PSYCHOLOGICAL EFFECTS OF INFERTILITY ON MARRIED WOMEN IN ESAN NORTH EAST LOCAL GOVERNMENT AREA EDO STATE

Chukwuka Lucy Omonon and Oiwoh Anthonia Dora

ABSTRACT

The study assessed the psychological effects of infertility on married women in Esan North East L.G.A, Edo State. A cross sectional research design was adopted for this study. The target population are married women attending fertility clinic in Central hospital, Esan north East L.G.A and systematic sampling technique was used to select 80 respondents. The instrument used for this study is self-developed semi-structured questionnaires with a coefficient reliability score of 0.78. Data was analyzed using statistical computations expressed in form of tables, percentages and correlation. Result of this study revealed that anxiety and worry including emotional harassment is a psychological effect of infertility. Further findings revealed grief and depression including feelings of failure is not a major psychological effect of infertility among infertile women. Furthermore, this study also revealed that the opinion of respondents concerning infertility are that inability to bear a child causes reproach (criticism) or stigma from the neighbourhood or members of one's social network. Two hypotheses were tested, and findings revealed that the alternative hypothesis which states that there is a significant relationship between emotional trauma and the psychological effect of infertility among married women in Esan North East LGA was accepted also, there is a significant relationship between loneliness including guilt and the psychological effect of infertility among married women in Esan North East LGA was accepted. In conclusion, it was therefore recommended that the health information and educator should give more orientation about infertility in other to reduce misconception about infertility among nursing mothers. Government should reduce the cost of treatment e.g. artificial insemination as this will bring about less invasive surgical procedure, thereby reducing the causes of infertility. Nurses should be friendly and relate well to the patient as this will promote interpersonal relationship and reduces psychological effect.

Keywords: Psychological Effect, Infertility, Edo State

INTRODUCTION

The institutional importance of motherhood worldwide cannot be overestimated, even as the communal life is undergoing changes. The normative social biography for a typical woman mandates child bearing after marriage. Motherhood is her sacred duty – a value enshrined in religious laws and traditional beliefs. Bearing and rearing children are central to the woman's power and wellbeing and reproduction brings in its stead concrete benefits over the life course. A child solidifies a wife's often fragile bond with a spouse in an arranged marriage and improves the status in the joint family and larger community; and with a child she can eventually become a mother-in-law, a position of considerable power and influence in Esan North East families (Obono, 2003). Childless marriages in Esan North East are often perceived as unstable and insecure and childless women face severe stigma. In many cases, mother-in-law encouraged or pressured their daughters-in-law to become pregnant early in marriage, even when they recognize the health consequences of doing so.

Fertility constitutes a crisis in the affected community. The attendant emotional, psychological, cultural and social burdens drain the unsolicited and often patient mother-in-law demands and expectations place such daughters-in-law unimagined pressure and tension. They become isolated and neglected consequent upon the attendant social stigmatization. (Aboulghar, 2005). Undergoing such life crisis has been the stories of most infertile women in Esan North East. They go to varying length visiting orthodox medical practitioners, herbalist, traditionalist and spiritualists in search of needed reprieve and solution. African women with infertility have

been subjected to domestic violence due to infertility (Hollos & Whitehouse, 2014). Couples with infertility live in fear and anxiety about the infertility diagnosis, treatment process, and treatment outcome (Gana & Jakubowska, 2014). This situation may cause conflict between the spouses, a decrease in self-esteem, frequency of sexual intercourse, and the development of feelings of inadequacy in a female or a male. As a result, the bonds of marriage are put under psychological pressure (Cousineau & Domar, 2007). Therefore, it can be a reason for marital incompatibility and also divorce. Domestic violence of women with infertility includes psychological torture, verbal abuse, ridicule, physical abuse and deprivation (Ibisomi & Mudege, 2014). Infertility is also associated with frustration, pain, social ostracism, stigma, marital instability, and suicide (Lindsa & Driskill, 2013).

The prevalence of psychiatric morbidity was 46.4% in infertile women, 37.5% and 42.9% were cases of anxiety and depression respectively (Dyer, 2007). It has been established that, the socio-demographic variables of women with infertility contributed to the prediction of psychiatric morbidity, because of the effects of age, not having at least one child and poor support from spouse (Bayley, Slade & Lashen, 2009). Nigerian women with infertility have higher level of anxiety and depression (Omoaregba, James, & Morakinyo, 2011). This study then tends to examine the psychological effects of infertility on married women in Esan North East L.G.A, Edo State. Most Esan North East women have been made to believe a great deal of their worth comes from the opportunity to be mothers. Therefore, when they are unable to have at least a child, their role becomes questionable in their marriage, family and society.

