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Factors Associated with Access to Healthcare for Infertility Problems under Taiwan's National Health Insurance Program

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Abstract

In Taiwan, there is little study on how many women seek consultation or treatment from the National Health Insurance system and the characteristics

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of these women so far. Our study aims to estimate the number of women who seek consultation or treatment for infertility, analyzed their comorbidities and investigated the factors that are associated with infertility care seeking in Taiwan. We used the 2005 Longitudinal Health Insurance Database. Those women who aged between 20 to 49 years old on January 1, 2015 were included in our analysis and the total sample size was 191,917. We identified the infertility cases using the ICD9-CM 628 diagnosed by OB/GYN physicians from outpatient care (CD) and inpatient (DD) claims data. We estimated the number of women who have sought for help due to infertility problems, analyzed their related comorbidities, and used the logistic regression model to investigate the factors associated with the access to healthcare for infertility problems.

The results showed that more than 133,000 Taiwanese women sought consultation and/or treatment for infertility from 2005 to 2009. The top three diseases associated with infertility included disorders of menstruation and other abnormal bleeding from the female genital tract, ovarian dysfunction, and the inflammatory disease of cervix, vagina and vulva. Those who had a higher socioeconomic status were more likely to seek consultation and/or treatments for infertility. There is a pressing need from women who desire to have children in Taiwan in spite of the decreasing fertility rate. Health promotion programs or patient education for women should focus more on reproductive health and prevention of diseases related to infertility or emphasize the importance of healthy behaviours for reproductive health. More research on investigating whether infertile couples have childbirth is suggested.

Key words: access to health care, infertility, National Health Insurance Program, women

Background

Infertility is a disease of the reproductive system defined by the failure to achieve pregnancy after 12 months or more of regular unprotected sexual intercourse based on clinical definition (Zegers-Hochschild et al., 2009). It was often viewed as a private matter before, however, this view has been changed over the past two decades and it has become a worldwide issue in terms of its impact on women's physical and mental health, raising prevalence, and expensive treatment cost. Evidences have suggested that wide-range impact of infertility on individuals, couples, and families. The inability to have a desire child might result in clinical depression, stigmatized, isolated, reduced job performance, marital conflict and violence, and life satisfaction (Domar, Zuttermeister, & Friedman, 1993; Downey et al., 1989; Link & Darling, 1986; Vayena, Rowe, & Griffin, 2002).

Reproductive health is a priority health issue globally. According to the Millennium Development Goal, the target will provide universal access to reproductive health by 2015. Among the reproductive health indicators, infertility is a critical component but has been neglected due to the lack of consistent definitions and common tools to diagnose, manage or report infertile individuals and couples. Although using different definitions, monitoring prevalence of infertility has been an increasingly important task among public health efforts in the global health community. The World Health Organization (WHO) applied a consistent algorithm to demographic and reproductive surveys to estimate the infertility prevalence by county and regions (Mascarenhas, Flaxman, Boerma, Vanderpoel, & Stevens, 2012). In addition to the survey method, the seeking care behavior for infertility problems revealed the demand for childbearing. So far, the research regarding infertility prevalence or treatment mainly used survey data in Middle East, China, Western Europe, United States or some developing countries, there is no study

using insurance claims data to investigate the number of women who seek help from the healthcare system, in particularly, under an universal insurance coverage program like Taiwan.

Treatment of infertility is a healthcare issue that receives much attention among developed countries. In Taiwan, the crude birth rate declined from 16.55 to 8.99 from 1990 to 2014 (Ministry of Interior). A significant decline in the fertility rate and the rising prevalence of infertility are two major reasons for immediate attention. Infertility may inflict upon women's physical and psychological state of health; it may cause adverse effects on their families' harmony and wellbeing. For couples who desire offspring but fail to bear them, many problems may ensue, including depression, feelings of stigma and isolation, reduced job performance, marital conflicts, family violence, and decreased life satisfaction (Domar et al., 1993; Downey et al., 1989; Link & Darling, 1986; Vayena et al., 2002). Furthermore, among infertile couples, women had lower scores in several quality of life or health-related quality of life domains (Chachamovich et al., 2010).

