



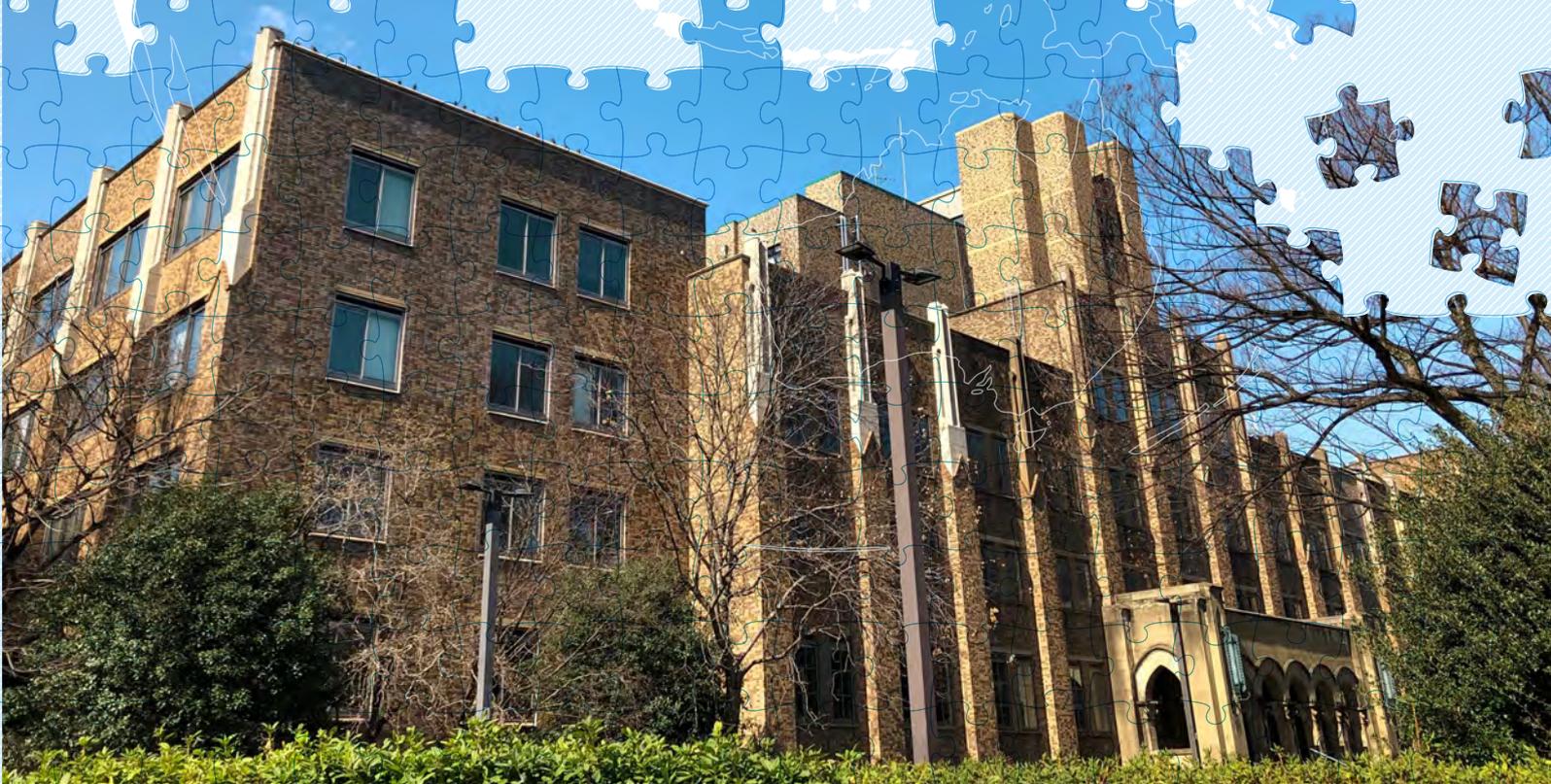
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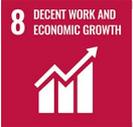
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# CSRDA Discussion Paper

## Perceived Helpfulness of Workplace Support for Combining Infertility Treatment and Work: Occupational and Organizational Differences in Japan



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## **Perceived Helpfulness of Workplace Support for Combining Infertility Treatment and Work: Occupational and Organizational Differences in Japan**

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### **Abstract**

This study examines respondents' subjective evaluations of whether specific workplace or institutional arrangements would help them combine infertility treatment and paid work. These evaluations do not reflect the actual availability of such policies. As increasing numbers of workers pursue infertility treatment while remaining employed, workplace environments play an increasingly important role in shaping the compatibility between treatment and paid work. This study examines workers' perceptions of whether workplace and institutional supports would facilitate the combination of infertility treatment and employment, and investigates how these perceptions vary across occupational and organizational contexts. Drawing on secondary survey data in Japan, this study analyzes perceived helpfulness of support for combining work and infertility treatment across five domains: leave programs designated for treatment, workplace understanding by supervisors and coworkers, flexible leave cultures that do not require disclosure of fertility treatment, in-house managerial training, and public awareness initiatives. Descriptive statistics, bivariate analyses, and logistic regression models are employed to identify factors associated with these perceptions. The results reveal substantial variation in perceptions that these forms of support would make it easier to combine infertility treatment and work across occupational positions and company size. Employees in medium-sized and large firms are generally more likely to perceive workplace environments and support arrangements as making such combination easier. In contrast, workers in more precarious employment positions—particularly part-time employees—are less likely to view supportive workplace cultures and institutional arrangements as helpful for pursuing infertility treatment while remaining employed. Among women, occupational differences in perceived cultural support are especially pronounced: technical and part-time workers are markedly less likely to perceive workplace understanding as something that would make it easier to combine infertility treatment and work. These findings highlight the importance of organizational context in shaping workers' perceptions of whether infertility treatment can be reconciled with continued employment. By focusing on perceived helpfulness rather than the objective availability of workplace policies, this study contributes to sociological research on work–family reconciliation and reproductive health by demonstrating how workplace inequalities shape workers' evaluations of treatment–work compatibility.

**Keywords:**

Infertility Treatment, Work–Life Balance, Gender Inequality, Occupational Stratification, Japan

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**1. Introduction**

In Japan, the number of infertility treatment cycles has increased dramatically over the past decade, making the balance between treatment and paid work an increasingly salient social issue (Ichikawa et al., 2020). Infertility treatment often entails frequent clinic visits, rigid scheduling, physical side effects, and emotional strain, all of which complicate the daily lives of employed individuals (Imai et al., 2021). Despite growing public attention to the need for supportive workplace policies, many employees continue to face substantial barriers, including long working hours, limited opportunities to take leave, and workplace cultures that discourage the disclosure of reproductive health needs. Although prior research has documented these challenges, relatively few studies have examined how such difficulties—and the forms of support that workers perceive as facilitating the combination of infertility treatment and work—vary across occupational contexts. Understanding these occupational differences is crucial for developing workplace policies that reflect the diverse constraints and resources workers face.

