Infertility is a major health care problem which has a very definite physiological, psychological and sociological implications. The World Health Organization defined infertility as ‘a failure to conceive after unprotected intercourse for a period of one year’.

Although the childless couple is more socially acceptable in modern-day society, there is, nevertheless, a distinct group of infertile couples who feel what they consider to be the social pressures to become parents. As a woman and her partner begin to realize that she may never bear a child, an emotional state develops that can be called the “crisis of infertility”. Infertility itself is frequently a source of emotional trauma for couples, placing considerable stress on their relationship.

Counselling help the couple with infertility to empty out all those feelings of anxiety, hate, anger and dissatisfaction. Sometimes, it is enough that there is somebody who has the time and understanding and who is able to listen effectively to allow the emotions to pour out. The role of counseling is to help people process their emotions and to arrive at a situation where they feel comfortable and with which they can live a full life. The basic aim of counseling is to ensure that the patients understand the implications of their treatment choice, receive sufficient emotional
support and can cope in a healthy way with the consequences of the infertility experience.

Infertility treatment has come a long way since the days when psychogenic reasoning placed the blame for the woman’s fertility on the infertile woman herself. Modern medicine has begun to consider the mind-body connection in the treatment of infertility. Treatment for infertility has evolved to include an understanding that the most effective treatment involves treating both the mind and the body.

Behavioral medicine offers many strategies for coping with and managing stress. By employing a variety of strategies, the intervention will focus on introducing techniques such as cognitive behavioral strategies, relaxation techniques, and guided imagery.

Relaxation can release the tension and reduce the stress level. Meditative and body-awareness techniques, such as breathing and progressive muscle relaxation, are used to facilitate greater identification between emotional distress and its impact on physical and physiological function. Men have reported using deep-breathing techniques in particular to help slow their reaction time, decrease irritability, and reduce muscle tension during periods of stress and emotional arousal from infertility as well as other causes.

Many studies revealed that there is reduction in the stress level and an increase in coping, conception rate and knowledge on
conception among couple with infertility with adequate counseling and relaxation therapy. Hence, the researcher selected the topic entitled “A study to assess the stress and coping among women with primary infertility and to evaluate the effectiveness of counseling and relaxation therapy on stress level, coping level, knowledge on conception and conception rate among couple with primary idiopathic infertility.”

**Objectives of the Study**

**Phase I**

1. To assess the stress level of women with primary infertility.

2. To identify the coping ability of women with primary infertility.

3. To correlate the stress level with selected variables such as years of married life, Social support, literacy level and employment.

**Phase II**

4. To evaluate the effectiveness of counseling and relaxation therapy on stress level among the couples with primary idiopathic infertility.

5. To evaluate the effectiveness of counseling and relaxation therapy on coping level among the couples with primary idiopathic infertility.

6. To evaluate the effectiveness of counseling and relaxation therapy on knowledge on conception among the couples with primary idiopathic infertility.
9. To evaluate the effectiveness of counseling and relaxation therapy on conception rate among the couples with primary idiopathic infertility.

10. To correlate the mean knowledge score with selected variables such as age, education and occupation.

The study was conducted in Jawaharlal Institute of Post Graduate Medical Education and Research (JIPMER), which is one of the pioneer institutes in Pondicherry. The study was carried out in two phases. The quantitative research approach was used for both the phases. For phase I, a descriptive survey design was adopted to assess the stress and coping among women with primary infertility. Three hundred and fifty women with primary infertility who fulfilled the inclusion criteria were the samples for the study. Simple random technique was used to select the sample.

Among the women with primary infertility, socio-demographic, clinical data and data regarding stress and coping were collected by using structure interview scheduled.

The fertility problem inventory, which was developed by Christopher Newton was used to measure the level of stress (Newton, 1999), Copenhagen Multicenter Psychosocial infertility coping scale developed by Dr. L. Schmidt was used to measure the coping ability of couple with infertility (Schmidt, 2005).

For phase II, Quasi experimental one group Pretest, Posttest design was adopted to evaluate the effectiveness of counseling and
relaxation therapy among couples with primary idiopathic infertility.

