“Female Infertility in the U.S. and India: An Analysis of Treatment Barriers and Coping Strategies”

Honors Sociology Thesis Presentation for Virtual Steinmetz Day
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Idea Formulation

- **National Health Systems term abroad**
  - Maternal care in the US vs UK
- **Klemm Fellowship in midwifery in Peru**
  - Medicalization of childbirth and cultural differences in medicine
- **MBA in Healthcare Management + sociology major**
  - Barriers to accessing health care
  - Gender & cultural differences in medicine

Research Question

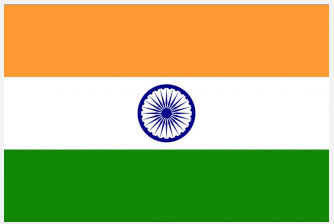
What is the relative importance of certain barriers to accessing fertility treatment and factors influencing coping by women in the U.S. and India?

Barriers: reproductive health knowledge, cost, and politics

Factors influencing coping: cultural stigma, family, and religion

Literature

- Largest gap: infertility research is conducted in Euro-American countries with the best reproductive technologies
- Emphasis on cost, reproductive health knowledge, and cultural stigma
  - Not enough information on politics, religion, feminism, and family
- No studies comparing the female experience across two countries
  - Politics
  - Healthcare systems
  - Culture



Methods

- 10 total expert physician informants (reproductive endocrinologists)
  - Macro level barriers
- Semi-structured interview
  - Quantitative
  - Qualitative

1. **Tell me briefly about the services provided at your clinic.**
2. **What are the demographics of your patient population in terms of race and socioeconomic status?**
3. **I am trying to understand the barriers to accessing infertility treatment. Rank the following items from 1-3, and explain why.**
   1=Little to no importance, 2= Moderately important, 3= Very important
   a. **Knowledge of reproductive health (menstrual cycle, causes of infertility, etc.) =**
      i. **What factors do you think play the biggest role in your patients' knowledge of reproductive health?**
      ii. **Where are the biggest gaps in reproductive health that you find among your patients?**
   b. **Cost (also health insurance coverage) =**
   c. **Politics (also including legislation, and government regulation) =**
      i. **What are the key forms of legislation and/or regulation that affect women's access, if any?**
      ii. **How do you think unregistered clinics affect perceptions of infertility treatment, if at all?**
      iii. **Does the structure of the healthcare system affect their access? If so, how?**
   d. **Are there any other barriers to treatment that we didn't talk about?**
4. **I am trying to understand what influences coping strategies for infertility, and explain why. Again you will rank 1-3. (*1=Little to no importance, 2= Moderately important, 3= Very important)***
   e. **Cultural stigma =**
      i. **What are the key sources of stigma, if any?**
      ii. **Has the feminist movement affected views on infertile women in your opinion, and if so, how?**
   f. **Family =**
      i. **How would you differentiate/attribute support from the partner/spouse versus other family members?**
      ii. **How does the nuclear/extended family structure of India/US affect the experience of infertility, if at all?**
   g. **Religion (or spirituality) =**
   h. **Are there any other coping strategies that we didn't talk about?**
5. **Is there anything from the individual level, to the clinic level, and to societal levels (social reform or healthcare system) that needs to change to support this patient population? Please explain.**
6. **Is there anything that you want to add?**

Results - Treatment Barriers

- **RHK** was the only factor with comparable responses for both countries
  - The most important barrier
  - Gaps: when to seek help for infertility and the fact that men and women are equally as likely to be responsible for the diagnosis

- **Cost and Politics**
  - Very important barriers in the US and less so in India which makes sense given the structure of the American healthcare system
  - Cost in the U.S.: only four states mandate insurance coverage for employers and sixteen total states require any kind of benefit ranging from just consultation to a couple cycles of IVF
  - American doctors felt strongly about politics: women's health in general is very politicized and the state in which you live causes tangible differences in health outcomes

	United States					India						
	Dr. 1	Dr. 5	Dr. 8	Dr. 10	Average*	Dr. 2	Dr. 3	Dr. 4	Dr. 6	Dr. 7	Dr. 9	Average*
Reproductive Health Knowledge	3	2	3	3	**2.75**	3	3	3	3	3	2	**2.83**
Cost	3	3	3	3	**3**	2	3	2	3	2	3	**2.5**
Politics	3	2	2	3	**2.5**	3	1	3	1	2	2	**2**

Results - Coping Strategies

- **Cultural Stigma and Family**
  - Doctors of both countries wished for the same level of societal support and awareness efforts as other medical conditions like cancer and diabetes
  - Cultural stigma exacerbated in India due to strongly protanalist culture, common joint family structure, and tradition

- **Religion**
  - Comparable in the sense that in both countries it can be a significant barrier, but in India was a much more important coping mechanism

	United States					India						
	Dr. 1	**Dr. 5**	**Dr. 8**	**Dr. 10**	**Average***	**Dr. 2**	**Dr. 3**	**Dr. 4**	**Dr. 6**	**Dr. 7**	**Dr. 9**	**Average***
Cultural Stigma	3	3	3	3	**3**	3	3	3	3	2	3	**2.83**
Family	3	2	2	2	**2.25**	3	3	3	3	3	2	**2.83**
Religion	"secular society but is challenging for some"	"depends"	"dimension for coping or an added stresss"	"important for those that need it"	**n/a**	3	3	1	3	2	2	**2.33**

Recommendations

- Peter Conrad's work on medicalization of conditions
  - "Medicalization": the process through which non-medical problems become defined and treated as medical problems, generally in terms of illness or disorder"
- Medicalization is most important for **economic and policy implications**
  - to reduce the stigma and blame on women and make it recognized as another medical condition with treatment ↠ medicalization at the patient level & increasing visibility (social media)

- Sufficient medicalization in the reproductive endocrinology sphere, but disconnected between these specialists and primary care physicians who have to refer patients
  - Recognizing infertility and being aware of physician bias against referring minorities and poor patients

- Medicalization at the **government level** involves two things
  - 1) awareness campaigns for detection and treatment
  - 2) better age-appropriate reproductive health knowledge especially since in some cases there are ways to prevent infertility ↠ primary avenues are universities and medical education
  - For the US specifically, a federal mandate for some type of fertility coverage, though infertile individuals should lobby for coverage from their employer

Future Research and Final Thoughts

- Medicalization can reduce stigma and blame and improve treatment utilization
- New questions
  - Social media and its effect on empowering patients
  - Deep dive into the correlation between religion and infertility treatment
  - Feminism and fertility: untapped avenue for awareness and making career and family possible
  - Educational interventions for reproductive health knowledge
    - Medical Student Investigation (MSI) Day Project

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