The study theoretical framework is based on health belief model (HBM) (Hochbaum, Rosenstock, Kegels, 1950) which is a psychological health behaviour change model developed to explain and predict health-related behaviours, particularly in regard to the uptake of health services. The health belief model suggests that people's beliefs about health problems, perceived benefits of actions and barriers of actions and self-efficacy explain engagement (or lack of engagement) in health promotion behaviour. A stimulus, or cue to action, must also be present in other to trigger the health-promoting behaviour.

OBJECTIVES OF THE STUDY

i. To assess if anxiety and worry will be a psychological effect of infertility on married women in Esan North East L.G.A., Edo State.

ii. To determine if emotional harassment will be a psychological effect of infertility on married women in Esan North East L.G.A., Edo State.

iii. To identify if grief and depression will be a psychological effect of infertility on married women in Esan North East L.G.A., Edo State.

iv. To identify if fatigue and helplessness will be a psychological effect of infertility on married women in Esan North East L.G.A., Edo State.

v. To identify if feelings of failure will be a psychological effect of infertility on married women in Esan North East L.G.A., Edo State.

vi. To identify if reduced self-esteem will be a psychological effect of infertility on married women in Esan North East L.G.A., Edo State.

vii. To identify if hopelessness will be a psychological effect of infertility on married women in Esan North East L.G.A., Edo State.

viii. To assess the opinion married women in Esan North East L.G.A. about infertility

HYPOTHESES

There is no significant relationship between emotional trauma and the psychological effect of infertility among married women in Esan North East LGA

There is no significant relationship between the rate of divorce and psychological effect of infertility of married women in Esan North East LGA

There is no significant relationship between loneliness including guilt and psychological effect of infertility of married women in Esan North East LGA

There is no significant relationship between loneliness including guilt and psychological effect of infertility of married women in Esan North East LGA

MATERIALS AND METHODOLOGY

The research adopted the cross-sectional research design. The study was conducted in Central Hospital, Esan North East Local Government Area of Edo State and almost at the outskirt of the town along police station road, Uromi. The hospital is under the supervision of the state hospital management board (H.M.C.) just like other hospital owned by the state government. It was established in 1906. Central hospital, Uromi is a relatively big hospital with several consulting offices, wards/units and departments. The wards/units and departments includes: Accident and Emergency unit, out-patient department, fertility/Gynae clinic, antenatal clinic, male medical ward, male surgical ward, female-medical ward, female-surgical ward, maternity ward, x-ray unit, gynecological ward, pediatrics ward, antiretroviral centre, operation theatre, hospital laboratory unit and other departments such as the card/record office and administrative department.

The population of this study is made up of 100 married women attending fertility clinic in Central hospital, Esan north East LGA, Edo State. The sample size was statistically determined by "Taro Yamens" Formula. Systematic sampling technique was adopted to select 80 respondents. Data was collected using a semi-structured questionnaire. The questionnaire is divided into four sections. Section A: socio-demographic features, Section B: psychological effects of infertility, Section C: Opinion married women in Esan North East L.G.A. about infertility, Section D: Effect of Infertility. The validity of the instruments was insured. To ensure reliability of the instrument, the questionnaire was pre-tested. A pilot study was done by administering 10% of the questionnaire to 8 subjects at central hospital, Esan West Ekpoma, LGA, Edo State, that has the same characteristics with the respondents of the study the reliability was measured by using split half. Gutt-man split half coefficient was 0.78 which was adjudged appropriate for the study.

RESULTS

As presented in Table 1, 22.5% of the respondents' marriage is less than 10 years, 47.5% is less than twenty years, 16.3% is less than thirty years while 13.7% are more than thirty years. 13.8% of the respondents have primary school certificate, 25.0% have secondary school certificate while 61.2% have tertiary school certificate. 77.5% of the respondents are from a monogamous family while 22.5% are from a polygamous family. 43.7% of the respondents are civil servant, 37.5% are traders, 12.5% are farmers while 6.3% are into other things. 83.8% of the respondents are Christians, 13.7% are Muslims while 2.5% are traditional worshipers.

