

Application of Cognitive Restructuring Counselling Technique in Managing Couples with Infertility Problems

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Abstract: - This study examines the application of Cognitive Restructuring counselling techniques in managing couples with infertility challenges. The paper identified the favourable conditions concept/ types of infertility which includes: Primary and Secondary infertilities. Causes of infertility in men such as low or absence of sperm cells while in women it includes irregular or absence of menstrual cycle among others were highlighted. Also the explanation of cognitive restructuring, application of cognitive restructuring counselling techniques in managing couple with infertility challenge were discussed, they include: Changing the irrationsals and believes with rational ones some preventions/suggestions were made such as providing the psychological needs such fertility clinics, subsidized medication, among others. For couples with infertility challenges which goes a long way in improving their chances of bearing children.

I. INTRODUCTION

One of the many challenges of infertility is hearing the assumptions family and friends make about the relationship between stress and infertility. Childbearing and raising of children are extremely important events in every human's life and are strongly associated with the ultimate goals of completeness, happiness and family integration. It is widely accepted that human existence reaches completeness through a child and fulfills the individual's need for reproduction. Human fertility, compared with other species of animal kingdom, is unfortunately low. Infertility happens when a couple cannot conceive after having regular unprotected sex. It may be that one partner cannot contribute to conception, or that a woman is unable to carry a pregnancy to full term. It is often defined as not conceiving after 12 months of regular sexual intercourse without the use of birth control.

According to the World Health Council (WHC), 8-10% of couples experience difficulties in conceiving. Infertility is a reproductive health problem and its prevalence is increasing in developing countries. Infertile couples regard the iterative and long treatment periods as a recurring crisis. Infertility causes psychological trauma for most couples, often experienced as the most stressful event in their lives. While the infertility is not a disease, it and its treatment can affect all aspects of people's lives, which can cause various psychological-emotional disorders or consequences including turmoil, frustration, depression, anxiety, hopelessness, guilt,

and feelings of worthlessness in life. For every woman in her 20years in perfect health at best, has an 84% chance of conceiving of couples within a year. If the woman is 35years we used Gmonths. Infertility is couple based.

First menses in a girl is called Menarche. The ovum which is the female egg has a limited number of 400,000 to 500,000 follicles and the number is fixed. The ovum cannot be wasteful but man develops millions of sperm and it can be wasteful. Per meal man develops 20 millions of sperm and when released once is 40millions. For couples to be fertile, the woman must have favourable conditions in the vagina, cervical uterus/ fallopian tube, abdomen and ovary. The man must have favourable conditions in the semen, that is; volume, quantity, number produced per meat, mobility and morphology. The menstrual cycle and cervical sign are four phases: Menses means bleeding, Proliferative (Early dryness and pap), Ovulation (Egg white) and Secretory (Dryness and pap signs) Most of the couples when faced with the crisis of infertility go through a chain of emotional changes that can be harmful to the couples (Bradbury, Fincham & Beach, 2000). Depression is a common reaction to this problem. It is the response to the excessive losses and prolonged stress created by the infertility process. Infertile couples may have feelings of failure, loss, disappointment, and betrayal. Infertile couples' sadness can transform into sorrow or grief especially for the loss of the child of their dreams or the imagined experiences one should share with a child (Driver & Gottman, 2004). Anxiety is another common response associated with infertility. Women especially, feel anxiety and stress each month when trying to conceive. Every month upon the beginning of a new menstrual cycle, a woman is reminded of yet another failure (Haynes & Miller, 2003). Moreover, when the couple remains infertile for a long time and goes through infertility treatments, this may invoke anxiety about the outcome of the treatment. The couple may also become socially maladjusted. As the diagnosis and treatment of infertility has a tremendous negative impact on the wellbeing of couples, feelings of anger, frustration and aggression often accompany it. Hormonal changes during treatment may also affect the emotions of infertile men (Boivin, 2007).

