How IVF Discourse Affected the Infertility Concept
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Introduction

Impaired fecundity, or the issue of getting pregnant and/or carrying a pregnancy to term excluding surgical sterility, occurs in 12.1% of American women of any marital status between the ages of 15 and 44 years. In married women, this percentage rises to 23.6 and reaches 38.9% in women aged 40-44 years. Infertility, defined more narrowly as the inability to conceive for at least 12 consecutive months of unprotected sexual intercourse when not surgically sterile, is an issue for 6.7% of married women 15 to 44 years of age. It is evident that many women in the United States are concerned about their fertility because the CDC 2011-2015 National Survey of Family Growth statistics show that 12.0% of American women aged 15-44, a sizeable number, have used infertility services (Martinez et al., 2017). Although the US female infertility rate has remained relatively constant, academics have noted increased concern with infertility since the 1980s and linked it to widespread publicity of technological advances in treating infertility. Infertility has been consistently perceived as a growing epidemic since the development of the in-vitro fertilization (IVF) technique even though the numbers show that rates remain relatively constant. IVF was instrumental in increasing the visibility of and concern about infertility and, in doing so, played a pivotal role in redefining its social implications (Scritchfield, 1995). This essay aims to answer whether the traditional implications of infertility have changed for women in society. To do this, I will examine how the medical and social discourse about IVF has affected the concept of female infertility.

Female infertility can be caused by various reproductive and non-reproductive issues. Firstly, it may be linked to a problem in any step of the female reproductive process. Infertility
might result from the ovaries being unable to produce eggs, the eggs not being able to pass from the ovaries into the uterus through the fallopian tubes, implantation of fertilized eggs being impeded, or the embryo not surviving past implantation. Conditions such as birth defects that create physical impediments in the reproductive process, clotting disorders, diabetes, cancer, obesity, ovarian cysts or other growths in the reproductive tract, hormone imbalances, etc. may cause female infertility. Additionally, many behaviors such as excessive exercise, drinking, or smoking may contribute to female infertility (MedlinePlus, 2019). IVF can be performed to fertilize the mother’s own egg with her partner’s sperm or can be used for surrogacy. For the purposes of this analysis, we will consider female infertility within the context of heterosexual relationships and IVF as a solution for a prospective mother to carry her own biological child to term.

A History of Infertility Rhetoric

To be able to analyze how IVF has influenced the concept of infertility, we must first understand the history of social views about infertility. Over time, the cause of infertility has been attributed to the affected women, to doctors, or societal factors. Female/male gender expectations of the time, and academic climates. It reveals a winding path towards the medicalization of infertility.

Robin Jensen, author of Infertility: Tracing the History of a Transformative Term, claims that the infertility concept originated in a 1651 guidebook for midwives, in which the “barren metaphor” was first used. Jensen argued that women were viewed as farmers tending to their own bodies and emotions, so that male “seeds” will be able to grow. Any woman who was involuntarily childless was called “barren” and likened to the neglected land of a careless farmer.
The implications underlying this metaphor are twofold: 1. Childlessness is solely attributable to women and 2. Women are responsible for their “barrenness” – it is not an inherent property, but rather a result of caring poorly for their bodies. With the nineteenth century “sterility” concept, the implication was that physicians are responsible for diagnosing and repairing the “technological-mechanical” issues of involuntarily childless women. According to Jensen (2016), the contradictory understanding of responsibility and blame for female infertility sparked by the coexistence of these two infertility concepts created the “unstable foundation” that would leave future female infertility and reproductive discourse lacking in established principles (2016).

The concept of infertility could then, as a result, be manipulated with each new social or medical development. In the late nineteenth century, energetics theories aiming to explain the differences between men and women commented on the purported cause of female infertility: educating women depletes them of their reproductive energy and leaves them unable to have children (Jensen, 2016). Underlying this theory is the belief that a woman’s main and most important activity in life is maintaining her strength and preserving her energy for childbirth. It also shifted blame from ??? to society for Luckily, this deeply flawed mentality was quickly rivaled by the medicalization of infertility in this deeply flawed mentality was quickly rivaled by the medicalization of infertility in allowing and encouraging girls to expend the same amount of mental labor and energy as boys. The 1930s as rhetoric concerning the great potential of the new field of reproductive endocrinology extended to female infertility. The medicalization of female infertility continued through the mid-20th century emphasis on psychoanalysis as a cure to the psychosexual developmental problems supposedly causing the infertility (Jensen, 2016). The implication is that doctors are responsible for treating both a woman’s body and mind. This was
the first time psychology was integrated into the concept of infertility, although it would not gain significant traction until after IVF started becoming widespread. 1960s and 1970s infertility research and treatment centers rose in popularity and revolutionized the approach to infertility. Supporting discourse “positioned the infertile mind-body, with all of its potential causes and abnormalities, under the on-going gaze of diverse, cooperating scientific experts employing an emergent transdisciplinary rhetoric” (Jensen, 2016, p.5). Because of the large scope of causes and variances, infertility becomes medically multi-dimensional. The transdisciplinary approach to treating infertility reinforces the role and responsibility of not only a doctor, but a team of medical specialists in the experience of infertility within society.

