

THE ROLE OF HEALTH WORKERS AND SUPPORT SYSTEM COUNSELORS FOR WOMEN WITH PRIMARY INFERTILITY

Peran Tenaga Kesehatan dan Konselor Support System Wanita Infertilitas Primer

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Abstract

Background: Primary infertility is a problem, one of which is psychological in infertile women. Based on the Indonesian In Vitro Fertilization Association (Perfitri), the total cycle of IVF programs in Indonesia in 2021 reached 10,000, the most significant number in handling fertility problems. Problems appear because there are no psychological services.

Aims: To explore the role of health workers and counselors in the support system at the central hospital in Semarang for women with primary infertility

Methods: This is descriptive research with qualitative exploratory design at the Central Hospital in Semarang City with five health workers and two counselors. The researcher used semi-structured, one-on-one interviews for one week. The data was then analyzed using inductive thematic analysis

Results: The results found that the support system for women with primary infertility, from the opinion of health workers, will focus on clinical care and counseling according to the diagnosis from the counselors that women with primary infertility need psychological support to assist the success of clinical care

Conclusion: Health workers and counselors need an integrated support system service for women with primary infertility.

Keywords: counselors, health workers, primary infertility, support system

Abstrak

Latar Belakang: Infertilitas primer merupakan suatu masalah. Salah satunya adalah masalah psikis pada wanita infertil. Berdasarkan data Perhimpunan Fertilisasi In Vitro Indonesia (Perfitri) total siklus program bayi tabung Indonesia tahun 2021 mencapai 10.000 program, angka cukup besar dalam penanganan masalah fertilitas. Permasalahan muncul karena belum ada layanan psikologis bagi pasangan infertil secara khusus.

Tujuan: menyelidiki peran tenaga kesehatan dan konselor dalam bagian support system di rumah sakit pusat di Semarang bagi wanita infertilitas primer

Metode: desain eksplorasi kualitatif di RS Pusat di Kota Semarang dengan 5 tenaga kesehatan dan 2 konselor. Wawancara semi-terstruktur, dilakukan satu lawan satu selama satu minggu. Analisis data dengan analisis tematik induktif.

Hasil: Hasil penelitian menunjukkan bahwa support system bagi wanita infertilitas primer dari tenaga kesehatan berfokus dalam perawatan secara klinis dan pemberian konseling sesuai dengan diagnosa, dan wanita infertilitas primer membutuhkan support secara psikologis dari konselor alam pendampingan keberhasilan perawatan klinis

Kesimpulan: perlu adanya layanan support system yang terintegrasi dari tenaga kesehatan dan konselor bagi wanita infertilitas primer.

Kata kunci: infertilitas primer, konselor, support system, tenaga kesehatan



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Introduction

The research studies have found that women with primary infertility need support in dealing with primary infertility, one of which is support from health workers and counselors who understand the problems of primary infertility. Women feel the most impact and social pressure in this infertility problem (Novrika, Susanti and Putri, 2019). Women face primary infertility because they have not had children during their marriage. According to World Health Organization (WHO) data, about 50-80 million couples, or one in seven couples, experience fertility problems (BKKBN, 2020). In Indonesia, every year, 2 million couples experience fertility problems, and it is estimated that more than 20% of married couples suffer from infertility (BKKBN, 2020). Based on data from the Indonesian In Vitro Fertilization Association (Perfitri), the total cycle of IVF programs in Indonesia in 2021 reached 10,000. This figure is quite prominent in handling fertility problems (Persatuan Rumah Sakit Seluruh Indonesia, 2021). Data from the Central Java BKKBN shows that the number of couples of childbearing age in Central Java is 6 million, with 5.5 percent facing fertility problems. (BKKBN, 2013). Fertility problems affect 66 percent of women of childbearing age in Semarang City, Central Java, and according to data in 2020, mothers with a history of experiencing primary infertility after >1 year of marriage were 227 cases, and from 2021, to October 2021 there were 100 cases (Dinas Kesehatan Kota Semarang, 2022). Semarang has handled many infertility problems with the Central General Hospital being a referral hospital in the city of Semarang where there is a special fertility unit for clinical fertility treatment for patients with infertility. According to data in 2021 there are 445 women who experience

primary infertility at the Central General Hospital in Semarang (Rumah Sakit Dr.Kariadi, 2021).