Table 1:
Socio Demographic Data

Variables	Frequency (80)	Percentage (%)
Number of years in Marriage		
Less than 10 years	18	22.5
From 10 to 20	38	47.5
From 21 to 30	13	16.3
More than 30	11	13.7
Level of Education		
Primary	11	13.8
Secondary	20	25.0
Tertiary	49	61.2
Family type		
Monogamous	62	77.5
Polygamous	18	22.5
Occupation		
Civil Servant	35	43.7
Trading	30	37.5
Farming	10	12.5
Others	5	6.3
Religion		
Christianity	67	83.8
Islamic	11	13.7
Traditional	2	2.5
Others	-	-

As presented in Table 2, 48.0% of the respondents feel agitated always, 37.5% feel it occasionally, 8.7% feel it rarely and 5.0% have never. 35.0% always have panic attacks, 27.5% have panic occasionally, 20.0% rarely while 17.5% have never. 51.3% have always avoid social situation, 25.0% avoid it occasionally, 20.0% rarely and 17.5% never. 25.1% have always had irrational fears, 38.6% occasionally, 25.1% rarely and 11.2% have never. 12.5% have always been restless, 18.6% are occasionally restless, 31.4% are rarely while 37.5% had never. This implies that Anxiety and worry is a psychological effect of infertility among infertile women.

Table 2:
Psychological Effects of Infertility

Variables	Always	Occasionally	Rarely	Never
	F (%)	**F (%)**	**F (%)**	**F (%)**
Anxiety and worry				
I feel agitated	39(48.8)	30(37.5)	7(8.7)	4(5.0)
I have panic Attacks	28(35.0)	22(27.5)	16(20.0)	14(17.5)
I avoid social situation	41(51.3)	20(25.0)	10(12.5)	9(11.2)
I have irrational fears	20(25.1)	31(38.6)	20(25.1)	9(11.2)
I am restlessness	10(12.5)	15(18.6)	25(31.4)	30(37.5)
Emotional harassment				
I am ostracized from family celebrations	4(5.0)	16(20.0)	19(23.8)	41(51.3)
I feel I am been taunted	12(15.0)	25(31.3)	33(41.3)	10 (12.5)
I have the feelings of Stigmatization	38(47.5)	21(26.3)	13(16.3)	8 (10.0)
I have withholding food and health care.	19(23.8)	41(51.2)	19(23.7)	1(1.3)
Grief and depression				
I have low mood	33(41.3)	36(45.0)	7(8.7)	4(5.0)
I have reduced interest or pleasure	20(25.0)	31(38.8)	15(18.6)	14(17.5)
I have changes in appetite	21(26.3)	22(27.5)	16(20.0)	21(26.2)
I have sleep disturbances	20(25.0)	31(38.8)	20(25.0)	9(11.2)
I feel fatigue	10(12.3)	15(18.6)	25(31.4)	30(37.5)
I have a feeling of worthlessness	12(15.0)	20(25.0)	33(41.3)	15(18.7)
I have a difficulty in concentrating	30(37.5)	21(26.3)	13(16.3)	16(20.0)
I have a recurrent thought of death	19(23.7)	31 (38.8)	19(23.7)	11(13.7)

Also, as presented in Table 2, 5.0% of the respondents were always ostracized from family celebrations, 20.0% were ostracized occasionally while 23.8% were rarely ostracized. 15.0% always feel been taunted, 31.3% occasionally while 41.3% rarely. 47.5% always have the feelings of stigmatization, 26.3% feel it occasionally, 16.3% rarely feel the stigmatization. 23.8% of the respondents have always been withholding food and health care, 51.2% occasionally withhold food while 23.7% rarely withhold food. This conclude that emotional harassment is a psychological effect of infertility among infertile women.

Similarly, table 2 shows that, 41.3% of the respondents always have low mood and 45.0% occasionally be in low mood, 25.0% have always had reduced interest or pleasure, 38.8% occasionally have reduced interest while 18.6% rarely have it. 26.3% have always experienced change in appetite, 27.5% occasionally experienced changes in appetite while 26.2% never experienced such. 25.0% have always experienced sleep disturbance,

38.8% occasionally experienced sleep disturbance while 25.0% rarely experienced sleep disturbance. 41.3% rarely feel worthless, 18.7% have never feel worthless while 15.0% have always feel worthless. 37.5% always have difficulty in concentrating, 26.3% occasionally find it difficult to concentrate. This shows that grief and depression is not a strong psychological effect of infertility among infertile women (58.45).