Fifty couples with primary idiopathic infertility who fulfilled the inclusion criteria constituted the sample. Simple random technique was used to select the sample. Among the couple with primary idiopathic infertility, socio-demographic with clinical data were collected. A pretest was conducted to assess their stress level, coping level and knowledge on concepts of conception. Four sessions of counseling and relaxation therapy was given, with a interval of 15 days between the sessions and a Posttest was conducted after the 4th sessions to assess their stress level, coping ability and knowledge on concepts of conception. Advise was given to the couples to follow the stress coping strategies and relaxation therapies for one year and asked them to come for regular follow-up till one year to assess their conception rate.

**MAJOR FINDINGS OF THE STUDY**

**PHASE I:**

**Demographic variables of women with primary infertility**

Seventy-six percentage of women were in the age group of 21-30 years. Most of the women (93.7) were Hindus. Almost half the number of women (47.7%) were from Urban community. Regarding family system 50.85% were from Nuclear family. With regard to educational system 40.9% and 31.1% completed their primary and secondary education respectively. With regard to
occupation 58.6% were homemakers and 22% worked as labourers. (Table 2)

**Demographic variables of the spouses of the women with primary infertility**

With regard to the spouses educational status 35.4% had primary education and 30.9% had collegiate education. Regarding their occupation 46.3% were working in private company and 27.7% were from government sector. The family income per month showed that 48% earned more than 4000 rupees and 16% earned less than 1000 rupees. With regard to duration of married life, 60.3% had married life of less than 5 years and 33.4% between 6-10 years. (Table 3)

**Gynaecological variables of the women**

Most of the women (66.9%) attained menarche between 13-15 years and 54% had their marriage between 21-25 years. Most of the women (66.3%) had regular menstrual cycle and 58.3% had 26-30 days cycle. Sixty percent had normal menstrual flow and 36% had history of dysmenorrhea. Majority of women (99.4%) used analgesics for dysmenorrhea. (Table 4)

**Clinical variables of the women**

With regard to the family history of infertility, 80.9% did not have the family history of infertility. With regard to social support 84.6% received support from their spouses. In 35.1% of the
women, husbands were responsible for initiating the treatment and in 32.3%, their in-laws took the initiative. Majority of the women (99.4%) were living with their spouses and 99.4% expressed that they had privacy at home.

As far as the duration of treatment is concerned, 76.6% took treatment for 1-2 years and 4% for more than 6 years. Regarding traditional treatment, none had taken the traditional treatment. (Table 5)

**Level of stress among women with primary infertility**

Among 350 women, only 15.1% of them had low stress. The rest (84.9%) had various grades of stress. Moderately high level of stress was experienced by 30.9%. Forty percent and fourteen percent of women experienced average stress and very high stress respectively. The mean stress score was found to be 174.3 with SD =12.36 and this indicated that the level of stress was high. (Table 6)

In the social domain, only 14.9% had low stress. The remaining 85.1% had different grades of stress. In sexual domain, only 14% had low stress and the rest (86%) had high grades of stress. In relationship domain, only 12.6% had low stress. In rejection of child-free lifestyle domain, 86.6% had moderately high stress, and in need for parenthood domain, 86.5% showed average stress. The mean scores of the different domains were found to be
38.6, 26.1, 35.7, 20.3 and 53.6 and these indicated that the level of stress was high. (Table 7)

**Level of coping among women with primary infertility**

Among 350 women with primary infertility, none of them had high level of coping. Low level of coping was experienced by 39.1% and 60.9% had medium level of coping. The mean score was found to be 32.54 with standard deviation 5.46 and this indicated the inadequate coping level. (Table 13)

In active avoidance coping, 96% had high coping and this indicated that the women were avoiding the situation actively and that implied poor adjustment to infertility. In active confronting coping, 86.6% had low coping. In passive avoidance coping 68% had medium coping, which again predicted that they had poor adjustment to infertility. In meaning based coping almost all (99.4%) showed low coping. The mean scores of the different domains were found to be 10.47, 5.85, 5.99 and 0.24 and these indicated the inadequate coping level. (Table 14)

**Correlation between stress and coping**

- Overall stress had negative correlation with active avoidance and passive avoidance coping at P<.01 level. This indicated that greater the overall stress, the less the active and passive avoidance coping.

- It was also found that overall stress had positive correlation with and active confronting and meaning based coping at P<.01 level. This expressed that
greater the overall stress, the more the confronting and the meaning based coping.(Table 19)

**Association of stress with selected variables**

- There was no significant association between the level of the stress with duration of married life, occupational status and social support.

