

Hidden Problem: Infertility among Black Women

Brenda Gould*

Chi Eta Phi Sorority, Inc, Gamma Chapter-Baltimore, Pikesville, MD, USA

***Corresponding Author:** Brenda Gould, Chi Eta Phi Sorority, Inc, Gamma Chapter-Baltimore, Pikesville, MD, USA.

Received: August 15, 2020; **Published:** September 19, 2022

Abstract

Today, some well-known black women's narratives and unique experiences with infertility have revealed a hidden problem and is sharing and putting it in the spotlight. In her book, *Becoming*, Michelle Obama shares her experiences with a miscarriage and the use of in-vitro fertilization. Recently, Serena Williams and Beyoncé shared their experiences with reproduction health challenges. Black women experiencing infertility in the United States is often different than white women. The black women's rate of infertility is nearly twice the rate of infertility among white women, according to the Centers for Disease Control (CDC). In addition, black women are at a higher risk for other reproductive health issues such as fertility (natural capacity to reproduce), pregnancy, and birth complications. Infertility is not simply a biological cause; various factors such as social and cultural aspects, socioeconomic status, and medical reasons are reinforcing this disparity. The focus of this study is on the belief that these factors and/or a combination of these factors and how they work together to create this disparity are why more black women have greater occurrences of infertility than white women.

Keywords: *Hidden Problem; Infertility; Black Women*

Introduction

Infertility among Black American women is a hidden problem and is practically unspoken in conversations. Of the millions of women in the United States of child-bearing age desiring pregnancy, approximately 11.5% of black women or women of color experience a variety of infertility problems, compared to 7% of white women [1]. This statistic of infertility for black women is alarming and is attributed to some disparities of women who live in the United States.

There have been few studies conducted on the topic of infertility in relation to race and class; of these studies, most that focus on infertility in the U.S. have only focused on white, middle class women. The research used in this paper highlights several common threads of social and economic influences on infertility. Research conducted using statistical data, social impact and stereotypes, variations in medical care, socioeconomic status, and personal reports provide information that will be used as evidence. The focus will be on women who identify as black or white and reside in the U.S. These studies show women of color have higher rates of infertility and reveal this as not only a biological cause, but internal and external social causes, as well as political factors have contributed to this outcome [1-4].

According to Greil, McQuillan, Shreffler, Johnson, and Slauson-Blevins [4] the definition of infertility is the inability to get pregnant after one year of unprotected sex. For women over the age of 35, infertility means the inability to get pregnant after six months of attempting to conceive. The definition of infertility includes the inability to conceive a child and includes challenges carrying a child to full term. Therefore, women who can get pregnant but are unable to stay pregnant are also considered be infertile [4]. Infertility can occur if there

are problems with a woman's reproductive system, but not all infertility stems from the biological malfunction of a woman, male infertility can also be a cause of unsuccessful pregnancy. 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 [4].

In article titled *Race-Ethnicity and Medical Services for Infertility*, Greil, et al. [4] provided evidence of the social and systematic influence in which women were more likely to make decisions to seek help. These authors studied a sample of U.S. women to explore how social cues, enabling conditions, and predisposed conditions contributed 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 U.S. women through a telephone survey and focused on how social factors affected a woman's ability to seek and receive fertility help. The inclusion of racial data allowed the researchers to conclude that black and Hispanic women were less likely to seek and receive treatment as a result of infertility.

Other than contrasting the differences in seeking medical assistance, these researchers investigated whether the U.S. has had a history of attempting to control racial percentages of birth. By looking at the underlying effects of stratified reproduction, these authors were able to establish specific 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 [4].

Historical facts on fertility in the United States

In *Women of Color and Their Struggle for Reproductive Justice*, Silliman, Fried, Ross and Gutierrez [5] explain 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 number 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 the likelihood of black women to seek treatment. Ill feelings due to fertility history in the U.S. can alienate black women and make them avoid further medical intervention.

