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# Complex fertility journeys and employment research project

# The availability of online support for workers and managers

# Online review summary

1st June 2022

## Purpose

As demand for fertility treatment has grown, there has been an increase in the amount of information and support available online – both for those experiencing/navigating complex fertility journeys and for those seeking to support them. This part of the research project is looking at the nature of the online resources related to navigating complex fertility alongside employment.

The online review specifically responds to the gaps in our participant sample and the emerging relative absence of interviews with ‘blue collar’ manual workers. We wanted to see if there are implicit assumptions being made in online materials about the type of job, employer organisation or sector that might facilitate or support a worker’s choice of fertility treatment; and, if so, whether these assumptions match or are different from the work- or employment-related characteristics in our participant sample. Based on this comparison, we aim to discuss whether workers in certain job roles, sectors or conditions of employment seem to be more or less likely to pursue fertility treatment, and for what reason.

## Research questions

1. What assumptions about job roles, employers or sectors are being made in the materials (targeted advice, news and stories) that are being offered online by advocacy or specialist groups to those seeking help with infertility issues, becoming pregnant, and/or pursuing fertility treatment in the UK?
2. What work- and employment-related inclusions or exclusions are these assumptions setting up in terms of who is being encouraged, or who might be able, to access fertility treatment in the UK?

## Data collection and analysis

We reviewed the websites and associated social media posts of six key UK-based organisations offering information, resources and/or peer-support provisions (material authored by those with lived experience and forums, etc.) around infertility, becoming pregnant and/or pursuing fertility treatment. Three were aimed at the general public (and by extension those in the position of ‘worker’) and three were aimed primarily at employers, managers and HR functions. One of the organisations primarily targeting those on fertility journeys had a section of their website aimed at employers.

Where features on a website linked to other pages of interest, we followed these links and reviewed these pages too. The review process was recorded via a Word software table listing URL; date accessed; search results; plus a list of terminology and categories relating to any references found to: job title or occupation; job characteristic; employer or sector; plus other notes e.g. on context, author profession, accompanying photos.

The data sample ranges in time from online forum conversations that began in 2015 up to the time of data collection/analysis (Nov/Dec 2021).

Data was uploaded to NVivo for data analysis. The coding of the data sample was done via careful and iterative review of the text and the elements connected to the text, especially imagery, to explore what particular jobs, employers/sectors or ways of working were being conveyed.

When we felt we had adequately completed a robust initial view of categories and sub-categories, plus the codes within the latter, we reviewed what categories and codes were missing (e.g. jobs that were based primarily on-site outdoors; uniforms referenced in clothing). We compared and contrasted the employer-focused and individual-focused websites to check for any patterns and inconsistencies in what they were talking about and how.

We considered how the categories we had developed in this data matched the work and employment characteristics of our interview participant sample, and what assumptions were being set up based on existing and missing categories and codes.

## Findings

### Generic talk (but implicit calls to professional work)

Most of the text on the employer-focused websites refers perhaps unsurprisingly to generic terminology such as ‘employers’ and ’employees’. It refers to entities such as HR, teams, managers, written policies, training programmes, employee assistance programmes, and occupational health support. It constructs the work that people do as they pursue fertility journeys as being organised in relation to these entities: that is, in jobs within organisations of a certain size and type that has policies and other robust and stable standards or regulations, with a relatively stable workforce supported by managerial structures. Implicitly this rules out instances of self-employment, short-term contracted and gig work, for instance, where the employment contract is loose.

References to the problematic impacts of fertility treatment are primarily to ‘careers’ and ‘career progression’, that sets up a particular implicit assumption about the role that work and employment plays in people’s lives. It backs up a narrative of a ‘white collar’ professional work context.

Although language is often generic, the imagery accompanying these websites frequently contains items such as laptops and desks inside an office environment. The people in the images are often wearing clothing associated with professional office work, such as unbranded suits and shirts, jackets, jewellery and nail varnish. That is, it sends out an implicit message of a corporate white collar employment context.

