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THE USE OF INFERTILITY SERVICES AMONG FERTILITY-IMPAIRED COUPLES

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ABSTRACT

Data from the 1982 National Survey of Family Growth are used to assess the prevalence of and sociodemographic characteristics associated with the use of infertility services among fertility-impaired couples in the United States. Logit analysis is used to assess the impact of motivational factors (desire for a child, age, parity, presence of children from a previous marriage) and economic/informational access factors (income, education, race, ethnicity) on infertility service utilization. Results indicate that the decision to use infertility services is a complex one that is affected by issues reflecting access to and motivation for service utilization.

INTRODUCTION

In 1982, 8.4 percent of all currently married American couples had childbearing impairments for reasons other than surgical sterilization (Mosher and Pratt, 1985). This yields over 2.5 million couples who were candidates for infertility services, that is, medical advice and assistance in conceiving or successfully carrying a baby to term. However, some couples with nonsurgical childbearing impairments may not seek infertility services because they have no desire for children (or for additional children) or because of financial considerations. We know little beyond anecdotal data about which couples with fertility impairments seek infertility services and which do not.

Research on infertility has not adequately examined the determinants of the use of infertility services. The clinical literature has focused on the medical and psychological roots of infertility (Mozley, 1985; Kleinman and Senanayake, 1979), as well as on the diagnosis and treatment of the condition (Atlas and Martinelli, 1979; Menning, 1976; Ollivier et al., 1984; Rosenfeld and Mitchell, 1979). The demographic literature has focused on rates of childbearing impairments, trends in infertility over time, and the sociodemographic characteristics of couples with fertility impairments (Mosher, 1985; Mosher and Pratt, 1982).

A recent study by Horn and Mosher (1984) examined the use of infertility services among ever-married women 15-44 years of age. They found higher utilization rates among older and white women. However, it is unclear whether these subgroup differences in utilization rates reflect group differences in rates of

infertility or in the use of services among couples with fertility problems. To clarify this issue, it is necessary to hold fertility status constant by focusing on couples with childbearing impairments in analyses of the sociodemographic predictors of the use of infertility services.

Understanding the determinants of help-seeking behavior among couples with impaired fertility is important for several reasons. First, infertility affects fertility rates, family size, and, potentially, satisfaction with marital and family roles. As such, the utilization of infertility services is an important though neglected aspect of family and fertility behavior. In addition, information about the likelihood that different groups of couples with impaired childbearing capacity will seek infertility services will enable us to identify underserved groups. These efforts will be aided by assessing whether group differences in service utilization are due to differential motivation to use infertility services or to differential access to such services.

There are two key sets of factors that may affect the use of infertility services. The first set relates to a couple's <u>motivations</u> to seek services, and includes desire for children, parity, age, and fertility history prior to the current marriage. The other set of factors relates to informational and economic <u>access</u> to infertility services. Socioeconomic variables are key here, as they affect a couple's access to knowledge about the availability of services as well as their ability to afford services.

The two most obvious motivational determinants of whether couples with fecundity impairments use infertility services are parity and desire for a child. Couples who desire a child and those at lower parities should be more likely to seek assistance with their fertility problems. Clearly, these two factors are related, with couples at lower parities more likely to want a child (or additional children).

Another factor related to couples' motivations to seek infertility services is wife's age. Younger women are less likely to be attempting to have a child and thus are more likely to be using a contraceptive method, which would mask any fertility impairment that they or their husbands may have. In fact, they may define unprotected intercourse that does not result in conception as a blessing rather than a problem, and thus would be unlikely to seek remedial services.

Given the high rates of divorce, remarriage, and fertility outside of marriage, a couple's fertility status prior to their current marriage may also affect their motivation to seek help with fertility impairments. Adults who enter marriage as parents may be less likely to desire additional children than are adults who enter marriage with no children. As such, infertile couples in which either partner has had children prior to the current marriage may be less likely to utilize infertility services than are other infertile couples.

Socioeconomic factors are key determinants of access to infertility services. Financial resources buy access to health care services, and thus utilization of services is positively related to socioeconomic status (Davis, 1976; Riessman, 1974).

Also at issue is the kind of services to which clients have access. People with higher incomes can purchase access to services that are less depersonalized, stigmatized, and bureaucratic (Dutton, 1978; Rundall and Wheeler, 1979). Because of its relationship to income, education is expected to be related to economic access to services. It may also affect informational access, because of its association with the possession of knowledge, or with the ability to obtain knowledge about the availability of medical services for a given health problem.