Social shame and emotions surrounding infertility

There are women who confess that infertility has left them with feelings of hopelessness. Women who experience infertility reported feeling broken, misunderstood, and oftentimes lonely. 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 [6].

In the same text, another black woman with infertility problems stated, "We are eternally grateful for our surviving child, but having her DOES NOT eradicate the pain of her FIVE lost siblings" ([6], p. 14). The sensitive emotions and traumatic experiences these women face of not being able to carry a child to term leaves them with a significant problem-feeling like they are alone and that it is their fault they did not conceive. Women of color who suffer in silence and often alone sometimes feel that society puts a heavy burden on them because their secret and hidden infertility is more often connected to a specific population-black women.

Many black women, along with other minority women, have the perception that infertility is rare among black women and women of color [4]. The social structure 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 infertili-

ity is rare among women of color; women may not consider the risks associated with infertility, or they may not seek medical assistance when they should because they do not feel that anything could be wrong.

Religious and cultural beliefs discouraging medical intervention and a 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” ([7], p. 15). This is a problem because these feelings mystify infertility and can lead women to believe that medicine is not a valuable resource to assist with infertility. The ethical concerns of fertility treatment are linked to race because black women tend to be more religious, which in turn discourages them from seeking medical attention [4]. Also, a general mistrust of the healthcare community is based on historical events, such as the Tuskegee Study on syphilis [4].

Stereotypes about the sexuality and the reproductive ability of women in different racial groups impacted women who had higher chances of seeking this care. Western media has led many to categorize 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 these women reflected in real life as the primary infertility patients. White women were reported as patients in fertility clinics more than any other ethnicity.

Reproductive health medical causes

Studies support the fact there are overwhelming high rates of black women experiencing poor reproductive health conditions, including infertility. Women of color were more likely to have diseases or health conditions that can hinder fertility, including obesity [3]. Also, black women had higher percentages of being affected by uterine fibroids which impair fertility, and black women had a higher chance of tubal ill-factors [7]. 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 remainder of cases were caused by a mixture of male and female problems [8]. While there have been proven cases of infertility among males, some men were not willing to seek treatment. This may be 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” [9]. Generally, 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* [7], the author talks to several black women about their experiences with infertility. The conversation included fertility services, types of treatments they received. There was also a focus where infertile women were described as white, married, older, with higher education, and had their own incomes. Another aspect in this periodical pointed out that infertility specialists describe how the privileges of these women do have a negative effect on minority women. This can be viewed as a cultural problem and a medical problem, because black women had higher percentages of being affected by pre-existing fertility with impairing medical conditions, and reported negative experiences with healthcare providers.

The treatment and attitudes of medical providers can affect a women’s likelihood for continual healthcare. Black women reported instances of unpleasant treatment when they visited doctors in the past and this negatively impacted 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” ([4], p. 1). Many women of color have reported being informed by a doctor’s contraception form and discussions about birth control rather than ways to improve fertility and family planning [3]. Providers should have the responsibility to talk about fertility care more with all of their patients, not a select populous. Lack of education is ranked high concerning conversations about reproductive health options, and misconceptions about fertility are what make these breaches 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.

Available corrective medical treatment

The available infertility treatments include medicine, surgery, artificial insemination, counseling, assisted reproductive technology (ART), and also includes a variety of homeopathic medicines. Often these treatments are recommended or prescribed in a combination. However, infertility is most commonly treated with drugs or surgery.

Less than half of U.S. women who are infertile have received fertility care. Of the women who have reported receiving care 15.8% were white women and 10.7% were black [4]. When women's symptoms were salient, they had a larger impact on how quickly women could be examined by the doctor. White women were revealed to have higher symptom salience than black women. The study showed that more white women were infertile with the intent to get pregnant, while black women were more likely to be infertile without intent to be pregnant [4]. The high cost of treatment, limited access to care and variation in uses of treatment all cause resistance to the medical community. There are very few studies on infertility in relation to race. However, there are clear patterns in each of these studies. The various sociological studies utilized in this essay analyzed the differences in a variety of ethnicities and their likelihood to receive ART treatments. The results showed that social economic status was a large indicator in which women received treatments. These studies also concluded that white women had higher chances of seeking care when compared to black women.

