CLINICAL EVIDENCE SERIES

MEN'S HEALTH

Half the Equation:

New data on male infertility and the case for comprehensive fertility benefits

progyny

Infertility affects one in six people[1]—yet public perception and benefit plans have long viewed and clinically treated it as a female health concern. The reality, however, is that male infertility contributes to roughly half[2] of all cases, yet men remain largely absent from the equation: underscreened, underdiagnosed, and inadequately covered by their organization's fertility benefits. What are the costs—clinical, financial, and personal—when half the picture goes unaddressed? And how do outcomes, downstream costs, and trust improve when comprehensive male fertility benefits are provided?

This white paper examines those questions through two lenses: the experiences of more than 1,000 U.S. men surveyed by Progyny and Dynata—the world's largest first-party data and insights company—and a growing body of clinical research on the consequences of delayed male fertility evaluation. The findings make a clear case that awareness alone hasn't translated into action. Persistent barriers—stigma, fear of diagnosis, cost, and lack of benefits support—keep men on the sidelines long after they should be engaged.

The good news is that access can change behavior and improve outcomes. When men have access to comprehensive fertility benefits, dedicated navigation, and accessible options for early evaluation, they are more likely to engage in care. Evaluating both partners in parallel can lead to better-informed treatment decisions, faster paths to pregnancy, and lower costs. This paper shows that a benefit design treating men as equal partners in the family building journey offers the potential to improve clinical outcomes and deliver measurable cost savings for organizations.

Men's fertility: awareness, experience, and barriers

Studies have consistently shown that male infertility is routinely underdiagnosed and undertreated.[3] Even among men who have experienced fertility issues, only a minority seek evaluation by a reproductive urologist.[4]

This picture is finally beginning to change through expanded awareness and benefit design. To track progress and better understand men's lived experience and perspectives, Progyny recently partnered with Dynata to survey more than 1,000 U.S. men ages 18–55. The study examined how men view their role in the fertility journey and what barriers prevent them from getting the care they need. The findings show growing awareness and meaningful progress, with 82% expressing comfort discussing fertility concerns with their partner and 65% saying that ignoring male infertility places unfair responsibility on female partners.

Meaningful progress in men's awareness of their role in fertility

82% are comfortable discussing male fertility with their partner

65% agree that ignoring male infertility places unfair responsibility on female partners

1. World Health Organization. "1 in 6 People Globally Affected by Infertility." News release, April 4, 2023. https://www.who.int/news/item/04-04-2023-1-in-6-people-globally-affected-by-infertility
2. Leslie SW, Soon-Sutton TL, Khan MAB. "Male Infertility." In: StatPearls [Internet]. Treasure Island, FL: StatPearls Publishing, 2024. https://pubmed.ncbi.nlm.nih.gov/32965929/
3. Eisenberg ML, Lathi RB, Baker VL, Westphal LM, Milki AA, Nangia AK. "Frequency of the Male Infertility Evaluation: Data from the National Survey of Family Growth." Journal of Urology 189, no. 3 (2013): 1030–1034. https://pubmed.ncbi.nlm.nih.gov/23009868/
4. Glazer CH, Anderson-Bialis J, Anderson-Bialis D, Eisenberg ML. "Evaluation, Treatment, and Insurance Coverage for Couples With Male Factor Infertility in the US: A Cross-Sectional Analysis of Survey Data." Urology 139 (2020): 97–103. https://pubmed.ncbi.nlm.nih.gov/32057791/

Men are increasingly ready and eager to bring male infertility out of the shadows. As one survey respondent shared:

> *"It needs to be talked about more—not only to take blame off women for not being able to conceive, but to normalize the conversation for men."*

But awareness and action are very different things—and the gap between them is a costly one. Most men today recognize fertility as a shared responsibility. But of the nearly 1 in 10 men trying to conceive who report a condition affecting their fertility, less than half (46%) have seen a urologist or specialist. When asked why, several barriers surfaced above the rest—particularly cost, fear of diagnosis, embarrassment, and lack of coverage.

