

Infertility 101: What Is It?

An introduction to what causes infertility. Medically reviewed by Dr. Aisha Ahmed.

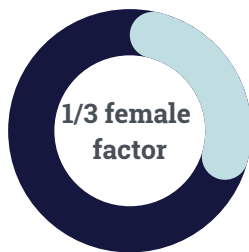
Adapted from a collaboration with Irene Khan and Dr. Roohi Jeelani. Published in October 2026.

Introduction

Infertility is the inability to get pregnant after one year of unprotected penile-vaginal sex for those under age 35 and 6 months of unprotected penile-vaginal sex for those over 35.

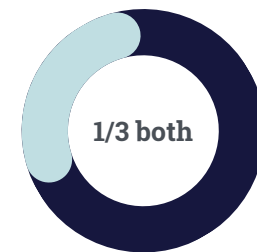
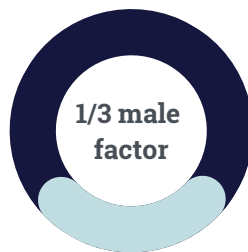
What Causes It?

Though it is often assumed that cisgender women or those with uteruses are responsible for a couple's inability to have a child, cisgender men or those without uteruses are just as likely to be medically responsible for a fertility struggle. Medically, infertility is a result of many factors:



Some Female Factors:

- Blocked fallopian tubes
- Uterine disorders
- Ovarian disorders
- Imbalanced hormones



Some Male Factors:

- Low sperm production
- Abnormal sperm
- Blockages in sperm delivery
- Hormonal disorders

The root cause of these factors can be hard to pinpoint. While some causes are genetic, lifestyle factors such as smoking, drinking, and obesity can contribute to one's fertility struggle. Additionally, environmental factors such as toxic exposures to pollution and chemicals, which are more common in Black and low-income communities, have been found to affect fertility.

For more about [in]fertility, read [The Sex Talk](#) book pp. 134-139

Who Does it Affect?

1 in 6 people worldwide are affected by infertility. Though infertility is not limited to a specific race or gender, our unequal society means that some groups are more likely to experience it than others.

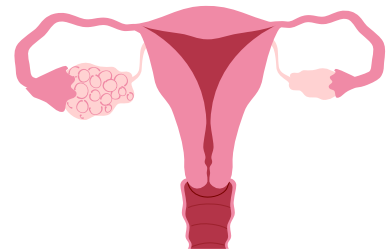


Black women 1.45x more likely to experience infertility than white women

The causes of these disparities are multifactorial:



Black people are more likely to live in environments with higher rates of pollution, which negatively impacts fertility.



Black, Asian, and other racialized minorities are more likely to be affected by polyendocrine metabolic ovarian syndrome (PMOS) and endometriosis, which are major contributors to infertility.

How Do I Know If I'm Infertile?

If you have been trying to have a baby for 6 months to a year without success, you should consider going to your primary care doctor, then a urologist (for people who produce sperm) or a gynecologist (for people with a uterus), especially if you're **over 35**. If your doctor suspects that you have infertility, then you will likely be referred to a fertility specialist or reproductive endocrinologist to diagnose and treat you. **Earlier detection of infertility can help you get the treatment you need sooner.** This is especially important for racialized minorities, like Black people, who on average access fertility care later and may encounter the myth of having naturally high fertility from their community or their providers.

How Do I Know If I'm Infertile?

Below are some of the tests that you may be administered to diagnose you with infertility:

Method	Purpose	Procedure
Ovulation testing	To measure hormone (progesterone) levels to determine ovulation	A blood test performed and analyzed in a lab
Hysterosalpingography	To check for abnormalities in the uterus and fallopian tubes	An X-ray performed after a dye is inserted into the uterus
Ovarian reserve testing	To measure eggs available for ovulation (egg count)	A blood test or transvaginal ultrasound sent to lab for analysis
Pelvic ultrasound	To check for abnormalities in the uterus and ovaries	An ultrasound performed with the wand focused on your pelvic area
Semen Analysis	To analyze sperm quality	Patient provides semen sample that is taken to a lab for analysis
Hormone Testing	To measure hormone (testosterone) levels	A blood test performed and analyzed in a lab
Imaging Tests	To check for abnormalities in the scrotum (related to sperm production and ejection)	An ultrasound focused on the scrotum or other areas of interest