Primary infertility is a frequently found disease. As a result, reproductive health problems and psychological impacts are very clearly felt, especially on the part of women in women who have tried to have sexual intercourse with a regular frequency of 2-3 times per week and without using any contraception and the age of marriage is more than 12 months (Rosyida, 2021). Therefore, the role of health workers and counselors in providing support is essential. Still, qualitatively the form of support provided by health workers and counselors has not been seen as honest and apparent in psychological decline (Shaiju, 2020). In addition, the cost and long duration of fertility treatment make women with primary infertility psychologically feel more anxious, and the large number of expenses that must be incurred in fertility treatment is a problem that must be faced (Manikkam and Bhargavi, 2020).

This research aims to explore health workers and counselors in health services providing what services have been provided to women with primary infertility.

Method

This study used a qualitative exploratory design at the Central General Hospital in Semarang City on five health workers and two counselors. This study shares descriptions of five health workers and two counselors. We conducted semi-structured interviews. This method explored research studies about an infertile women's support system. Each interview was conducted one-on-one for one week. Data analysis used inductive thematic

Table 1 Interview Topics and Main Questions

Theme	Question
Understanding primary infertility	Explain your opinion about primary infertility
Services for primary infertility	Explain what services have been provided to patients or women with primary infertility
Counseling	Explain whether counseling for women with primary infertility is needed, and if needed it.
Counselor	What do you think a counselor for women with primary infertility is needed
Counseling materials	Do you think the counseling materials for women with primary infertility
Media and facilities	What media are suitable for women with primary infertility, and what tools are needed when providing counseling for women with primary infertility
Method	What counseling methods are suitable for women with primary infertility
Counseling flow	Explain in your opinion how the flow of counseling can be applied in health services for women with primary infertility

analysis. Interviews were conducted regarding the understanding of women with primary infertility, what forms of services

have been provided to women with primary infertility, whether there is any counseling for women with primary infertility, whether there are any obstacles in providing counseling to women with primary infertility, are there special counselors for women with primary infertility, opinions? About whether it is essential to have counselors for women with primary infertility.

This research has received approval from the central hospital in Semarang City to collect initial data regarding what support system has been given to women with primary infertility.

The interview can reveal the depth of experience. Inclusion criteria are the inclusion of participants, health workers in the gynecology polyclinic, and counselors in the hospital; standards exclude health workers and counselors who do not agree to follow this research. Participants were recruited based on the approval of the hospital. We used an interview guide, and "DP" conducted interviews by recording using a tape-recorded. The interview conducted was semi-structured interviews. Each session took approximately 30 minutes of the one-on-one interview for a week at the gynecology polyclinic of the Central General Hospital in Semarang. All interviews were written and transcribed verbatim by the interviewer.

Field notes and interview transcripts "SW" are analyzed using thematic analysis for their flexibility and potential to yield unexpected insights (Clarke and Braun, 2013). The investigation follows thematic analytic procedures: becoming familiar with the data involving transcription and reflective reading, generating initial codes, searching for themes, reviewing and refining themes, identifying coherent patterns, defining and naming themes, and developing reports (Sites, 2020). In addition, several themes emerged from interview analysis, some from interviews and notes. The peer-review

Table 1. Characteristic of Participants

No	Health Workers/Counselors	Age (year)	Education
1	Health Workers	34	D4 Midwife
2	Health Workers	39	D4 Midwife
3	Health Workers	27	D4 Midwife
4	Health Workers	26	D3 Nurse
5	Health Workers	25	S1 Nurse
6	Counselor	54	Psychology S1
7	Counselor	40	Psychology S1

process is a validation strategy to control author bias in interpreting themes (Himelstein *et al.*, 2012). A researcher and co-researcher (DP and MZ) for the study received full transcripts of all interviews and notes and reviewed codes and themes entirely regardless of the principal investigator's participation. This peer reviewer reviews each code against each unit of meaning and quotation from the transcript. After, the principal investigator and neutral colleagues met to compare and contrast the code themes and described the result.