Why the gap persists: top barriers to seeking care

29%

Cost

Financial strain is the top reason men delay seeing a doctor about fertility concerns

28%

Fear of diagnosis

Anxiety about what a fertility evaluation might reveal keeps men from taking the first step

23%

Embarrassment

Embarrassment about symptoms stops men from seeking the care they need

14%

Lack of coverage

When insurance doesn't cover treatment, care feels out of reach

These structural and psychological barriers don't operate in isolation. A man who fears a diagnosis is less likely to seek care even when coverage exists. Stigma fuels fear, while lack of coverage discourages follow-through and signals that male fertility is a low priority. Accessible entry points can help lower that threshold—including at-home semen analysis, which provides early insight into key sperm parameters without requiring a clinic visit and creates a clear path to follow-up care when indicated.

When men see a specialist

77% Who see a specialist find the experience comfortable—far better than they feared

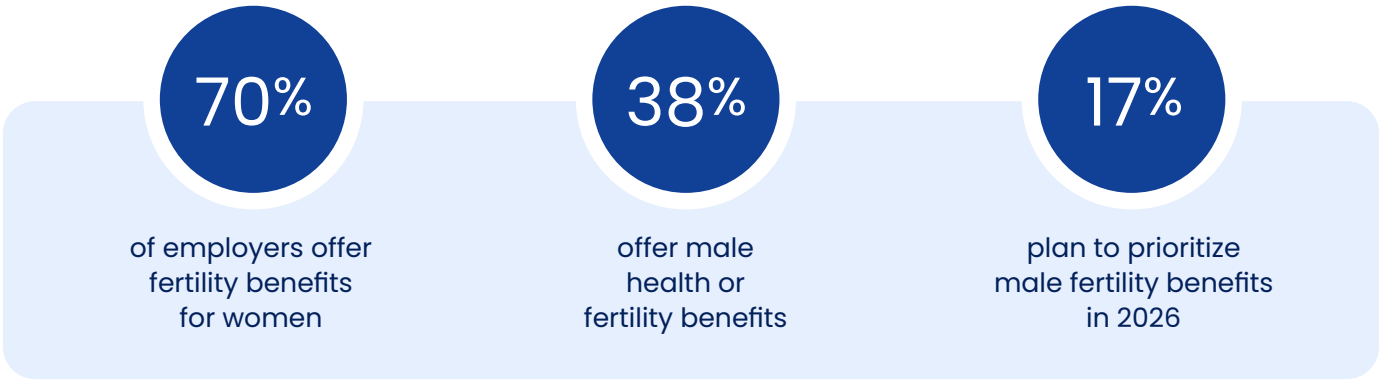
56% Make meaningful lifestyle changes—diet, exercise, and alcohol and smoking cessation—to improve their fertility

Yet the data also offer an encouraging counterpoint and opening. Among men who do take that first step, fear of the visit consistently proves worse than the visit itself—and once engaged, men don't stop there but go on to meaningfully change behavior.

Benefits haven't kept pace with demand

Bridging barriers to care requires more than awareness campaigns or cultural shifts. It requires structural support and trusted guidance—and that starts with benefits leaders. Yet a 2026 Progyny/Dynata survey of 200 U.S. employers reveals that despite growing awareness, fewer than 4 in 10 organizations offer fertility benefits for men—compared to 70% for women—and only 17% plan to prioritize it in 2026.

Fertility benefits reflect only half the reality



With growing awareness of male fertility, men are already picking up on this lack of support. Only 1 in 5 men surveyed who have conceived or are trying to regard their employer/organization as a trusted source of fertility information—compared with over 75% for clinical institutions and sources—a signal that most organizations have yet to establish themselves as credible partners in this space.

The cost of waiting—and the case for early engagement

A longer, and more costly, path to pregnancy

The downstream effects of deferring male fertility evaluation are substantial. Equally concerning, delays in accurate male infertility diagnoses can lead to inappropriate treatment cycles.