Some nations provide coverage for the treatment of infertility problems. In the United States, by 1995, thirteen states had required insurers to cover infertility treatment, and thus reduced expenditure on assisted reproductive technologies for people with health insurance (Ziebe & Devroey, 2008). In Europe, the countries of Sweden, Denmark, Belgium, France, Greece, and Slovenia have complete public coverage for infertility treatment (Ziebe & Devroey, 2008). On the other hand, Taiwan's National Health Insurance (NHI) program covers some treatments for infertility except assisted reproductive technologies.

The fertility rate in Taiwan has greatly decreased over the past decade and is now the lowest in the world. In 2013, Taiwan only had around 199,113 newborns and the government recognizes the gravity of the low fertility rate. In an effort to alleviate this problem, the government is seeking effective ways to promote childbearing among women to successfully bear children. Since there is lack of

research on the prevalence rate of infertility among women, as well as patterns for seeking medical consultation, the government has little information to depend on formulating assistance programs for infertility. This study aims at filling this knowledge gap. Specifically, we investigated: (1) the number of women who seek consultation or treatment with infertility problems in Taiwan's population; (2) the demographic and socioeconomic factors associated with infertility care seeking; and (3) infertility-related comorbidities.

Methods

Taiwan launched a single payer National Health Insurance (NHI) program since March 1995. The NHI program covered almost 99% of the population in Taiwan. In 2005, Taiwan National Health Interview Survey (NHIS), which collected health-related data from a representative sample of the whole population, showed that 99% of Taiwanese were in the NHI system at the time of interview (National Health Research Institutes, 2010). The survey data also indicated that 98% of Taiwanese using NHI for outpatient care and 99% for inpatient care (National Health Research Institutes, 2010).

Although not all women troubled with infertility seek healthcare under the NHI program, but the majority of them do. A fertility-related survey conducted by Taiwan's Ministry of Health and Welfare (the former, the Department of Health) in 2004 (the ninth national survey on family and fertility) indicated that 83% of married women for at least one year with no child but wanted to have at least one, had visited a physician for fertility treatment.

The aforementioned conditions in the Taiwan health system suggested that the NHI data were a good base for estimating the number of women troubled with infertility problems in Taiwan and for investigating these women's basic characteristics.

The sample for this study included 191,917 women aged 20 to 49 on January 1, 2005, among the whole sample of the 2005 Longitudinal Health Insurance Database (2005 LHID). The 2005 LHID sample contained 1 million randomly selected NHI enrolees at the end of 2005, representing about 4% of the whole population in the NHI. The National Health Research Institutes was authorized by the Ministry of Health and Welfare to release this data set for research with high-quality privacy protection techniques where there is no way to identify any individual.

From this database, we obtained 191,917 women aged 20-49 on January 1, 2005 as our study cohort. With raw data from the NHI research database in NHRI, we extracted basic data of these subjects between 2005 to 2009 and organized the information into person-level longitudinal registration, ambulatory care, and hospital care data.

We used the coding of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) to identify outpatient visits and admissions with diagnosis of infertility by OB/GYN physicians. We defined an outpatient or inpatient claims records as one linked with treatment of infertility if the first 3 digits of ICD-9-CM code were 628 (any one of three codes in outpatients or one of five codes in inpatient claims records).

After identifying women with infertility problems in our study sample, we multiplied the number of these women by 23 (since the sample was 1/23 the size of Taiwan's total population) and further divided the result by 0.83 (for the 83% of married women who had been married for at least one year with no children had visited a physician for infertility problems, according to the survey conducted by the Health Promotion Administration, Ministry of Health and Welfare) to obtain an estimate of the number of women troubled with infertility problems in Taiwan's population.

Using the 191,917 women's NHI registration data as of January 1, 2005, we obtained their NHI registration locations, occupational positions, and salary status.

By both the χ^2 test and the logistic regression methods, we investigated whether these demographic and socioeconomic conditions and age, were associated with NHI care in alleviating infertility problems among women of childbearing age. To investigate infertility-related comorbidities, we analyzed other ICD-9-CM codes listed in the ambulatory care expenditures by visits (CD) and Inpatient expenditures by admissions (DD) claims records that were linked to treatment for infertility. The socioeconomic status was defined by categorize each women into seven types using the insurance type in the Registry for Beneficiaries file (ID).