Result and Discussion

Five health workers and two counselors agreed to follow this study from the answer agreement. After the thematic analysis of the data, the respondent's expressions of the results of what has been given in primary infertility women's services can be identified. This includes initiation for improving the quality of life related to infertility, raising awareness, regaining control of life, and increasing acceptance, especially for women with primary infertility, as well as health care support for women with primary infertility.

Definition primary infertility

The results of interviews with five health workers regarding the understanding of primary infertility are:

"In my opinion, primary infertility is a reproductive health problem caused by not being able to conceive during a

marriage of more than 12 months, and in having sexual intercourse without using certain contraceptives and regular sexual intercourse, the condition of primary infertility is more felt in women who have to have sexual intercourse. Fertility treatment until fertilization occurs". (P1, R1-R5).

The results of interviews with two counselors regarding the understanding of primary infertility:

"In my opinion, primary infertility is a couple who has not been able to get pregnant for more than one year of marriage, with a regular frequency of sexual intercourse 2-3 times per week, and in sexual intercourse, they have never used birth control devices. The spotlight is because they have not been able to get pregnant. Usually, women experience more psychological decline than their husbands." (P1, R6-R7).

Based on the answers to the explanations provided by adequate knowledge of primary infertility.

Services for primary infertility

The results of interviews with five health workers about services for primary infertility:

"In my opinion, so far, primary infertility is usually carried out with clinical care according to the results of the diagnosis so that each patient with primary infertility is usually offered a form of service under the diagnosis and the provision of therapy as well so

that by providing clinical services, explanations and suggestions are given as long as they do the treatment. Fertility treatment, because patients with primary infertility need clinical care and treatment". (P2, R1-R5)

The results of interviews with two counselors about services for primary infertility:

"In my opinion, services for primary infertility patients, especially for women, apart from being given drugs, therapy, and fertility treatments which experts usually do, also need to be provided, such as how to deal psychologically later during fertility treatment and the process, because it is better if the psychology needs to be clarified. And open his heart in accepting the results later". (P2, R6-R7).

Based on the participants' answers, according to health workers, infertile women needed more clinical services, but according to the counselors, in addition to clinical services, infertile women also needed psychological support and assistance in dealing with infertility.

Counseling

The results of interviews with five health workers about counseling for primary infertility:

"In my opinion, it is important to give specific counseling to women with primary infertility, but again patients with this condition still require more optimal clinical treatment. Referrals can be made if the patient wants a counselor who has failed miserably. In fertility treatment such as because of permanent reproductive disease, age at risk and not possible to get pregnant again". (P3, R1-R5).

The results of interviews with two counselors about counseling for primary infertility are:

"In my opinion, specific counseling services are needed for primary

infertile women without having to be referred because of serious medical problems. Again they also need psychological support. Apart from being clinical, the hope is that the patient's psyche or mind will remain good. The patient is happy, and it seems very simple to be happy because sometimes that feeling is difficult to arise when there is a problem". (P3, R6-R7).

Based on the participants that health workers think that counseling is still provided, but the main thing is clinical services, while the counselors believe that the provision of counseling is to support primary infertile women psychologically.

