded affirmatively to all the items regarding the consequences of infertility of couples. This is deduced from the fact that the mean scores of the items on the table two are higher than the decision mean.

Research question three; What are the counselling strategies in managing infertility.

Table 3; Midwives responses on counselling strategies in managing infertility.

S/N	ITEMS	MEANS	DECISIONS
1.	Cognitive behaviour therapy	3.24	Agreed
2.	Group counselling	3.20	Agreed
3.	Individual counselling	3.20	Agreed
4.	Couples therapy	3.04	Agreed
5.	Mind body Intervention	3.16	Agreed
6.	Family therapy	2.91	Agreed
7 .	Balanced diet	2.83	Agreed
8 .	Self care	2.91	Agreed
9 .	Psychotherapy	3.04	Agreed
10.	Relaxation training	3.04	Agreed
11.	Stress management	2.83	Agreed
12.	Grief management	2.91	Agreed
13.	Curing marital and sexual disorders	2.83	Agreed
14.	Support group	2.85	Agreed
15.	Crisis management	2.75	Agreed

A look at the table 3 reveals that the midwives on the average responded affirmatively to all the 15 items regarding the counselling strategies in managing infertility. The table 3 indicates that item 1 is the highest item with a mean score of 3.24 which stated that Cognitive behaviour therapy is the best counselling strategy in managing infertile couples' mental issues. This is followed with items 2 and 3 with mean scores of 3.20 respectively. It states that both Group and Individual counselling strategies have the capacity to manage infertile couples. The least rated item is item 14 with a mean of 2.75 which is still above the decision mean score. These confirm that all the counselling strategies in the questionnaire have the potential in helping infertile couple to adjust to meaningful life.

Discussion of findings

The findings of the study are briefly discussed in line with research questions. The findings revealed that Depression(3.75), Stress (3.75), Age(3.41), Sperm issues (3.16)Life style (3.16), Risky method of abortion(3.16), Illicit sex(3.08),Hormonal imbalance(3.04),Chromosomal abnormalities(2.91), Disease(2.91), Lack of adequate care in maternity ward (2.91)Genetic condition(2.87) , Oocyte issues(2.75), are the risk factors that can cause infertility on couples except External locus of control(Witch craft)(2.41). This study concur with the findings of Zurlo MC, Cattenes Delta Volta M F 2020:Woods BM,Partrician PA Fazeh PL and Ladores S 2020). These researchers indicated that biological factors such as age of the couple, quantity of oocytes, chromosomal abnormalities can hinder conception and at extreme cases result to miscarriage. Other factors such as hormonal imbalance, Polycystic ovarian syndrome, lack of ovulation, blockage of tubes and sperm issues like sperm count, motility and abnormal shape of sperm can lead to failure to achieve pregnancy. Psychological factors as regards to depression, anxiety, stress and frustration could prevent conception for both couples. This supports the findings of Marouizadeh S, Karimu E, Vesali S and Omani (2015) who maintained that anxiety and depression heightens after failure of assisted reproduction which could endanger possibility of conception as both couples are tensed up or depressed. This has been suggested to affect the couples sexual drives and lives. These psychological conditions can subject women to experience decrease in sexual desire, lower level of sexual satisfaction and severe mental strain while men also reported lower level of sexual of satisfaction, poor

ejaculation, low self esteem and increase anxiety. Hence, failure to achieve pregnancy continues.

The findings from research question two revealed consequences of infertility or inability to conceive. These include Depression (3.25), Stress(3.25), Strain on relationship(3.20), Communication challenge(3.04),Sexual worries (3.04), Financial strain (3.01), Social isolation(3.01) and Blame and guilt(2.91),Low self esteem(2.91),Stigma (3.01). This study is in agreement with the findings of previous researchers Katayoun.Bakhtiyar,Ramani Beiranvand,Arashi A, Farahnaz C,Mohammed A, Afsaneh,B &,Fatameh B (2019) who indicated that infertility can cause a lot of psychological issues which may adversely affect women more than men especially in societies where there are prejudices against women infertility. These infertile women may be anxious, stressed and frustrated and this could adversely affect their relationship with family and friends. Such women are likely to develop mental illnesses, marital dissatisfaction and impaired quality of life when compared to individuals of fertile group. Men equally are dissatisfied with their marital relationship like women especially when the cause of infertility is traced to them. They are likely to experience loss of control of their body which may lead to poor ejaculation. The increased sexual strain in the relationship may result to reduced frequency of sexual relationship which may lower the chance of pregnancy. On the other hand high levels of psychological distress have been indicated to increase after treatment failure. Couple may be exposed to social pressure. Family and friends may provide meaningful views and suggestions to avert inferiority which may further add additional stress to already frustrated condition. This may cause couple to reduce social interaction thus leading to social isolation. This study supports the findings of previous researcher like Rooney K.L, Domar AD (2018) who indicated positive relationship between stress and infertility.

