

Infertility: A Fact Sheet

Infertility can cause an increase in stress and sense of anxiety, grief or loss to a marriage.

Infertility can negatively impact couple relationships. This fact sheet provides statistics related to the incidence of infertility and the available treatment options. In addition, the impacts of infertility on marriages and couple dynamics are briefly discussed.

In 2002, approximately 9 percent of women aged 18-44 in the United States reported receiving infertility services at some time in their life, and 2 percent had an infertility-related medical appointment within the past year.

Headlines/Trends

Infertility Statistics

The following statistics are from the 2002 National Survey for Family Growth, sponsored by the U.S. Department of Health and Human Services National Center for Health Statistics:

- Among married women aged 15-44, 2.1 million (7.4 percent) were infertile. In this survey, infertility is measured only for married women and refers only to problems getting pregnant.
- Among all women aged 15-44, 7.3 million (11.8 percent) had impaired fecundity (problems getting pregnant and problems carrying a baby to term). In this survey, impaired fecundity applied to married and unmarried women.^{i, ii}

Unfortunately, there is no data available on the direct effect of infertility on divorce rates in the United States. However, “the inability to have a family has been known to cause a division in a marriage, and it can lead to divorce.”^{xiii}

Use of Infertility Services

In 2002, approximately 9 percent of women aged 18-44 in the United States reported receiving infertility services at some time in their life, and 2 percent had an infertility-related medical appointment within the past year. Among women who reported using infertility services, the three most commonly sought services were: advice seeking (66.1 percent), infertility testing (21.2 percent) and drugs to improve ovulation (7 percent). Other types of infertility services included surgery to correct the fallopian tubes, artificial insemination and other such services.^{iv}

Assisted Reproductive Technology (ART) has become an increasingly common resource for infertile women. The number of ART cycles performed in the United States more than doubled in recent years,



from 64,681 cycles in 1996 to 134,260 cycles in 2005.^v Not only has the usage of fertility treatments greatly increased, but the number of live births due to fertility treatments has more than doubled, from 14,507 in 1996 to 38,910 in 2005.^{vi} Today it is estimated that ART accounts for slightly more than 1 percent of all U.S. births.^{vii}

Access to Infertility Services

High costs and limited access to private health insurance coverage impair the ability of low-income people to try certain infertility treatments.

High costs and limited access to private health insurance coverage impair the ability of low-income people to try certain infertility treatments. For instance, the average cost of one in-vitro fertilization (IVF) cycle in the United States is \$12,400.^{viii} A surrogate mother program can cost around \$75,000. Medicaid, the federal health insurance program for low-income people, does not cover fertility treatments. Every state that at one point mandated Medicaid coverage for infertility has since repealed its coverage, with the exception of sterilization reversal. This occurred, in part, following dissent among the public concerning health expenditures for the poor.^{ix}

Even for couples with private health insurance, only 14 states mandate some degree of private plan coverage for infertility diagnosis and treatment, and some of these mandates pose restrictions on care. For example, states may mandate coverage for infertility diagnosis and treatment but exclude coverage for IVF procedures.^x

Background

Infertility can increase marital stress in many ways, including but not limited to increased anxiety and

depression and experiences of grief and loss. In addition, infertility is associated with financial hardships. Marriage educators working with couples facing infertility challenges should be aware of these stressors and how they may affect couples.

Infertility and Marriage

Each individual deals with the stresses associated with infertility differently. Often the news of infertility evokes a sense of finality and hopelessness. In reality, infertility does not mean that the couple can never actualize dreams of parenthood.^{xi}

Individuals and couples often undergo a process of grieving associated with the loss of an expected life occurrence (parenthood) and the loss of the unborn biological child. People also may experience surprise, anger, denial, depression, guilt, insecurity and withdrawal.^{xii,xiii} Sometimes the infertile individual in the marriage offers the partner opportunities to leave the marriage because of the overwhelming feelings of guilt associated with “causing” this situation. While these emotions are normal, not all couples will experience them.^{xiv} A common stress in marriage is when one partner experiences these emotions more than the other.