Besides intense emotional reactions, infertile couples may also experience psychological consequences of infertility, decreases in their self-image of the partners. Furthermore,

couples may find it difficult to share their feelings with relatives and between them. This may lead to loneliness and distress. Childless couples also face the critique of others, and this further decreases self-esteem and self-image. As a consequence of having the sense of being valued and feeling competent and joyful in a life without a child is a hard task interpersonal relationship in marriage may also get impaired because of infertility (Verhaak and Vaillant, 2001).

Men and women face a terrible shock when the cause of male- or female-factor infertility is identified. Especially women may develop feelings of hopelessness, anger, shame and guilt in facing their partners as well as their parents and relatives (Haynes & Miller, 2003)

Concept of Infertility

Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus or the inability to carry a pregnancy to live birth. It is a very serious problem that a person or couple can experience and it poses physical, emotional, and financial challenges. Being a parent is a normative assumption of adult life in any society. Most couples who experience infertility consider it a major crisis (Verhaak and Vaillant, 2001). Infertility refers to an inability to conceive after having regular unprotected sex. Infertility can also refer to the biological inability of an individual to contribute to conception, or to a female who cannot carry a pregnancy to full term. In many countries infertility refers to a couple that has failed to conceive after 12 months of regular sexual intercourse without the use of contraception. Infertility is defined as the inability to conceive a pregnancy after 12 months of unprotected sexual intercourse. It affects about 1 in 6 Australian couples of reproductive age.

The American Society for Reproductive Medicine (ASRM) describes infertility as the result of a disease (an interruption, cessation, or disorder of body functions, systems, or organs) of the male or female reproductive tract which prevents the conception of a child or the ability to carry a pregnancy. The duration of unprotected intercourse with failure to conceive is about 12 months before an infertility treatment is carried out. Smith and Smith (2004) also defined Infertility as the inability to conceive a pregnancy after a year or more of regular intercourse without contraceptives, or the inability to carry a pregnancy to live birth.

Types of Infertility

According to Ruchi (2016), there are two types of infertility.

1. *Primary Infertility*: This denotes those patients who have never conceived, is caused by anatomical, genetic, endocrine logical and immunological problems leading to the inability to have a child. This form of infertility has been estimated to cause childlessness in about 5% of couples worldwide.

2. *Secondary infertility*: This indicates previous pregnancy but failure to conceive subsequently, is usually due to sexually transmitted infections, poor health care practices, exposure to toxic substances and socio-cultural practices such as endogamous marriages (marriage between relatives), and female genital mutilation.

Causes of Infertility in Men

The following are common causes of infertility in men.

Semen is the milky fluid that a man's penis releases during orgasm. Semen consists of fluid and sperm. The fluid comes from the prostate gland, seminal vesicle and other sex glands. The sperm is produced in the testicles. During orgasm a man ejaculates (releases semen through the penis). According to Haynes and Miller (2003), the following semen problems are possible:

1. *Low sperm count (low concentration)* - the man ejaculates a lower number of sperm, compared to other men. Sperm concentration should be 20 million sperm per milliliter of semen. If the count is under 10 million there is a low sperm concentration (subfertility).
2. *No sperm* - when the man ejaculates there is no sperm in the semen.
3. *Low sperm mobility (motility)* - the sperm cannot "swim" as well as it should.
4. *Abnormal sperm* - perhaps the sperm has an unusual shape, making it more difficult to move and fertilize an egg. Sperm must be the right shape and able to travel rapidly and accurately towards the egg. If the sperm's morphology (structure) and motility (movement) are wrong it is less likely to be able to reach the egg and fertilize it.

Causes of abnormal semen

- i. *Overheating the testicles* - frequent saunas, hot tubs, very hot baths, or working in extremely hot environments can raise the temperature of the testicles. Tight clothing may have the same effect on some people.
- ii. *Ejaculation disorders* - for some men it may be difficult to ejaculate properly. Men with retrograde ejaculation ejaculate semen into the bladder. If the ejaculatory ducts are blocked or obstructed the man may have a problem ejaculating appropriately.
- iii. *Varicocele* - this is a varicose vein in the scrotum that may cause the sperm to overheat.
- iv. *Undescended testicle* - one (or both) testicle fails to descend from the abdomen into the scrotum during fetal development. Sperm production is affected because the testicle is not in the scrotum and is at a higher temperature. Healthy sperm need to exist in a slightly lower-than-body temperature. That is why they are in the scrotum, and not inside the body.