- But there was an significant association between the level of stress and educational status at 0.05 level. (Table 20-23)

**Stepwise multiple regression analysis between stress and some variables**

- Women with primary infertility, who used active avoidance coping had decreased level of stress and it was significant at 0.001 level.

- Women with primary infertility, who used active confronting coping had high stress level and it was significant at 0.001 level.

- The results revealed that as the family income of women increased, the level of stress decreased and it was significant at 0.05 level.

- Comparing the spouse educational status with the level of stress of women, it revealed that as the educational status advanced, the level of stress increased, and it was significant at 0.05 level

- Based on the person, who initiated the treatment, the level of stress among women with primary infertility decreased and it was significant at 0.05 level.
Women with primary infertility, who used meaning based coping had high stress level and it was significant at 0.05 level. (Table 24)

PHASE II:

Demographic Variables of the Women with Primary Idiopathic Infertility

Of the 50 women participated in the study, 32% were between 31-40 years. As far as religion is concerned, most of them (96%) were Hindus.

Regarding residence, 38% were from Urban. With regard to family system, 50% were from nuclear family. The educational status of the women revealed that 18% had collegiate education.

Regarding the occupational status, the analysis showed that half the number of the participants (52%) were housewives and 12% were self employed. (Table 25)

Demographic variables of the spouses of the women primary idiopathic infertility

With regard to education, 36% had college level degree and 14% were non-literate. As far as occupation is concerned, 40% were working in private company. Regarding family income, 56% had income of more than 4000 rupees per month. In regard to duration of married life, 50% had 6-10 years of married life.

Only 5% had the habit of consuming alcohol, and 10% had the habit of smoking. None had the habit of consuming
recreational drugs, and hazardous occupational exposure. Eighty percent of the men had the habit of regular exercise. With regard to type of inner garment 84% had the habit of wearing cotton and 90% had the habit of wearing loose inner garment (Table 26).

**Gynaecological variables of the women with primary idiopathic infertility**

Of the 50 women participated in the study, majority (82%) of the women attained menarche between 13-15 years.

With regard to age at marriage, 82% got married between 21-25 years. As far as menstrual cycle is concerned, 100% had regular menstrual cycle. With regard to duration of menstrual cycle, 52% had 26-30 days cycle.

About the amount of menstrual flow, 60% had normal flow. Among 13 women, who had the history of dysmenorrhea, 61.5% used analgesics for dysmenorrhea. (Table 27)

**Clinical variables of the women with primary idiopathic infertility**

With regard to the family history of infertility, majority of women (84%) had no family history of infertility.

Spouses were cited as the social support by majority of the women (88%). Among 58% of the women, the in-laws were responsible for initiating the treatment.
All the women (100%) were living together with their husbands and they had adequate privacy at home. As far as duration of treatment is concerned, 50% were taking treatment for 1-2 years, and none had taken any traditional treatment before. (Table 28)

**Level of stress among women with primary idiopathic infertility before intervention**

Among 50 women with primary idiopathic infertility, most of the women (98%) had very high stress before intervention. Moderately high stress was experienced by only 2% and none had low and average stress. The mean score was found to be 222.4 with SD=5.026 and this indicated that the level of stress was high before intervention. (Table 29)

In social, sexual and rejection of childfree life style of the stress, all women (100%) had very high stress. In relationship domain most of the women (98%) experienced very high stress. In need for parenthood domain, everyone (100%) had low stress. The mean scores of the different domains were found to be 57.70, 42.72, 43.96, 33.86 and 44.16 and these indicated that the level of stress was high before intervention. (Table 30)

**Level of stress among the husbands of the women with primary idiopathic infertility before intervention**

Among 50 men, only 14% of them had low stress. The rest 86% had various grades of stress. Very high stress was
experienced by 46% of the men. Average and moderately high stresses were experienced by 30% and 20% of men respectively. The mean score was found to be 176.48 with SD = 14.89 and this indicated that the level of stress was high. (Table 31)

In the social domain 56% had moderately high stress. In sexual domain 50% had moderately high stress. In relationship domain, majority of the men (72%) experienced very high stress. In rejection of childfree lifestyle, most of the men (94%) had very high stress. In need for parenthood domain, 98% had low stress. The mean scores of the different domains were found to be 40.20, 27.58, 38.84, 25.98 and 43.88 and these indicated that the level of stress was high before intervention. (Table 32)

**Level of coping among women with primary idiopathic infertility before intervention**

Among 50 women with primary idiopathic infertility, none of them had high level of coping. Seventy four percent had medium coping and 26% had low coping. The mean score was found to be 22.76 with SD = 2.86 and this indicated the inadequate coping level before intervention. (Table 33).