Counselor

The results of interviews with five health workers about the need for counselors for primary infertility are that:

"In my opinion, it is necessary to focus on counselors for infertile patients as well, but here the counselor will only accept referrals and the patient's willingness to be given a counselor, so it depends on the patient whether he wants or not or needs to be referred or not because so far this rarely happens." (P4, R1-R5).

The results of interviews with two counselors about the need for counselors for primary infertility that:

"In my opinion, there is a need for a counselor for female psychics or patients with infertility, but here we only accept if there is a referral from the doctor or if the patient wants it, so the rest of us as counselors only provide counseling for children for school needs or related to children's psychological support needs, if the link is scarce." (P4, R6-R7).

According to health workers, counseling is only needed if primary infertile women want it, but according to counselors, it provides

psychological services for infertile women if they get a referral from a fertility doctor.

Counseling materials

The results of interviews with five health workers about whether there are appropriate counseling materials for women with primary infertility are that:

"In my opinion, if additional counseling should be given, the appropriate material should not only be given to the patient. Usually, people around you need to be given an explanation, for example, regarding the meaning of primary infertility, understanding sentences related to fertility treatment, unfamiliar words, and the necessary needs such as the relationship between nutrition, lifestyle, knowing the fertile period, appropriate management, the impact during fertility treatment, it seems that these links need to be understood." (P5, R1-R5)

The results of interviews with two counselors about whether there are appropriate counseling materials for women with primary infertility are that:

"In my opinion, the material is suitable for the psychological needs of infertile patients, moral support, material, facilities, family, and social in dealing with this problem, and if so, it can be given to patients and people around them because it often affects their psychology about infertility." (P5, R6-R7).

According to health workers, counseling is only needed if primary infertile women want it, but according to counselors, it will provide psychological services for infertile women if they get a referral from a fertility doctor.

Media and facilities

The results of interviews with five health workers about media and counseling

facilities that are suitable for women with primary infertility are:

"In my opinion, counseling is suitable if it has only been verbal so far. Maybe an interesting leaflet can be made that is easy for patients to understand or an interesting flipchart so that it will be expected to understand." (P6, R1-R5).

The results of interviews with two counselors about media and counseling tools that are suitable for women with primary infertility are that:

"In my opinion, the appropriate media and facilities must be those that are easy for patients to carry and simple, and are prepared at every place while waiting so that it will be easier to read them, or banners or banners can be installed to motivate and motivate patients, maybe that's the right thing." (P6, R6-R7).

That media-related health workers choose interesting and simple ones, while counselors prefer media that are easy to carry for reading.

Method for counseling

The results of interviews with five health workers about counseling methods that are suitable for women with primary infertility are:

"My opinion is that the method for infertile counseling patients is with face-to-face explanations, but if possible, so that it can be monitored online, maybe WhatsApp or other methods that are familiar to patients and easy to use, but face-to-face explanations will be clearer and more detailed." (P7, R1-R5)

The results of interviews with two counselors about counseling methods that are suitable for women with primary infertility are that:

"If my opinion is face-to-face so I can see the response of facial expressions, eyes, and other attitudes that I can read, it will be easy to

provide appropriate counseling by paying attention to the response." (P7, R6-R7).

Health workers related to counseling methods can be in person or online, but the counselor's opinion is more accessible face to face.

Counseling flow

The results of interviews with five health workers about the appropriate counseling path for women with primary infertility:

"My opinion is that the flow of counseling from health services can be made clear. It is hoped that the counseling system can automatically be carried out into a package with clinical care. " (P8, R1-R5).

The results of interviews with two counselors about the appropriate counseling path for women with primary infertility:

"In my opinion that the counseling flow is made in detail in the section of each health service specifically for primary infertile women, there are standard

procedures from health services that can have references so that patients with infertility do not have to wait for counseling only, but it has become a comprehensive service in it. There are health workers and counselors". (P8, R6-R7).

Therefore, based on the results, a model of a unified service can be developed, as illustrated in Figure 1. Integrating health workers and counselors can be a robust support system for treating women with primary infertility.