**IVF Medicalizes and Reinforces Traditional Social Aspects of the Infertility Concept**

*IVF’s Inherent Characteristics Intensify Medicalization of Infertility*

In-vitro fertilization was first successfully implemented in 1978, when the first IVF-conceived baby was born. Eggs are collected from the mother and combined with the father’s sperm outside of her body. Once the eggs are fertilized, they are transferred into the female uterus and will hopefully implant into the uterine lining (Chen & Wallach, 1994). IVF is transformative because of its power to circumvent the many different issues that manifest as female infertility and prevent natural conception. However, taking into account the history of the infertility concept, it becomes unclear whether IVF falls neatly in line within the trajectory of the infertility concept or has had an impact on its development. This section focuses on presenting evidence to determine that IVF has, in fact, played a role in developing the concept of infertility.

The unstable foundation of the infertility concept allowed society the flexibility to define the condition and its implications according to the social values and medical beliefs of each time
period. Upon analyzing this history, it becomes evident that the instability of the infertility concept has made the condition more susceptible to influence and this influence during an era of massive reproductive technology development like IVF manifests as medicalization. The medicalization of infertility describes a societal shift towards entrusting the medical establishment to diagnose, treat, and inform the public about infertility as opposed to relying on common, experiential knowledge. As we have seen, the emergence of IVF comes at a time when many other scientific developments had already been doing this. Since the 1950s, numerous treatments for various causes of infertility were developed and brought doctors into the lives of infertile women looking for solutions: cryopreservation of sperm, hormone and radiation therapies to induce ovulation, tubal plastic and reconstruction surgery, conservative surgery for ectopic pregnancies, etc. (Chen & Wallach, 1994). So, we can conclude that the development of IVF is not responsible for starting the medicalization of the infertility concept.

Although the infertility concept had already been changing to include medical professionals as important players in the battle against infertility, IVF is responsible for strengthening the perceived role of health specialists in the experience of infertility. We know this because the standardization of the infertility definition, which had been ambiguous for centuries, happened in 1993 shortly after the invention and implementation of IVF. According to the “Manual for the Investigation and Diagnosis of the Infertile Couple” publication by WHO, a woman should be diagnosed as infertile if she has “never conceived despite cohabitation, exposure to pregnancy, and the wish to become pregnant for at least 12 months” (World Health Organization, 1993). Just prior to the introduction of the IVF technique, infertility was ambiguously understood to be any length of time during which women cannot conceive. “Length of infertility” was measured in 1960s academic infertility research (Potter & Parker, 1964). This
official incorporation of infertility into international medical discourse is just an indicator of the importance of IVF in altering the infertility concept. Jensen, referring to rhetorician Celeste M. Condit’s work, agrees that IVF marks the new phase of human reproduction we live in because of the large spectrum of reproductive biological issues that it is able to evade using an extensive team of scientists, endocrinologists, and physicians (2016). IVF brought the medical establishment to center stage of infertility treatment like never before.

In conclusion, IVF can be thought of as bringing upon what can be called a second era of infertility medicalization. It was not revolutionary in incorporating the medical establishment into the female experience of infertility. The plentiful scientific developments in the 1960s and 1970s had already brought doctors into the narrative of infertility. However, IVF’s profound role in *strengthening* the presence of the medical field in the concept of infertility cannot be diminished. This is because IVF is completely novel in the sheer number of different medical professionals it involves in one single solution to a wide-scope of infertility-related issues.

*IVF Medical Discourse Reinforces the Traditional Social Concept of Infertility*

The medicalization of infertility has contributed to changing the superficial societal reception of infertility to a more hopeful one. However, the personal reaction to infertility diagnosis has remained negative because there are certain aspects of society that were maintained after IVF was introduced. This section focuses on showing how medical discourse aiming to celebrate and normalize IVF undermined the aforementioned hopeful societal shift towards destigmatizing the concept of infertility.

Medical historians Gayle Davis and Tracey Loughran have studied the cultural representations of infertility pre- and post-IVF and discovered that they have significantly changed. Their work reveals that after the introduction of IVF, public excitement and massive
media coverage spread the simplified misconception that every infertile woman could successfully become pregnant and carry a child to term with IVF (Davis & Loughran, 2017). This misconception was spread because success stories of infertile couples conceiving with in-vitro fertilization plastered mass-media outlets soon after the launch of IVF. Saturated with only accounts of success, news outlets raised societal hope for overcoming fertility with IVF. As a result of these higher hopes, couples became increasingly more likely to seek medical consultation and this has increased demand for reproductive health care providers. Since the first successful implementation of IVF in 1978, the number of board-certified fertility specialists and American Fertility Society Members more than doubled by 1982, and this increase “reinforce[ed] the growth and public visibility of the infertility field” (Aral, 1983). Increased visibility then makes it more likely for an even greater number of infertile couples to seek medical attention. This creates an even greater demand for reproductive health care specialists, feeding an unending cycle of visibility increase and building hope. Infertile women previously experienced “a loss of anticipated future” that social discourse about IVF decoupled from the concept of infertility (Davis & Loughran, 2017).