Existing research suggests that the demands of infertility treatment often conflict with the structure of contemporary paid work (Payne & Seenan, 2019). Scholars have highlighted several challenges faced by workers undergoing treatment, including difficulties in adjusting work schedules, the stigma surrounding reproductive health issues, and gendered expectations that place a disproportionate burden of treatment coordination on women (Wilkinson & Mumford, 2024). These challenges are embedded in broader patterns of workplace differentiation, such as occupational segregation, unequal access to organizational resources, and variation in managerial discretion. However, much of the empirical literature treats workers as a relatively homogeneous group, paying limited attention to how experiences of balancing infertility treatment and work may vary across

occupational settings (Wilkinson & Mumford, 2023). Because occupations differ substantially in levels of autonomy, schedule flexibility, access to paid leave, and exposure to workplace norms, workers' perceptions of what kinds of support would facilitate combining treatment and work are likely to vary by occupational position (Nemoto, 2013). Yet systematic evidence on such variation remains limited, particularly in the Japanese context (Terazawa, 2024).

The present study addresses this gap by investigating how the perceived helpfulness of support for combining infertility treatment and work varies across occupational groups in Japan. Drawing on secondary survey data, this study analyzes both a combined sample of men and women and a women-only subsample, the latter of which allows for a more focused examination of gendered experiences within occupational structures. This analytical approach enables the identification of general occupational patterns as well as gendered differences in perceptions of which forms of support would make it easier to combine infertility treatment and work. By situating infertility treatment within sociological discussions of work, organizations, and gender inequality, this study contributes to a deeper understanding of how occupational structures shape workers' perceptions of the effectiveness of different forms of support. Ultimately, the findings offer insights for designing organizational and policy-level interventions aimed at facilitating the reconciliation of infertility treatment and paid work.

## **2. Data and Method**

### **2.1 Data**

This study draws on a secondary analysis of data from the Survey of Childbirth Attitudes among Married Couples 2021, conducted by the Public Interest Incorporated Foundation 1 More Baby Ohendan, which has administered this repeated cross-sectional survey since 2013. The survey conceptualizes the "second-child barrier" as hesitation toward having a second or subsequent child arising from financial circumstances, work and caregiving environments, and age-related constraints. It collects detailed information on fertility intentions and experiences, childcare environments, and perceptions of public support, including subsidies and insurance coverage for infertility treatment. The dataset used in this study was obtained from the Social Science Japan Data Archive (SSJDA), Center for Social Research and Data Archives, Institute of Social Science, The University of Tokyo.

### **2.2 Variables**

The dependent variables capture respondents' perceptions of five types of support at the national, societal, or organizational levels in terms of whether they would make it easier to combine infertility

treatment and work. Each variable was measured as a binary indicator, coded as 1 if respondents indicated that the support would facilitate combining infertility treatment and employment, and 0 otherwise. Importantly, these measures capture respondents' perceptions of the helpfulness of such support rather than the actual availability of formal policies or programs in their workplaces. Respondents were asked whether the following types of support would facilitate combining work and infertility treatment: (1) leave programs or hourly leave specifically designated for infertility treatment; (2) understanding and acceptance of infertility treatment by supervisors, coworkers, and other colleagues; (3) a workplace culture that allows employees to take paid leave when necessary without explicitly disclosing infertility treatment as the reason; (4) in-house training programs for managers aimed at promoting understanding of infertility treatment; and (5) public awareness initiatives by government agencies or private companies that would help promote broader societal understanding of infertility treatment.

The key independent variables represent respondents' sociodemographic and employment characteristics. Job category was measured using a set of dummy variables indicating public-sector employees, office workers, technical workers, other employees, and part-time workers. Company size was categorized into three groups based on the number of full-time employees: fewer than 50, 50–999, and 1,000 or more. Age was classified into four categories—younger than 30, 30–34, 35–39, and 40 or older—to capture differences in life-course stages relevant to fertility decisions. Gender was coded as a dummy variable indicating whether the respondent was female. In addition, intention to have children was coded as a binary variable indicating whether respondents expressed an intention to have additional children, and infertility treatment experience was coded as a binary variable indicating whether respondents had ever undergone infertility treatment. All models were estimated using binary logistic regression models.

### **2.3 Analytical Strategy**

The analysis proceeds in two stages. First, descriptive statistics and cross-tabulations are presented for both the full sample and a women-only subsample to document basic patterns in perceptions of which forms of support would make it easier to combine infertility treatment and work across occupational categories. Second, a series of binary logistic regression models examine associations between occupational position and each form of support, controlling for demographic, fertility-related, and organizational characteristics.

## **3. Results**

All results reported below reflect respondents' subjective evaluations of hypothetical or assumed

workplace or institutional arrangements, rather than the actual presence of such policies.

### **3.1 Descriptive Statistics (Full Sample)**

Table 1 presents descriptive statistics for the full sample. All variables are coded as dichotomous indicators, including dummy variables for categorical characteristics, taking the value of 1 when the characteristic applies to the respondent and 0 otherwise. With regard to support perceived as helping workers combine infertility treatment and work, approximately half of respondents indicated that designated leave programs or hourly leave for infertility treatment would make it easier to combine infertility treatment and work ( $M = 0.50$ ). A similar proportion indicated that understanding and acceptance of infertility treatment by supervisors and coworkers would facilitate combining treatment and work ( $M = 0.50$ ). Slightly more than half indicated that a workplace culture allowing employees to take paid leave without explicitly disclosing infertility treatment would make it easier to combine infertility treatment and work ( $M = 0.53$ ). By contrast, relatively few respondents identified in-house training for managers ( $M = 0.21$ ) or public awareness campaigns conducted by companies or government agencies ( $M = 0.19$ ) as forms of support that would make it easier to combine infertility treatment and work, suggesting that these types of support are less widely perceived as necessary. The sample included a diverse range of job categories, with public-sector employees constituting 11%, office workers 27%, technical workers 19%, other employees 20%, and part-time workers 22%. Company size also varied considerably: 26% of respondents worked in firms with fewer than 50 full-time employees, 42% in medium-sized firms (50–999 employees), and 32% in large firms (1,000 or more employees). With regard to individual attributes, 68% reported an intention to have children in the future, and 54% indicated prior or current experience with infertility treatment. Most respondents were in their thirties, and 59% of the sample were women. Overall, the descriptive statistics indicate that the dataset covers a broad range of occupational positions, organizational contexts, and life-course stages, providing a suitable basis for examining variation in perceptions of support for combining infertility treatment and work.