This analysis presents data on the rate of utilization of services among married couples with childbearing impairments as well as on the access and motivational factors that affect utilization. We will examine the sociodemographic characteristics associated with service utilization. The data are from Cycle III (1982) of the National Survey of Family Growth, which provides the most recent and detailed available data on childbearing impairments and service utilization.

DATA

Cycle III of the National Survey of Family Growth was conducted by the National Center for Health Statistics in 1982. Data were collected in a multistage area probability sample of 7,969 women aged 15-44 in the noninstitutionalized population of the coterminous United States. Black and teenage women were oversampled; thus, the data have been weighted to produce unbiased population estimates. (For a discussion of the survey design, sample, data collection procedures, weighting, and

variance estimation for this survey, see National Center for Health Statistics, 1984.) The interviews focused on women's pregnancy and contraceptive histories, ability to bear children, future birth intentions, use of family planning and infertility services, marital history, and labor-force participation as well as a wide range of sociodemographic characteristics.

For the purposes of this analysis, couples are classified as infertile if they are not surgically sterile and if, during the past 12 months, they have been continuously married, have been sexually active, have not used contraception, and have not conceived.* Our interest in the use of infertility services has influenced the way we have defined impaired fertility. We have used the medical definition of infertility, which is, in effect, a screening device to identify a high-risk group who may be in need of treatment (Mosher, 1985). The inability to conceive after a year or more of unprotected intercourse is not proof of sterility, nor does it include all couples who are physically incapable of bearing children. Moreover, it does not incorporate couples' subjective assessments about their fertility condition. By employing the medical definition, we have limited our conceptualization of infertile couples to the types of fertility impairments that might reasonably result in the use of infertility services. For example, we have omitted couples who

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* Sexually active couples are those with no open interval--that is, a period without intercourse--in the 12 months preceding the interview.

were surgically sterilized for either contraceptive or non-contraceptive reasons. While these couples are infertile, the surgical nature of their condition obviates the need for infertility services for diagnosis or cure. We have, however, included nonsurgically sterile couples because the diagnosis of this condition may require an infertility examination.

Use of infertility services is measured with a question about whether respondents or their spouses have ever been to a doctor or clinic to talk about ways to become pregnant. Fourteen percent of the currently married couples in the sample have used infertility services at some time.

It is important to note that the measure of use of infertility services introduces some unavoidable ambiguity in this analysis. We are using current sociodemographic, familial, and fertility-related characteristics to predict the past use of infertility services. It is possible that some of these characteristics (e.g. education, and marital status) have changed since respondents used infertility services. In fact, the diagnosis from an infertility workup may contribute to such changes for women who discover that they cannot bear children and subsequently increase their investments in educational or occupational roles.

RESULTS

Bivariate Analyses

Over eight percent of the currently married couples in the United States have some form of nonsurgical fertility impairment. Of these, 24 percent, or 602,199 couples, are nonsurgically

sterile and 76 percent are couples who have had unprotected intercourse for at least one year without conceiving. Among the long-interval couples, 29 percent have been continuously married without using contraceptives and have not conceived for 12 to 23 months, 15 percent, for 24 to 35 months, and 56 percent, for more than three years. This defines a substantial group of married couples who are potential candidates for infertility services.

Among couples with nonsurgical childbearing impairments, 43 percent have used infertility services at some time. In other words, almost one million currently married, sexually active American couples with impaired fertility have used infertility services. This is a potential underestimate of help-seeking behavior among such couples for two reasons. First, the measure of impaired fertility is based on current fertility status. Couples who are currently fertile but who had fertility problems and used infertility services in the past are not included. In addition, those couples who have not used contraceptives and have not conceived for 12 to 18 months may not yet have sought infertility services but may do so in the near future.

Despite the possibility that we have underestimated help seeking behavior among infertile couples, it nonetheless appears that a substantial proportion of couples with nonsurgical childbearing impairments have not sought infertility services. Who are these couples and why have they not sought assistance with their fertility problems?

Table 1 shows the percentage of currently married couples with childbearing impairments who have used infertility services, by selected sociodemographic characteristics. As expected,

motivational factors are strongly related to the use of infertility services. Couples with impaired fertility in which the wife wants a child are almost twice as likely to have used infertility services as are couples in which the wife does not want a child (51 percent vs. 27 percent). Similarly, 66 percent of the couples with no children have used infertility services, compared to 38 percent of couples with one child and 17 percent of those with two or more children. The age effect is curvilinear, with fertility-impaired couples in which the women are in their prime childbearing years (25-34) more likely to have sought infertility services than couples in which the women are younger or older.