The individual-focused websites, where it is the person experiencing infertility and/or fertility treatment who is the author or who is being targeted, largely support the above narrative. However, it is harder to be certain about this since much of the work and employment references give little detail about context, with most focus being on the issue of desired pregnancy rather than work and employment per se. Talk about ‘my boss’, ‘my manager’, ‘my employer’, ‘HR’ and ‘policies’ suggest hierarchies and structures in which their work is being organised and delivered.

### Employers & sectors (wide-ranging but difficult to judge reach)

There are references to both generic sectors and specific employers across the websites, covering a range of jobs and industries: banking and insurance; law firms; global consulting and professional services firms; global energy companies; retail and manufacturing companies; tech and media companies, including new start-up companies; private social care providers and housing associations; public sector bodies, namely the NHS, civil service, local authorities, and higher education institutions. There are far fewer specific references to voluntary sector organisations, although one union is mentioned by name.

Where specific organisations are mentioned, it is difficult to know if all of the workforce might be given the same support and benefits (see below).

### Jobs

There are some references across the data to specific jobs both in the employer-focused and individual-focused materials. The most commonly cited profession across the dataset was teaching, with corporate roles (including HR, law, communications or media, and management) and nursing and health care also dominant. One employer-aimed post connects to a BBC News story about one employer providing all factory workers at three sites some new measures for fertility support.

There was little reference to self-employment/freelance work, but where this was evident, the roles were usually ‘white collar’, professional work. There were no explicit references to self-employed hairdressers, cleaners, dog walkers, etc.

More indirectly in terms of job roles, individuals’ descriptions of work include references to ‘stress’, ‘meetings’, ‘deadlines’, and being busy. References to work location are either to office or to home; and references to equipment necessary to do a job include emails, laptops, and constructs such as ‘LinkedIn requests’. Some talked about changing what they wore during their fertility journey (‘find a floaty outfit or two’, just wear baggy clothes’) that tends to suggest it is their choice and non-uniformed work. Some refer to working from home or at least the ability to work from home if needed. None of these are definitive evidence of particular roles being included or excluded, but in general they point towards white collar, non-manual work roles rather than to low-paid, highly-controlled labour. For example, there is no imagery of care home workers, nurses in uniform, anyone in a hi-viz jacket and hard hat, etc.

Most of the job references are to those of the women experiencing infertility or going through fertility treatment. However, there are a few references to partners’ jobs too (‘my husband has a stable job’, ‘my partner is in the military’), which positions the male partner in quite a traditional masculine household provider role.

## Summary conclusion

Much of the immediate online advice about navigating complex fertility journeys alongside employment – aimed at both workers and employers in the UK – remains fairly generic. Where employment is mentioned, text often tacitly assumes that people work in stable, permanent jobs in work contexts with line management hierarchies and professional human resource (HR) functions. Advice and signposting on web pages is often accompanied by images that could be associated with white-collar professional work – business suits, laptops, office environments.

Where specific jobs are mentioned, these are often ones historically associated with women’s work/professions (e.g. teaching, nursing) and/or corporate occupations (e.g. management, HR, law, media and communications).

There are quite understandable reasons for our findings, of course: websites are an initial generic gateway for support organisations to subsequently develop and offer more specialist advice services, and larger, professional bodies and organisations that employ high numbers of women may be more likely customers. Moreover, individuals contributing material do not necessarily state their job title or line of work, so we may have missed the variety of workers who were taking part in conversations.

However, our analysis highlights three potential risks:

* That the experiences of those working in different types of jobs and work environments (such as shop floors, outside sites, or in mobile/travelling roles), or different employment types (self-employed, casual workers, those with multiple employers) might be overlooked
* That the support available for these workers may be less well defined, or at least less well advertised online
* And - creating a vicious circle - that these individuals may therefore be less likely to consider that fertility treatment and support is applicable or available for them since they do not see themselves actively represented