Small Grant: Involuntary childlessness: enhancing knowledge and awareness in the Global South

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Some questions for the audience
What is the estimated prevalence of people facing fertility problems around the world?

A. 2-5%
B. 8-12%
C. 22-35%

A= Red; B= White, C= Blue
What is the estimated prevalence of people facing fertility problems around the world?

A. 2-5%
B. 8-12% (White)
C. 22-35%
Whom of you (your organisation) have ever payed programmatic attention to infertility?

A. No
B. Yes
C. I don’t know

- A= Red; B= White; C= Blue
Do you think it is important to pay attention to infertility?

A. No
B. Yes
C. I don’t know

A= Red; B= White; C= Blue
Do you think it is important to pay attention to infertility?

- If no, why not?
- If yes, why?
Implications of infertility and childlessness

- Emotional (grief, guilt, depressed)
- Marital (gender-based violence, divorce, ..)
- Extramarital sex → STDs and HIV
- Social (stigmatization, exclusion, ..)
- Economic (huge expenses treatment, no children to contribute to family income)
- Old age and death (taking care, mourning, ..)
- Family descendance issues
Objectives “small grant”

- To increase awareness amongst various stakeholders about infertility and childlessness in Kenya, Ghana and worldwide

- To generate new insights about experiences and needs of people with fertility problems and (possible) interventions
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Activities

- **Studies**: Quantitative and qualitative studies in Ghana and Kenya
  - Interdisciplinary
  - Multi-country
  - Clinics & “patient” support groups
  - Students & staff

- **Workshops**: disseminating and discussing results amongst practitioners and people with fertility problems in Ghana and Kenya

- **Sharenet - Expert meeting** in the Netherlands
Some Findings
Limited (access to) Treatment

- Assisted Reproductive Technologies (ART) only available in the **private health care sector**.

- ‘It’s [IVF] too expensive…Yeah, like, too much. So, for me, when I have never even seen not a million, 50000 shillings [500 US dollars], I have never. No. The little money I get, I eat and life goes on’. (Daisy)

- **Stratified reproduction:**

  Stratified reproduction refers to the idea that some people, because of cultural, structural and/or economic factors, are more empowered to reproduce than others (Colen, 1986; 1995)
Limited (access to) information

- Stratification enhanced by limited (access to) information about infertility and fertility treatment.

- Tension of aims in provision of private fertility care
  - Medical aim
  - Private-for-profit aim

- ‘They [the doctors] didn’t even bother to put me through a single [test] before starting the procedures...[But] the consequences are with the patient always, and never with the doctor. [Instead, they] go home with all the money’. (Cheryl)
Importance of ACCOG

Access to information and treatment
‘The problem is not always with the woman’

Coping practices
‘Doing it together’/
A life without a child is meaningful

Sharing experiences
‘We are one umbrella’
Recommendations
Raising Awareness of Policy Makers, Health Professionals, and NGOs

- Disseminate research evidence – clinical, epidemiological and social science
- Advocacy by (in)fertility support groups
- Seek collaboration with journalists, social and mass media
Destigmatize Infertility

Public Education

- Not blaming the victim
- Both male and female infertility exist
- Male infertility is NOT the same as sexual impotence
Health professionals: Provide accurate information

- Male and female factor infertility
- Realistic information about treatment options (low-tech and high-tech), risks and success rates - not providing false hope
Address Unmet Need for ARTs

- To make save, affordable and effective IVF accessible to all who need it

- Support ‘more affordable’ IVF initiatives
Counseling and Support

- Access to professional psycho-social counseling, also including addressing issues of sexuality
- Set up support groups for people facing fertility problems—Information and peer support