However, infertile women expressed comparable levels of feeling powerlessness and despair pre- and post- the emergence of IVF. Reports of infertile women identifying as “not a proper woman” also remained fairly constant before and after IVF was introduced to society (Davis & Loughran, 2017). This reveals that despite the dramatic change in the superficial social concept of infertility expressed in media – that now with the availability of IVF, infertility does not equal childlessness or “loss of anticipated future” – the individual response to an infertility diagnosis remained the same for women. These are sentiments that do not stem from the actual success rate of the IVF procedures, but rather from social stigma attached to involuntary
childlessness. Davis and Loughran attribute this stigma to discourse by the medical community trying to normalize IVF (2017). Dr. Jones of the USA and Dr. Edwards of Britain, medical scientists who successfully pioneered IVF treatments, spread two key ideas to do this:

1. Infertile women have the right to produce their own children
2. IVF replicates and does not challenge “the natural way”

Both concepts are closely tied to and support traditional values of marriage, cohabitation, and having your own children. The rhetoric used to justify the use of IVF to society appealed to the historical concept of female infertility as taking away a woman’s natural, expected purpose in life. Anthropologist Sarah Franklin reaches a very similar conclusion in Biological Relatives: “IVF technology is embedded in a naturalized and normalized logic of kinship, parenthood, and reproduction: it is pursued in the hope of alleviating childlessness” (2013). It is important to remember that infertility had been heavily medicalized by IVF, so the populace was very likely to value infertility-related medical expertise. As a result, the claims by Jones and Edwards were likely to be openly accepted and their implications integrated into the social concept of infertility.

In brief, media has embraced IVF as the “end all, be all” solution to infertility and implied that it is no longer a concern for women. However, a closer analysis reveals that the concept of infertility, socially, has remained a despairing one. This is because the normalization and naturalization of IVF has relied on and thus propagated the traditional systems it was embedded into. The historical idea that infertility strips women of one of their main purposes in life has survived and underlies social responses to infertility even today.
Conclusions

The concept of infertility has changed over the centuries, due in large part to advances in medical science, including IVF, but certain social attitudes, such as the idea that a woman’s main purpose in life is to have her own kids, are deeply embedded in our culture. Without a consistent definition, it has been manipulated to fit the values of the time and accrued corresponding implications. Most notable is the idea that a woman’s main purpose in life is to have her own kids. During a time of massive advances in medical reproductive technologies, the infertility concept also gained a medicalized character. IVF solidified the medicalization of infertility due to the novel way it brought the medical establishment into the experience of infertility. The resulting societal reliance on infertility-related medical expertise gave more potency to IVF medical discourse, which subliminally reinforced the idea that it is natural to have your own children. Mass media appeared to destigmatize infertility diagnoses by spreading the idea that IVF is an infallible treatment, but was ultimately undermined by the discourse reinforcing the traditional implications of infertility. Women continue to be affected by traditional pressures as the concept of infertility remains that of the undesirable ailment of childlessness.
Works Cited:


In vitro fertilization is a conception procedure done in the laboratory set up to treat some forms of infertility in women. The conception process is done. Success Rates of In Vitro Fertilization method of infertile couple treatment. Your age, as a couple, is a main factor in the success of IVF method. For instance, if you are under 35 years old and you need IVF as your infertility solution you have a 39.6% chance of having a baby, but if you are 40 years old you have an 11.5% chance. However, with the technology advancement and increase in experiences IVF doctors experience, the CDC recently found that the success rate is increasing in every age group as the techniques are refined and doctors become more experienced. Female infertility could be apparent for various reasons. Take a look at all the possibilities and book an appointment today to answer all your questions. Causes of Female Infertility. Egg and Ovulation Problems. Polycystic Ovaries. Diminished Ovarian Reserve. Amenorrhea and Oligomenorrhea. Endometriosis. Ovarian Cysts. In vitro fertilization. During IVF, the female patient’s eggs are retrieved directly from her ovaries and fertilized in the lab before being transferred back to her uterus. In vitro fertilization, also known as IVF, is a treatment in which a female patient’s eggs are fertilized with a male patient’s sperm (or a sperm donor) in the lab before being transferred back to the uterus. We talked to Talia about her experience with Extend Fertility, how it differed from the care she received at other practices, and her insightful advice to others on this same journey. Read more. Our blog. Female fertility supplements: an evidence-based guide. Do fertility supplements really work? Ask the doctor: Can in vitro fertilization solve the problem of age-related infertility?