**TABLE 1 ABOUT HERE**

### **3.2 Descriptive Statistics (Women Only)**

Table 2 presents descriptive statistics for the women-only subsample ( $N = 420$ ). Among women, more than half identified designated leave programs or hourly leave for infertility treatment as helpful for combining infertility treatment and work ( $M = 0.55$ ). A similar proportion considered understanding and acceptance of infertility treatment by supervisors and coworkers to be important

for facilitating the combination of infertility treatment and work ( $M = 0.57$ ), and slightly more than half indicated that a workplace culture allowing employees to take paid leave without explicitly disclosing infertility treatment as the reason would make it easier to combine infertility treatment and work ( $M = 0.58$ ). By contrast, relatively few women identified in-house training for managers ( $M = 0.21$ ) or public awareness campaigns conducted by companies or government agencies ( $M = 0.18$ ) as forms of support that would make it easier to combine infertility treatment and work. These patterns closely mirror those observed in the full sample while indicating somewhat stronger perceived importance of supportive workplace culture among women. The occupational composition of the women-only subsample differs from that of the full sample: 30% were office workers, 38% were part-time workers, 15% were categorized as other employees, 9% were technical workers, and 8% were public-sector employees. Company size was broadly distributed across small, medium, and large firms. A substantial proportion reported an intention to have children (73%), while 47% indicated prior or current experience with infertility treatment. These descriptive patterns suggest that women's perceptions of support for combining infertility treatment and work vary considerably and are shaped by occupational position and organizational context.

## TABLE 2 ABOUT HERE

### 3.3 Cross-Tabulations and Bivariate Patterns (Full Sample)

Table 3 displays the distribution of responses indicating that each form of support would make it easier to combine infertility treatment and work across job categories for the full sample. For leave programs and hourly leave for infertility treatment, occupational variation was modest, and the chi-square statistic did not indicate a statistically significant association. Nonetheless, office workers and public-sector employees were slightly more likely than technical or part-time workers to indicate that such arrangements would make it easier to combine infertility treatment and work, suggesting some occupational clustering even in the absence of statistical significance. By contrast, perceptions that workplace understanding of infertility treatment would facilitate combining treatment and work exhibited a statistically significant association with job category ( $\chi^2 = 18.032, p < .01$ ). Technical workers were markedly less likely than office and public-sector workers to indicate that such workplace understanding would be helpful, suggesting that perceptions of the usefulness of cultural support differ across occupational environments characterized by varying degrees of autonomy, discretion, and interactional norms. Perceptions that a flexible corporate culture allowing employees to take paid leave without specifying infertility treatment as the reason would make it easier to combine infertility treatment and work showed moderate variation across job categories but no statistically significant association. Similarly, relatively few respondents across all categories

indicated that in-house training for managers would make it easier to combine infertility treatment and work, and part-time workers were especially unlikely to regard such training as helpful, consistent with their marginal employment position. Perceptions that public awareness campaigns would make it easier to combine infertility treatment and work also varied significantly by occupation ( $\chi^2 = 12.918, p < .05$ ): public-sector workers were more likely to view such initiatives as helpful, whereas technical and part-time workers were less likely to do so. Taken together, these bivariate patterns suggest that perceptions of cultural and informational support vary systematically by occupation, whereas more formalized supports, such as leave programs or managerial training, are perceived more uniformly across job types, even if overall levels of perceived helpfulness remain limited.

### TABLE 3 ABOUT HERE

#### 3.4 Cross-Tabulations and Bivariate Patterns (Women Only)

The patterns observed in the women-only subsample were generally more pronounced (Table 4). The perceived helpfulness of leave programs for combining infertility treatment and work differed marginally by job category ( $\chi^2 = 8.642, p < .10$ ), with office workers and public-sector employees more likely than technical or part-time workers to view such programs as facilitating the combination of infertility treatment and work. The likelihood of perceiving workplace understanding as facilitating the combination of infertility treatment and work displayed a strong and statistically significant association with job category ( $\chi^2 = 19.956, p < .001$ ). Women in technical and part-time positions were the least likely to perceive such workplace understanding as helpful for combining infertility treatment and work, highlighting substantial occupational variation in perceived cultural support. Perceptions that a corporate culture allowing employees to take paid leave without specifying infertility treatment as the reason would make it easier to combine infertility treatment and work exhibited modest variation across job categories but did not reach statistical significance. Perceptions that in-house training for managers would make it easier to combine infertility treatment and work showed significant occupational differences ( $\chi^2 = 13.144, p < .05$ ), with public-sector employees more likely than others to view such training as helpful. Perceptions that public awareness campaigns would make it easier to combine infertility treatment and work also varied significantly across occupations ( $\chi^2 = 13.393, p < .01$ ), again with public-sector workers more likely to regard such initiatives as helpful. Overall, the bivariate results suggest that occupational gradients in perceived cultural and informational support for combining infertility treatment and work are more pronounced among women than in the full sample. This pattern aligns with broader sociological evidence on gendered workplace experiences, wherein women—particularly those in

marginalized occupational positions—are less likely to perceive workplace environments as supportive of combining infertility treatment and work.

#### TABLE 4 ABOUT HERE

### 3.5 Logistic Regression Results (Full Sample)

Table 5 reports the results of five logistic regression models examining predictors of perceptions that various forms of workplace and institutional support would make it easier to combine infertility treatment and work in the full sample of men and women. In all models, office workers and employees in small firms (fewer than 50 full-time employees) serve as the reference categories for job type and company size, respectively, and men serve as the reference category for gender. In the model predicting perceptions that leave programs and hourly leave for infertility treatment would make it easier to combine infertility treatment and work, company size and gender are significant predictors. Respondents working in medium-sized firms (50–999 employees) have 1.78 times higher odds of perceiving such leave arrangements as facilitating the combination of infertility treatment and work compared with those in small firms ( $\text{Exp}(b) = 1.782, p < .01$ ), while those in large firms with 1,000 or more employees have 1.73 times higher odds ( $\text{Exp}(b) = 1.734, p < .05$ ). Women are also substantially more likely than men to perceive such programs as helpful for combining infertility treatment and work; their odds are nearly double those of men ( $\text{Exp}(b) = 1.973, p < .001$ ). Part-time workers show a marginally lower likelihood of perceiving such leave arrangements as helpful relative to office workers ( $p < .10$ ), suggesting that employment status may shape how workers evaluate the usefulness of formal leave systems for facilitating the combination of infertility treatment and work. No statistically significant associations are found for age, fertility treatment experience, or intention to have children in this model. The second model examines perceptions that workplace understanding of infertility treatment by supervisors and coworkers would make it easier to combine infertility treatment and work. The results reveal a pronounced occupational gradient as well as a strong gender effect. Technical workers have approximately half the odds of perceiving such workplace understanding as helpful compared with office workers ( $\text{Exp}(b) = 0.485, p < .01$ ), and part-time workers likewise show significantly lower odds ( $\text{Exp}(b) = 0.502, p < .01$ ). Employees in medium-sized firms again display higher odds of perceiving workplace understanding as facilitating combining infertility treatment and work than those in small firms ( $\text{Exp}(b) = 1.496, p < .05$ ), whereas employees in large firms do not differ significantly from those in smaller organizations. Gender remains an important correlate: women’s odds of perceiving workplace understanding as helpful for combining infertility treatment and work are approximately twice those of men ( $\text{Exp}(b) = 2.039, p < .001$ ). These results suggest that both occupational position and