- v. *Hypogonadism* - testosterone deficiency can result in a disorder of the testicles.

Others include

Genetic abnormality, Testicular infection, Testicular cancer, Testicular surgery, Mumps, Hypospadias, Cystic fibrosis, Radiotherapy, Some diseases and Medications

Causes of Infertility in Women

Most cases of female infertility are caused by problems with Ovulation (Ovarian-wall adhesion of uterus wall). Without ovulation, there are no eggs to be fertilized. Some signs that a woman is not ovulating normally include irregular or absence of menstrual periods. Ovulation problems are often caused by Polycystic Ovarian Syndrome (PCOS). PCOS is a hormone imbalance problem which can interfere with normal ovulation. PCOS is the most common cause of female infertility. Primary ovarian insufficiency (POI) is another cause of ovulation problems. POI occurs when a woman's ovaries stop working normally before she is 45 (US Department of Health and Human Services, 2009). POI is not the same as early menopause.

Less common causes of infertility problems in women include:

- i. Blocked fallopian tubes due to pelvic inflammatory disease, endometriosis, or surgery for an ectopic pregnancy (outside the womb pregnancy).
- ii. Physical problems with the uterus (wall adhesion of the uterus wall).
- iii. Uterine fibroids, which are non-cancerous clumps of tissues and muscles on the walls of the uterus.

Many things can change a woman's ability to have a baby according to US Department of Health and Human Services, (2009:2), these include:

Age (45-55 is for 2months); Smoking (Indian hemp, marijuana); Excess alcohol use; Stress (overwork); Poor diet (no balanced diet); Athletic training; Being overweight or underweight (obesity); Sexually Transmitted Infections- STIs (gonorrhoea, syphilis, itching, amongst others); Health problems that cause hormonal changes, such as Polycystic Ovarian Syndrome and Primary, Ovarian Insufficiency, Pretoria factor in the abdomen in such a way that it cannot release eggs. Infections causes blockage of tubes and the sources of infections are; multiple sex partners; abdominal surgery and unsafe abortion amongst others.

Counselling Implications

According to Gibson (2007) cognitive behavioural counselling, grief counselling and support groups have been viewed as the most utilized techniques in counselling couples with infertility. Diamond cited in Gibson (2007), identified four emotional phases of infertility which represent transitions that a couple may experience;

1. *Dawning*: Increasing awareness of fertility problems.

2. *Mobilization*: Initiating of medical diagnostic testing, concern and recognition of a problem.
3. *Immersion*: This is the most complicated phase; increased medical testing and treatment with ongoing uncertainty.
4. *Resolution*: This could be ending medical treatment, recognizing and mourning the loss of not having a biologically related child or changing focus and looking at other options such as adoption or childlessness.

The counsellor could identify where each of the couples is located on this model and work the therapy around this.

Cognitive Behavioural Therapy (CBT)

With years of struggling to conceive a child many couples begin to establish maladaptive thought patterns. Thoughts of self can be distorted with focus on parental identity and nothing else. CBT can attempt to reverse these patterns of thinking by focusing on the cognitions which are maintaining the sadness, guilt, anxiety, grief or depression. The CBT counsellor can help to change the pessimistic outlook in the present and on the future by facilitating the couple to concentrate on the positive idea about themselves and their relationship. "By using cognitive-behavioural treatment, one of the goals of the professional counsellor is to use a series of therapeutic procedures that will result in the modification of the couple's worldview." (Smith & Smith, 2004). They argued that emotional or psychological disturbances are largely a result of illogical or irrational thinking and that one can rid oneself of most of the emotional or mental unhappiness and disturbance if one learns to maximize the rational and minimize the irrational thinking. This unhelpful thinking is known as cognitive distortion. According to Smith and Smith (2004:59) some of the most common cognitive distortions in the thinking of infertile couples may be:

