

Infertility and perceived stress: The role of gender identity concern*

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Summary This project examines gender identity concern (GIC) and stress among male and female fertility patients from diverse backgrounds, and the extent to which GIC might differ depending on religious identification and a diagnosis of male versus female factor infertility.

1. Relevance

Infertility is a devastating life event for both men and women. The stress of an infertility diagnosis may be influenced by the extent to which men and women attribute parenthood to their gender identity. In particular, men and women who receive a personal diagnosis of infertility may experience more gender identity concern as compared to those whose partners are diagnosed with infertility. As parenthood is central to many religions, religious patients may also experience greater GIC following a diagnosis.

2. Aims & Objectives

This study sought to determine whether (H1) a diagnosis of male or female factor infertility and (H2) religion are positively associated with GIC among men and women beyond demographic and fertility characteristics, and (H3) GIC is positively associated with perceived stress.

3. Methods

Fertility patients ($n = 519$) were recruited from four fertility clinics in Quebec and Ontario. Participants completed an online survey asking about demographic factors (e.g., religious identification, income), fertility characteristics (e.g., diagnosis, number of children, treatment duration), GIC, and perceived stress (i.e., Perceived Stress Scale-4 (PSS-4)). The PSS-4 includes 4 items asking respondents to rate "...feelings and thoughts during the last month" (0 = *never*; 1 = *almost never*; 2 = *sometimes*; 3 = *fairly often*; 4 = *very often*). GIC was measured by the question, "How concerned are you with the way you see yourself as a man/woman" (0 = *not at all concerned*, 1 = *a little concerned*, 2 = *somewhat concerned*, 3 = *very concerned*, 4 = *extremely concerned*).

4. Results

Separate structural equation models were used to examine a pathway to perceived stress for men and women. Demographic (i.e., religion, age, ethnicity, income) and fertility (i.e., diagnosis, treatment duration, number of children) characteristics were included as predictors of GIC, and all variables as predictors of perceived stress. In partial support for **H1**, there was a positive association between female-factor infertility and GIC for women ($p = .005$), but male-factor infertility was not related to GIC in men ($p = .057$). For women, income ($p = .001$) and number of children ($p = .009$) negatively related to GIC. In partial support for **H2**, there was a positive association between religion and GIC for men ($p = .020$), but not women ($p = .875$). **H3** was supported as GIC positively related to PSS for both men ($p < .001$) and women ($p < .001$).

5. Conclusions

Understanding GIC may be important for understanding stress in both male and female fertility patients. Factors affecting GIC in men and women may however be different. Findings suggest that a personal diagnosis is more central to understanding GIC in women compared to men. In contrast, religious identification may be uniquely important to understanding GIC and subsequent stress in men.

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