Psychology Research, October 2018, Vol. 8, No. 10, 505-511
doi:10.17265/2159-5542/2018.10.003

Infertility and Race: A Burden on Black Mothers and Black Babies

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Reproductive justice, a term coined by Loretta Ross, is defined as the fight for women to have the right not to have children, and for women to have the right to have children. Inspired by this theory, I examined factors that may interfere with women's right to have children. In this study, I center black women experiencing infertility in the United States and compare black women's rate of infertility to the rate of infertility among white women. While there are many causes for infertility, health disparities in the United States are contributing to large groups of black women experiencing infertility at a significantly higher rate than white women. Women of color have higher rates of infertility and this is not simply a biological cause; various factors are reinforcing to this disparity. The factors I focus on are: social and cultural aspects, socioeconomic status, and the medical reasons why more black women have greater occurrences of infertility than white women do. I analyze this a combination of factors and observe how they work together to create this disparity. My research findings concluded that women's race and cultural influences, class, and prior health had significant impacts on causes of infertility, diagnosis of infertility, those who sought treatment for infertility, and women who had successful births after treatment.

Keywords: infertility, health disparities

Introduction

Currently, there are millions of women who have a strong desire to have children, but they are unable to due to infertility. While there are many causes for infertility, health disparities in the United States are contributing to large groups of black women experiencing infertility at a higher rate than white women. This paper investigates some of these disparities and factors focusing on how they influence the rates of infertility among white women compared to black women in the US. Social, economic, and medical factors are contributing to the gap in infertility rates among black and white women in the United States.

There are few studies done on this topic of infertility in relation to race and class; of these studies, most studies about infertility done in the US have only focused on white, middle class women. Each text used in this paper brought together a common theme of the social and economic influences on infertility. Statistical data, social impact and stereotypes, variations in medical care, and socioeconomic status, and personal reports information will be used as evidence. The focus will be on women who identify as black or white from the United States. I will be using sociological articles, medical articles, and personal accounts for research. This

* **Acknowledgments**: I would like to thank my professor, Dr. Kristen Abatsis McHenry, for her expert advice on this paper, as well as her encouragement during my time at Spelman College.
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data will be analyzed and I will describe why these large differences are present. Women of color have higher rates of infertility and this is not simply a biological cause; internal and external social causes as well as political factors have contributed to this outcome.

According to Greil, Mcquillan, Shreffler, Johnson, and Slauson-Blevins (2011), the definition of infertility means the inability to get pregnant after one year of unprotected sex and for women over the age of 35, infertility means the inability to get pregnant after six months of attempting. The definition of infertility includes the inability to conceive a child and challenges carrying a child to full term therefore, women who can get pregnant but are unable to stay pregnant are also considered be infertile. Infertility can occur if there are problems with a woman's reproductive system and not all infertility is based on a problem with women's reproductive system; male infertility can also be a cause of unsuccessful pregnancy. Infertility is defined as failure to conceive after 12 months of regular unprotected sex. Impaired fecundity is the inability to conceive after 36 months of unprotected sex. Primary infertility is when a woman is unable to get pregnant with her first child. While, secondary infertility is the inability to get pregnant after you already have a child. Black women reported more cases of secondary infertility.

In article "Race-Ethnicity and Medical Services for Infertility", Greil et al. (2011) provided evidence of social and systematic influence on which women were more likely to make decisions to seek this help. The authors look at a sample of US women to examine how social cues, enabling conditions, and predisposing conditions contribute to the differences in the use of services by different races. This study was done to assess the social and health factors in fertility and reproductive choices of 2,162 US women through a telephone survey. This article relates to my study because it focuses on how social factors can affect women's ability to seek and receive fertility help. By exploring the racial data their study has the outcome that black and Hispanic women were less likely to seek and receive treatment.

Other than looking at the contrast in seeking out medical assistance, these authors investigate how the US has had a history of attempting to control racial percentages of birth. By looking at the underlying affects of stratified reproduction, the authors were able to show certain patterns that may suggest that some of these inconsistencies are systematic. In a survey done by the National Survey of Fertility Growth in 2002, 19.8% of Black women and 6.9% of white women reported impaired fecundity (Greil et al., 2011).