1. All or nothing thinking: for example "if I fail to conceive and have a child, I am a total failure.
2. Jumping to conclusions and negative non sequiturs: for example "since all our friends are aware that we cannot have children, they must think we are incompetent.
3. Fortune telling: for instance "everyone at this party will be talking about the fact we don't have children.
4. Allness or neverness: for example "we will never have children and so we will never be happy again".
5. Labelling and over generalisation: such as "because I cannot have children I am not a complete person."

CBT can help infertile clients to see the difference between this dogmatic 'musturbatory' thinking and the type of thinking that denotes the client's preferences. Freeman et al. cited in Kanter, Schildcrout, and Kohlenberg, (2005) advocate the use of the cognitive model when dealing with female clients who feel responsible for the fertility problem.

In therapy the negative beliefs and the negative patterns of thought, action and affect are challenged and modified leading to changes in emotional responses and ways to better cope with infertility. Gonzalez (2000:29) recommends that therapeutic interventions, when dealing with infertile women, should include:

1. An awareness and understanding of cultural and ideological messages that drive women's identities
- 2) the empowerment and development of inner strength
- 3) the recognition of self in non reproductive terms
- 4) strengthening of the marital relationship beyond the immediate cultural expectations of procreation and the nurturing of a spiritual or philosophical life to enhance coping and personal growth.

According to Whelan cited (Gonzalez, 2000) a helpful exercise in reviewing parenting options involves having the couple write down a plan for the next five years. They write it assuming that they will eventually have a child and then write it again assuming they will never have a child. This can be a difficult exercise as some couples may be resistant to the idea of never having a child. However, there is a certain freedom to it and it allows couples to think differently and imagine a life without a child as well as setting realistic limits to their pursuit of parenthood. For couples whose lives have been on hold while trying for a baby this exercise can help them to get on with their lives.

2. Externalizing: Externalizing the problem is a counselling technique that helps couples to think of the problem as separate from themselves. It is part of a narrative approach to counselling. The couples work towards decreasing the self or relational importance of the infertility problem. They learn to view fertility in a different way and to attach an alternative meaning to it. It should still be used in the context of empathetic listening and not construed with problem solving. It is helpful to question educational and cultural beliefs surrounding fertility. The couples can then deconstruct long held cultural beliefs which may not be helpful to them and replace them with more positive stories relative to their own lives.
3. Constructivism: Constructivism is an initial step in working with people who are contending with grief and who wish to embark on a meaning reconstruction process. This is especially applicable to couples who have accepted that they will never have a biological child. It can also be valuable for couples who find themselves stuck in the 'limbo' stage of infertility as it can help them to continue to lead more satisfying lives instead of waiting for their fate. Constructivists believe that realities are created by individuals as they endeavor to make sense of the world (Raskin and Bridges, 2002). Therefore, from this perspective, it is important to understand the personal reality of

loss for individuals and couples rather than assume a universal reaction to infertility.

The Person-Centered: Approach The Person-Centered approach is also effective in helping these clients. Counsellors offering the core conditions of empathy, acceptance and congruence and following the client's agenda can facilitate an individual, diverse, process. Recognising the intangible loss of a child not yet conceived is a primary purpose of many infertile couples' grief. Accomplishing this recognition through catharsis as well as cognitive exploration is the function of the discourse of counselling: "Counsellors should be aware of the fact that the feelings associated with clients' fertility status strike at the very core of their sense of self. Clients may never be completely finished experiencing these feelings (Covington & Burns, 2006). Even if a couple succeed in having a baby, these feelings may linger in some shape or form. However a point of resolution and acceptance can be worked towards in therapy. Grief and loss can be managed. Identities can be reconstructed. Interaction with the outside world can become easier- And eventually the fertility difficulties may provide an opportunity for personal and relationship growth.