Another factor related to the motivation for additional children is whether respondents or their husbands have had children prior to their current marriage. (These children may have been born inside or outside of a former marriage.) For respondents' husbands, we have data only on children from previous marriages. The fertility status variable is coded zero if the man has had no previous marriage or has been previously married but has no children from that marriage, and is coded one if he has a child from a previous marriage. For women, we have data on all live births that preceded their current marriage. The fertility status variable is coded zero if the woman has no children or if her oldest child was born after her current marriage, and one if the oldest child was born before the marriage.

The results indicate that both wife's and husband's fertility status prior to the current marriage affects the use of infertility services. Infertile couples in which either partner has had children prior to the current marriage are significantly less likely to seek infertility services than are couples in which neither spouse has such children. Apparently having children prior to a current marriage reduces the motivation to bear additional children and thus decreases the likelihood that couples will recognize or seek help with fertility problems.

Access to infertility services, primarily measured by socioeconomic factors, is related to service utilization in the expected direction as well. Family income, expressed as a percentage of the poverty level for families of a given size, is positively related to service utilization. Married women in families that have incomes more than 200 percent above the poverty level are nearly two times as likely to have used infertility services as are women in families at or below the poverty level. This may reflect the high cost of infertility services and the inadequate level of coverage provided for such services by public health insurance programs, such as Medicaid.

Education, another socioeconomic indicator, is also positively related to the use of services. Women who have continued their education beyond high school are more than twice as likely to have utilized infertility services as are those with less than a high school education (62 percent vs. 24 percent). This may be because those with less education are likely to be in lower paying jobs and so are less able to pay for infertility services. It may also be because adults with less education are

likely to have less access to information about infertility and the availability of infertility services, which sets up informational barriers to service utilization.

The results also indicate significant racial differences in the proportion of fertility-impaired couples who have used infertility services. Whites are nearly two and a half times as likely as blacks to have sought medical assistance for child-bearing impairments (47 percent vs. 20 percent). It is likely that the relatively disadvantaged socioeconomic position of blacks gives them less access to infertility services. Interestingly, while Hispanic couples with fertility impairments appear less likely than non-Hispanic couples to have utilized infertility services, the difference is not statistically significant.

We have explained the observed socioeconomic differences in utilization rates solely in terms of differential access to services. Groups with low income and educational levels face economic and informational barriers to the use of infertility services. However, motivational factors may also contribute to these differences. We know that family size is negatively related to socioeconomic status among women in general. Our results indicate that this is true among women in marriages in which one or both partners have fertility problems as well. For example, 20 percent of such women with family incomes less than or equal to 200 percent of the poverty level have not had children, as compared to 46 percent of women with higher incomes. Similarly, 21 percent of these women who have

completed less than 12 years of school are at zero parity, as compared to 38 percent of high school graduates and 47 percent of women with more than a high school education (data are not shown).

The relationship between parity and socioeconomic status among infertile couples is important because parity bears a strong negative relationship to the use of infertility services. Poor, less-educated, and minority-group women in couples with childbearing impairments may be less motivated to have additional children, because they are at higher parities than women who are nonpoor, highly educated, or white and in fertility impaired couples. Thus, groups lower in socioeconomic status may have lower rates of utilization of infertility services for motivational as well as access reasons.

Multivariate Analysis

Multivariate analysis enables us to investigate this possibility and, generally, to model the factors associated with the use of medical infertility services more accurately. For these purposes, we will use logistic regression, the appropriate technique for multivariate analysis with a dichotomous dependent variable. The dependent variable is the log odds of having used infertility services. The independent variables are wife's race, income, education, parity, age, desire for additional children, and both spouses' fertility status prior to the current marriage. Income, education, and parity are entered as continuous variables. Given the curvilinear relationship between age and service utilization, age is entered as a series of dummy variables with the prime childbearing years (25-34) as the

omitted category. This enables us to assess whether women aged 15-24 and those aged 35-44 are less likely to have used infertility services than women in their prime childbearing years. Race, desire for additional children, each spouse's fertility status prior to the current marriage are all entered as dummy variables.

The results, shown in Table 2, indicate that infertile couples in which the wife is white, better educated, between the ages of 15 and 24, at a low parity or wants another child, and in which the husband has no children from a previous marriage are significantly more likely to have sought infertility services than are other infertile couples. Income, wife's previous fertility status, and whether the wife is beyond her prime childbearing years are not significantly related to service utilization. The overall fit of the model is quite good, as reflected in the significant model chi-square and the fact that the proportion of pairs of predicted probabilities and actual responses that match is .82.