organizational context shape how workers perceive the usefulness of supportive workplace cultures for facilitating the combination of infertility treatment and work. In the model predicting perceptions that a corporate culture allowing employees to take paid leave without specifying infertility treatment as the reason would make it easier to combine infertility treatment and work, company size and gender again play central roles. Workers in medium-sized firms exhibit significantly greater odds of perceiving such flexible leave cultures as helpful relative to those in small firms ( $\text{Exp}(b) = 1.834, p < .01$ ). Women are also more likely than men to view such workplace cultures as facilitating the combination of infertility treatment and work, with odds about 1.53 times higher ( $\text{Exp}(b) = 1.527, p < .05$ ). Occupational differences are not statistically significant in this model. Intention to have children is positively associated with perceiving a flexible leave culture as helpful ( $\text{Exp}(b) = 1.328$ ), although this effect does not reach conventional levels of statistical significance. The fourth model focuses on perceptions that in-house training for managers regarding infertility treatment would make it easier to combine infertility treatment and work. Overall, such training is rarely perceived as helpful, but some systematic patterns are observable. Employees in medium-sized companies have higher odds of perceiving managerial training as helpful compared with those in small firms, and this association is marginally significant ( $\text{Exp}(b) = 1.532, p < .10$ ). Intention to have children is significantly associated with perceiving managerial training as helpful; those who intend to have (more) children have 1.69 times higher odds of viewing this form of support as facilitating the combination of infertility treatment and work ( $\text{Exp}(b) = 1.690, p < .05$ ). Fertility treatment experience also shows a marginally positive association with perceiving managerial training as helpful ( $p < .10$ ). Gender does not exert a significant effect in this model. Finally, the model predicting perceptions that public awareness campaigns regarding infertility treatment would make it easier to combine infertility treatment and work shows a more limited set of significant predictors. Employees in large firms are more likely than those in small firms to perceive such campaigns as helpful ( $\text{Exp}(b) = 1.762, p < .05$ ). Neither job category, gender, age, fertility treatment experience, nor intention to have children demonstrates a statistically significant association with these perceptions. Overall, the full-sample models indicate that company size and gender are consistent correlates of perceived helpfulness of support for combining infertility treatment and work. Workers in medium-sized and large firms, and women in particular, are more likely to perceive both formal and cultural workplace arrangements as helpful for pursuing infertility treatment while working, whereas workers in less advantaged occupational positions—such as part-time employees—are less likely to view such arrangements as supportive in this sense.

**TABLE 5 ABOUT HERE**

### 3.6 Logistic Regression Results (Women Only)

Table 6 presents the results of the five logistic regression models estimated for the women-only subsample (N = 420). In these models, office workers and employees in small firms again serve as the reference categories, and the focus shifts from gender differences to variation among women by job category, company size, and fertility-related characteristics. In the model predicting perceptions that leave programs and hourly leave for infertility treatment would make it easier to combine infertility treatment and work, part-time workers stand out as being significantly disadvantaged. Compared with office workers, women in part-time positions have odds of perceiving such leave arrangements as helpful that are about 0.59 times as high ( $\text{Exp}(b) = 0.586, p < .05$ ), indicating a substantially lower likelihood of viewing these programs as facilitating the combination of infertility treatment and work. Public-sector, technical, and other employees do not differ significantly from office workers. Company size continues to matter: women in medium-sized firms have 1.76 times higher odds of perceiving such leave arrangements as helpful than those in small firms ( $\text{Exp}(b) = 1.755, p < .05$ ), and women in large firms have marginally higher odds ( $\text{Exp}(b) = 1.674, p < .10$ ). Neither age, intention to have children, nor fertility treatment experience shows a statistically significant association with these perceptions among women. The second model examines perceptions that workplace understanding of infertility treatment by supervisors and coworkers would make it easier to combine infertility treatment and work, revealing even clearer occupational differences. Technical workers have odds of perceiving such workplace understanding as helpful that are only about 27% of those of office workers ( $\text{Exp}(b) = 0.268, p < .001$ ). Women in “other” employment categories also have significantly lower odds ( $\text{Exp}(b) = 0.503, p < .05$ ), as do part-time workers ( $\text{Exp}(b) = 0.441, p < .01$ ). These coefficients suggest that, among women, those outside office and public-sector positions are less likely to perceive workplace cultures as supportive of combining infertility treatment and work. Company size again exerts a positive influence: women in medium-sized firms have roughly twice the odds of perceiving workplace understanding as facilitating the combination of infertility treatment and work compared with those in small firms ( $\text{Exp}(b) = 2.088, p < .01$ ). No significant effects are found for age, intention to have children, or fertility treatment experience in this model. In the third model, which predicts perceptions that a corporate culture allowing employees to take paid leave without specifying infertility treatment as the reason would make it easier to combine infertility treatment and work, company size remains a strong predictor, while occupational differences are less pronounced. Women in medium-sized firms have more than twice the odds of perceiving such a culture as helpful compared with those in small firms ( $\text{Exp}(b) = 2.433, p < .001$ ), and those in large firms have odds that are 1.74 times higher ( $\text{Exp}(b) = 1.736, p < .05$ ). None of the job categories differ significantly from office workers, although the odds ratio for public-sector employees is below 1 ( $\text{Exp}(b) = 0.617$ ) and that for technical workers is 0.455 ( $p < .05$ ), suggesting some heterogeneity across occupational groups. As