II. COGNITIVE RESTRUCTURING COUNSELLING TECHNIQUE

Cognitive restructuring was propounded by Albert Ellis (1991) to modify client's disturbed emotions and behavior by disputing the thought that directly creates stress in them. Cognitive restructuring technique is based on the assumption that an individual tends to think, feel, and act simultaneously thus any invention directed at one of these behavioral elements affects the others too. In order to block the self defeating or negative beliefs, which are reinforced by a process of self-indoctrination. The use of cognitive restructuring involves use of active and directive method such as teaching, suggestion, persuasions, home works or assignments that involves explanation on direction on how to overcome client's concern.

The basic foundation of cognitive restructuring is contained in the ABCD Paradigm developed by Ellis (1991) noted that rational emotive therapy and other cognitive restructuring procedures are effective in modifying client's behavior and attitudes and in assisting clients to overcome self-defeating concerns- Cognitive restructuring is an example of counseling techniques which helps to promote more accurate and useful thinking. It is very helpful in treating depression, anxiety and other undesirable behaviour problems.

Cognitive restructuring means changing a perception from a negative interpretation to a neutral or positive one, making it less stressful. This process is also called reappraisal relabeling, refraining and attitude adjustment. Wilson and Branch cited in (Long and Young, 2007) posit that Cognitive Restructuring originates from Cognitive Behavior Therapy which holds that most of human emotions and behavior are

the result of what we think or believe about ourselves, other people and the world. This cognition shapes how we interpret and evaluate what happens to us; influencing how we feel about it. In cognitive restructuring, clients are assisted to critically evaluate their behavior by focusing on negative self statements. It is also focusing on directing clients to identify stylistic qualities that involve distortions in their thinking process. The technique involves a lot of teaching the client to see the irrationality of his/her thoughts. The negative self statements the client had been used to have to be changed to a more positive self-statement.

III. COGNITIVE RESTRUCTURING COUNSELLING TECHNIQUES IN RELATION TO INFERTILITY

Gibson (2007) opined that psychological factors can play a main role in inducing infertility, whereas these factors can be regarded as the consequences of infertility as well. The psychological crisis and the concerns caused by infertility have a direct effect on psychological functions of body and ultimately a negative influence on infertility. The relaxed and healthy individuals experience less psychological tensions and that consequently increases the possibility of their fertility. The reported evidences about the tensions resulting to infertility have suggested that infertility treatment should be followed by psychological treatment. Psychological interventions improved some patients' chances of becoming pregnant although, Smith and Smith (2004) reported that group interventions using educational and skill trainings classes were more effective than the methods applying to emotional expressions and discussions about thoughts and feelings related to infertility; one of the psychological treatment which is in line with the needs of such couples is Cognitive Restructuring Techniques. Cognitive Restructuring will help the couples to understand about 10% unexplained infertility which led to pregnancy at anytime of their life.

Cognitive Restructuring gives hope to the hopeless couples by explaining to them to follow all the treatment to the causes of infertility; the ones that are damaged and cannot be repaired with the Cognitive Restructuring. They can go on any type of Assisted Reproductive Technology (A.R.T.) through which fertilization is achieved outside the body such as;

1. Intrauterine insemination (for men that have low sperm count)
2. In-vitro fertilization (sperm from the man is put into the woman's tube- at Enugu).
3. Gamete intra-fallopian transfer.
4. Zygote in the cavity.
5. Intra- cytoplasm sperm injection.