The logistic regression results in Table 2 indicate that the race effect remains significant after controlling for parity and education. Neither the low socioeconomic status nor the higher parity of black couples fully accounts for the lower likelihood of their using infertility services. We have not been successful in isolating the factors associated with race that explain the observed black/white differences in the utilization of infertility services.

The fact that men's but not women's previous fertility status is signficantly related to service utilization may be due to the the presence of a measure of women's but not men's parity. There is a substantial correlation (.49) between wives' previous fertility status and their parity. This suggests that for women, the effect of previous fertility status may be due to its relationship to parity, a key determinant of the use of infertility services. Once parity is controlled for, the independent effect of previous fertility status is not significant. The same might well be true for men if we had a measure of the number of living children they have had.

We explained the effects of men's previous fertility status in motivational terms. Having had children prior to one's current marriage decreases the desire to bear additional children and thus to recognize or seek help with fertility problems in one's current marriage. However, the effect of husbands' previous fertility status may be rooted in economic factors. We examined whether the effect of having children from a previous marriage for men is partly due to the economic burden of child-support payments. This may decrease men's ability to afford additional children, and thus affect their fertility motivation. However, whether or not husbands pay child support does not significantly affect the use of infertility services among all fertility-impaired couples or among such couples in which husbands have children from a previous marriage.

Table 3 presents the probabilities of service utilization given different combinations of scores on the independent variables. This yields a more easily understood statement of the

magnitude of the observed relationships. We reestimated the logit model using only the significant predictor variables and transformed the resultant logistic coefficients into the probabilities of service utilization.

Less than one percent of the fertility-impaired couples whom we would predict to be unlikely service utilizers (wife is black, has a 10th-grade education, is 15-24 years old, has 3 children, wants no additional children, and has a husband who has a child from a previous marriage) have used infertility services. On the other hand, 88 percent of the couples whom we would predict to be likely utilizers (wife is white, has completed college, is at least 25 years old, has no children, wants a child, and has a husband who has no children from a previous marriage) have done so.

Focusing on the "average" couple with fertility impairments (wife is white, a high school graduate, at least 25 years old, has one child, wants another child, and has a husband with no children from a previous marriage), the probability of having used infertility services is .59. To illustrate the effect of race on service utilization, this probability is reduced to .35 if all the characteristics of the couple remain the same except that the wife's race is changed to black. Focusing on the age effect, the percentage of "average" fertility-impaired couples who have used infertility services decreases from .59 to .32 when the wife is young (15-24 years old). The effect of parity is illustrated by returning to the characteristics of the "average" infertile couple and altering parity to zero. This increases the

percentage of couples who have used infertility services from 58 to 76 percent. Conversely, increasing parity to three reduces the percentage of service utilizers to 23 percent. The percentage of "average" fertility-impaired couples who have used services increases to 77 percent when wife has completed college, and decreases to 48 percent when she has a 10th-grade education. Finally, changing the wife's desire for a child from affirmative to negative reduces the probability that the "average" fertility-impaired couple will use services from .59 to .40.

DISCUSSION

These results indicate that there is substantial variation in the likelihood that couples with fertility impairments have used infertility services. Forty-three percent of such couples have used services, and the remaining 57 percent have not. It should be noted, however, that a substantial portion of the fertility-impaired couples who have not yet used infertility services may do so in the future. In attempting to identify the determinants of service utilization, we found that both motivational and access factors help account for whether couples seek infertility services. The significant predictors of service utilization are wife's education, race, age, parity, desire for a child (or for more children) and husband's previous fertility status.

The race differences in utilization patterns are striking. The fact that black fertility-impaired couples are less likely than white couples to use infertility services is not accounted for by their relatively lower socioeconomic status or higher

parity. Another factor that may contribute to the race difference in service utilization is cultural beliefs and attitudes regarding health care in general and infertility in particular. Analysts have identified health care attitudes, beliefs, and priorities as one set of factors contributing to poor people's lower rates of utilization of preventive and discretionary care services. These beliefs include a greater willingness to put up with illness symptomatology (Koos, 1954), a tendency not to define the condition as an illness (Zola, 1966), and an unwillingness to tolerate the psychological costs of obtaining medical care (Berkanovic and Reeder, 1974; Norman, 1969).