In active avoidance coping 94% had high coping. In active confronting and meaning based coping all the women had (100%) had low coping. In passive avoidance 62% had medium coping. The mean scores of the different domains were found to be 13.04,
2.42, 7.10 and 0.2 and these indicated the inadequate coping level before intervention. (Table 34).

**Level of coping among the husbands of the women with primary idiopathic infertility before intervention**

Among 50 men, none had high coping. Fifty six percentage experienced low coping and 44% had medium coping. The mean score was found to be 20.82 with SD = 2.38 and this indicated the inadequate coping level before intervention. (Table 35)

In active avoidance coping, 92% had high coping. In active confronting coping, majority (98%) had low coping. In passive avoidance, most of the men (66%) had medium coping. In meaning based coping all of them (100%) had low coping. The mean scores of the different domains were found to be 12.00, 1.84, 6.76, and 0.22 and these indicated the inadequate coping level before intervention. (Table 36)

**Level of knowledge among women and husbands of the women with primary idiopathic infertility before intervention**

- Majority of the women (96%) had inadequate knowledge and only 4% had moderately adequate knowledge before intervention. (Table 37)

- Majority of the men (94%) had inadequate knowledge. Four percent had moderately adequate and only 2% had adequate knowledge before intervention. (Table 38)
Level of stress among women with primary idiopathic infertility after intervention

- The stress levels among women with primary idiopathic infertility after intervention revealed that among 50 women, all of them (100%) had low stress. The mean score was found to be 101.02 with SD = 9.36 and this indicated that the level of stress was low after intervention. (Table 39)

- In social domain and need for parenthood domains of the stress, all the women (100%) had low stress. In sexual and relationship domains, majority of the women (98%) had low stress. In rejection of childfree lifestyle domain most of the women (94%) had low stress. The mean scores of the different domains were found to be 22.86, 12.62, 20.50, 18.08 and 26.96 and these indicated that the level of stress was low after intervention. (Table 40)

Level of stress among husbands of women with primary idiopathic infertility after intervention

- The stress levels among the husbands of women with primary idiopathic infertility after intervention revealed that among 50 men, all of them (100%) had low stress. The mean score was found to be 112.96 with SD = 12.66 and this indicated that the level of stress was low after intervention. (Table 41)

- In social domain and need for Parenthood domains of stress, all the men (100%) showed low stress. In sexual domain, 56%
showed average and 44% showed low stress. In relationship domain, majority of the men (98%) had low stress. In rejection of childfree lifestyle domain 92% showed low stress. The mean scores of the different domains were found to be 25.36, 19.88, 24.08, 17.58 and 26.06 and these indicated that the level of stress was low after intervention. (Table 42)

**Level of coping among women with primary idiopathic infertility after intervention**

- The coping levels among women with primary idiopathic infertility after intervention revealed that among 50 women, almost all (98%) showed medium coping, after the intervention. The mean score was found to be 30.12 with SD = 2.63 and this indicated the adequate coping level after intervention. (Table 43)

- After intervention the coping level increased in all the domains. In active avoidance coping, majority (96%) showed low coping. In active confronting coping, all of them (100%) showed medium coping. In passive avoidance coping, most of the women (98%) showed low coping. In meaning based coping, 90% had medium coping. The mean scores of the different domains were found to be 5.06, 13.56, 3.00 and 8.50 and these indicated the adequate coping level after intervention. (Table 44)
Level of coping among husbands of women with primary idiopathic infertility after intervention

- The coping levels among the husbands of women with primary idiopathic infertility after intervention revealed that among 50 men, all of them (100%) showed medium coping, after the intervention. The mean score was found to be 27.26 with SD = 4.46 and this indicated the adequate coping after intervention. (Table 45)

- In active avoidance coping, most of the men (88%) had high coping. In Active confronting coping, 74% had medium coping. In passive avoidance coping, majority of the men (86%) had medium coping. In meaning based coping, 82% had low coping. The mean scores of the different domains were found to be 11.00, 8.54, 4.38 and 3.34 and these indicated the adequate coping level after intervention. (Table 46)

Level of knowledge among women with primary idiopathic infertility after intervention