Social norms can influence the perception of infertility among affected couples. Parenthood is a socially expected progression within marriage, and the stigma attached to not achieving it can be a painful experience that affects the couple relationship. While friends and family serve as an important social support system for couples, they can exacerbate problems in the couple’s relationship by asking questions about having children.^{xv}

Choosing fertility options is another area of potential strain on the marriage. Infertility treatments can

become quite expensive, and they are often not an option for low-income couples. Furthermore, private, domestic or international adoptions can range from \$15,000 to \$75,000. Beyond the available options, one partner might desire to adopt while the other partner might want a biological child, which is a conflict they may not be able to resolve to both partners' satisfaction.

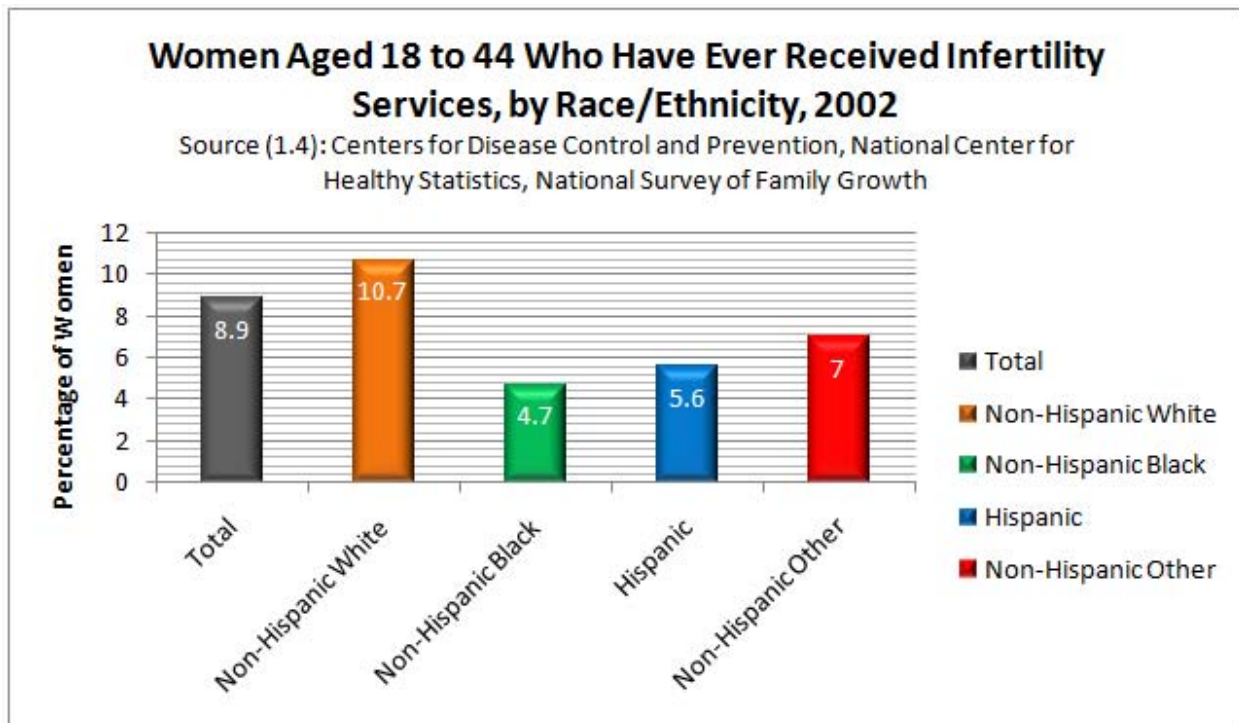
The process of undergoing fertility treatments can also be difficult. The hormone treatments can cause side effects that are uncomfortable. The monthly waiting for pregnancy results can create a high-stress environment. Some studies find that couples experience sexual dissatisfaction during the treatment process. Couples often express relief when they cease the repeated attempts to conceive.^{xvi} Couples who endure multiple IVF treatments report the highest marital dissatisfaction.^{xvii}