History of Black Women and Fertility in the US

In "Women of Color and Their Struggle for Reproductive Justice", Silliman, Fried, Ross, and Gutierrez (2004) explains how the social movement of reproductive choice is centered on white women's experiences. The language of reproductive "choice" does not include the fact that economic status is equivalent to health in many cases. Historically, there have been attempts for population control by limiting the number of children that women of color and of lower socioeconomic class have. This was done via forced sterilization by medical professionals, governments controlling welfare benefits based on the amount of children that women have, and encouraging women of color to use more permanent forms of contraception. The history of fertility and black women's bodies may have an association with black women's likelihood of seeking treatment. Ill feelings due to fertility history in the US can alienate black women and make them avoid any medical interference.

Social Stigma and Feelings Surrounding Infertility

Women said that infertility has left them with feelings of hopelessness and feeling off time. Women who

are experiencing infertility reported feeling broken and misunderstood and also feel some loneliness during their experiences. In "27 Things People Struggling with Infertility Want You to Know", two women describe infertility,

> "It's absolutely heartbreaking. Every test that comes back negative made me feel like less of a person. As much as I wanted to share my stories or feelings, I kept a lot under my hat. No one has the same infertility experience, just as no one has the same pregnancy experience"—Melissa Rocha. And "We are eternally grateful for our surviving child, but having her DOES NOT eradicate the pain of her FIVE lost siblings"—Louise Yates. (Miller, 2015, p. 14)

These feelings described are proof that infertility can be a very emotional and traumatic experience for women. Not being able to carry a child to term leaves women with a burden, feeling like they are alone and that it is their fault.

Black women's perception along with other minority women have perceptions that infertility is rare among black women and women of color (Greil et al., 2011). The social construction of infertility as a white woman's problem has led to misconceptions about the reality of infertility. Fertility is sometimes thought to be something that certain types of good women deserve. There is a danger associated with the myth that infertility is rare among women of color; women may not consider the risks associated with infertility, or they may not see medical professionals because they do not feel that something is wrong.

Religious and cultural beliefs discouraging medical interference and distrust of physicians was found to be common amongst women who are black. There is a tendency for religious people to say things like "if I am supposed to be pregnant God will make it happen" and "God cursed me so I cannot have a child" (Vega, 2014, p. 15). This is a problem because this mystifies infertility and leads women to believe that medicine is not valuable to aid with this problem. The ethical concerns of fertility treatment are linked to race because Black women tend to be more religious (Greil et al., 2011). Due to religious black women being uninterested in medical intervention, they are greatly limiting themselves to the treatment that can be done to help them.

Stereotypes about the sexuality and the reproductive ability of women of different racial groups impact women who had higher chances of seeking this care. Western media has led to stereotypes of what infertility patients are like. Many people believe that most infertility patients are white middle or upper class women. Although these are stereotypes, we do see this type of women reflected in real life as the primary infertility patients. White women were reported as patients in fertility clinics more than any other ethnicity.

Medical Causes

Black women have higher rates of reproductive health illnesses. Untreated reproductive health issues can lead to infertility. Women of color were seen be more likely to have diseases or health conditions that can hinder fertility such as obesity (Chin, Howards, Kramer, Mertens, & Spencer, 2015). Black women also had higher percentages of being affected by uterine fibroids that impair fertility and black women had a higher chances of tubal factors (Vega, 2014). About one-third of infertility cases are caused by women's health conditions. Another one third of fertility problems are due to the men's reproductive system. The other cases are caused by a mixture of male and female problems or by unknown problems (Women's Health, 2017). While there have been proven cases of infertility among males. Some men were not willing to seek treatment, which is because men feel that their masculinity may be threatened if diagnosed as infertile. "Throughout time, a man's ability to produce heirs has been seen as a reflection of his virility, masculinity and power. When

something goes wrong in that department, it becomes extremely shameful and humiliating" (McCarthy, 2013, p. 3). If a man feels that his masculinity is threatened from infertility, he may be less likely to seek treatment.