These attitudes may be particularly relevant for explaining race differences in the use of infertility services. Blacks may have a higher threshold for tolerating the inability to conceive while having unprotected intercourse without defining their situation as a problem. Moreover, even after defining the situation as a problem, they may be less likely to view the childbearing impairment as an illness requiring formal medical treatment. Finally, they may be less willing to tolerate the psychological discomfort and violation of intimacy inherent in an infertility workup. Any of these beliefs would add a motivational component to the socioeconomic access explanation of race differences in utilization patterns.* Additional research is needed to test these speculations about race differences in attitudes toward infertility and infertility services.

The fact that men's fertility status prior to the current

marriage affects the utilization of infertility services suggests a male role in fertility decision-making. It appears that having had a child reduces husbands' motivation to have additional children when they remarry, and that this motivational effect has implications for couples' fertility behavior. Past research shows how women's fertility histories affect their current childbearing behavior. Our results indicate that men's previous fertility experiences may affect couples' childbearing behavior as well.

Research studies such as this one, based on cross-sectional data from nationally representative samples, are valuable for estimating rates of impaired fertility, and infertility service utilization as well as for identifying the sociodemographic characteristics associated with the use of infertility services. The results of this study suggest that the decision to use infertility services is a complex process affected by both motivational and access issues.

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* The observed race difference in utilization rates may be due, in part, to the misclassification of black couples as infertile. Mosher (1985) found that 1.9 percent of black wives did not report an abortion that they had had in 1981. If all of these women concealed their pregnancies and abortions by reporting an interval of contraceptive nonuse without pregnancy, then 1.9 percent of the blacks classified as infertile would actually be fecund. These "infertile" women had no need for infertility services; thus, the relationship between fertility status and service utilization among blacks is distorted. However, even if all the concealed abortions did result in misclassifications of fertility status, the error would be limited to less than 2 percent of black respondents, which could not explain the dramatic (24 percent) race difference in the utilization of infertility services.

To understand the dynamics of this process, it is important to supplement such studies with in-depth longitudinal research following couples who have had unprotected intercourse for at least a year without conceiving but who have not yet sought infertility services. At what point do couples begin to define their condition as a problem? Which partner first initiates the discussion of the condition? What factors intervene between recognizing the problem and seeking help from medically based infertility services? How does this process differ for different socioeconomic, racial and ethnic groups? Research focusing on these questions is a necessary next step in understanding an increasingly important family and fertility behavior, the use of infertility services among couples with impaired fertility.

BIBLIOGRAPHY

Atlas, R.S., and D.D. Martinelli. "Why Infertility Services Should Be Provided by Family Planning Agencies." Journal of Nurses and Midwives, 24:33-35, 1979.

Berkanovic, E., and L.G. Reeder. "Can Money Buy the Appropriate Use of Services? Some Notes on the Meaning of Utilization Data." Journal of Health and Social Behavior, 15:93-99, 1974.

Davis, K. "Medicaid Payments and Utilization of Medical Services by the Poor." Inquiry, 13:122-135, 1976.

Dutton, D.B. "Explaining the Low Use of Health Services by the Poor: Costs, Attitudes or Delivery Systems?" American Sociological Review, 43:348-368, 1978.

Horn, M.C., and W.D. Mosher. "Use of Services for Family Planning and Infertility: U.S., 1982." Advance Data from Vital and Health Statistics, National Center for Health Statistics, DHHS (NCHS), No. 103, 1984.

Kleinman, R.L., and R. Senanayake, eds. Handbook on Infertility. London: International Planned Parenthood Federation, 1979.

Koos, E.L. The Health of Regionville. New York: Columbia University Press, 1954.

Menning, B.E. "RESOLVE: A Support Group for Infertile Couples." American Journal of Nursing, 76:258-259, 1976.

Mosher, W.D. "Reproductive Impairments in the United States, 1965-1982." Demography, 22:415-430, 1985.

Mosher, W.D. and W. Pratt. "Reproductive Impairment Among Married Couples: U.S." Vital and Health Statistics, NCHS, Series 23, No. 11, 1982.

------. "Fecundity and Infertility in the United States, 1965-1982." Advance Data from Vital and Health Statistics, NCHS, No. 104, 1985.

Mozley, P.D. "Psychosomatic Factors in Infertility." In G. Zatuchni et al., eds., Obstetrics and Gynecology, Vol. 6. Philadelphia: Harper and Row, 1985.