During fertility treatments, each partner's attitude towards the treatment and expectations for having

children might change, causing further stress on the marriage. Often couples sense resentment when one partner seems more invested in a certain treatment option than the other.^{xviii}

Differences by Subgroup

There is no national data set on the incidence of infertility by race and ethnicity. In terms of accessing infertility resources, research using the National Survey of Family Growth shows that certain subgroups seek infertility-related services more than others. Broadly speaking, women who are older, have more education and higher incomes, and are white are more likely to seek infertility-related services.^{xix} More specifically, in 2002, 10.7 percent of white women reported ever seeking medical help to get pregnant. These numbers were lower for other ethnic groups: 7 percent of non-Hispanic other women, 5.6 percent of Hispanic women, and 4.7 percent of African American women reported having ever received infertility services (see table below).^{xx}



**Includes Asian/Pacific Islanders, American Indians/Alaska Native and those of more than one race*

Definitions

The following definitions are from the Centers for Disease Control and Prevention (CDC).

Infertility: A couple is classified as infertile if they have not used contraception and not become pregnant for 12 months or more.^{xi}

Impaired Fecundity: Women are stated to have impaired fecundity when they have difficulty becoming pregnant, are unable to become pregnant or cannot carry a baby to term.^{xii}

Infertility Services: Includes medical tests to diagnose infertility, medical advice and treatments to help a woman become pregnant, and services other than routine prenatal care to prevent miscarriage.^{xiii}

Assisted Reproductive Technology (ART): The CDC defines ART as fertility treatments in which both eggs and sperm are handled. The most common form of ART is in-vitro fertilization (IVF), or the transfer of fertilized human eggs into a woman's uterus.^{xiv}

This is a product of the National Healthy Marriage Resource Center, led by co-directors Mary Myrick, APR and Jeanette Hercik, Ph.D., and project manager, Patrick Patterson, MSW, MPH.

ⁱ Infertility: FastStats. Centers for Disease Control and Prevention. April 2, 2009. <http://cdc.gov/nchs/FASTATS/fertile.htm>.

ⁱⁱ Key Statistics from the National Survey of Family Growth (NSFG). Centers for Disease Control and Prevention. October 15, 2008. http://www.cdc.gov/nchs/about/major/nsfg/abclist_i.htm#infertility.

ⁱⁱⁱ Column: Don't Let Infertility Consume Your Life.

Wausau Daily Herald. 2009. <http://www.wausaudailyherald.com/article/20090817/WDH04/908170302/1619>

^{iv} Infertility Services. Women's Health USA 2005. http://mchb.hrsa.gov/whusa_05/pages/0430is.htm

^v Assisted Reproductive Technology Success Rates: National Summary and Fertility Clinic Reports. Centers for Disease Control. 2005. http://www.cdc.gov/ART/ART2005/508PDF/2005ART508Cover_National.pdf.

^{vi} Vital and Health Statistics: Fertility, Family Planning, and Women's Health: New Data from the 2002 National Survey of Family Growth. Centers for Disease Control and Prevention: National Center for Health Statistics. Series 23, Number 25. December 2005. http://www.cdc.gov/nchs/data/series/sr_23/sr23_025.pdf.

^{vii} Assisted Reproductive Technology Success Rates: National Summary and Fertility Clinic Reports. Centers for Disease Control. 2005. http://www.cdc.gov/ART/ART2005/508PDF/2005ART508Cover_National.pdf.

^{viii} Frequently Asked Questions about Infertility. American Society for Reproductive Medicine. 2009. <http://www.asrm.org/Patients/faqs.html#Q1>

^{ix} King, Leslie and Harrington, Madonna Meyer. (1997). The Politics of Reproductive Benefits: U.S. Insurance Coverage of Contraceptive and Infertility Treatments. *Gender and Society*. 11(1), p.8-30.

^x State Mandated Benefits: Infertility Diagnosis and Treatment. Kaiser State Health Facts. 2008. <http://www.statehealthfacts.org/>

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