Discussion

The research found that understanding the definition of infertile women is essential. Following the findings in accordance with other research studies will support in explaining something that has been studied previously clearly and can make conclusions from the material and be able to apply the material that has been learned into real action (Jess Feist, Gregory J. Feist, 2018). So that health workers and counselors will understand and provide a lot of motivation for primary infertile women.

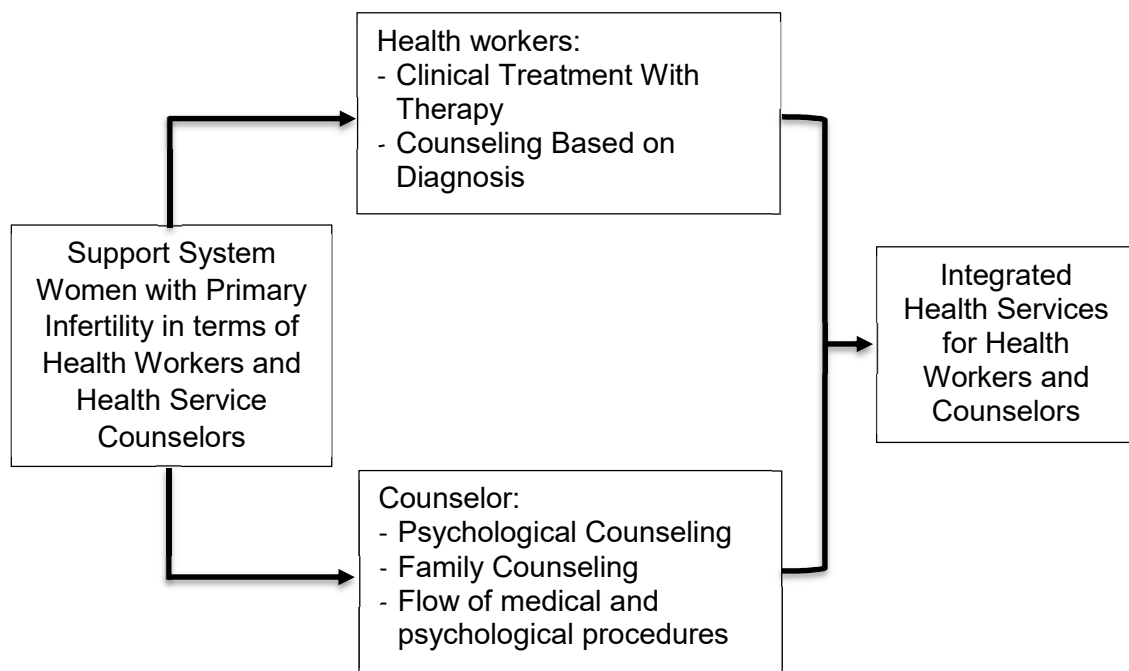


Figure 1. Integrated Service Model for Women with Primary Infertility

In the discussion regarding infertility services, health workers will focus on clinical services because conditions must be assisted with curative. According to the counselors, infertility services need psychological support other than clinical to accept the situation without pressure. The most significant psychological stress is during fertility treatment, so clinical and psychological needs become a treatment system for patients with infertility (Ikemoto *et al.*, 2021).

According to health workers, research on counseling-related discussions provides information on clinical conditions. Anyone needing psychological services due to severe conditions will be referred to the service. It is different, according to the counselors, that clinically it is still given. Still, with the addition of preparing for psychological well-being, it is also given to facilitate fertility treatment. Following other research studies, receiving counseling was asked to all age ranges. The results generally showed different correlations with health outcomes; in this case, one was treated for infertility (Alvarez, Kawachi and Romani, 2017).