Results

Number of women with demands on infertility assistance in the Taiwan population in 2005-2009

Each year, around 1,700 to 2,000 women who ever seek assistance for the problem of infertility from year 2005 to 2009. More than 144,000 (about 6,291 × 23) Taiwanese women aged 20-49 used NHI care to seek help for infertility consultation or treatment at least once during the period from 2005 to 2009. The estimated utilization percentage was around 3.28, suggesting that around 3.95% (3.28% ÷ 0.83) of Taiwanese women of childbearing age who needs consultation or medical treatment during this time (Table 1). This implied that a group of more than 174,000 Taiwanese women seeking NHI care with demands on infertility assistance in this period.

Factors associated with whether a woman used NHI care for infertility assistance

According to the results from logistic regression in Table 2, women aged 25-29 ($p < .01$, $OR = 2.08$) and 30-34 ($p < .01$, $OR = 1.74$) were more likely to use

Table 1

Estimated Number of Women with Infertility Problems in the Taiwan Population, 2005-2009

	Women aged 20-49 on January 1, 2005, and with healthcare associated with infertility in 2005–2009 among the sample of 1,000,000 NHI enrollees for year 2005		Estimated number of women bothered with infertility problems in the Taiwan population[b]
Year of care use	*n*	%[a]	
2005	2,036	1.061	56,419
2006	1,751	0.912	48,522
2007	1,902	0.991	52,706
2008	1,802	0.939	49,935
2009	1,749	0.911	48,466
2005-2009	6,291	3.278	174,329

Note. [a]The total number of women aged 20-49 on January 1, 2005 among the sample of 1,000,000 NHI enrollees of year 2005 was 191,917; [b]Estimate = (the number of women using care in the sample) × 23 ÷ 0.83.

NHI care for infertility consultation or treatment compared with women at other childbearing ages. Female government employees and teachers, those who had a higher tendency to use NHI care for infertility consultation or treatment, compared to women with other occupations ($p < .01$, $OR = 1.57$). Based on the six NHI enrolment classifications, a higher economic status such as government employees or teachers was associated with a larger likelihood of using NHI care for infertility consultation or treatment ($p < .01$, $OR = 1.57$). In addition, those who enrolled through local government were also more likely to seek infertility consultation or treatment ($p < .01$, $OR = 1.39$).

Table 2

Factors Associated with Whether a Woman Used NHI Care for Inferility Problems: Logistic Regression Results

Factor	Adjusted *OR*	*p*-value	95% CI
Age group as of 2005/01/01 (Ref: Age 20-24)			
25-29	2.08	< .01	1.87-2.30
30-34	1.74	< .01	1.56-1.93
35-39	0.63	< .01	0.56-0.72
40-44	0.20	< .01	0.16-0.24
45-49	0.05	< .01	0.03-0.07
NHI registration location (Ref: Remote or rural area)			
Big city	0.95	.213	0.88-1.03
Small city or town	0.97	.396	0.89-1.05
Position of NHI registration (Ref: NHI registration through an employer of another type)			
Government employee or teacher	1.57	< .01	1.40-1.76
Registration through a labor union	1.03	.701	0.90-1.17
Registration through a farmers'/fishers'/ crewmen's union	0.74	.001	0.62-0.88
Member of a family in poverty/resident in a religious or charitable institution	0.49	.050	0.24-1.00
Registration through a local government	1.39	< .01	1.17-1.64
Family dependent with no job	0.71	< .01	0.64-0.78
Salary class in NHI registration (Ref: The bottom 1/3 of the population)			
The middle 1/3 of the population	1.62	< .01	1.40-1.88
The top 1/3 of the population	2.02	< .01	1.75-2.32
Sample size (Number of women)	191,917		
Model significance (Wald test result)	$\chi^2(15) = 2{,}078.12$	< .01	

Note. OR = odds ratio; CI = confidence interval.