Table 3

Respondents response to fatigue and helplessness

Fatigue and helplessness	Always	Occasionally	Rarely	Never
I am tired always	27(33.7)	37(46.3)	11(13.7)	5(6.3)
I am always feel exhausted	32(40.0)	28(35.0)	11(13.7)	9(11.3)
I am always feel drained	3(3.7)	17(21.3)	21(26.3)	39(48.7)
I am always having negative attitude	5(6.3)	16(20.0)	25(31.2)	34(42.5)
I am always tired with house chores	39(48.7)	23(28.7)	10(12.5)	8(10.0)

As presented in Table 3, 33.7% of the respondents always feel tired always, 40.0% always feel exhausted, 35.0% occasionally feel exhausted, 13.7% rarely feel exhausted. 48.7% have never feel drained, 26.3% rarely feel drained while 21.3% always feel drained. 42.5% have never had negative attitude while 31.2% rarely have negative attitude. 48.7% always get tired with house chores while 28.7% occasionally get tired with house chores. In conclusion fatigue and helplessness is not a strong psychological effect of infertility among infertile women (56.82).

Table 4:

Respondents response to feelings of failure

Feelings of failure	Always	Occasionally	Rarely	Never
I have no confidence at all	17(21.5)	33(41.3)	20(25.0)	10(12.5)
I always feel frustrated	11(13.7)	19(23.7)	41(51.3)	9(11.3)
I feel incompetent	23(28.7)	37(46.3)	15(18.7)	5(6.3)
I feel disappointed in myself	7(8.7)	13(16.3)	35(43.7)	25(31.3)

As presented in Table 4, Only 21.5% of the respondents always don't have confidence in themselves at all, 41.3% occasionally don't have confidence. 51.3% rarely feel frustrated and 23.7% occasionally feel frustrated. 28.7% always feel incompetent, 46.3% occasionally feel incompetent while 18.7% rarely feel incompetent. 43.7% rarely feel disappointed in themselves, 31.3% have never feel disappointed in themselves while 16.3% occasionally feel disappointed in themselves. This revealed that feelings of failure is not a strong psychological effect of infertility among infertile women (50.05).

Table 5:
Respondents response to Reduced self – esteem

Reduced self – esteem	Always	Occasionally	Rarely	Never
I have no faith in myself	8(10.0)	12(15.0)	21(26.3)	39(48.7)
I have no confidence in everything I do	4(5.0)	8(10.0)	14(17.5)	54(67.5)
Self-assurance disappears	14(17.5)	26(32.5)	31(38.7)	10(12.5)
I feel embarrassed always	24(30.0)	20(25.0)	21(26.3)	15(18.7)

As presented in Table 5, 48.7% of the respondents have never have faith in themselves, 26.3% rarely have faith in themselves and 15.0% occasionally have faith in themselves. 67.5% have no confidence in everything they do, 17.5% have no self-assurance, 32.5% occasionally have self-assurance while 38.7% rarely have self-assurance. 30.0% always feel embarrassed, 25.0% occasionally feel embarrassed, 26.3% rarely feel embarrassed while 18.7% have never feel embarrassed.

Table 6:
Respondents response to Hopelessness

Hopelessness	Always	Occasionally	Rarely	Never
I feel despair	29(36.3)	35(43.2)	19(23.7)	7(8.8)
I feel bad whenever I see my mate with children	32(40.0)	28(35.0)	21(26.3)	9(11.3)
I feel bad about my situation	39(48.7)	21(26.3)	17(21.3)	3(3.7)
I have already lose hope	5(6.3)	16(20.0)	25(31.2)	34(42.5)
I have a sinking feeling about life	39(48.7)	23(28.8)	10(12.5)	8(10.0)

As presented in Table 6, 36.3% of the respondents always feel despair, 43.2% occasionally feel despair while 23.7% rarely feel despair. 40.0% out of the respondents always feel bad whenever they see their mate with children, 35.0% occasionally feel bad, 26.3% rarely feel bad. 48.7% always feel bad about their situation, 26.3% occasionally feel bad while 21.3% rarely feel bad. 42.5% have never lost hope, 31.2% rarely lose hope, 20.0% occasionally lose hope. 48.7% of the respondents have a sinking feeling about life, 28.8% occasionally have a sinking feeling about life.

