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Infertility Ministries in the United States: A Survey of Existing Programs' Availability and Services Scope

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Abstract

Coping with infertility poses physical, financial, and emotional challenges for individuals and couples. The discomfort due to the treatment protocol, the expense associated with the treatment, and the stress and anxiety associated with the uncertainty or unfortunate circumstances when the treatment doesn't work is overwhelming. The power of prayer and the support provided by being a part of a church ministry are both promising avenues to helping couples through the difficult journey of infertility.

Methods and findings: To better understand the availability, accessibility, and details of Christian infertility ministries across the nation, a Google search was conducted to identify the churches in each state with an infertility ministry. One hundred and fifty-four churches across all 50 states were identified as having a prospective infertility ministry. All identified ministries were sent a 13-question open and closed ended survey. Forty-one survey responses were received. Of those, 43.9% (18) of respondents had an active ministry while 39% (16) reported they did not have an active infertility ministry. Demographic data collected provides insight into available, active faith-based Christian infertility programs including: size of the ministries, the frequency of meetings, details on the type of support and resources provided, as well as how infertility was projected, addressed and supported in a Christian environment. **Conclusions:** Results of the present study indicate a need to increase the number and availability of Christian infertility ministries. To fill this gap, researchers seek to develop a train-the-trainer program and provide it to churches as a free resource to help service either an existing ministry or assist churches with building a new ministry.

Keywords: Infertility; Infertility ministry; Infertility support

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Introduction

Infertility is a medical condition that affects a great deal of individuals and couples as well as being a "global issue that affects people despite their ethnicity, religion, culture or economic status" [1]. "Infertility is defined as not being able to get pregnant (conceive) after one year (or longer) of unprotected sex" (Centers for Disease Control and Prevention [2]. Almost 7% of the American population struggles with infertility and 7.3 million (12%) have used infertility services [3]. It is a diagnosis that can be physically, emotionally, spiritually, and financially draining. When one experiences infertility, a range of emotions

consumes the individual and often leaves the individual feeling hopeless, angry, depressed, and lonely.

For individuals who identify with a religion or church, the church is often the first resource sought after for support because it is naturally already a place to seek comfort and is a place of refuge and a "powerful ally in dealing with crisis in our lives" [4]. On the other hand, it can also feel like an unwelcoming and unsupportive place due to the strong emphasis on family and children [5]. "The intense life experiences lived by infertile people has deep manifestations in their sense of self and meaning in life, and can also be considered an emergent opportunity for spiritual care" [1].

“A synthesis of qualitative studies found that patients living with infertility may have spiritual needs” [1]. “Numerous studies have found the protective effects of private expressions such as prayer on mental health, and scholars have suggested that prayer may allow people to actively express religious beliefs that may help alleviate anxiety” as well as “help to protect people against the stresses of living under adverse conditions,” “offer social connections” and “helps with access to resources and addressing problems” [6]. Not only is prayer a significant aid in one’s health, but “religious affiliation and church attendance improves physical and psychological health across multiple religions and populations in various parts of the world” [7]. Research shows that “high levels of religiosity and spirituality are significantly correlated with low levels of psychological distress,” supporting how complementary the church community can be in one’s journey with infertility [8]. “Women with higher levels of spiritual well-being as measured by the Spiritual Well Being Scale also reported fewer depressive symptoms and less overall distress from their infertility experience” [8]. “For those experiencing infertility, knowing that a church leader cares may be all it takes to help them walk a difficult path with the Lord rather than withdraw into bitterness and isolation” [9].

Churches and ministries have different perceptions about infertility and differ in their approaches to infertility support [10]. Knowing the strong impact spirituality and one’s church can have on one’s life, it is crucial that faith communities provide accurate information about infertility and that they offer support to those experiencing infertility. The purpose of this study was to better understand the teachings about and support for people with infertility in the US who seek Christian support using the internet to identify support ministries.

Methods

Measures and sampling

A 13-question survey comprised of open and closed-ended questions was developed to assess the 1) presence of an active infertility support ministry 2) knowledge about the medical causes of infertility and 3) the availability and the details of churches with infertility ministries in all 50 states across the nation (**Figure 1**). A basic Google search was conducted to identify infertility ministries in all 50 states. The keywords “infertility ministry in [x state]” were used to search for ministries within each state. The church name, infertility ministry name, infertility ministry leader, and church contact information were gathered for each prospective ministry identified.