In The New York Times article "Infertility, Endured Through a Prism of Race" (Vega, 2014), the author talks to a multiple Black women and their experiences with infertility. This includes fertility services and the treatments they received. The author further explored the women who are most likely to receive these services by looking at numerous studies. She concluded that most of these women were white, married, older, along with higher education and incomes. She also looked at information from infertility specialists that describe how the privileges these women have affect minority women. Vega discusses that this is not only a cultural problem but a medical problem because Black women had higher percentages of being affected by preexisting fertility impairing medical conditions, and reported negative experiences with medical providers.

Physicians treatment and attitudes also affect women's likelihood to seek care. Black women reported instances of unpleasant treatment when they visited doctors in the past and this affects their desire to go in the future. King and Myer said that "Marginalized women are more likely to receive medical care such as sterilization, and less likely to receive care that facilitates fertility" (Greil et al., 2011, p. 1). Many women of color have reported being taught by doctor's contraception forms and discussions about birth control instead ways to improve fertility and family planning (Chin et al., 2015). Doctors should have the responsibility to talk about fertility care more with all of their patients. Lack of education about reproductive health options and misconceptions about fertility are what make these gaps so significant. If women of color cannot feel comfortable enough to speak freely about their reproductive options and do not have clear understandings of what may be hurting or helping them, they will not seek treatment as often.

Treatment

Infertility can be treated with medicine, surgery, artificial insemination, counseling, assisted reproductive technology, even forms of homeopathic medicines. Many times these treatments are a combination of multiple. Infertility is most commonly treated with drugs or surgery.

In "Racial Disparities in Seeking Care for Help Getting Pregnant", Helen B. Chin et al. (2015) discusses racial disparities amongst women seeking treatment to help get pregnant. They looked at data from a study viewing cancer survivor's likelihood to seek fertility treatments. Their study revealed noticeable racial differences in women visiting a doctor for fertility services. Although their study noted that more white women sought help than any other race; over half of black women had fewer children than they wanted, while only 39% of white women had fewer children than desired. They also focused on different factors such as the different types of infertility and the cost of these various treatments. By putting together all of these outcomes they were able to present the patterns among races.

Less than half of US women who are infertile have received fertility care, of these women who have reported receiving care 15.8% were white women and 10.7% were black women (Greil et al., 2011). The authors state that symptom salience has an impact on how quickly women see the doctor. White women were revealed to have higher symptom salience that black women. Depending how serious people believe a medical problem is, the more likely they are to seek treatment for it, in most cases white women felt they needed to seek treatment. The study showed that more white women were infertile with intent to be pregnant, while black women were more likely to be infertile without intent to be pregnant (Greil et al., 2011). Black women also mentioned that fear of being denied for these treatments prevented them from wanting to seek help.

This article "Ethnicity and Assisted Reproductive Technologies" suggests that infertility care is prone to disparities due to a variety of factors: the high cost of treatment, limited access to care and variation in uses of treatment. They said that there are very few studies on infertility in relation to race however there are clear patterns in each of these studies. They looked at various sociological studies on this topic in this essay. They analyzed the differences in different ethnicities likelihood to receive ART treatments. The results showed that social economic status was a large indicator on which women received more treatments. They concluded that white women had higher chances of seeking care when compared to black women.

Socioeconomic Status

The cost for one cycle of In Vitro Fertilization (IVF) can cost upwards of $12,513 while the cost of a live birth can cost more than $41,132. The cost of these treatments are what prohibit many women from getting this treatment, specifically low income women. In the US only 24% percent of women who need IVF can utilize these treatments due to these out of pocket cost (Armstrong & Plowden, 2012). Social economic status could have the most significant impact on the disparities present across races' infertility rates. "Black and Hispanic women had lower incomes, less education and were less likely to have health insurance" (Armstrong & Plowden, 2012, p. 2). White women who sought treatment were seen to have higher socioeconomic status than the black women who sought treatment. These white women are also more likely to have jobs that allow them flexibility to leave their jobs for appointments as well as having jobs they can return to after parental leave (Chin et al., 2015). African American women reported troubles arranging leave from work because of the scheduling of fertility specialist. There are not as many infertility specialists in lower income neighborhoods and among all fertility clinics white women are the dominant percent of patients (Vega, 2014).