in the previous models, age, intention to have children, and fertility treatment experience are not significantly associated with these perceptions. The fourth model focuses on perceptions that in-house training for managers regarding infertility treatment would make it easier to combine infertility treatment and work. Overall, such training is rarely perceived as helpful, but the results reveal nuanced occupational and organizational patterns. Public-sector employees exhibit marginally higher odds of perceiving managerial training as helpful compared with office workers ( $\text{Exp}(b) = 2.041, p < .10$ ), suggesting that women in public organizations may be somewhat more likely to view such initiatives as supportive in facilitating the combination of infertility treatment and work. Part-time workers, by contrast, have lower odds of perceiving managerial training as helpful ( $\text{Exp}(b) = 0.578, p < .10$ ), indicating that women in more precarious employment positions are less likely to regard such initiatives as facilitating that combination. Company size does not reach statistical significance in this model, although women in medium-sized and large firms show odds ratios above 1 ( $\text{Exp}(b) = 1.347$  and  $1.691$ , respectively). Intention to have children and fertility treatment experience are positively associated with perceiving managerial training as helpful ( $\text{Exp}(b) = 1.487$  and  $1.439$ ), but these effects fall short of conventional significance thresholds. Finally, the model predicting perceptions that public awareness campaigns regarding infertility treatment would make it easier to combine infertility treatment and work suggests that organizational scale also shapes how women evaluate broader informational initiatives. Women working in large firms have marginally higher odds of perceiving such campaigns as helpful than those in small firms ( $\text{Exp}(b) = 1.819, p < .10$ ). Occupational differences are not statistically significant in this model, although public-sector employees again show elevated odds ( $\text{Exp}(b) = 1.835$ ), and part-time workers show reduced odds ( $\text{Exp}(b) = 0.610$ ). As with other models, age, intention to have children, and fertility treatment experience are not significantly associated with these perceptions. Overall, the women-only models highlight stronger occupational differences than those observed in the combined sample. In particular, women in technical, “other,” and especially part-time positions are systematically less likely to perceive workplace environments as understanding of infertility treatment or to view leave programs and managerial training as helpful for combining infertility treatment and work. At the same time, women employed in medium-sized and large firms are more likely to perceive supportive environments, particularly in terms of flexible leave cultures and public awareness initiatives. These patterns underscore the intersection of gender, occupational position, and organizational context in shaping support for balancing infertility treatment and work.

**TABLE 6 ABOUT HERE**

#### 4. Discussion

This study examined how workers perceive different forms of workplace and institutional support in terms of whether they would make it easier to combine infertility treatment and work, and how these perceptions vary across occupational and organizational contexts. The analyses reveal three main findings. First, perceptions of what kinds of workplace support would make it easier to combine infertility treatment and work vary substantially across occupational positions. Second, organizational context—particularly company size—plays an important role in shaping these perceptions. Third, gendered patterns are evident, with women’s perceptions of whether workplace support would be helpful being strongly conditioned by their occupational positions. More broadly, this study makes three contributions to sociological research. First, it extends research on work–family reconciliation by examining infertility treatment as an increasingly common but understudied form of reproductive labor. Second, it highlights the importance of organizational context in shaping workers’ evaluations of treatment–work compatibility. Third, it demonstrates how gender and occupational position intersect in shaping perceptions of whether workplace support would make it easier to combine infertility treatment and work.

One of the most notable findings concerns occupational differences in perceived cultural support. Women working in technical and especially part-time positions are significantly less likely to perceive workplace understanding of infertility treatment as something that would help them combine treatment and work. This pattern suggests that perceived helpfulness of cultural support for infertility treatment may be unevenly distributed across occupational environments. Differences in workplace norms, levels of autonomy, and patterns of interaction may influence how openly employees can discuss personal matters such as fertility treatment or seek informal accommodations. Workers in more precarious or less autonomous positions may therefore be less likely to perceive their workplaces as environments in which support would make it easier to pursue infertility treatment while remaining employed.

Organizational context also plays a consistent role in shaping these perceptions. Employees in medium-sized and large firms are more likely to perceive workplace environments and support arrangements as making it easier to combine infertility treatment and work, particularly with regard to flexible leave cultures and informational initiatives. Larger organizations may possess greater institutional resources, more formalized human resource policies, and greater exposure to public policy initiatives related to work–family reconciliation. These findings are consistent with research suggesting that the compatibility between work and family depends not only on formal institutional arrangements but also on the organizational environments in which workers are embedded.

These findings carry several implications for workplace policy. Expanding formal leave programs may be important, but the results suggest that cultural environments also play a critical role in shaping whether workers perceive available forms of support as helpful for combining

infertility treatment and work. Efforts to improve workplace understanding of infertility treatment may therefore be essential for creating genuinely supportive work environments. Policies aimed at facilitating compatibility between employment and reproductive health should therefore consider not only institutional provisions themselves but also the workplace cultures through which employees interpret whether those provisions would help them pursue infertility treatment while remaining employed.

Several limitations should be acknowledged. First, the analysis relies on cross-sectional survey data and therefore cannot establish causal relationships between workplace characteristics and perceived helpfulness of support. Second, the measures capture perceptions of whether specific policies or environments would make it easier to combine infertility treatment and work, rather than the actual availability of workplace policies. Future research should examine how perceived and objective workplace supports interact to influence workers' fertility treatment decisions and employment trajectories. Longitudinal studies may also help clarify how workplace environments shape workers' decisions to initiate, continue, or discontinue infertility treatment while employed.

Despite these limitations, this study provides new insights into how workers evaluate the compatibility of infertility treatment with employment. By highlighting the role of occupational position and organizational context in shaping perceptions of what kinds of support would make such compatibility easier, the findings contribute to sociological research on work–family reconciliation and gendered organizational processes. More broadly, the study demonstrates how workplace structures and cultures shape workers' evaluations of whether reproductive health practices can be combined with employment, thereby extending sociological research on work, reproduction, and gender in contemporary labor markets.

## References

- Ichikawa, T., Ota, I., & Kuwabara, Y. (2020). Infertility treatment hinders the careers of working women in Japan. *Journal of Obstetrics and Gynaecology Research*, *46*(10), 1932–1940. <https://doi.org/10.1111/jog.14387>
- Imai, Y., Endo, M., Kuroda, K., & Tomooka, K. (2021). Risk factors for resignation from work after starting infertility treatment among Japanese women. *Occupational and Environmental Medicine*, *78*(6), 426–433. <https://doi.org/10.1136/oemed-2020-106630>
- Nemoto, K. (2013). Long working hours and the corporate gender divide in Japan. *Gender, Work & Organization*, *20*(5), 512–527. <https://doi.org/10.1111/j.1468-0432.2012.00599.x>
- Payne, N., & Seenan, S. (2019). Experiences and psychological distress of fertility treatment and employment. *Journal of Psychosomatic Obstetrics & Gynecology*, *40*(1), 1–9. <https://doi.org/10.1080/0167482X.2018.1460351>

