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The impact of infertility on men's work and finances: Findings from a qualitative questionnaire study.

The impact of infertility on the emotional, social and relational aspects of men's lives is now more widely understood. Yet the impact of infertility on men's working lives and financial status remains largely overlooked. Drawing on a qualitative questionnaire study into men's experiences of infertility (n=41), this paper examines how work and finances are managed and negotiated during infertility, including treatment cycles. Three key themes were identified from our thematic analysis: managing infertility in the workplace; compromised job performance, (in)security and progression; the financial burden of infertility, suggesting that infertility can have significant implications for men's working lives, including their identities as productive workers. The impact had a gendered dimension, with threats to masculine-relevant breadwinner roles and career ambitions. Awareness and management of infertility as a chronic health condition could be a useful way for employers to support disclosure of infertility and to allow men to navigate infertility and their working lives and identities in less stress-inducing ways. This paper contributes to our growing understanding of the stigma men experience in relation to infertility and how such stigma may intersect with masculinity in general and breadwinning in particular.

Keywords: Infertility, Work, Finance, Managing health, Wellbeing, Masculinity

Background

Infertility is now understood to affect approximately one in six couples and is defined as the difficulty in achieving conception despite regular unprotected intercourse. Whilst we have begun to understand more of the social and emotional impacts for men who are experiencing infertility (AUTHORS; Malik and Coulson, 2008; Throsby and Gill, 2004; Dolan et al., 2017; Richard et al., 2017), there has been limited research on how infertility intersects with the working lives of those who experience it. Paid work still remains a dominant feature in the lives of men, including when transitioning to fatherhood (Miller, 2010), and men's role as the 'breadwinner' remains evident despite women's increasing presence in the employment market (Miller, 2017). Women have noted that infertility can become akin to a 'second job' to them (Steuber and Soloman, 2008) due to the planning and organising that fertility treatment in particular entails. Further, women in Stueber and Soloman's (2008) study presented their male partners as less invested, or less likely to rearrange work for fertility treatment, perpetuating the idea that fertility treatment is itself a female domain, in part due to the absence of

active roles performed by men within this arena. How men experience the intersection of work and infertility has, however, not been extensively explored within the existing literature (AUTHORS).

Consideration of finances in relation to infertility has primarily covered the evaluation of cost effectiveness of treatment, such as Assisted Reproductive Technology (ART) in relation to broader health priorities (see Granberg et al., 1998), or the merits and practicalities of extending low cost IVF to low income countries (see Adageba et al., 2015). Whilst such explorations of the broader societal costs are relevant, particularly within the context of rationing or reduction of IVF on the NHS within the UK, such expositions fail to account for the personal and dyadic implications of the costs of infertility. We do however know that many couples are willing to invest in fertility treatment to achieve the desired child at the end of the process (Granberg et al., 1998). Similarly, research into other ARTs, specifically egg freezing, highlights that funding issues can add pressure to an already stressful situation (Inhorn et al., 2018). Yet, little is known about how men (in particular) navigate between the financial burdens imposed by fertility treatment and working life; specifically, to what extent do men commit to work knowing that it provides a source of funding for fertility treatment, and how is this economic issue balanced against or intersected with other emotional or relational issues presented by infertility and its treatment? Also, to what extent do men declare their situation at work and request support, accommodations or time off?

Literature on work-life balance provides some insights around these issues: how men manage to combine work with other (e.g. caring) responsibilities can perhaps inform us about how they may respond to other challenges, such as infertility, which involve care of partner and self. Historically, men have been positioned as breadwinners and 'remote' parents, prioritising work and income generation to provide for their families, supported by organisation cultures which privilege employees who can work without interference from family or personal domains (e.g. Acker, 1990; Connell, 2014). In recent times, notions of fatherhood have shifted to more caring, involved roles (see Hanlon, 2012; Dermott, 2014), while working patterns have become more flexible, with some employment policies enabling more men to work in more family-friendly ways, notably in Nordic countries (e.g. Brandth & Kvanne, 2016). Despite policy developments, historical and cultural norms persist within organisations which continue to favour (male) workers who are unfettered by caring responsibilities, with women consequently assuming primary responsibility for childcare and household management (see Borgvist, Moore, Elliott and Crabb, 2018; Ranson, 2012; Riggs and Bartholomeus, 2018; Miller, 2011). In relation to infertility, men's investment in conception, treatment and care is said to be limited: their 'reproductive masculinity' (Daniels, 2008) enables them to detach themselves from the labour involved in child-related domains (while presumably focused on other projects, for example relating to paid employment and career). This paper then seeks to examine how men report the experience of