Environmental Causes

There are possible environmental causes to this difference in infertility rates. Black women are more likely to live in urban areas where there is more danger associated with being exposed to toxins that impair fertility (Armstrong & Plowden, 2012). Not only are there women living in these dangerous areas with the risk of toxins but also there are men living in these same parts. One third of couples experiencing cases of infertility is based on a problem with the male's reproductive system; this outcome could be in part a health result of these riskier areas. While more research needs to be done to find out how environmental contaminants may be affecting fertility, some research suggests that environmental contaminants can affect a woman's menstruation and ovulation. Low-level exposures to compounds such as phthalates, polychlorinated biphenyls (PCBs), dioxin, and pesticides are suspected risk factors ("Reproductive and Birth Outcomes", 2016).

Healthcare and Coverage

White, wealthy, highly educated women more likely to have private insurances that provide coverage for fertility services. If these white wealthy women do not have these private insurance coverages, research found that more of these women with higher socioeconomic status could afford these treatments out of pocket.

Health insurance in America oftentimes dictates what kind of medical treatment different people are able to receive. The article "State Laws Related to Insurance Coverage for Infertility Treatments" (NCSL, 2014) shows the details for state laws about insurance coverages for fertility services. Fifteen US states have passed laws that require insurers to offer coverages for diagnoses and treatment for infertility. Each of the states who

have insurance mandate laws have their descriptions included. Some of these states have conditions on whether In Vitro Fertilization is included in the coverage; for some states there are restrictions on the number of cycles patients can receive. This relates to my study because of the limited number of women who have laws that support their access to fertility services; there are still limitations at present. Infertility care is having been considered a luxury medical procedure, but women have the Human Right to be pregnant as well as to not be pregnant. Majority of US states do not have any laws requiring coverage for fertility care. Women who cannot afford private insurances or these treatments must rely on whatever state coverage they can get, so their reproductive lives rely on these laws (NCSL, 2014).

There are current political debates that talk about whether or not insurance plans should have to cover infertility services and whether infertility treatment should be considered a basic health need. Many insurances cover contraception while only a few have fertility care coverage. Armstrong and Plowden looked at the impact that insurance coverage has on access and utilization of these services. Currently, 15 US states have created laws that require insurances to provide some fertility services. In most of these states In Vitro Fertilization is not covered as one of those services and if the state does allow it, there are limited amounts of attempts that women have (NCSL, 2014).

Conclusion

Social and cultural, medical, and economic factors are playing a large role in the gap of infertility among white and black women in the United States. We have to remove the stigma of fertility treatments as a luxury medicine. Fertility services are options that all women should have. Women around the US dream about having access to this care while other women can receive advance fertility treatments that allow them to choose embryos down to their genetic make up. Not only do certain racial and social class groups have limited accessibility to these treatments, but some untraditional families such as same sex couples have been refused this treatment based on prejudicial laws. Every woman has the right to be pregnant so infertility should not be the result of social factors.

My research concluded in a clear distinction between which race is more likely to seek and receive medical care for infertility. White women were more likely than Black women to seek fertility care. As a result of the following: cultural beliefs and stigmas surrounding women of color and medical care, cost of ART treatments and the access to insurance and fertility specialist, and the misconceptions that many women have about their reproductive lives. Stereotypes about fertility along with assumptions about the sexuality of black women have bled into the medicine and health beliefs and have affected the options that women of color think they have. This ignorance also influences how some black women understand their reproductive health and how some women communicate with their physicians.

The disease of infertility is not just a white, middle class woman's problem, which media and stereotypes has led many to believe; this is a medical challenge that affects women of all races. There needs to be a requirement of knowledge about all fertility options, an increase in access to care, and personalized medical treatment to get these distinctions in the rates of infertility down. Infertility has been described as the "black community's new mental health issue" (Vega, 2014), while there is in fact an increase in the focus of infertility among black women; there needs to be advancement towards place where infertility is not a dirty word and all women can have hope for their future as mothers.

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