Following data collection to identify prospective ministries, an introductory email that included a brief introduction of the researchers and researching organization, the aim of the study, the purpose of and utilization of the results, notification that the survey would subsequently be delivered, and the investigator’s contact information was sent to all ministry leaders or the contact listed for the church. Following the introductory email, the survey was administered through Google Forms (**Appendix A**). Three follow up emails were sent to participants reminding them to complete the survey. After the deadline to complete



the survey had expired, the churches who did not complete the survey were contacted through telephone, and if reached, were asked to complete the survey over the phone or to have the survey emailed to them again and to complete electronically. Data was collected and analyzed through Google Form, A Nationwide Analysis of Available Infertility Ministries [11,12].

Results

One hundred and fifty-four churches across all 50 states were identified as having a prospective infertility ministry. The survey was sent to 186 individuals through Google Forms. While there were only 154 churches identified during data collection, there were instances when multiple contacts were listed for the ministry as well as times when a more appropriate contact or a new contact was provided to researchers, resulting in 186 surveys administered. The survey response rate was 41.

Forty-one survey responses were received. Of those, 43.9% (18) of respondents had an active ministry while 39% (16) reported they did not have an active infertility ministry. The remaining 17.5% (7) of respondents reported “other” and stated the following: “it use to be active, but not so much anymore;” “It’s more of a support group originating from church members and not directly from church officials directly;” “There is no formal ministry; however, some couples seek counseling from the Pro-Life Office;” we don’t have anything formal, but are more like a resource center for people experiencing infertility;” “There is no formal ministry, but we are in the transition state aiming to become a more active ministry;” “referral to resources like the Paul VI Institute;” “we tried to start something, but didn’t get any traction.” Of the 39% (16) of respondents that did not have a currently active ministry, 10% (2) of these had a ministry previously and 55% (11) reported that they never had a ministry. Those who previously had active ministries, but nothing presently provided reasons why, including 1) 10% (2) the leader left the church, moved away, or stopped coming 2) 5% (1) the leader had completed their family through fertility treatment or adoption, 3) 5% (1) no couples were actively seeking support through the ministry, 4) the leader had twins and attendance started to dwindle after the second year of the ministry; it was hard to get the word out, 5) 5% (1) no formal programming, only provide referrals, or 6) 5% (1) a ministry was tried to be formed, but could never gain traction among church

members. Among the active ministries, 79.3% (23) have been active for more than two years. As shown in **Figure 1**, 51.9% (14) of the ministries served less than 10 people, 29.6% (8) served 11-25 people, 14.8% (4) served 25-100 people and 3.7% (1) served more than 100 people.

Forty four percent (12) of ministries met monthly while 14.8% (4) met weekly. One hundred percent (28) of the ministries welcomed people outside of their church to attend. Sixty seven percent (18) of the churches do not teach that infertility treatments are wrong/unbiblical while the remaining number of respondents emphasized that reproductive technologies such as in vitro fertilization (IVF) are not God's plan. Ninety two percent (23) of ministries promoted infertility as a medical condition. Fifty percent (12) of ministries provided support to only married couples. Sixty three percent (15) of the ministries provided support to men. Thirteen percent (3) of ministries assist men and women diagnosed with cancer to understand their options for protecting their fertility before undergoing cancer treatments. Various means of support was reported including, (a) prayer time/groups/circles, (b) routine emails and texts delivered for continual support outside of meeting, (c) inspirational Facebook posts provided to ministry members, (d) care packages, (e) one-on-one counseling for individuals and couples, (f) utilization of Elizabeth ministry, (g) informational sessions of Natural Family Planning and answering questions on the morality of different reproductive options, (h) matching for couples currently experiencing infertility with couples who experienced infertility in the past, (i) bible studies, (j) informational sessions on adoption and foster care, (k) panel nights with featured speakers, (l) online resources, such as infertility blogs and articles, (m) mentoring, (n) referrals, or (o) small break-out group discussions with those with similar experiences.