- Poelmans, S., & Sahibzada, K. (2004). A multi-level model for studying the context and impact of work–family policies and culture in organizations. *Human Resource Management Review*, 14(4), 409–431. <https://doi.org/10.1016/j.hrmr.2004.08.002>
- Rashmi, K., & Kataria, A. (2022). Work–life balance: A systematic literature review and bibliometric analysis. *International Journal of Sociology and Social Policy*. <https://doi.org/10.1108/IJSSP-06-2021-0142>
- Terazawa, S. (2024). The influence of women's occupational status on access to infertility treatment in Japan. *CSRDA Discussion Paper Series*, 77.
- Wilkinson, K., & Mumford, C. (2023). Assisted reproductive technologies and work, employment and society: Extending the debate on organisational involvement in/responsibilities around fertility. *Work, Employment and Society*, 37(2), 456–474. <https://doi.org/10.1177/09500170231155752>
- Wilkinson, K., & Mumford, C. (2024). Navigating fertility treatment alongside work and employment: The work–fertility interface. In S. Lewis & J. Humberd (Eds.), *Work-life inclusion: Broadening perspectives* (Chap. 6). Emerald Publishing. <https://doi.org/10.1108/978-1-80382-219-820241006>

Table 1. Variables and descriptive statistics (Full Sample)

		<i>Min</i>	<i>Max</i>	<i>Mean</i>	<i>S.D.</i>
<i>Support that makes fertility treatment easier</i>	<i>Leave programs and hourly leave for infertility treatment in companies.</i>	0.00	1.00	0.50	0.50
	<i>Understanding of infertility treatment at workplace by supervisors, co-workers, etc. (culture)</i>	0.00	1.00	0.50	0.50
	<i>A workplace culture that allows paid leave without disclosure of fertility treatment.</i>	0.00	1.00	0.53	0.50
	<i>In-house training for managers to promote understanding of fertility treatment.</i>	0.00	1.00	0.21	0.41
	<i>Government- or company-led public awareness campaign on fertility treatment</i>	0.00	1.00	0.19	0.40
<i>Job category</i>	<i>Dummy variable for public sector employees</i>	0.00	1.00	0.11	0.31
	<i>Dummy variable for office workers</i>	0.00	1.00	0.27	0.45
	<i>Dummy variable for technical workers</i>	0.00	1.00	0.19	0.39
	<i>Dummy variable for other employees</i>	0.00	1.00	0.20	0.40
	<i>Dummy variable for part-time workers</i>	0.00	1.00	0.22	0.42
<i>Company size</i>	<i>Number of full-time employees: Less than 50</i>	0.00	1.00	0.26	0.44
	<i>Number of full-time employees: 50 to 999</i>	0.00	1.00	0.42	0.49
	<i>Number of full-time employees: More than 1,000</i>	0.00	1.00	0.32	0.47
<i>Intention to give birth</i>	<i>Dummy variable for intention to give birth</i>	0.00	1.00	0.68	0.47
<i>Fertility treatment experience</i>	<i>Dummy variable for fertility treatment experience</i>	0.00	1.00	0.54	0.50
<i>Age</i>	<i>Under 30</i>	0.00	1.00	0.12	0.32
	<i>30–34</i>	0.00	1.00	0.33	0.47
	<i>35-39</i>	0.00	1.00	0.44	0.50
	<i>40 and over</i>	0.00	1.00	0.11	0.31
<i>Gender</i>	<i>Dummy variable for female</i>	0.00	1.00	0.59	0.49

N=710

Table 2. Variables and descriptive statistics (Women Only)

		<i>Min</i>	<i>Max</i>	<i>Mean</i>	<i>S.D.</i>
<i>Support that makes fertility treatment easier</i>	<i>Leave programs and hourly leave for infertility treatment in companies.</i>	0.00	1.00	0.55	0.50
	<i>Understanding of infertility treatment at workplace by supervisors, co-workers, etc. (culture)</i>	0.00	1.00	0.57	0.50
	<i>A workplace culture that allows paid leave without disclosure of fertility treatment.</i>	0.00	1.00	0.58	0.49
	<i>In-house training for managers to promote understanding of fertility treatment.</i>	0.00	1.00	0.21	0.41
	<i>Government- or company-led public awareness campaign on fertility treatment</i>	0.00	1.00	0.18	0.39
<i>Job category</i>	<i>Dummy variable for public sector employees</i>	0.00	1.00	0.08	0.27
	<i>Dummy variable for office workers</i>	0.00	1.00	0.30	0.46
	<i>Dummy variable for technical workers</i>	0.00	1.00	0.09	0.28
	<i>Dummy variable for other employees</i>	0.00	1.00	0.15	0.36
	<i>Dummy variable for part-time workers</i>	0.00	1.00	0.38	0.49
<i>Company size</i>	<i>Number of full-time employees: Less than 50</i>	0.00	1.00	0.33	0.47
	<i>Number of full-time employees: 50 to 999</i>	0.00	1.00	0.40	0.49
	<i>Number of full-time employees: More than 1,000</i>	0.00	1.00	0.27	0.44
<i>Intention to give birth</i>	<i>Dummy variable for intention to give birth</i>	0.00	1.00	0.73	0.45
<i>Fertility treatment experience</i>	<i>Dummy variable for fertility treatment experience</i>	0.00	1.00	0.47	0.50
<i>Age</i>	<i>Under 30</i>	0.00	1.00	0.16	0.37
	<i>30–34</i>	0.00	1.00	0.39	0.49
	<i>35-39</i>	0.00	1.00	0.45	0.50

N=420

Table 3. Cross-tabulations of employee perceptions of workplace support, by job type (Full Sample)