work and finances when experiencing infertility. The study reported here provides us with data on men's accounts of their infertility journeys which bear upon work, finances and emotional impact.

Methods

This paper draws on findings from a qualitative questionnaire survey of men's experiences of infertility. Conducted in conjunction with Fertility Network UK (The UK's national fertility charity), the questionnaire aimed to understand more about men's experiences of fertility issues and encouraged them to share their views, in their own words. We carried out this research due to the paucity of existing evidence about how men understand, experience and cope with fertility issues. The key question the research was looking to address was: 'how does infertility affect men?'. Qualitative questionnaires allow for anonymous completion and for participants to provide as much (or as little) detail as they like. Our survey was hosted online (using the platform SNAP) and participants could complete it in their own time during the four months that the survey was 'live'. This approach allows for reflection and consideration of answers by participants if required, so that they could take their time to complete the survey; once they had submitted the survey they were unable to make any changes. Our pilot group noted that they spent between 1-2 hours completing the survey, demonstrating investment in the project. Historically, men have been viewed as 'hard to reach' in reproduction research (Lloyd, 1996), thus offering men an opportunity to participate in research an anonymous way was seen as desirable (we have previously found that anonymous online forums facilitate experience sharing by men, AUTHORS).

Whilst qualitative approaches to questionnaires are increasingly being utilised within qualitative research, no such approach had been used to understand male infertility prior to our study. Due to the flexible and anonymous nature of the questionnaire approach, we felt it was a good fit for this population group, particularly as it allows for reflection and time to complete, which can be important for sensitive topics such as infertility. In utilising this approach we were also able to access a wider variety of men's experiences, providing a broader sample than we have been able to achieve in an interview study. The survey asked a range of open-ended questions about the experience of infertility, including around emotions, support, relationships, lifestyle, interactions with professionals and impacts on work and finances.

We gained ethical approval for the research from the relevant university ethics committee ([University name blinded for review] Ref: 36153) and any quotes that appear are anonymised using 'P' for participant and a number. The data was analysed using thematic analysis, utilising the approach detailed by Braun and Clarke (2006). The key research question here is: 'How does infertility intersect with work and finance for men experiencing fertility issues?'. The data were initially coded by the lead

author and preliminary themes generated. Following discussion, refinement and agreement between the authors, three key themes were generated which will be discussed in detail below.

Sample characteristics

This paper draws on the data relating to work and finances. In total 41 men completed the survey, each writing on average 500 words (in total) about their experiences. Most of the participants were from the UK and identified as being white British (78%). Men ranged in age from 19-59. Most of the men reported that they worked (three identified as being unemployed) and most were in professional occupations (such as directors, accountants, engineers); 17 % reported working in industries that could be described as male dominated (e.g. agriculture, horticulture, driving, police, military). As the participants were self-selecting, these occupations are unlikely to be representative but they provide indicators of the varied types of industries the participants work in. Half of the men who completed the survey were experiencing male factor infertility, with the rest experiencing infertility as a result of female factor issues, joint issues or unknown factors. The average length of time that respondents reported that they had been trying to conceive for was five years and almost three quarters (71%) reported that they were not currently having treatment for their fertility issues.

Results

Three key themes relating to work and finance were generated from our analysis: Managing infertility in the workplace; Compromised job performance, (in)security and progression; The financial burden of infertility.

Managing infertility in the workplace

Time off for fertility clinic appointments was the key means by which the worlds of work and infertility collided. Some men framed their workplace as supportive:

‘My work gave me all the necessary time off work to go through treatment and support my partner after it had failed so I couldn’t have asked for any more than that’ (P9)

‘[I am] self-employed but I have spoken to my main customers about what we are doing as I have to be away from work during IVF they have all been supportive’ (P18)

For others, the time off work needed to manage appointments and the nature of fertility treatment was not easily accommodated by their employers:

‘Sadly, my then employer and most I’ve seen since now have no particular policies for IVF treatment which means time off for Dr’s appointments has to be taken as holiday, which I feel is harsh, given that it is an illness like any other and should be seen as a medical procedure’ (P1)

‘We both changed jobs several times due to difficulties at work getting short notice time off for procedures and time off for compassionate grounds following miscarriage’ (P2)

Fertility treatment was then presented as disruptive to working life, often requiring careful handling and flexibility, particularly if men worked fixed times or shifts. Whether such disruption could be accommodated by the employer was regarded as a matter of ‘good luck’ rather than dedicated human resource policies:

‘Treatments and appointments have been disruptive, but I am lucky enough to have flexible working hours and a supportive boss and team’ (P21)

Nonetheless, some men were keen to ensure that disclosure of infertility was kept to a minimum at work:

‘I have kept it firmly away from my working life...I’m not going to display any weakness if I don’t have to’ (P11)

Personal or health problems are here clearly demarcated as non-work issues (another participant: ‘What has it got to do with them?’ [P31]) – to disclose infertility issues would be to demonstrate shortcomings and possibly risk career prospects, reinforcing the ideal (masculine) worker role (Acker, 1990).

Some did chose to selectively disclose to their bosses, often out of necessity relating to the need for time off for appointments for treatment or testing, but chose not to share with a wider circle of colleagues:

‘I have made my bosses (all female) aware of when we are going through IVF and they are sympathetic about any time that we need to be at the hospital. I tend to keep myself to myself at work however’ (P25)

‘I discussed IVF with my boss as soon as I knew we were going to undertake the process. I just felt it would be easier knowing I would want to go to scans etc and might need to be flexible with time off’ (P37)

The decision not to share with work colleagues contrasts with literature on working fathers where colleague support is cited (e.g. Allard, Hass and Hwang, 2011). In the context of infertility, reluctance to disclose was often borne from a sense that others would not understand the experience:

‘I have never told anyone at work about my infertility issue or that I have a genetic disorder. I have found its harder for people to understand what’s wrong with me so it is best I stay quiet’ (P23)

‘Work have supported me in leave for treatment and short notice appointments, but I’ve always avoiding talking about it with colleagues, they all have kids’ (P35)

We have found from previous research that the stigma around infertility inhibits men (and women) from discussing their status with others, especially peers with children who may provoke feelings of envy and inequity (AUTHORS).

Negotiation of infertility in the workplace therefore primarily revolved around the need for time off and management of absence in relation to work. As a result, many men commented that they had to disclose the experience of infertility to their immediate manager in order to help with the negotiation of the time commitment element that fertility treatment can entail. However, many men chose not to share their infertility with colleagues, suggesting that they would not understand, or that it was ‘too private’ a topic for the workplace.

Compromised job performance, (in)security and progression

Beyond the immediate impacts on attendance at work due to fertility treatment, a number of participants identified broader impacts on their working lives as a result of their diagnosis and treatment for infertility. Some identified that they were more distracted and therefore less productive at work, for example:

‘I have struggled to concentrate at times, especially around the time of our failed ICSI cycles’ (P40)

‘I have been told my productivity has decreased’ (P3)

For some men, infertility prompted mental health or emotional issues which then compromised their functioning at work:

‘My depression impacted my performance at work. My boss was understanding to an extent’ (P8)

‘I have had anger issues during the process’ (P35)

‘Only the Testosterone treatment has massively impacted work with my mood swings or nasty behaviour but they are getting use to me, not sure if I’m getting use to myself yet’ (P26)

Participants reported that the stress caused by their experience of infertility had impacted on their work, in some cases leading to unemployment:

‘I cannot cope with the stress anymore and am now out of a job’ (P17)

‘I had a good career, good money and I went from this to losing my job due to all the stress and even to the point of not wanting to go to work. I did not discuss this with the employer as I felt too ashamed to talk to people about my problem in person’ (P19)

Clearly, as noted above, some men struggle with disclosing infertility issues to colleagues, with notions of shame signalling the continued stigma around (male) infertility (Slade et al., 2007). Men also reported that their ability to progress within their careers had changed as a result of infertility:

‘I do feel this has impacted my career progression. I could be a director now if I’d been a father in this family orientated business’ (P35)

‘My infertility has resulted on my being very keen to be an active and involved father. This has adversely affected my work’ (P12)

The quote from P35 links paternity with career progression, which may support the established notion that men experience a ‘fatherhood premium’ (See Coltrane et al., 2013), while P12 highlights the more common association between engaged fatherhood and reduced career prospects, the so called ‘flexibility stigma’ (see Ranson, 2012; Coltrane et al., 2013). The emotional impact of infertility and treatment cycles is again implicated in work and career outcomes; on the one hand, unsuccessful treatment may provoke resentment while on the other success may prompt revised priorities – both outcomes may disrupt career trajectories. Generally, the emotional impact of infertility was widely reported to ‘spill over’ into men’s working lives, with consequences for job performance, (in)security and progression.

The financial burden of infertility

Men described infertility as having an impact on their financial security and wellbeing, often related to work and, as noted above, job productivity and security:

‘I lost my job, I lost my confidence and self-esteem and if my wife did not work full time and support me I would have lost my house’ (P19)

‘[I have been] losing income and jobs due to appointments and caring for my beautiful wife when treatment has made her ill’ (P24)

Here we can see men occupying different positions and status, from the one being supported (P19) to the one providing support (P24). It is important to note that for some, such as P24 in the quote above, the loss of income was due to self-employment, creating both flexibility for attending appointments and caring for his partner, but also a knock-on effect of income loss. Consideration of the different experiences of the self-employed versus men working for companies experiencing infertility would provide an interesting future dimension for exploration. Some participants noted that the financial pressures they felt had led to them or their partners having to work overseas, decisions they may not have made if they had not been going through fertility treatment:

‘The cost factor is a burden and it has led to in part the decision of myself accepting a job overseas’ (P30)

‘We are now paying for all of our IVF cycles and money can often be too tight. My wife lost her job last summer too and this resulted in her taking a position in the Middle East’ (P38)

The need for P38’s wife to seek a new job, overseas, to help pay for the cost of IVF may also impact on the man’s sense of fulfilling the breadwinner role, although the link between breadwinning and the high financial cost of IVF treatment needs further exploration as this was not an aspect that was raised explicitly or implicitly by the participants.

Our participants unanimously referenced the high cost of fertility treatments and the need to source extra funds beyond salaries:

‘The cost of treatment required was significant and has impacted heavily on our savings and financial planning’ (P14)

‘Due to the IVF, 6 privately funded and the time off work all our savings have been used up’ (P18)

Clearly, investing in treatment cycles impacts personal finances and working lives, with a risk of future debt implied. For some, support from their extended families was vital to secure the preferred treatment options:

‘Fortunately, our families are supportive financially and will fund treatment when needed. Otherwise we would never be able to afford it’ (P29)

‘We were lucky in so far as my step-mother-in-law offered to make a significant financial contribution towards our private treatment’ (P6)

Whilst the cost of IVF was seen a burdensome for most, the outcome of fertility treatment ultimately dictated whether men felt that this was ‘money well spent’:

‘We used all our savings to pay for treatments and whilst not as much as many have to spend, it was still a lot of money which we now don’t have, but we do have a son’ (P1)

‘We spent around £30,000 on treatment and will be repaying the debt for many years to come, but I wouldn’t change it, our boy is worth every penny and more’ (P2)

‘We have a pretty hefty credit card bill as our second round of treatment is IVF and we’re paying for it. Sometimes it annoys me but then I think how can you possibly put a value on life’ (P16)

In cases where outcomes had been uncertain or unsuccessful, the costs of fertility treatment also forced many to make sacrifices in other areas:

‘Its cost us about 24K, it’s money that I wish I could have spent on life’ (P35)

‘The delay in becoming a father has led to me postponing retirement plans’ (P12)

Infertility was therefore seen to have direct impacts on the financial situations of couples. Men frequently reported having to use savings, accept loans from family, or sink into debt in order to fund fertility treatment. A positive outcome from treatment was likely to mean that participants reported this investment as being worthwhile, while for those still pursuing conception some resentment and regret about expenditure was articulated. Overall, infertility often affected job performance and security, which had a knock-on effect on finances, while the high costs of (multiple) treatment cycles meant using other sources of funds thereby creating debt and consequences well into the future.

Discussion

Men responding in our qualitative questionnaire reported a range of impacts on work and finances as a result of their experiences of infertility. The increasing marketisation of ART, particularly in countries without public subsidy of fertility treatment or where funding for fertility treatment is increasingly difficult to obtain (such as in the UK), undoubtedly exacerbates the financial stretch that men report around treatment costs. We know that infertility, including fertility treatment, is a hugely stressful experience for men and their partners (Fisher and Hammerberg, 2012; Wischmann and Thorn, 2013;

Peronance, Bovin and Schmidt, 2007) and that finances can themselves be a source of stress for couples (AUTHORS). Therefore, the combination of infertility stress and financial burden creates difficulties for couples, including some of the mental health and emotional issues reported here. Men's accounts of financial hardship echo those provided by women. For example, Redshaw, Hockley and Davidson (2007) found that many women felt angry and distressed about the costs associated with treatment and the immediate and future implications that such costs had on them. These hidden economic costs of infertility are rarely discussed within academic literature, and when they are they relate solely to the experiences of women (Redshaw et al., 2007; Steuber and Solomon, 2008). While our study offers insight into how work and finances might intersect in the context of infertility for men, more work is needed to generate further insights pertaining to the enduring stigma around male infertility (Gannon et al., 2004) and the role that work and 'breadwinning' continue to play in contemporary understandings of masculinity (Roberts and Walker, 2018). This is especially important given the 'fatherhood premium' pertaining to male employees who have children (Coltrane et al., 2013) and how the identity aspects of involuntary childlessness for men may intersect with their working identities over the lifecourse.

Managing work in relation to infertility was challenging for most of the men in our research. While the 'labour' involved in infertility, and specifically during treatment processes, has been noted in relation to women (see for example Stueber and Solomon, 2008; Redshaw et al., 2007), men's continued narration as 'secondary' from the processes and experiences of reproduction (Inhorn, 2009; Culley, Hudson and Lohan, 2013) has perhaps meant they have been overlooked in terms of the managing demands from work and relationships when experiencing infertility. Our data show that negotiating disclosure at work, and associated requests for time off, is a live issue which many men find difficult – often preferring minimal or no declaration of fertility status. Some of the participants noted they were more at ease discussing their need for time off for fertility issues with female bosses, demonstrating the possible gendered nature of the experience of disclosure. Notions of hegemonic masculinity (Connell, 2005) position the concealing of vulnerability as significant for men; hence the disclosure of fertility issues, or a declared need for time off for medical appointments, run counter to these ideals of men as physically robust. Men often prefer to 'carry on as normal' in the face of health issues (Banks, 2001) making disclosure of any issues potentially difficult, particularly in the workplace. Other research highlights how men are reluctant to 'share' potentially embarrassing or 'vulnerability inducing' health information at work (Wood et al., 2017). Existing research around infertility experiences also suggests that many people going through fertility treatment prefer to be very selective in who they inform owing to widespread stigma and lack of understanding (Stueber and Solomon, 2011). This is especially pertinent for men, who are often assumed to be unproblematically

fertile (Slade et al., 2007) - perhaps further accounting for the issues around disclosure at work- or choices of disclosure to female bosses or colleagues. Our work therefore contributes to understanding how workplace masculinity, the continued importance of breadwinning, and the experience of infertility (engendering vulnerability and compromising masculine identity) are intimately entangled.

Time away from work for appointments impacted holiday allowances, need to make up time, and some reported issues with pay and progression as a result of men's infertility-related absences. The 'emotional rollercoaster' of men's infertility journeys (AUTHORS) also affected working practices, with references to productivity deficits and even unemployment as a result of poor mental wellbeing. That men in our research were detailing their inability to 'perform' in the workplace demonstrates the hidden trauma that infertility may bring to men's lives: the impact of infertility clearly extends beyond the individual and couple and into more public domains such as work. The negotiation of work, particularly around issues of time off in work cultures often dominated by presenteeism, which the contemporary UK work culture could largely be described as, also chimes with wider literature on the management and disclosure of long term and chronic conditions while at work (Munir et al., 2007; 2005). Given the continued centrality of work in the lives of men, any periods of 'absence' or reduced productivity could be viewed as 'weaknesses', and some of our participants were particularly adamant that work and infertility were separate domains. Recent calls for male infertility to be considered and managed as a chronic illness (Stevenson and McEleny, 2017) may then be pertinent for helping to support men in the workplace, but does require consideration of masculinity and the breadwinner role to ensure that such approaches are adapted to be gender-sensitive and not further alienate the men they seek to help. Adaptations and consideration of health at work also require proper consideration by Human Resources or Occupational Health services which are themselves undoubtedly shaped and constrained by broader neo-liberal workplace agendas (see Emuze and Smallwood, 2017).

The increasing marketisation of fertility means that the economic costs of fertility treatment may well continue to rise, creating further pressures for men and their partners, including around the need to work and earn in order to fund such treatment. Clearly, the stress associated with infertility is not limited to the clinic or the home setting but permeates employment and social domains (AUTHORS). The constraints felt to exist around sharing feelings about the experience of infertility at work may accentuate men's reported sense of isolation (AUTHORS), or may contribute to withdrawal from the labour force due to the severity of the mental health impacts of the situation for some men. It is therefore important to consider how men can be best supported within employment settings in order to mitigate and manage the issues that may be experienced around work and finances while dealing with infertility. Practical considerations around how and when care is delivered and discussing

strategies to support fertility patients to manage their working lives around appointments and the associated stress and emotional turmoil that infertility brings are therefore urgently needed.

While our findings offer preliminary insights into this important dimension of male infertility experiences, the paper draws only on the findings of one qualitative survey and more research is therefore recommended. For example, it would be fruitful to explore the experiences of men in different employment situations (public v private sector; self-employed; part-time v full-time; main v secondary wage earner etc.) as well as different demographic groups (by age, social class, sexual orientation etc.) and across different working cultures, e.g. comparing presenteeist work cultures with those which can be described as 'family friendly'. More targeted investigation of how the 'breadwinner' role influences management of the infertility journey at work and home would be welcome. Nevertheless, this paper presents a useful starting point for further considerations around the intersections of work, finance and infertility and offers important insights that may be relevant to fertility treatment practice and the occupational support of men, and their partners, when going through infertility. In particular, our analysis of the intersection of infertility, work and masculinity demonstrates how the 'private' experience of infertility may have negative consequences and impacts for men within occupational, financial and social domains.

Conclusion

Men in our research reported a wide variety of impacts on work and finances as a result of infertility. These were primarily negative and often related to the time- and cost-intensive nature of fertility treatment. Whilst the much longed for child was reported as being priceless for those whom had had 'success' with fertility treatment, the emotional stress of fertility treatment and infertility itself had been debilitating for some. The notion that men are 'bystanders' within infertility is therefore challenged by the extent of the impacts noted within our research, and any support for men experiencing infertility could usefully consider information and help around the work and financial challenges of infertility so that this is itself not an added source of stress for men going through what we know to be an already emotionally strenuous experience.

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