Discussion

In efforts to better understand the support and resources being provided across the country in faith communities, an assessment was performed. Of the churches that responded to the survey and reported having an infertility ministry, generally the ministry was in the form of a support group that met monthly. Support provided in reporting churches was either offered as in-house ministerial support often led by self-volunteered congregation members, national ministry programs either offered onsite such as Stephen's Ministry or offsite such as Elizabeth Ministry, or included as an area for eligibility with the church's Counseling Center or contacted counseling partner. The majority of ministries focused solely on infertility; however, it was common for ministries to combine infertility, miscarriage and infant loss, not recognizing the differences that exist from each of these reproductive hardships and the need for each hardship to be addressed individually in order to provide the correct type of grievance support and encouragement necessary. The majority of ministries have been active for more than two years and serve less than 10 people. The number of people served was reported to ebb and flow due to the need at that specific time. Ministries who did not have a ministry generally reported that it was due

to not having a leader for the ministry or that the congregation did not have a need for this type of ministry. All ministries were very inclusive and encouraged members and non-members of the church to utilize their ministry for support. The majority of ministries did not teach that certain assisted reproductive techniques were unbiblical or wrong and promoted that infertility was a medical condition and not necessarily God's plan. A larger number of ministries provided support to only married couples. The majority of ministries stated that support was provided to men most often through being encouraged to attend the group with their spouse as well as receiving support directly from the wife attending the group.

Limitations

There were inherent limitations to this study. First, data were collected via online and telephone surveys, which may have resulted in some degree of self-report bias. The accuracy of identifying the number of infertility ministries per state was limited to only those who presented information about their ministry on their church's website and those whose information was generated through a Google search. If the church did not have a website or did not have information about the support provided to infertile couples, no data could be collected due to the basic Google search used. Using an email survey as a data collection tool can only produce the number of completed surveys as the receptiveness of the respondents are to answer it. Unfortunately, the response rate as to be expected for emailed surveys was lower than desired. When telephone calls were made to follow up with churches that did not respond to the survey, it was difficult to speak with someone, resulting in a high number of voicemails left and unreturned. As learned during the follow up phone calls, there were individuals of churches called and spoken to that were uncomfortable responding to the survey. The survey contained limitations as well, including the need to create an "other" response category for each question as the questions asked may not have been as exhaustive as originally believed when the survey was created. The survey also did not allow the option for respondents to unclick a response. For example, if a respondent clicked on an answer option, but then determined that there wasn't an appropriate response that reflected their ministry, they were forced to select a response to the question and unable to leave the question blank.

While support is being provided nationwide, the need to increase the number of churches who provide infertility resources exists. To help fill this need, further action will be taken to develop a train-the-trainer program and promoted and made accessible to churches as a support tool for individuals and couples seeking infertility support. Information provided in the train-the-trainer program include, but is not limited to (a) individual counsel to church leaders on infertility and the ethical questions that come along with seeking assisted reproductive technologies, (b) education on how to format sermons for holidays such as Father's Day and Mother's Day, which can often spark emotional turmoil for individuals struggling with infertility, (c) raising awareness and proposing options for church retreats that are not focused on motherhood, fatherhood or parenthood, as often those

struggling with infertility feel alone or isolated in the church due to the abundance of family-oriented programs (d) and providing churches with a comprehensive resource list available to provide outside referrals to couples as an option for further assistance and support [5]. Additional education would be provided to the developing ministry on being cautious of the complexity existing among one's religious beliefs and their infertility situation. While religious support can be healing and emotionally beneficial, some may feel even more isolated particularly if the church emphasizes the Old Testament's commandment to be "fruitful and multiply" as well as counseling those who may perceive their infertility as

a punishment from God [8]. A lack of internal church resources to help organize and operate the infertility ministry is often the preventing factor in a church developing a ministry; therefore, additional resources easily obtainable by individuals and couples seeking support will also be developed and provided to churches as free, informational resources. This information is pertinent in understanding how infertility is supported in faith communities as well as learning where the gaps are in order for efficacious programs to be built and provided to faith communities, increasing the support and outreach needed and deserved for a medical issue with such a spiritual influence.

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