		<i>N</i>	<i>Not applicable</i>	<i>Applicable</i>	<i>chi-square test value</i>
<i>Leave programs and hourly leave for infertility treatment in companies.</i>	<i>Dummy variable for public sector employees</i>	78	46.2%	53.8%	5.854
	<i>Dummy variable for office workers</i>	193	45.6%	54.4%	
	<i>Dummy variable for technical workers</i>	136	55.9%	44.1%	
	<i>Dummy variable for other employees</i>	144	45.8%	54.2%	
	<i>Dummy variable for part-time workers</i>	159	54.1%	45.9%	
	<i>Total</i>	710	49.6%	50.4%	
<i>Understanding of infertility treatment at workplace by supervisors, co-workers, etc. (culture)</i>	<i>Dummy variable for public sector employees</i>	78	44.9%	55.1%	18.032 **
	<i>Dummy variable for office workers</i>	193	40.9%	59.1%	
	<i>Dummy variable for technical workers</i>	136	64.0%	36.0%	
	<i>Dummy variable for other employees</i>	144	51.4%	48.6%	
	<i>Dummy variable for part-time workers</i>	159	51.6%	48.4%	
	<i>Total</i>	710	50.3%	49.7%	
<i>A workplace culture that allows paid leave without disclosure of fertility treatment.</i>	<i>Dummy variable for public sector employees</i>	78	48.7%	51.3%	6.738
	<i>Dummy variable for office workers</i>	193	40.4%	59.6%	
	<i>Dummy variable for technical workers</i>	136	53.7%	46.3%	
	<i>Dummy variable for other employees</i>	144	50.7%	49.3%	
	<i>Dummy variable for part-time workers</i>	159	45.9%	54.1%	
	<i>Total</i>	710	47.2%	52.8%	
<i>In-house training for managers to promote understanding of fertility treatment.</i>	<i>Dummy variable for public sector employees</i>	78	71.8%	28.2%	6.55
	<i>Dummy variable for office workers</i>	193	77.2%	22.8%	
	<i>Dummy variable for technical workers</i>	136	80.1%	19.9%	
	<i>Dummy variable for other employees</i>	144	77.1%	22.9%	
	<i>Dummy variable for part-time workers</i>	159	84.9%	15.1%	
	<i>Total</i>	710	78.9%	21.1%	
<i>Government- or company-led public awareness campaign on fertility treatment</i>	<i>Dummy variable for public sector employees</i>	78	70.5%	29.5%	12.918 *
	<i>Dummy variable for office workers</i>	193	80.3%	19.7%	
	<i>Dummy variable for technical workers</i>	136	83.8%	16.2%	
	<i>Dummy variable for other employees</i>	144	75.7%	24.3%	
	<i>Dummy variable for part-time workers</i>	159	87.4%	12.6%	
	<i>Total</i>	710	80.6%	19.4%	

\* $p < .05$ , \*\* $p < .01$

Table 4. Cross-tabulations of employee perceptions of workplace support, by job type (Women Only)

		<i>N</i>	<i>Not applicable</i>	<i>Applicable</i>	<i>chi-square test value</i>	
<i>Leave programs and hourly leave for infertility treatment in companies.</i>	<i>Dummy variable for public sector employees</i>	34	35.3%	64.7%	8.642	†
	<i>Dummy variable for office workers</i>	125	39.2%	60.8%		
	<i>Dummy variable for technical workers</i>	37	43.2%	56.8%		
	<i>Dummy variable for other employees</i>	65	41.5%	58.5%		
	<i>Dummy variable for part-time workers</i>	159	54.1%	45.9%		
	<i>Total</i>	420	45.2%	54.8%		
<i>Understanding of infertility treatment at workplace by supervisors, co-workers, etc. (culture)</i>	<i>Dummy variable for public sector employees</i>	34	26.5%	73.5%	19.956	***
	<i>Dummy variable for office workers</i>	125	31.2%	68.8%		
	<i>Dummy variable for technical workers</i>	37	59.5%	40.5%		
	<i>Dummy variable for other employees</i>	65	46.2%	53.8%		
	<i>Dummy variable for part-time workers</i>	159	51.6%	48.4%		
	<i>Total</i>	420	43.3%	56.7%		
<i>A workplace culture that allows paid leave without disclosure of fertility treatment.</i>	<i>Dummy variable for public sector employees</i>	34	44.1%	55.9%	5.346	
	<i>Dummy variable for office workers</i>	125	34.4%	65.6%		
	<i>Dummy variable for technical workers</i>	37	51.4%	48.6%		
	<i>Dummy variable for other employees</i>	65	43.1%	56.9%		
	<i>Dummy variable for part-time workers</i>	159	45.9%	54.1%		
	<i>Total</i>	420	42.4%	57.6%		
<i>In-house training for managers to promote understanding of fertility treatment.</i>	<i>Dummy variable for public sector employees</i>	34	58.8%	41.2%	13.144	*
	<i>Dummy variable for office workers</i>	125	75.2%	24.8%		
	<i>Dummy variable for technical workers</i>	37	81.1%	18.9%		
	<i>Dummy variable for other employees</i>	65	81.5%	18.5%		
	<i>Dummy variable for part-time workers</i>	159	84.9%	15.1%		
	<i>Total</i>	420	79.0%	21.0%		
<i>Government- or company-led public awareness campaign on fertility treatment</i>	<i>Dummy variable for public sector employees</i>	34	64.7%	35.3%	13.393	**
	<i>Dummy variable for office workers</i>	125	80.0%	20.0%		
	<i>Dummy variable for technical workers</i>	37	89.2%	10.8%		
	<i>Dummy variable for other employees</i>	65	75.4%	24.6%		
	<i>Dummy variable for part-time workers</i>	159	87.4%	12.6%		
	<i>Total</i>	420	81.7%	18.3%		

†*p* < .10, \**p* < .05, \*\**p* < .01, \*\*\**p* < .001

Table 5. Logistic regression results on perceived support facilitating work–infertility treatment combination (Full Sample)