Financial aspect

The cost of ART treatments is what prohibits many women from getting treatment. The financial rate 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. These figures have a significantly negative impact on couples of low-income strata. In the U.S. only 24% of women who need IVF can utilize these treatments due to the high out of pocket cost [2]. One's social economic status could have the most significant impact on the disparities presented across racial infertility rates. "Black and Hispanic women had lower incomes in the population with a significant number with less education and less likely to have health insurance" ([2], p. 2). White women who sought treatment were seen to have a higher socioeconomic status than the black women who sought treatment. The white women were also more likely to have employment that allowed them flexibility to leave their jobs for appointments, as well as having employment they can return to after parental leave [3]. African American women reported experiencing trouble arranging leave from work due to the scheduling of fertility specialists and similar types of appointments. There are not as many infertility specialists in lower income neighborhoods and in nearly all fertility clinics, white women are the dominant percent of patients [7].

Population environmental reasons

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 [2]. This is a public health issue-not only are there women living in these dangerous areas with the risk of toxins, but also there are men living in the same environment. One third of couples experiencing cases of infertility are based on a problem with the male's reproductive system; this outcome could be in part due to a health result of residing in these riskier areas. While more research needs to be done to find out the impact of environmental contaminants on fertility, some research suggests that environmental contaminants can also 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 as well [10].

Sufficient health insurance coverage

White, wealthy, highly educated women more likely to have private insurance that provides coverage for fertility services. If white wealthy women do not have these private insurance coverages, research found that more of these women with a 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* [11] reveals details for state laws about insurance coverages for fertility services. There are only fifteen (15) states in the U.S. that 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 infertility cycles a patient can receive. There are a limited number of women who live where laws support their access to fertility services; and there are still more limitations today. Infertility care has long been considered a luxury medical procedure, but women have the human right to be pregnant, as well as to not be pregnant. Women who cannot afford healthcare, private insurance, or reproductive health treatments must rely on whatever state coverage is allowed, so their reproductive needs rely on these State laws [11].

Conclusion

Social and cultural, medical, and economic factors are playing a large role in the breach of infertility among white and black women in the U.S. We have to remove the stigma of fertility treatments as luxury medicine. Fertility services are options that all women should have. Women in the U.S. have the expectation of having access to this care, but often find that other women can receive advance fertility treatments that allow them to choose embryos-even 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.

There is a clear distinction between racial lines-between white women and black women and it was concluded that white women have access to reproductive healthcare and was more likely to seek and receive medical care for infertility. This distinction exists because of cultural beliefs and stigmas surrounding women of color and medical care, the cost of ART infertility treatments, access to insurance and fertility specialists, and the misconceptions that many women have about their reproductive lives [1-4]. Stereotypes about fertility, along with assumptions about the sexuality of black women, have bled into the medical 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, better access to healthcare, and personalized medical treatment to get these negative distinctions in the rates of infertility significantly reduced among the black women in the U.S. Infertility has been described as the "black community's new mental health issue" [7]. The fact is, there is a continual increase of infertility among black women and something must be done. Suggesting increasing awareness, participate in health fairs, increase educating the medical community and treatments whereby there is a change in attitude and conversations until infertility is not a dirty word and all women can have hope for their future as mothers [12,13].

Acknowledgment

All persons who have contributed to this work are listed. There were no human subjects directly involved in this study. No financial encumbrance.

Author Contributions

Desiree S. Gould conceived the study capturing the historical and healthcare issues surrounding the topic with extensive research, family interviews. B. F. Gould, DNP backed the study with further data collection, recognizing notable black women in the population with infertility challenges with added commentary once the designed manuscript was confirmed.

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Volume 4 Issue 10 October 2022

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