In one 2018 study of nearly 9,000 men evaluated at an academic medical center, 17.2% had already undergone IUI or IVF with their partners before receiving any male fertility evaluation—some through multiple cycles, with 1 in 6 having completed both IVF and IUI.[5]

With IUI averaging $1,500–$4,000 per cycle and IVF averaging $15,000–$20,000 according to ASRM[6]—sometimes more with medications and additional procedures—the financial stakes for self-insured organizations are significant. Cycles initiated without complete male evaluation represent avoidable cost—incurred before a diagnosis that could have changed the treatment path entirely. And behind the

5. Nayan M, Punjani N, Grober E, Lo K, Jarvi K. "The Use of Assisted Reproductive Technology Before Male Factor Infertility Evaluation." Translational Andrology and Urology 7, no. 4 (2018): 678–685. https://tau.amegroups.org/article/view/20275/pdf
6. American Society for Reproductive Medicine, Center for Policy and Leadership. "Evaluating the Trump Administration's Initiative on IVF." Fact sheet, 2025. https://www.asrm.org/advocacy-and-policy/fact-sheets-and-one-pagers/evaluating-the-trump-administrations-initiative-on-ivf/

numbers are the human costs that are harder to quantify: time lost, emotional strain compounded, and a window for successful pregnancy that narrows with every cycle that could have been avoided. As Dr. Joseph Alukal, Director of Men's Health at Columbia/New York-Presbyterian, conveys to his patients:

> *"Treating mild sperm abnormalities now can save you and your partner time, money, and unnecessary stress down the road."*

A missed opportunity for broader preventive care

Delayed fertility evaluation also means missed opportunities for men to receive critical preventive care. Fertility workups serve as critical health screenings, routinely surfacing serious underlying conditions—diabetes, testicular cancer, hormonal imbalances—that might otherwise go undetected.

>50%

More than **50% of male infertility cases** have an identifiable underlying cause, many with health implications beyond fertility.[7]

51%

One study reported reduced fertility in approximately **51% of men with diabetes.**[8]

2X

Men with infertility have nearly **twice the risk of testicular cancer** compared with men without infertility.[9]

When these conditions go undetected, the consequences extend well beyond the fertility journey. Untreated underlying conditions compound in complexity, driving greater complications and generating higher downstream costs that early intervention could have avoided. Male fertility evaluation, in other words, isn't just a reproductive health issue. It's a window into a man's overall health—one that most benefit structures leave closed.

7. Schlegel PN, Sigman M, Collura B, De Jonge CJ, Eisenberg ML, Lamb DJ, Mulhall JP, Niederberger C, Sandlow JI, Sokol RZ, Spandorfer SD, Tanrikut C, Treadwell JR, Oristaglio JT, Zini A. "Diagnosis and Treatment of Infertility in Men: AUA/ASRM Guideline Part I." Journal of Urology 205, no. 1 (2021): 36–43. https://www.asrm.org/practice-guidance/practice-committee-documents/diagnosis-and-treatment-of-infertility-in-men-auaasrm-guideline-part-i-2020/
8. Fan C, Zhang J, Qiu D. "Causal Relationship Between Genetically Predicted Type 2 Diabetes Mellitus and Male Infertility." Frontiers in Endocrinology 15 (2024): 1357279. https://www.frontiersin.org/journals/endocrinology/articles/10.3389/fendo.2024.1357279/full
9. Kaltsas A, Koumenis A, Stavropoulos M, Kratiras Z, Deligiannis D, Adamos K, Chrisofos M. "Male Infertility and Reduced Life Expectancy: Epidemiology, Mechanisms, and Clinical Implications." Journal of Clinical Medicine 14, no. 11 (2025): 3930. https://www.mdpi.com/2077-0383/14/11/3930

Access changes behavior—and outcomes

When organizations do provide men with comprehensive personalized fertility benefits, uptake and engagement quickly follow. More than 30% of inbound calls to Progyny come from men—a signal that when men know support exists, they seek it out. Progyny member data reinforce this: a 50% increase in male members seeking reproductive urology services between 2023 and 2025 shows that engagement doesn't stop at the first call. Accessible entry points help turn that engagement into action: at-home semen analysis enables earlier insight into key sperm parameters without requiring a clinic visit, accelerating the path to comprehensive evaluation and ensuring both partners can be assessed in parallel rather than sequentially.