		<i>Leave programs and hourly leave for infertility treatment in companies.</i>			<i>Understanding of infertility treatment at workplace by supervisors, co-workers, etc. (culture)</i>			<i>A workplace culture that allows paid leave without disclosure of fertility treatment.</i>			<i>In-house training for managers to promote understanding of fertility treatment.</i>			<i>Government- or company-led public awareness campaign on fertility treatment</i>		
		<i>B</i>	<i>Exp (b)</i>	<i>S.E.</i>	<i>B</i>	<i>Exp (b)</i>	<i>S.E.</i>	<i>B</i>	<i>Exp (b)</i>	<i>S.E.</i>	<i>B</i>	<i>Exp (b)</i>	<i>S.E.</i>	<i>B</i>	<i>Exp (b)</i>	<i>S.E.</i>
<i>Job category</i>	<i>Dummy variable for public sector employees</i>	0.091	1.095	0.280	-0.013	0.987	0.283	-0.249	0.780	0.280	0.296	1.345	0.315	0.413	1.512	0.317
	<i>Dummy variable for office workers</i>	ref.			ref.			ref.			ref.			ref.		
	<i>Dummy variable for technical workers</i>	-0.167	0.846	0.240	-0.723 **	0.485	0.246	-0.330	0.719	0.241	-0.128	0.880	0.290	-0.227	0.797	0.310
	<i>Dummy variable for other employees</i>	0.142	1.152	0.229	-0.275	0.759	0.230	-0.281	0.755	0.229	0.063	1.065	0.269	0.321	1.378	0.272
	<i>Dummy variable for part-time workers</i>	-0.448 †	0.639	0.233	-0.690 **	0.502	0.236	-0.248	0.780	0.236	-0.462	0.630	0.299	-0.412	0.662	0.318
<i>Company size</i>	<i>Number of full-time employees: Less than 50</i>	ref.			ref.			ref.			ref.			ref.		
	<i>Number of full-time employees: 50 to 999</i>	0.578 **	1.782	0.198	0.403 *	1.496	0.199	0.606 **	1.834	0.198	0.427 †	1.532	0.252	0.219	1.245	0.268
	<i>Number of full-time employees: More than 1,000</i>	0.550 *	1.734	0.214	0.115	1.122	0.216	0.283	1.326	0.213	0.302	1.353	0.272	0.566 *	1.762	0.275
<i>Intention to give birth</i>	<i>Dummy variable for intention to give birth</i>	0.148	1.159	0.185	0.026	1.027	0.187	0.284	1.328	0.185	0.525 *	1.690	0.231	0.336	1.399	0.238
<i>Fertility treatment experience</i>	<i>Dummy variable for fertility treatment experience</i>	0.021	1.021	0.171	0.214	1.239	0.173	0.020	1.021	0.171	0.354 †	1.425	0.205	0.236	1.267	0.212
<i>Age</i>	<i>Under 30</i>	ref.			ref.			ref.			ref.			ref.		
	<i>30–34</i>	-0.179	0.836	0.262	0.056	1.057	0.263	0.209	1.232	0.261	0.053	1.054	0.329	0.342	1.408	0.340
	<i>35–39</i>	0.000	1.000	0.260	-0.052	0.950	0.261	-0.076	0.927	0.258	0.389	1.475	0.320	0.258	1.294	0.340
	<i>40 and over</i>	-0.046	0.955	0.356	-0.394	0.674	0.366	-0.097	0.907	0.356	0.014	1.014	0.448	0.021	1.021	0.459
<i>Gender</i>	<i>Dummy variable for female</i>	0.680 ***	1.973	0.202	0.713 ***	2.039	0.203	0.423 *	1.527	0.201	0.158	1.171	0.234	0.007	1.007	0.240
<i>(Intercept)</i>		-0.756 †	0.469	0.390	-0.377	0.686	0.391	-0.503	0.604	0.389	-2.391 ***	0.092	0.489	-2.320 ***	0.098	0.509
<i>N</i>			710			710			710			710			710	
<i>-2Log-Likelihood</i>			955.21			939.192			952.792			711.932			676.703	
<i>Cox-Snell R2</i>			0.040			0.061			0.040			0.028			0.031	
<i>Nagelkerke R2</i>			0.053			0.082			0.054			0.044			0.050	

†*p*<.10, \**p*<.05, \*\**p*<.01, \*\*\**p*<.001

Table 6. Logistic regression results on perceived support facilitating work–infertility treatment combination (Women Only)

		<i>Leave programs and hourly leave for infertility treatment in companies.</i>			<i>Understanding of infertility treatment at workplace by supervisors, co-workers, etc. (culture)</i>			<i>A workplace culture that allows paid leave without disclosure of fertility treatment.</i>			<i>In-house training for managers to promote understanding of fertility treatment.</i>			<i>Government- or company-led public awareness campaign on fertility treatment</i>		
		<i>B</i>	<i>Exp (b)</i>	<i>S.E.</i>	<i>B</i>	<i>Exp (b)</i>	<i>S.E.</i>	<i>B</i>	<i>Exp (b)</i>	<i>S.E.</i>	<i>B</i>	<i>Exp (b)</i>	<i>S.E.</i>	<i>B</i>	<i>Exp (b)</i>	<i>S.E.</i>
<i>Job category</i>	<i>Dummy variable for public sector employees</i>	0.185	1.203	0.411	0.234	1.264	0.442	-0.482	0.617	0.404	0.714 †	2.041	0.418	0.607	1.835	0.432
	<i>Dummy variable for office workers</i>	<i>ref.</i>			<i>ref.</i>			<i>ref.</i>			<i>ref.</i>			<i>ref.</i>		
	<i>Dummy variable for technical workers</i>	-0.178	0.837	0.388	-1.316 ***	0.268	0.398	-0.788 *	0.455	0.390	-0.426	0.653	0.478	-0.714	0.490	0.583
	<i>Dummy variable for other employees</i>	-0.130	0.878	0.316	-0.688 *	0.503	0.321	-0.382	0.683	0.321	-0.384	0.681	0.387	0.289	1.334	0.371
	<i>Dummy variable for part-time workers</i>	-0.535 *	0.586	0.255	-0.820 **	0.441	0.262	-0.344	0.709	0.260	-0.548 †	0.578	0.321	-0.495	0.610	0.342
<i>Company size</i>	<i>Number of full-time employees: Less than 50</i>	<i>ref.</i>			<i>ref.</i>			<i>ref.</i>			<i>ref.</i>			<i>ref.</i>		
	<i>Number of full-time employees: 50 to 999</i>	0.563 *	1.755	0.240	0.736 **	2.088	0.245	0.889 ***	2.433	0.244	0.298	1.347	0.314	0.119	1.127	0.332
	<i>Number of full-time employees: More than 1,000</i>	0.515 †	1.674	0.270	0.270	1.309	0.273	0.551 *	1.736	0.270	0.526	1.691	0.336	0.598 †	1.819	0.343
<i>Intention to give birth</i>	<i>Dummy variable for intention to give birth</i>	-0.023	0.977	0.251	0.054	1.055	0.254	0.251	1.285	0.252	0.397	1.487	0.317	-0.033	0.968	0.323
<i>Fertility treatment experience</i>	<i>Dummy variable for fertility treatment experience</i>	-0.206	0.814	0.218	0.124	1.132	0.223	0.022	1.022	0.221	0.364	1.439	0.264	0.203	1.225	0.276
<i>Age</i>	<i>Under 30</i>	<i>ref.</i>			<i>ref.</i>			<i>ref.</i>			<i>ref.</i>			<i>ref.</i>		
	<i>30–34</i>	-0.410	0.664	0.304	-0.080	0.923	0.309	0.182	1.200	0.304	-0.195	0.823	0.384	0.392	1.480	0.403
	<i>35–39</i>	-0.157	0.855	0.305	-0.166	0.847	0.309	-0.003	0.997	0.304	0.363	1.437	0.371	0.158	1.171	0.411
<i>(Intercept)</i>		0.398	1.489	0.422	0.444	1.559	0.429	-0.149	0.862	0.423	-1.976 ***	0.139	0.536	-1.929 ***	0.145	0.564
<i>N</i>		420			420			420			420			420		
<i>-2Log-Likelihood</i>		560.877			543.971			551.763			409.415			381.511		
<i>Cox-Snell R2</i>		0.041			0.071			0.048			0.051			0.043		
<i>Nagelkerke R2</i>		0.055			0.095			0.065			0.079			0.071		

†*p* < .10, \**p* < .05, \*\**p* < .01, \*\*\**p* < .001