- The knowledge levels of women with primary idiopathic infertility after intervention revealed that among 50 women, all of them (100%) gained adequate knowledge after intervention. (Table 47)

Level of knowledge among husbands of women with primary idiopathic infertility after intervention

- The knowledge levels among the husbands of the women with primary idiopathic infertility after intervention revealed
that among 50 men, most of them (96%) gained adequate knowledge after intervention. (Table 48)

**Effectiveness of intervention on stress, coping and knowledge on concepts of conception among women with primary idiopathic infertility**

- There was a reduction of stress level after the intervention. The Pretest values were M=222.40, with SD = 5.026 and the Posttest values were M=101.02, with SD = 9.36 and the reduction of stress level was statistically significant at 0.001 level after intervention. (Table 49)

- There was an increase in the level of coping after intervention. The Pretest values were M=22.76, with SD = 2.86 and the Posttest values were M=30.12, with SD=2.63 and there was a statistically significant increase in the level of coping at 0.001 level. (Table 53)

- There was an improvement in the knowledge level after intervention. The Pretest values were M=8.42, with SD = 2.15 and the Posttest values were M=22.4, with SD =1.2 and the improvement in the level of knowledge was statistically significant at 0.001 level. (Table 57)

**Effectiveness of intervention on conception rate**

- There was an increase in the conception rate. As per 2010-2011 hospital records, only 6% of women with primary idiopathic infertility had conception. Whereas in the
intervention group, 22% of women with primary idiopathic infertility had conception. It showed that the increase in the conception rate was statistically significant at 0.05 level. (Table 59)

**Effectiveness of intervention on stress, coping and knowledge on conception among husband’s of women with primary idiopathic infertility**

- There was a decrease in the level of stress after intervention. The pretest values were $M=176.48$, with SD=14.89 and the Posttest values were $M=112.96$, with SD=12.66. This showed that the reduction of stress level was statistically significant at 0.001 level. (Table 51)

- There was an increase in the level of coping after intervention. The pretest values were $M=20.82$, with SD = 2.38 and the Posttest values were $M=27.26$, with SD=4.46 and there was a statistically significant increase in the level of coping at 0.001 level. (Table 55)

- There was an improvement in the knowledge level after intervention. The pretest values were $M=8.74$, with SD= 2.98 and the Posttest values were $M = 22.90$, with SD= 0.343 and the improvement in the level of knowledge was statistically significant at 0.001 level. (Table 58)
Correlation between stress, coping and level of knowledge of the women with primary idiopathic infertility before intervention

- Statistical analysis to test the correlation between stress, coping and level of knowledge among women with primary idiopathic infertility revealed that the level of knowledge did not have correlation with level of stress and level of coping. (Table 60)

Correlation between stress, coping and level of knowledge among husband’s of the women with primary idiopathic infertility before intervention

- Statistical analysis to test the correlation between stress, coping, and level of knowledge among the husband’s of women with primary idiopathic infertility showed the negative correlation between stress and coping at 0.01 level. (Table 61)

Correlation of mean knowledge score with selected variables

- There was a negative association between the mean knowledge score and the age of the women. As the age increased, the mean knowledge score decreased and the P-value inferred that the association was statistically significant at < .05 level. (Table 62)

- There was no association between the mean knowledge score and the education of the women. This showed that
women knowledge on conception was less, irrespective of their educational level. (Table 63)

- There was a positive association between the mean knowledge score and the occupation of the women. The P-value inferred that the association was statistically significant at <.05 level. (Table 64)

CONCLUSION

Phase I
- Majority of the women had no family history of infertility.
- None of the women had taken any traditional treatment.
- Stress is high among women with primary infertility.
- Coping is not adequate among women with primary infertility.
- Women with primary infertility, who used active avoidance coping had decreased level of stress.
- Women with primary infertility, who used active confronting coping had high stress level.
- As the spouse educational status advanced, the level of stress among women increased.
- Stress level was high among women, who used meaning based coping.

Phase II
- Counseling and relaxation therapy significant decreased the level of stress among couple with primary idiopathic infertility.
Statistically significant improvement in the coping level of the couples with primary idiopathic infertility was showed after the counseling and relaxation therapy.

Education on concepts of conception improved the knowledge of the couples significantly.

The intervention statistically improved the conception rate to 22% against the 6% as per the hospital record.

As the age of women with primary idiopathic infertility increased, the women’s knowledge on conception decreased.