Finally the findings from research question three revealed the counselling strategies in managing infertility. The findings revealed that counselling strategies ranging from Cognitive behaviour therapy (3.24), Group counselling(3.20), Individual counselling(3.20), Mind body Intervention(3.16), Couple therapy(3.04), Psychotherapy(3.04),Relaxation training(3.04),Grief management(2.91), Self care(2.91),Family therapy(2.91),Balance diet(2.85),Support group(2.85),Stress management(2.83), Curing marital and sexual disorder(2.83) and Crisis management care(2.75) have the potential to manage infertility of child bearing couples. All these counselling strategies have

the potentials to reduce the consequences of infertility as can be deduced from the analysis. Since the mean of these counselling strategies are above decision average mean. The influence of infertility can be overwhelming. This could lead to major psychological disorders such as depression, anxiety and low self esteem among others. Based on these infertile couples should be offered counselling and support as they undergo infertility treatment. Psychological interventions for couples with infertility have the potentials to reduce symptoms of anxiety and depression that may likely increase chances of pregnancy to occur.

The study on counselling strategies support the findings of Ghavi F,Mosalanejad,L,Abdollahifards, Golestan Jahromi M. (2017) These researchers indicated the potentialities of counselling strategies in reducing stress and depression associated with infertility of the couples. The study also aligns with the findings of Mosalanejad L, Khadabakhshi Kodaee.A, Moshed Behbahani B (2012),Faramarzi M.Pasha H,Esmailzadeh Skheirkha F, Heidary S, Afshar Z.(2013),Soltani M,ShariMR,RoshanR Rahimi CR (2014) who emphasized the effectiveness of Cognitive Behaviour Therapy(CBT) in reducing stress, depression and anxiety of infertile couples. The CBT interventions are complex and target wide range of symptoms of stress, anxiety and depression exploring them cognitively, emotionally and behaviourally. These interventions include psycho-education, cognitive restructuring, problem solving skills. CBT has the potential to help infertile couple live a meaningful life.

The study also concur with the findings of Van den Broeck U, Emery M,Wischmann,T.Thom P(2010) who indicated that individual and group counselling enable the clients to change non adaptive feelings, thoughts and behaviours linked to infertility. Both counselling methods help the clients to improve communication skills, learn relaxation skills among others which could enhance possibility of pregnancy to occur. It also supports with the findings of Fershteh Yazdani, Forouzan Elysi, Sepideh Peyvandi,Mahmood Moosazadeh,Keshvar Samadaee, Galekolaee,Fereshteh Kalantari, Zahra Rahmani, Zeinab Hamzaehgardahi (2017) who indicated that counselling strategies enable the couples to improve their skills for coping with a life without children, decrease dependence on the probability of treatment success, decrease potential struggle with infertility between the couple, improve the communication between the couple and couple and doctor, encourage them to accept the fact that psychological disorders dispose the individuals to mental

issues, and accept medical treatments and give support to management of any change that is needed in life style and programming.

It also concur with the findings of Soltani M shari MR and Roshan R Rahimi(2014) who indicated the effectiveness of couples therapy in improving the mental health of women with bio psychosocial problems which may cause pregnancy to occur. The study also agree with Karam J,Salam B,Mokari Z (2018) who indicated the effectiveness of relaxation training in reducing depression, anxiety and stress in infertile women and increase the chances of fertility.

Recommendation

Fertility counsellors should create awareness about the impact of infertility on the couple so as to defuse emotional turmoil associated with infertility such as depression, strain on sexual relationship, stress, anxiety, depression, stigmatization among others.

Society should be made to know that infertility is not the fault of the couple as nature has upper hand in causing infertility. This would help to reduce the stigma attached to infertile couples and reduce isolation, shame, despair, loss of self esteem, self worth and poor proper self care.

Counsellors should be posted to hospitals and health institutions to create awareness regarding infertility and its management.

Conclusions

This study explored the risk factors, consequences and counselling strategies in managing infertility among infertile couples. The risk factors are Age, Depression, Stress, Illicit sex among others.

Infertility results to life crisis such as Depression, Stress, Strain on relationship, Isolation, Sexual worries among others.

Counsellors and Therapists have different strategies in managing infertile couples such as Cognitive behaviour therapy, Individual and Group counselling, Couples therapy among others. Recommendations were made on how to help infertile couple adjust to meaningful life.

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