Table 7:
What is your opinion on Infertility among Women?

Statement	SA F (%)	A F (%)	D F (%)	S D F (%)
Infertility is a major challenge amongst couples in your community?	12 (15.0)	28(35.0)	30 (37.5)	10(12.5)
Past unheal thy attitude of either couple is the major reason for the inability to conceive?	13 (16.3)	20(25.0)	20(25.0)	27(33.7)
Inability to bear a child causes reproach (criticism) or stigma from the neighbourhood or members of your social network	25(31.3)	45(56.3)	7(8.7)	3(3.7)
Most infertility are caused by spiritual curses	6(7.5)	15(18.7)	19(23.7)	40(50.0)
There is a solution to infertility challenge?	49(61.3)	21(26.3)	8(10.0)	2(2.5)
If one takes his/her treatment judiciously, he/she will come through t he infertility challenge	31(38.7)	22(27.5)	17(21.3)	10(12.5)
Infertility is best treated with native Medicine	2(2.5)	12(15.0)	50(62.5)	16(20.0)

As presented in Table 7, 15.0% of the respondents strongly agree that infertility is a major challenge amongst couples in your community, 35.0% agreed, 37.5% disagreed while 12.5% strongly disagreed. 16.3% strongly agreed that past unhealthy attitude of either couple is the major reason for the inability to conceive, 25.0% agreed, 25.0% disagreed while 33.7% strongly disagreed. 31.3% strongly agreed that inability to bear a child causes reproach (criticism) or stigma from the neighbourhood or members of your social network, 56.3% agreed, 8.7% disagreed while 3.7% strongly disagreed. 7.5% strongly agreed that most infertility are caused by spiritual curses, 18.7% agreed, 23.7% disagreed while 50.0% strongly disagreed. 61.3% strongly agreed that there is a solution to infertility challenge, 26.3% agreed, 10.0% disagreed while 2.5% strongly disagreed. 38.7% strongly agreed that If one takes his/her treatment judiciously, he/she will come through the infertility challenge, 27.5% agreed, 21.3% disagreed while 12.5% strongly disagreed. 2.5% strongly agreed that Infertility is best treated with native Medicine, 15.0% agreed, 62.5% disagreed while 20.0% strongly disagreed.

HYPOTHESES ONE

There is no significant relationship between emotional trauma and the psychological effect of infertility among married women in Esan North East LGA.

The result in Table 8 shows the relationship between emotional trauma and the psychological effect of infertility among married women in Esan North East LGA is statistically significant. This is because the calculates chi-square values are greater than the critical chi-square value. Also, the results were statistically significant as all the p-values were less than 0.05 (<0.05), therefore, we reject the null hypothesis and accept the alternative hypothesis which states that there is a significant relationship between emotional trauma and the psychological effect of infertility among married women in Esan North East LGA.

Table 8:
Pearson chi-square of effect of infertility and emotional harassment

Pearson Chi-square	df	X^2Cal	P	Remark
Anxiety and worry*Emotional Harassment	5	24.010	0.000	significant
Grief and depression * Emotional Harassment	4	26.551	0.000	significant
Fatigue and helplessness *Emotional Harassment	5	174.294	0.000	significant
Feeling of failure * Emotional Harassment	6	72.325	0.000	significant
Reduced self-esteem* Emotional Harassment	5	54.712	0.001	significant
Hopelessness * Emotional Harassment	5	134.411	0.001	significant

HYPOTHESIS TWO: There is no significant relationship between loneliness including guilt and psychological effect of infertility of married women in Esan North East LGA. As presented in Table 9, the results of the test of relationship between loneliness including guilt and psychological effect of infertility of married women in Esan North East LGA is statistically significant. This is because the calculates chi-square values are greater than the critical chi-square value. Also, the results were statistically significant as all the p-values are less than 0.05 (<0.05). therefore, we reject the null hypothesis and accept the alternative hypothesis which states that there is a significant relationship between loneliness including guilt and the psychological effect of infertility among married women in Esan North East LGA.

