ASRM 2025
Global Collaboration to Advance Reproductive Health
San Antonio, Texas
October 25-29, 2025

Exploring Socioeconomic Factors on Attitudes Toward Male Fertility Testing

Authors: N. Henrich[1] A. Brinson[1] H. Jahnke[1] W. Salem[1,2] N. Shah[1] J. Halpern[3]

[1]Maven Clinic, New York, USA | [2]New Direction Fertility Centers Arizona, USA | [3]Posterity Health, Colorado, USA

PURPOSE & OBJECTIVES

Socioeconomic factors impact access to fertility care and fertility treatment outcomes. This study explored the impact of urbanicity, income, and race/ethnicity on attitudes toward semen testing among men interested in family building.

MATERIAL & METHODS

Study design:
Web-based survey administered between March 7-16, 2025.

Inclusion criteria: The survey was administered to 529 men who were:

1. Trying to conceive (TTC) or planning to conceive
2. Heterosexual
3. Aged 25-49
4. Living in the US with private health insurance

Data: Respondents reported their attitudes on semen testing and demographic information, including:

- Urbanicity (rural, suburban, urban)
- Annual household income (low: <$50,000, medium: $50,000 to $150,000, high: >$150,000),
- Race/ethnicity (Hispanic, non-Hispanic Black, non-Hispanic white).

Analysis:
Data were summarized descriptively.

RESULTS

Table 1. Fertility attitudes and testing by urbanicity, income and race/ethnicity

	Urbanicity				Income				Race/ethnicity			
	Rural (N=65)	Suburban (N=204)	Urban (N=260)	P-value	Low (N=134)	Medium (N=326)	High (N=69)	P-value	Hispanic (N=54)	non-Hispanic Black (N=122)	non-Hispanic White (N=316)	P-value
Had a semen test	7 (10.8%)	55 (27.0%)	127 (48.8%)	<0.001	26 (19.4%)	128 (39.3%)	35 (50.7%)	<0.001	23 (42.6%)	37 (30.3%)	11 (37.0%)	0.24
Likely to semen test without a healthcare provider's recommendation	20 (34.5%)	71 (47.7%)	76 (57.1%)	0.01	54 (50.0%)	99 (50.0%)	14 (41.2%)	0.62	21 (67.7%)	46 (54.1%)	90 (45.2%)	0.04
Stigma associated with semen testing	37 (56.9%)	110 (53.9%)	156 (60.0%)	0.42	62 (46.3%)	201 (61.7%)	40 (58.0%)	.01	26 (48.1%)	57 (46.7%)	196 (62.0%)	0.01
Interest in digital resources for fertility support	49 (77.8%)	174 (89.7%)	240 (95.2%)	<0.001	116 (89.9%)	285 (91.3%)	62 (91.2%)	0.89	47 (95.9%)	10 (89.6%)	279 (90.6%)	0.41
Open to at-home semen test	29 (50%)	74 (50%)	72 (54%)	0.38	48 (45%)	110 (55%)	17 (50%)	0.36	19 (61%)	36 (42%)	112 (54%)	0.29

The prevalence of semen testing was highest among men in urban areas or with higher household incomes (p<0.001). Likelihood of testing was highest in non-rural areas and among non-Hispanic Black and Hispanic men (p=0.04, p=0.01, respectively) (Table 1).

Perceived stigma of fertility testing was lowest among low income, Hispanic, and non-Hispanic Black men (Table 1).

Across all groups, there was high interest in digital health to support fertility (78%-96%) and about half of men were open to at-home testing (Table 1).

Inequities in care found throughout the healthcare system appear to apply to semen testing.

Digital health and low-cost at-home tests may improve access to education and testing.

CONCLUSIONS

Rates of semen testing were highest among urban and higher income men even though some of the historically underserved populations (rural, low-income, non-White) had higher likelihood of testing and lower perceived stigma of testing.

Interest in digital health resources to support fertility was high across all groups.