

# Study suggests same-sex couples face more obstacles to infertility treatment

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Same-sex couples encounter more obstacles to treatment for infertility than opposite-sex couples, suggests a new study that will be presented at the 110th Annual Meeting of the American Sociological Association (ASA).

"For example, [same-sex couples](#) often must undergo psychological evaluations before being treated for infertility—a process that is not normally required for opposite-sex couples," said study author Ann V. Bell, an assistant professor of sociology at the University of Delaware, who noted that the U.S. medical system is standardized to work with [heterosexual couples](#).

Bell's study is based on interviews with 95 people—41 [heterosexual women](#) of [low socioeconomic status](#), 30 heterosexual men, and 24 women in same-sex relationships. "These people are on the margins of our understandings of infertility, as it is generally viewed as a white, wealthy, heterosexual woman's issue," Bell said.

The new study builds on her 2014 book *Misconception*, which focused on the 41 women of low socioeconomic status, as well as 17 women of high socioeconomic status, to explore social class and infertility. Through her interviews with the 41-women for the book, Bell found that their experiences related to infertility were shaped by inaccurate stereotypes and that doctors often assumed infertility was not a problem for them.

Bell has extended her earlier research beyond [social class](#) to include the effects of infertility on men and same-sex couples. The "medicalization" of infertility—studying and treating it as a medical condition—is a process that has increasingly led to disparities and inequalities, she said.

"Most of the research out there is about women, even though just as many men are affected by infertility," Bell said. "It's still viewed as a woman's issue."

In addition, despite increasingly sophisticated medical treatments for [infertility](#), such as in vitro fertilization, the high cost of many treatments and the "9-to-5 nature of medical practice" makes it hard for working-class people to afford the treatments or to access them while holding a job.

"Overall, researchers and the public focus a lot on the negative aspects of medicalization, but the medical advances that have been made are often very beneficial," Bell said. "The important thing is to recognize the kinds of inequalities that this medicalization is perpetuating and other new ones that it's creating."

**More information:** The paper, "Medicalization's Marginalization: The Role of Gender, Class, and Sexuality in the Medicalization of Infertility," will be presented on Sunday, Aug. 23, at 8:30 a.m. CDT in Chicago at the American Sociological Association's 110th Annual Meeting.

Provided by American Sociological Association

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