Women’s literacy level had no influence on knowledge of conception.

Working women had better knowledge on conception compared to home maker.

**Nursing Implications**

**Implications for Nursing Practice**

Infertility causes women to face personal and psycho social problems. A systematic and continuous assessment of women with infertility for stress and coping ability will help the nurses to prepare and plan specific interventions to meet their needs and help the women with infertility to achieve their goal of becoming fertile.

As most of the women undergo various investigations, treatment procedures, prerequisites, preparations required, cost involved and the outcomes has to be adequately informed to infertile women by the nurses and chances must be given to clarify their doubts in order to reduce their stress.
All the couple with infertility should be given counseling. This will alleviate the fear faced by them, especially in the case of idiopathic infertility and will improve the chance of conception.

Teaching on conception should be a routine procedure in the infertility clinic, so that it helps to clarify misconceptions among the couple.

Relaxation therapy should be taught in the infertility clinic and motivate them to do it regularly. Some system should be introduced to check their adherence (Diary should be given to all, so that their practice of relaxation therapy can be checked every time and reinforcement can be given).

Continuous motivation by the nursing personnel aids in adherence to the treatment and life style management and thus helps to reduce the problem.

The family counseling can be conducted in which even the mother in laws and other significant family members can be included.

The relaxation therapy can be taught to community health nurse to implement for the couple with infertility at home as well as follow them up and encourage them to practice it regularly.

**Implications for Nursing Education**

The curriculum content needs to be strengthened where increased importance is to be given to care of women with infertility.
As the infertile women face much of the psychosocial problems and they are very sensitive, the students must be taught to show a compassionate and empathetic attitude while caring for women with infertility.

In the curriculum, more practical hours to be allotted for counseling and relaxation therapy.

Nursing students must organize Mass education programs to clarify the myths regarding infertility and should teach about life style management, coping strategies and positive thinking among couple with infertility.

**Implications for Nursing Administration**

The nurse administrators have an important responsibility in organizing continuing Nursing Education Programmes and short term course to prepare the staff nurses to get specialized in caring for infertile women.

In most of the infertility clinics there is no separate physical infrastructure is available to offer counseling for couples with infertility. To implement stress reduction strategies like relaxation therapy an absolutely calm environment, free from noises and any other type of disturbances is needed to avoid interruptions in between the therapy process. Nurse administrators can ensure that such types of separate facilities are made available in the infertility units to implement stress reduction therapies with ensured privacy and free from intrusions.
Nursing Administration must make sure that the educational and informational materials should have consistent information and these are to be displayed in infertility clinic.

Mass media like television, radio can be used in infertility clinic with emphasis on various aspects of infertility.

**Implications for Nursing research**

- An explorative study can be done to identify the psychosocial issues prevalent in the society in regard to infertility.
- A similar study can be done on large scale.
- A qualitative study can be carried out to assess personal factors which lead women to seek and not to seek treatment.
- A survey can be carried out to find out the incidence of infertility among the women in rural and in urban areas.
- A comparative study can be done to compare the benefits of yoga versus exercise in reduction of stress in women with infertility.
- A longitudinal study can be done to assess the stress level of women with infertility at 5 years, 10 years & 15 years.
- Comparative study can be done on the efficacy of individual education versus group education on infertility.

**Limitations**

1. The study is limited only to women attending infertility clinic, Jipmer.
2. The study is limited only to women with primary infertility.
3. The study is limited only to women upto 40 years.
Recommendations

- A similar study can be done on large scale.
- The study can be replicated in different settings.
- A similar study can be conducted on women with secondary infertility.
- The findings of the study showed that 14% of women were illiterate and this gives a clue that, in addition to displaying posters, and distributing pamphlets to infertility women, individual teaching is necessary.
- The knowledge, attitude and practice of reproductive health nurses in stress reduction strategies of women with infertility can be studied.
- The effectiveness of relaxation therapy in reducing stress in patients suffering from any other illness can be studied.
- In all infertility clinic routine health education on concepts of conception should be given to all couples.
- Relaxation therapy should to be taught to all couples attending the infertility clinic.
- Compared to the high cost of infertility treatment, counseling and relaxation therapy serves as a cost effective strategy and reduces stress and improves conception among the couple with primary idiopathic infertility and thus it serves as a tool to improve the economy of family, community and the nation.

**Supporting people with infertility is easy:** *all you have to do is listen and try to empathize.* - Abbie