

The Timing of infertility help-seeking from a couple perspective

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Short Abstract

This paper investigates which characteristics of female and male partners influence the timing of infertility help-seeking relative to the point in time at which they first experience difficulties to get pregnant. As infertility increases with age and chances of successful fertility treatment decrease, long durations can be problematic especially for older couples. Late help-seeking can also point to structural barriers in the health system when it is influenced by socio-economic characteristics of the couple. The study adds to previous research on infertility help-seeking by consequently applying a couple perspective. It is hypothesized that to fully understand the help-seeking process, characteristics and attitudes of both partners and of the couple have to be accounted for. Data come from a prospective cohort study on couples visiting fertility clinics in Germany. Analyses confirm the relevance of both partners' socio-demographic characteristics and attitudes for the study of infertility help-seeking.

Background and research question

Infertility, meaning not to be able to achieve a pregnancy after one year or more of unprotected sexual intercourse, can be a devastating experience for couples. Medical treatment for infertility is now an important option for couples affected by infertility. In 2011 more than 80,900 treatment cycles of in vitro fertilization (IVF), intracytoplasmic sperm injection (ICSI), IVF and ICSI combined and cryo-transfer have been performed among almost 50,000 women in Germany according to the German IVF Registry. Even though other options such as adoption, fostering, alternative medicine and choosing other life goals exist, there is evidence that medical treatment for infertility is often the first choice (van Balen et al 1997).

I investigate German couples help-seeking behaviour for infertility with a focus on medical treatments offered in specialized fertility clinics. The central research question of this paper is how much time German couples need from the moment they first perceive that they have difficulties to get pregnant until their first visit at the fertility clinic and what determines this duration. I consequently apply a couples' perspective and investigate which characteristics and attitudes of female and male partners and of the couples have an influence on the timing of infertility help-seeking. So far most studies have focused on women as a representative of the couple. Accordingly little is known about couple dynamics in the process of infertility help-seeking. This is true even though recently demographic and sociological studies have shown that both partners influence fertility decision making and behaviour (e.g. Miller/Pasta 1995; Testa et al. 2014; Thomson 1997). One important study related to infertility help-seeking shows that couple-level attitudes and the extent of agreement between partners relate to help-seeking behaviour (Johnson/Johnson 2009). This again proves the relevance of the couple perspective for the infertility context.

Little is known about the timing of help-seeking. Knowledge about this subject can also help social workers and family practitioner to adequately counsel them in the process of making decisions on (medical) help-seeking. Long durations can be especially problematic for couples when the female partner is 35 years or older. Not only does the risk of infertility increase with age, but also chances of success of infertility treatment decrease. In Germany were mothers mean age at first birth is as high as 29.1 years and women keep delaying first births, this is of importance (BiB 2013: 27). From a social inequality perspective, long durations can be problematic if they are strongly influenced by socio-economic characteristics of the couples, which points to structural barriers in the health system. Studies for the United States have shown strong effects of income on infertility help-seeking (e.g. Chandra/Stephen 2010). For different European countries such as England (e.g. Morris et al 2011) or Denmark (Schmidt et al 1995) results are mixed. For Germany this has not been thoroughly studied.

Theory

For theoretical foundation this study is influenced by medical sociology and demography. One basic assumption made is that usage of medical treatment for infertility requires active and more or less rational decision making on an individual and couple level. Furthermore, (medical) help-seeking for infertility is understood as a means to realize an otherwise unfulfilled desire to have a child and is therefore strongly related to general fertility decision making and behaviour. It is assumed that characteristics and attitudes of both partners - individually and jointly - influence couples timing of help-seeking. In order to develop hypotheses on how characteristics of both partners affect the timing of infertility treatment, I draw from demographic and sociological theories on couple's fertility and fertility timing

decision making. I expect that that disagreement in attitudes will lead to longer durations. Similarly, intra-couple variation in the point in time at which partners start to perceive difficulties, points to the couples need to synchronize perceptions and thereby lead to longer durations. For other relevant factors I will draw from the help-seeking literature, e.g. a model of help-seeking for infertility proposed by White and colleagues (2006), which has been applied in several studies (e.g. Greil et al. 2013; Johnson/Johnson 2009).

Data & methods

For the analysis I use data from the baseline survey of the PinK study, a prospective cohort study of heterosexual couples visiting fertility clinics in Germany between July 2012 and May 2013. The study was conducted in six fertility clinics of which five are situated in the federal state of Rhineland-Palatinate and one in Hesse. Data was collected from new patients at fertility clinics who were about to start treatment, using gender-specific self-administered questionnaires. These were handed out by the staff at the clinics. A total of 323 women and 242 men participated in the baseline survey. In 234 couples both partners completed the questionnaire (response rate 31%). For the purpose of this study only couple data will be used.

The dependent variable of the analysis is a measure of duration between two points in time: the date at which the couple first perceived a problem getting pregnant and the date of the couple's first visit at a fertility clinic. Both partners were asked on both dates; hence dates given by respondents might differ within couples. As a general rule the earlier date was used for the couple. If information is only available from one partner this is used. The analysis sample is restricted to 191 couples for which information on both dates is available.

For explanatory variables, the study draws from the rich information provided by both partners. Individual as well as couple-level indicators from the following areas are used: (i) socio-demography of both partners; (ii) partnership biography (e.g. parity, marital status); (iii) general attitudes: ideal number of children, social pressure (parents want kids), gender role attitudes; (iv) attitudes related to treatment: perceived stigma, perceived difficulty in decision making; (v) economic situation of household. Additionally, a 'process variable' was constructed to capture the intra-couple variation in t_1 . The variable indicates if both partners started to worry about not getting pregnant at about the same time, and, if not, which partner realized a problem first or if only one partner considered t_1 relevant and gave information. The intention is to investigate if couples with partners who start worrying approximately at the same time, are able to make their decision on help-seeking faster than other couples.

For multivariate analysis linear regression analysis is applied.

First results

Descriptive analysis shows considerable variation in the duration between the first perception of difficulties to get pregnant until the first visit at the fertility clinic. Duration ranges from 1 month to 10.5 years, with a median of 1.2 and a mean of 1.5 years ($SD=1.39$). For 25 % of the study population the duration is 2 years or more. Furthermore, characteristics of both partners and of the couple are associated with duration. Older women and men have shorter durations, which is also the case if the men have at least tertiary education and if any partner has a high socio-economic status. Durations are longer for unmarried couples. Additionally, duration varies considerably according to the 'process variable': those couples where partners started to worry about not getting pregnant at the same time have shorter durations than those couples where the woman was first. Further analysis will have to show if this holds in multivariate linear regression analysis.

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