NCHS. Public Use Data Tape Documentation: National Survey of Family Growth, Cycle III, 1982. Hyattsville, Md.: NCHS, 1984.

Norman, J.C. Medicine in the Ghetto. New York: Appleton-Century Crofts, 1969.

Ollivier, S., C. Lesser, and K.B. Bell. "Providing Infertility Care." Nursing JOGN, 13(2, Supplement): 85s-90s, 1984.

Riessman, C.K. "The Use of Health Services by the Poor." Social Policy, 5:41-49, 1974.

Rosenfeld, D.L., and E. Mitchell. "Treating the Emotional Aspects of Infertility." American Journal of Obstetrics and Gynecology, 135:177-180, 1979.

Rundall, T.G., and J. Wheeler. "The Effect of Income on Use of Preventive Care: An Evaluation of Alternative Explanations." Journal of Health and Social Behavior, 20:397-406, 1979.

Zola, I.K. "Culture and Symptoms-An Analysis of Patients' Presenting Complaints." American Sociological Review, 31:615-630, 1966.

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Table 1. Number of Fertility-Impaired Couples in the Sample and in the Population, and Percentage Who Have Used Infertility Services, According to Selected Characteristics.

Selected Characteristic	No. of Sample Cases	No. of Women in Population	% Using Infertility Services
Total	293	2,187,498	43.3
Family income			
≤ Poverty level	25	190,270	27.7*
101-200% poverty level	43	324,397	26.0
> 200% poverty level	224	1,672,831	48.5
Education			
< 12 years	72	534,661	23.9*
12 years	141	1,055,843	42.7
> 12 years	80	596,994	61.8
Race			
Black	38	281,516	20.4*
White	247	1,845,064	46.7
Hispanic			
No	255	1,905,049	45.4
Yes	38	282,450	29.2
Age at interview			
15-24	50	375,101	34.3*
25-34	122	908,942	51.6
35-44	121	903,455	38.8
Parity			
0	125	930,182	65.5*
1	81	602,755	37.9
≥ 2	88	654,561	16.9
Respondent wants a child			
No	91	679,434	26.6*
Yes	202	1,508,064	50.9
Respondent has child(ren) born before her current marriage			
No	177	1,323,596	54.3*
Yes	110	821,724	26.6
Husband has children from a previous marriage			
No	251	1,873,662	46.6*
Yes	41	307,389	24.2

*Chi-square tests indicate that these differences are significant at $p<.05$.

Table 2. Logistic Regression of the Use of Infertility Services Among Fertility-Impaired Couples.

Variable[a]	Logit Coefficients
EDUCAT	.235[b]
POVERTY	- .000
RACE	1.007[b]
PARITY	- .700[b]
WANTKID	.921[b]
WFERT	- .555
HUSFERT	-1.465[b]
AGE1	- .953[b]
AGE3	.466
Constant	-3.568
-2*Log likelihood	309.24

[a]EDUCAT=completed years of schooling, ranging from 4 to 18. POVERTY=total family income expressed as a percentage of poverty level for a family of that size, ranging from 20 to 876. RACE=1 if respondent is white and 0 otherwise. PARITY=number of live births, ranging from 0 to 7. WANTKID=1 if R wants a(nother) child and 0 otherwise. HUSFERT and WFERT=1 if R or her husband have had children prior to their marriage and 0 otherwise. AGE1=1 if R is age 15-24 and 0 otherwise. AGE3=1 if R is 35-44 and 0 otherwise.

[b]These coefficients are significant at $p<.05$.

Table 3. Probabilities of Having Used Infertility Services for Selected Groups of Fertility-Impaired Couples.

Likely Service Utilizers	
Wife is white, has completed college, is at least 25 years old, has no children, wants a child, and has a husband who has no children from a previous marriage	.882
Unlikely Service Utilizers	
Wife is black, has a 10th-grade education, is 15-24 years old, has three children, does not want another child, and has a husband who has a child from a previous marriage	.003
"Average" Fertility-Impaired Couple	
Wife is white, has a high school education, is at least 25 years old, has one child, wants another child, and has a husband who has no children from a previous marriage	.587
Average Fertility-Impaired Couple	
- Wife is black	.348
Average Fertility-Impaired Couple	
- Wife has a 10th-grade education	.479
- Wife has a college education	.772
Average Fertility-Impaired Couple	
- Wife is 15-24 years old	.322
Average Fertility-Impaired Couple	
- Wife has no children	.758
- Wife has three children	.225
Average Fertility-Impaired Couple	
- Wife does not want another child	.404