According to health workers, discussions on counselor-related research will be given to counseling services if it is in accordance with the patient's rights if they want to agree to go to counseling services. However, according to the counselor, it is scarce to receive referrals for infertile women because the form of assistance is different. This is different from other opinions relying on family. Psychological help and support can worry about the impact of fertility care on health, so educational and psychosocial interventions can support women and their families physically and psychologically during fertility treatment, stigma related to infertility, psychosocial support from family and the surrounding environment are aspects that need to be considered when planning an intervention program, especially in patients with infertility (Alvarez, Kawachi and Romani, 2017).

According to health workers, research discussing the relationship between counseling materials suitable for infertile women is more towards increasing fertility for primary infertile women. Meanwhile, the counselor that psychological support faced immediate infertility problems. Agree with other sources that materials, media, and facilities are needed for women with primary infertility. The materials required for women with primary infertility support and make the atmosphere of fertility treatment enjoyable and keep the procedures in fertility treatment in the form of media that is easy to understand and fun. While counseling is a process that occurs in a person's relationship with someone or individuals who experience problems that cannot be overcome, with professional officers who have received training and experience to assist clients in solving problems, where professional officers were health collaborations workers and counselors (Susanto, 2018).

The discussions on the relationship between media and suitable facilities for primary infertility women, and health workers, prefer attractive and easy-to-understand media and facilities. Meanwhile, according to the counselor, the link between media and more simple facilities is in the form of banners supporting primary infertile women with sentences that provide motivation. Where good media and facilities such as health education media are teaching aids in offering health education or health promotion and can be interpreted as aids for health education or health promotion that can be seen, heard, touched, or felt by facilities' communication and information dissemination (Jatmika *et al.*, 2019).

Discussions regarding the appropriate method for primary infertile women with health workers can be done offline and online in providing counseling methods for them because it makes communication easier. The difference with the counselor's approach is that the expected process is face-to-face so that

you can directly see and read the character of primary infertile women to provide psychologically appropriate solutions according to their needs. The method used is easy for the targets to understand, and the ideas or ideas contained in it must be acceptable to the target and the target to get a solution to the problem (Murti, 2018).

Discussions of the linkage of the counseling flow, according to health workers and counselors, argue that it becomes a comprehensive unit where women with primary infertility or with their partner's treatment, by research studies, regulate behavior to achieve the goals of someone who correlates with individuals, where the hope of infertile women to have children is realized and assisted with comprehensive support from health workers and counselors. The counseling flow in handling health services needs a clear and detailed flow so that health workers and counselors can run simultaneously and comprehensively in dealing with women with primary infertility following the results of research that infertility counseling centers can carry out for planning, implementation, evaluation, analysis, and supervision, comprehensive. Each counseling organization incorporates an integrated model of providing medical information and psychological support for infertile women and develops a phased care system (Choi and Lee, 2020).

Conclusion

It was concluded from the results of this qualitative study that the service between health workers and counselors still needs to be improved in the form of becoming a complete unit so that it can support the success of clinical and psychological treatment for women with primary infertility and become a reference source in improving counseling services for women with primary infertility. So health workers and counselors need an integrated support system of services for women with primary infertility.

Abbreviations

WHO: World Health Organization;
BKKBN: Badan Kependudukan dan Keluarga Berencana Nasional; PERSI: Persatuan Rumah Sakit Seluruh Indonesia; P: Pertanyaan; R: Responden.

Declarations

Ethics Approval and Consent Participant

Respondents were provided with information about the study objectives and purposes before the interviews, and verbal consent to participate in the study was taken from them. Ethical approval from Central General Hospital and respondents was agreed upon and signed before the interview about the interview objectives and purposes, and verbal consent to participate in the study was taken from them.

Conflict of Interest

No significant competing financial, professional, or personal interests might have affected the performance.

Availability of Data and Materials

Data and material research can be provided upon request.

Authors' Contribution

MZR and ZS conceptualized the study; SW created the methodology; DP, MZR, ZS, and SW wrote, reviewed, and edited the manuscript; DP wrote the original draft.

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