Infertility-related comorbidities

The most common infertility-related health conditions were "disorders of menstruation and other abnormal bleeding from the female genital tract;" more than 22.88% of women using NHI care for infertility problems also had such conditions (Table 3). "Ovarian dysfunction" and "Disorders of the pituitary gland and its hypothalamic control" were the second (13.55%) and third most-seen conditions (7.50%) among women seeking consultation within NHI system for infertility. Other diseases such as male infertile, noninflammatory disorders of ovary, fallopian tube and broad ligament, other disorders of female genital organs, and many others account each only around 2 percent of the diagnoses in total number of visits. Around 35.1% of women who were diagnosed with disorders of menstruation and other abnormal bleeding from female genital tract, 18.6% of women who were diagnosed with ovarian dysfunction, and around 16% of women who were diagnosed with inflammatory disease of cervix, vagina and vulva (data not shown).

Discussion

This is the first population study to investigate the number of women troubled with infertility problems in Taiwan, and seeking healthcare in the NHI for the chance of childbearing using a national insurance claims data. Although the data is not the most updated, the results still help us understand women's healthcare needs under Taiwan's National Health Insurance program. Using LHID2005 sample, the results from this investigation will likely reflect the current situation in Taiwan, because the study sample represents the main female population of childbearing age. Our results show that the number of women troubled with infertility is substantial in Taiwan, which directly reflects upon the lowest fertility rate in the world. In 2005-2009 more than 133,000 Taiwanese women sought consultation

Table 3
Infertility-Related Comorbidities

Disease Name	#of visits/admissions N = 18,361	
	n	%
Disorders of menstruation and other abnormal bleeding from female genital tract	4,201	22.88
Ovarian dysfunction	2,487	13.55
Disorders of the pituitary gland and its hypothalamic control	1,377	7.50
Inflammatory disease of cervix, vagina and vulva	1,287	7.01
Endometriosis	1,168	6.36
Inflammatory disease of ovary, fallopian tube, pelvic cellular tissue and peritoneum	858	4.67
Other symptoms involving abdomen and pelvis	798	4.35
Uterine leiomyoma	545	2.97
Pain and other symptoms associated with female genital organs	461	2.51
Benign neoplasm of ovary	436	2.37
Others	4,743	25.83

or help to conceive children, representing a pressing need for healthcare to treat infertility. In reality, the need may even be larger than our estimate. This is because data on infertility-related healthcare seeking from the ninth national survey on family and fertility, which we referred to when estimating the size of the need for treatment of infertility, were mainly for healthcare seeking behaviour for primary infertility (health conditions linked to the first pregnancy in life). For infertility linked with the second or later pregnancy, a woman might have a lower tendency to seek healthcare. If so, this study yielded an underestimated need for treating infertility in Taiwan. In addition, the limitation of this is that due to the data we used, some variables such as health behaviours are not included in our analysis.

The upmost need to treat infertility suggests that effective treatment of

infertility can help in increasing fertility. This presents a good opportunity for countries attempting to increase their infant population. In addition to providing financial incentives or public programs supportive for childrearing and child-raising, governments should seriously explore ways to provide more effective assistance to women who have difficulties bearing children they desire. According to our study, those who were with low esteem or socioeconomic status had less likely to get access to consultation services under the NHI system than those with higher socioeconomics status. There are several possible explanations. It might be that women with higher socioeconomic status have more desires to have babies so that they would seek consultation or treatment given that they were more likely to afford raising children compared to those with lower socioeconomic status. Or those with lower socioeconomic status had less knowledge regarding infertility and did not know or did not think that they should seek care from the medical care system. On the other hand, it is also not clear whether the results did reflect the true demand from those with higher socioeconomic status. However, it should be noted that, for those with higher socioeconomic status, they have other options for infertility problems. They have ability to pay for the higher expenses incurred in the more advanced and effective technologies capable of improving the chances of pregnancy.