Cognitive therapists therefore believe that changes in maladaptive emotions or behaviours. Cognitive Restructuring is a set of techniques for becoming more aware of our thoughts and to modify them when they are distorted or are not useful. This approach is not attempting to believe the

unbelievable. Rather it uses reason and evidence to replace distorted thought patterns with more accurate, believable and functional ones. For instance; if a client complained about ovulation problem, you tell her that it can be easily solved with the help of medical ovulation boosting. A number of common patterns of Cognitive Distortions have been identified including:

1. All-or-nothing thinking: Looking at things in absolute, black-and-white categories, instead of continuum. For example, if something is less than perfect, one sees it as a total failure.
2. Over-generalization: Viewing a negative event as a part of a never-ending pattern of negativity while ignoring evidence to the contrary. You can often tell if you are over generalizing if you use words such as never, always, all, every, none, no one, nobody, or everyone.
3. Mental filter: Focusing on a single negative detail and dwelling on it exclusively until one's vision of reality becomes darkened.
4. Magnification or Minimization (magnifying the negative and minimizing the positive): Exaggerating the importance of one's problems and shortcomings. A form of this is called "Catastrophizing" in which one tells oneself that an undesirable situation is unbearable, when it is really just uncomfortable or inconvenient.
5. Discounting the positive: Telling one that one's positive experiences, deeds or personal qualities do not count in order to maintain a negative believe about oneself, or doing this to someone else.
6. Mind reading: Concluding what someone is thinking without any evidence, not considering other possibilities, and making no effort to check it out.
7. Fortune telling: Anticipating that things will turn out badly, and feeling convinced that the prediction is an already established fact- It often involves (A) overestimating the probability of danger, (B) exaggerating the severity of the consequences should the feared event occur, and (C) underestimating one's ability to cope should the event occur. B and C are also examples of Catastrophizing.
8. Emotional reasoning: Assuming that one's negative emotions necessarily reflect the way things really are (for example "Because I feel it, it must be true", I feel stupid, therefore I am stupid).
9. Rigid rules (perfectionism): Having a precised, fixed idea of how one or others should behave, and overestimating how bad it is when these expectations are not met. Often phrased as "should" or "must" statements.
10. Unfair judgments: Holding oneself personally responsible for events that are not (or are not entirely) under one's control or blaming other people and overlooking ways in which one might have also contributed to the problem.

11. Name-calling: Putting an extremely negative and emotionally-loaded label on oneself or others. It is an extreme form of magnification and minimization, and also represents a gross over-generalization. (Bernard, 2012:78)

Daniluk cited in Butler and Beck (2000) reported that cognitive distortions otherwise referred to as exaggerated and irrational thoughts, were believed to perpetuate psychological disorders, and that the process or learning to Refute these distortions is called Cognitive Restructuring. Cognitive therapy consists of testing clients' assumptions and identifying how clients' unquestioned thoughts are distorted, unrealistic and unhelpful. Once these thoughts have been challenged, the clients' feelings about the subject matter of those thoughts can be more readily changed during Cognitive Restructuring counseling session.

The process of cognitive restructuring

Cognitive Restructuring refers to the process or replacing cognitive distortion with thoughts that are more accurate and useful. Cognitive Restructuring has four basic steps:

1. Awareness or identifying the thoughts or beliefs that are influencing the disturbing; for example, emotion low sperm count.
2. Reappraisal of the situation.
3. Adoption and substitution- if there is final damage of reproductive organs can go for In-vitro Fertilization (IVF) procedure.
4. Evaluating them for their accuracy and usefulness using logic and evidence, and if warranted, modifying or replacing the thoughts with ones that are more accurate and useful

In cognitive restructuring, the therapist guides the client through the process of becoming more aware of what they are telling themselves and helps them to evaluate, and when appropriate, to modify their own thinking. In essence, the therapist teaches the client the process that will help them distinguish distorted thinking from more accurate and useful thinking. This is best done as a collaborative process in which the client is assisted in taking the lead as much as possible. The therapist reframes from assuming that the client's thoughts are distorted and instead attempts to guide the client with questions that encourage the client to make their own discoveries. Clients are encouraged to engage in this process on their own during their time between sessions by using a written format known as Cognitive Restructuring Worksheet.

Some of the irrational beliefs that infertile couples face includes:

1. Some usually avoid situations where they will come in contact with babies or pregnant women.
2. Sometimes they become anxious to have a baby, if not it will become devastating.
3. They tend to worry about not ever having a child.

