

# EXECUTIVE SUMMARY

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## Addressing Infertility within Sexual and Reproductive Health: A Commitment to Human Rights and Sustainable Development -

by Marie E. