

# Fertility is becoming a workplace issue but employer support can create winners and losers

August 23 2023, by Krystal Wilkinson, Clare Mumford and Michael Carroll

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Credit: AI-generated image ([disclaimer](#))

Since the world's first human baby was born by in vitro fertilization (IVF) in the UK in 1978, over 10 million IVF babies have been [born globally](#). Assisted reproductive technologies (ART) have also [become](#)

[even more sophisticated](#), now including egg-freezing and intracytoplasmic sperm injection (ICSI).

But alongside these new fertility possibilities, the technology has also brought challenges. Access to publicly funded [fertility treatment](#) is not universal, and success rates are limited. This means many people globally are forced to pay privately—if they can afford it—often for multiple cycles of treatment. This can equate to [tens of thousands of pounds](#).

For some, it might also mean travel overseas. Inequalities in access and care in the UK have been linked to factors such as patient [sexual orientation](#), [ethnicity](#), age and weight.

Infertility is a disease of the reproductive system affecting one in six people, or around [17.5% of the global adult population](#), according to the World Health Organization.

As well as medical issues, sexual orientation or lack of a partner can affect the ability to conceive. But despite its prevalence among the working age population, and the considerable [psychological and social tolls](#) it can bring, discussion of infertility has historically been silenced in public discourse and in the workplace.

Until recently, employers' attention to reproductive journeys has been limited to mainly maternity provisions. This has been mandated by employment legislation in many countries for some time.

But changing [social attitudes](#), advances in technology and business pressures have increased the attention being paid to fertility treatment by many employers in the developed world. This is often driven by business logic: supporting staff through IVF and the like will help with recruitment, performance, retention and engagement.

## Supporting different fertility journeys

Indeed, employer interest in fertility treatment appears to have originated in Silicon Valley in the US. Apple and Facebook introduced fertility benefits (paid IVF and egg freezing) in 2014 as a weapon in the "war for talent." This was controversial, however, with companies accused of essentially trying to bribe women into [delayed childbearing](#).

In the UK, the focus is generally on well-being. Workplace benefits often center on fertility policies and time off, flexibility and workplace adjustments. But only 3% of employers said they offer such provisions to a significant extent in a [2022 survey](#). This puts fertility, alongside menstruation, bottom of the list of well-being supports aimed at certain employee groups.

Arguably, the emergence of [employer interest](#) in assisted fertility technology has furthered "reproductive stratification." [Research on this issue](#) defines this as when "some categories of people are empowered to nurture and reproduce, while others are disempowered."

Among the minority of employers that offer fertility-related policies and support, it tends to be aimed at permanent, highly valued staff in countries in the global north such as the US, UK and Japan. And so, large proportions of the world's workforce are missing out.

Migrants and workers in precarious employment also miss out on other things that help with reproductive journeys. This can include job security, protection from dismissal, decent wages, access to [sick leave](#), access to maternity and paternity provisions, and well-trained and supported line managers.

When policies are in place, they are not always inclusive of all employees and all fertility journeys. Our [research](#) shows policies often

neglect partners and non-normative families (same-sex couples and those pursuing motherhood alone). They often focus on a set number of days off for treatment cycle(s). This may not be sufficient and also fails to consider the needs of staff where treatment is unsuccessful.

And even when employees can access fertility treatments via progressive employment provisions, they often end up being penalized via discrimination or [negative career consequences](#). We found this during a study in which participants reported having to go part-time, switch career focus, leave jobs, or were just generally disadvantaged at work after embarking on a fertility journey.

Similar findings have been reported in international studies and surveys by campaign groups such as [Fertility Matters at Work](#) and [Pregnant then Screwed](#). Since women are most likely to experience these negative career consequences, this means increased take-up of fertility treatment could further existing gendered inequalities in the workplace.

## **A more equitable future**

To fully optimize the hope created by ARTs, governments around the world should expand publicly funded provisions as much as possible (bearing in mind other health care commitments) and ensure equitable access and care. Employment legislation should also protect workers from discrimination on the grounds of accessing ARTs and allow suitable time off.

There is some hope. The UK parliament is currently considering a [private members' bill](#) to allow people to take time off work for appointments and treatment, but unfortunately it hasn't made much progress to date.

A few other countries have [already taken action](#), however. Malta

legislates for 100 hours' paid IVF leave (per cycle, up to three cycles) split between the "receiving person" and their partner. Korea provides three days' leave per year (one paid) and protection from discrimination. Japan has also introduced provisions for public workers.

Other recent UK developments include workplace [guides](#) from professional body The Chartered Institute of Personnel and Development (CIPD) and [government funding](#) for charities to develop resources aimed at small and medium-sized enterprises (SMEs). These are welcome.

But until the government can step up to provide universal cover, organizations should not think of fertility benefits strictly in terms of a cost-benefit calculation. Employers must take a compassionate and fully inclusive approach to supporting their employees' fertility journeys.

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