Table 9:
Pearson chi-squre of effect of infertility and loneliness

Pearson Chi-square	df	X^2Cal	P	Remark
Anxiety and worry*Loneliness	5	12.010	0.000	significant
Grief and depression * Loneliness	5	17.155	0.000	significant
Fatigue and helplessness * Loneliness	5	13.294	0.002	significant
Feeling of failure * Loneliness	5	21.325	0.000	significant
Reduced self-esteem* Loneliness	5	31.712	0.000	significant
Hopelessness * Loneliness	5	34.411	0.000	significant

DISCUSSION OF FINDINGS

The study assessed the psychological effects of infertility on married women in Esan North East L.G.A, Edo State. The demographic characteristics in this study showed that majority of the respondent's marriage is less than twenty years, while majority had tertiary school certificate. The study also revealed that majority of the respondents are from a monogamous family while majority are Christians. Only few respondents are famers, larger percentage are civil servants followed by traders. Findings in this study showed that anxiety and worry is a psychological effect of infertility. This is consistent with the study done by Ramamurthi, Kavitha, Pounraj, Rajarajeswari (2016) and Hasanpoor-Azghdy, Simber and Vedadhir (2014) which findings reported that majority of infertile women experienced high levels of anxiety.

This study revealed that emotional harassment is a psychological effect of infertility. This is in line

with to a research by (Kanani *et al,* 2004) who documented that emotional harassment is experienced by large numbers of childless women in their marital homes. Harassment comes in many forms: Ostracism from family celebrations, taunting and stigmatization, negative attitudes as well as beating, withholding of food and health care. Findings in this study showed that grief and depression is not a major psychological effect of infertility among infertile women This does not support the study of Hasanpoor-Azghdy, Simber and Vedadhir (2014) whose findings showed that emotional-affective reactions of infertility to therapy process include fear, anxiety and worry; fatigue and helplessness; grief and depression and hopelessness. Result of this study showed that feelings of failure is not a strong psychological effect of infertility among infertile women. It is also supported by Sundby, 2011 that Infertility is clearly a major event and often perceived as a crisis-studies have highlighted the low self-esteem, security and self confidence that prevails among the childless. Women in particular suffer the deleterious consequences of infertility. The inability to perform their roles as child bearers and the common misconception that infertility is always the shortcoming of the female is observed to take a huge toll on the woman in terms of loss of self-esteem, grief and feelings of failure.

Furthermore, the study also revealed that in their own opinion concerning infertility, Inability to bear a child causes reproach (criticism) or stigma from the neighborhood or members of your social network. This is in line with the research by (Obono, 2003). Which showed that childless marriages in Esan North East are often perceived as unstable and insecure and childless women face severe stigma. In many cases, mother-in-law encouraged or pressured their daughters-in-law to become pregnant early in marriage, even when they recognize the health consequences of doing so.

Also, the study showed that only few respondents are of the opinion that infertility is best treated with native medicine. This does not support the study of (Aboulghar, 2005) which showed that undergoing such life crisis has been the stories of most infertile women in Esan North East. They go to varying length visiting orthodox medical practitioners, herbalist, traditionalist and spiritualists in search of needed reprieve and solution. Hence this study on Psychological effect of infertility of married women in Esan North East Local Government Area, Edo State.

IMPLICATION FOR NURSING

The study helps to verify further nursing care needed by the nursing mothers to prevent infertility. It assists the profession in their medico legal aspect because it is documented. it also enforces evidence base nursing care practice needed by the nursing mothers on infertility has become prevalent among the general population, so the likelihood of nurses coming into contact with infertility problems has increased. Males are always reluctant when it comes to screening and treatment for infertility. This attitude has however rendered many couple infertile. In view of this, Nurses should assist the males gain insight into their problem. Once insight has been gotten, there won't be delay in the course of treatment. Conclusively, the Nurse should not partake in the stigmatization of infertile clients and should not encourage such.

CONCLUSION AND RECOMMENDATIONS

This research has served as an eye opener to the ways which reproductive age women reacts to infertility most of them feel empty, lonely, poor appetite and some even feel like killing themselves. Some still believe that infertility is caused by spiritual curses and the best form of treatment is using native medicine. Finally, some percentage still believe that infertility challenge has no solution. In view of the findings of the study, the researcher therefore recommends that, the health information and education should give

more orientation about infertility in other to reduce misconception about infertility among nursing mothers. Government should reduce the cost of treatment e.g Artificial insemination as this will bring about less invasive surgical procedure, thereby reducing the causes of infertility. Nurses should be friendly and relate well to the patient as this will promote interpersonal relationship and reduces psychological effect. Nurses should time to time organise seminal, training on how to improve on the care of patient.

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