A substantial proportion of those women with infertility problems have disorders of menstruation and other abnormal bleeding from female genital tract, ovarian dysfunction, disorders of the pituitary gland and its hypothalamic control, inflammatory disease of cervix, vagina and vulva (50.9%). How to better prevent and treat these conditions to reduce their detrimental effects on fertility is another task for policy makers and researchers in the field. For example, the reproductive health education for women through either health promoting school program or patient education for women with infertility problems should be developed. Psychological wellbeing for women troubled with infertility also deserves more attention. Infertility may be a condition associated as a high burden to carry

from the viewpoint of a woman with infertility problems (Schieve et al., 2002). It may also be recognized as a disability, both from physical and psychological perspectives (Dill, 2002; Fathalla, 2002). It is necessary to conduct more research on associations and causal relationships between a woman's infertility and psychological health, and to subsequently explore how to reduce harmful impacts of infertility on women's psychological wellbeing.

One pressing issue worth more attention to research pertains to the potential hazards of infertility therapies. Whether some types of therapies increase risks of bearing premature infants or multiple births needs more examination. Identifying highly safe and cost-effective infertility therapies and including them in the public insurance coverage should be the priorities for governments that desire more and healthier newborns. In addition, to provide much more evidence for women's health care in this specific area, it is critical for the government to develop a strategy for data linkage in order to construct longitudinal data sets. This will then allow any, future research to follow through on women with infertility problems from their initial seeking care point to their eventual outcomes (either with childbearing or no childbearing) and then to continue monitoring the health of their children for any outcomes that may, or may not, arise in future generations.

Conclusions

There is a pressing need from women who desire to have children in Taiwan in spite of the decreasing fertility rate. Our study suggested the need for more investigations into such disparities among women with different socioeconomic conditions, to generate information helpful for formulating effective policies to increase fertility among women anxious about infertility and to reduce socioeconomic disparities in this regard.

Health promotion programs and patient education for women might need to

focus more on reproductive health and prevention of diseases related to infertility. It is suggested that more supportive resources or policies should be directed to women or couples to deal with infertility. More research on investigating whether infertile couple have childbirth is suggested.

Competing Interests

The authors declare that they have no competing interests.

Author's Contributions

Likwang Chen and Shu-Fang Shih made substantial contributions to conception and design of this study and drafted the manuscript. Chen-Li Lin and Ken N. Kuo have been involved in revising the manuscript critically for important intellectual content. Wei-Chih Yang and Shu-Fang Shih have made contribution to acquisition or statistical analysis. Likwang Chen and Shu-Fang Shih has given final approval of the version to be published.

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不孕症婦女尋求全民健保醫療照護之相關因素探討

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摘要

國內目前對於有多少婦女曾經因不孕症困擾而至全民健保體制內尋求諮詢或治療，以及對於該族群之相關特性並不是非常了解，因此，本研究目標為了解國內因不孕症困擾而求醫之婦女人數以及其社會人口學特性與相關疾病。本研究運用2005年全民健保承保抽樣歸人檔進行分析，篩選2005年1月1日年齡為20～49歲191,917位女性之資料，確認這些婦女是否在2005至2009年間就醫科別為婦產科，且門診處方、治療明細檔及住院醫療費用清單明細檔中其任一國際疾病分類號為628之就醫資料，再進行歸人分析。本研究估算曾因不孕症困擾求醫之婦女人數，並運用羅吉斯迴歸分析法分析與婦女尋求不孕症醫療之相關因素。

本研究結果顯示，臺灣從2005至2009年間，有133,000位婦女曾被下不孕症之診斷。與婦女不孕症診斷相關的前三項就診次數最高的婦女疾病為月經異常病患及其他生殖道之異常出血、卵巢功能障礙、子宮頸、陰道及女陰之炎症。較高社經地位之婦女比低社經地位之婦女更可能尋求不孕症之治療。

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雖然臺灣生育率很低，但仍有許多婦女曾因不孕症之困擾尋求醫療協助。與不孕症相關之疾病以月經、卵巢、子宮頸及陰道相關疾病居多，建議未來推動病人衛生教育或健康促進計畫時，可強化婦女對於不孕症相關疾病之了解，或強調健康行為影響生育健康之觀念。未來可更深入了解不孕症婦女後續生育之狀況。

關鍵詞：求醫、不孕症、全民健保制度、婦女