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Sex for Pregnancy as a 'Chore':

Policy Recommendations that Go Beyond a Diagnosis of Infertility

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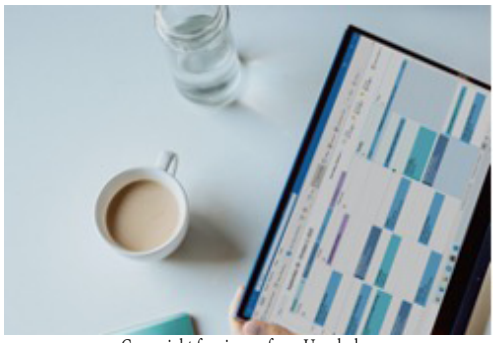

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In recent years, menstrual and ovulation tracking apps like Clue and Flo have proliferated,. These apps not only promise to help users anticipate when their next periods might be, but also to facilitate conception for users who want to get pregnant. For example, one of the most popular apps describes its conception-focused interface as "a hassle-free, convenient, and reliable tool designed to help increase your chances of getting pregnant. All you need to do is track your period start dates" (Lepage and Vuković 2022). Although tracking period start days with an app might ease the work of manually keeping a calendar or other methods of tracking ovulation, this description omits what many women describe as the most arduous part of attempting to increase their chances of conception: having sex on a schedule.

Having sex on a schedule makes it feel more like a chore that needs to be completed than an intimate moment. In heterosexual couples, it is a gendered chore that falls mostly on women. Sex for pregnancy ends up being a "third shift," that is, extra work in addition to women's paid work and unpaid household work.

Brown (1922) interviewed fifty-two, mostly advantaged, heterosexual, married, White American women who attempted to get pregnant via sexual intercourse. Most of this sample was drawn from a study of individuals and couples who failed to become pregnant via sexual intercourse and went on to pursue fertility treatments, with a subsample who successfully conceived via timed intercourse.

Sex for the purpose of pregnancy becomes a gendered 'chore.' Social and health policy should attend to people's sexual experience and preferences in promoting medical recommendations, insurance mandates, and work conditions.

There are three different types of work involved in sex for the purpose of pregnancy. The first is body work (Gimlin 2007). In order to have timed intercourse, women need to monitor their ovulation cycle. Some people enter data into an app, but others find more accuracy by taking their temperature each morning, using ovulation predictor kits, or checking their cervical mucus. These are all tasks that are very difficult to hire another person to complete or to share with a partner.

The second is cognitive labor (Daminger 2019). Once prospective mothers determine when they are supposed to have sex, they must coordinate their schedules with their husbands to make sure that they are both available to have sex at the right time. Many study participants reported struggling with work schedules interfering with the optimal time to conceive. Some participants rescheduled business trips and other professional obligations to be able to have sex around the time of ovulation.

The third is emotion work (Hochschild 1979). Because the expectation in many heterosexual relationships is that men should initiate sex, many women also perform desire to make their

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husbands amenable to having sex at the best time for conception. Some participants reported that their husbands struggled with the pressure of performing sex at a particular time and they performed significant emotion work to mask their own feelings and make their husbands feel more at ease.

Study participants reported that having timed intercourse was hard on their marriages, for some so much so that they accelerated their entry into fertility treatments in a medical setting so that they could stop having sex on a schedule. One participant struggled so much with timed intercourse that even though she successfully conceived through this method, she decided that she would not attempt to conceive this way again for subsequent pregnancies, and would instead have sex driven by desire on random days, even if it meant lower odds of success per attempt.

These findings have some important implications for medical and public health policy and practice. Medical providers are supposed to consider the sexual acceptability of different contraceptive methods when making their recommendations to patients, such as recommending non-hormonal IUDs to patients who find that they lose interest in sex from hormonal contraception. They might similarly consider how different methods of promoting pregnancy affect couples' sex lives, such as by not recommending that patients who prioritize sexual spontaneity have timed intercourse. Future policy-informed research should specifically interrogate how medical providers talk to patients about the potential sexual impact of timed intercourse and other conceptive methods.

This study also prompts health policymakers to think beyond a medical diagnosis for infertility in state mandates for insurance coverage for in vitro fertilization (IVF). At present, in the states in which insurance companies are required to cover infertility treatments, most must do so only for people with an infertility diagnosis. The common definition of infertility is twelve months of unprotected sexual intercourse without conception. This definition excludes same-sex couples and single people, making it more difficult for them to receive coverage for fertility treatments. It also does not reflect the fact that people might not be able to or want to have penile-vaginal sex but do want to reproduce. Many cisgender heterosexual couples too may prefer other sexual practices, suffer from vaginismus or other conditions that make intercourse painful, or simple do not want to have frequent sexual activity. People should not be required to have unwanted sex to receive medical attention. Making treatments like inseminations and IVF available to people regardless of their sexual preferences and practices would help relieve the 'duty' to perform sex that frequently burdens timed intercourse.

Finally, this study reaffirms the importance of limiting the hours of paid work and supporting a living wage so that people have enough time and resources for the unpaid work that they want or need to perform. Simply ensuring that couples have enough time to have sex regularly if they so choose would go a long way towards diminishing the gendered work of sex for the purpose of pregnancy.

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