



HAL
open science

Inequalities in access to in vitro fertilisation treatment in France

Khaoula Ben Messaoud, Jean Bouyer, Elise de La Rochebrochard

► **To cite this version:**

Khaoula Ben Messaoud, Jean Bouyer, Elise de La Rochebrochard. Inequalities in access to in vitro fertilisation treatment in France. *International Journal of Epidemiology*, 2021, 50 (Supplement 1), pp.27-28. 10.1093/ije/dyab168.069 . hal-04192787

HAL Id: hal-04192787

<https://hal.science/hal-04192787v1>

Submitted on 31 Aug 2023

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

Ben Messadoud Khaoula, Bouyer Jean, La Rochebrochard Elise (de), « Inequalities in access to in vitro fertilisation treatment in France ». *International Journal of Epidemiology*, 2021, 50, Suppl. 1, 27-28. DOI: 10.1093/ije/dyab168.069.

Inequalities in access to in vitro fertilisation treatment in France

Khaoula Ben Messaoud^{1,2}, Jean Bouyer^{1,2}, Elise de La Rochebrochard^{1,2}

¹ Institut National d'Etudes Démographiques, Ined, Aubervilliers, France

² University Paris-Saclay, Univ. Paris-Sud, UVSQ, CESP, INSERM, Villejuif, France

BACKGROUND.

In vitro fertilisation (IVF) treatment is one of the most expensive infertility treatments. Cost has been described as a substantial barrier to access. In France all infertility treatments, including IVF, are fully reimbursed, but are there other barriers to access?

METHODS.

Based on the French national health insurance database that exhaustively records reimbursed healthcare, this cohort study included all women aged 18–49 years unsuccessfully treated with ovarian induction (first-line infertility treatment) between January–August 2016. Outcome was IVF access within 24 months of starting first-line treatment. Univariate and multivariate regressions explored age,

disadvantaged social status, driving time to nearest IVF centre, and deprivation index of area of residence.

RESULTS.

Over 20,000 women unsuccessfully received first-line treatment. Almost 80% did not access IVF within 24 months. After age 34, probability of access decreased. Disadvantaged social status and living in a disadvantaged area were associated with lower probability of accessing IVF. Driving time to the nearest IVF centre was not significantly associated with access.

CONCLUSIONS.

Socio-economic barriers to access IVF exist despite full treatment reimbursement in France. To reduce health inequalities, we need to better understand the nature and patterns of these barriers among less socially advantaged people.

KEY MESSAGES.

- After failure of first-line infertility treatment, only 20% of women access IVF although it is fully reimbursed in France. Age, but most importantly socio-economic status, is a key determinant of access to IVF treatment.
- Distance from nearest IVF centre does not appear significant in explaining access to treatment in France.