Getting men into the process earlier, in turn, equips clinicians to offer more appropriate, personalized treatment guidance once they're there. A 2024 analysis of nearly 28,000 IUI cycles published in Urology found that sperm morphology was a statistically significant predictor of IUI success, reinforcing the clinical value of early semen analysis.[10] Comprehensive evaluation goes further: by measuring total motile sperm count—an important predictor of IUI outcomes—clinicians can identify up-front those couples who are likely to succeed with IUI. The result is a more personalized treatment pathway and fewer cycles, and associated costs, spent on treatments unlikely to succeed.

The costs and consequences of deferring comprehensive male evaluation can compound quickly. A Progyny analysis of the implications of benefit design on outcomes found that members who have an unsuccessful start with IUI and later switch to IVF take 73% longer to achieve pregnancy than those who start with IVF directly—and transitioning to IVF after three IUIs costs on average 27% more per live birth.[11]

What a complete male fertility benefit includes—and delivers

Meaningfully improving male fertility outcomes requires benefit structures that treat it as a legitimate, fully supported component of the family building journey—with the same rigor, personalization, and navigation that define best-in-class female fertility benefits. A well-designed male fertility benefit addresses the full range of barriers identified in this research:

- **Financial coverage that removes barriers—**Full coverage of male fertility evaluation, specialist care, indicated treatment, and fertility preservation eliminates financial barriers as a reason to delay or avoid care, replacing a significant source of stress with a clear pathway to care
- **Early, comprehensive evaluation—**When a female partner begins evaluation with a reproductive endocrinologist, convenient access to at-home or in-office semen analysis allows the male partner to begin evaluation in parallel. Abnormal findings or relevant clinical history can then prompt comprehensive laboratory testing, hormone evaluation, and timely connection to a reproductive urologist—before unsuccessful treatment cycles have taken their toll.
- **Personalized treatment pathways—**Male fertility parameters, including total motile sperm count, inform treatment decisions from the start, directing couples toward the most appropriate treatment pathway based on their individual profile rather than a one-size-fits-all protocol.

10. Pavlovic ZJ, Nemov VC, Sarkar P, Jahandideh S, Devine K, Imudia AN. "Predictive Value of Teratospermia During Initial Sperm Analysis on the Success of Intrauterine Insemination Cycles." Urology 194 (2024): 127–133. https://pubmed.ncbi.nlm.nih.gov/39089498/
11. Progyny, Inc. "Superior Outcomes. Proven Impact." Progyny, accessed July 10, 2026. https://progyny.com/for-employers/benefits-at-work/

- **Access to specialized care—**Reproductive urologists represent a small, highly specialized segment of the physician network, requiring completion of urology residency (post medical school) followed by dedicated fellowship training in male infertility and reproductive medicine. A credentialed network helps ensure prompt access to these experts when male-factor concerns are identified. Their specialized training supports more accurate diagnosis, evaluation of underlying medical contributors, and individualized treatment planning—capabilities that may not be readily available through generalist care pathways or direct-to-consumer services. By connecting patients to the appropriate specialist early, organizations can help reduce diagnostic delays and support more efficient, evidence-based fertility care.
- **Dedicated care navigation—**Effective navigation support pairs each member with a dedicated fertility expert—someone with clinical grounding across nursing, andrology, and behavioral health—who serves as a single, consistent point of contact throughout the journey. Navigation support actively includes male partners in fertility conversations that have historically centered on female factors alone, provides education on treatment options and what to expect from specialist visits, and connects members to behavioral health support when the emotional toll warrants it. The result is a consistent, knowledgeable presence that normalizes care-seeking, reduces attrition, and keeps men engaged from first evaluation through treatment.
- **Integrated benefit design—**Embedding male fertility support within a broader family building benefit ensures treatment decisions reflect the full clinical picture.

When these components work together, the result is faster time to appropriate treatment, fewer unnecessary cycles, better clinical outcomes, and meaningful cost savings for organizations and members alike.

The awareness is there. Men want to be part of this conversation. What they need are the benefits and support structures to act on it. For employers and organizations committed to a benefits strategy that reflects the full reality of family building and men's preventive health, comprehensive male fertility support isn't a nice-to-have. It's half the equation.

To learn more about the role men's health plays in fertility, visit:

progyny.com/menshealthsupport

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