4. They get anxious of what people think of them for not having a child.
5. That infertility is a taboo.
6. That they must have a child of their own, if not their life will not be complete.
7. They feel their struggle in life is useless if they do not have a child of their own.
8. That their infertility problem is caused by someone.
9. The couples can be assisted by their irrational thoughts changing to rational.

Preventions/Suggestions

This will depend on many factors, including the age of the patient(s), how long they have been infertile, personal preferences, and their general state of health. Even if the woman has causes that cannot be corrected, she may still become pregnant.

1. Frequency of intercourse: The couple may be advised to have sexual intercourse more often. Sex two to three times per week may improve fertility if the frequency was less than this.
2. Clomifene Clomid Serophene) - this medication helps encourage ovulation in females who do not ovulate regularly, or who do not ovulate at all, because of polycystic ovary syndrome (PCOS) or some other disorder. It makes the pituitary gland release more FSH (follicle-stimulating hormone) and LH (luteinizing hormone).
3. Erectile dysfunction or premature ejaculation - medication and/or behavioral approaches can help men with general sexual problems, resulting in possibly improved fertility.
4. Varicocele - if there is a varicose vein in the scrotum, it can be surgically removed.
5. Blockage of the ejaculatory duct - sperm can be extracted directly from the testicles and injected into an egg in the laboratory.
6. Follicle-stimulating hormone (Gonal-F, Bravelle) - this is a hormone produced by the pituitary gland that controls estrogen production by the ovaries, It stimulates the ovaries to mature egg follicles.
7. Retrograde ejaculation - sperm can be taken directly from the bladder and injected into an egg in the laboratory.
8. Surgery for epididymal blockage - if the epididymis is blocked it can be surgically repaired. The epididymis is a coil-like structure in the testicles which helps store and transport sperm. If the epididymis is blocked sperm may not be ejaculated properly.
9. Ovulation disorders - if the woman has an ovulation disorder she will probably be prescribed fertility drugs which regulate or induce ovulation.
10. Metformin (Glucophage) - women who have not responded to Clomifene may have to take this

medication. It is especially effective for women with PCOS, especially when linked to insulin resistance.

11. Human menopausal gonadotropin - this medication contains both FSH and LH. It is an injection and is used for patients who don't ovulate on their own because of a fault in their pituitary gland.
12. Human chorionic gonadotropin (Ovidrel, Pregnyl) - this medication is used together with clomiphene it stimulates the follicle to ovulate.
13. Gn-RH (gonadotropin-releasing hormone) analogs - for women who ovulate prematurely, before the lead follicle is mature enough during hMG treatment. This medication delivers a constant supply of Gn-RH to the pituitary gland, which alters the production of hormone, allowing the doctor to induce follicle growth with FSH.
14. Bromocriptine (Parlodel) - this drug inhibits prolactin production. Prolactin stimulates milk production in breast feeding mothers.
15. Some fertility can lower the quality and concentration of sperm. Male sperm can survive inside the female for up to 72 hours, while an egg can be fertilized for up to 24 hours after ovulation.
16. Government should help to establish counselling centers on couples with infertility.
17. Government and non-governmental, faith based organization and community based organization should organize seminars, conference, workshops and enlightenment programmes on infertility for both intended and married couples.
18. The government should also mount a sensitization campaign through news and print media by encouraging couples to seek medical advice on how to overcome and prevent infertility.

IV. CONCLUSION

Childbearing and family are considered a right of every human being. Infertility is a health problem that requires appropriate treatment strategy. Infertility is a common cause of marital disharmony in our environment management involved detail understanding of the causes and early detection and treatment will go a long way in making infertile couples achieve their reproductive desire in life. Also cognitive restricting actively reduces psychological distress associated a positive effect on infertile couples in reducing some aspects of self-perceived depression, anxiety, stress, and also increasing the pregnancy rate. Therefore intervention programmes to reduce depression, anxiety and stress should

be given to all infertile couples as a regular practice alongside their treatment for infertility.

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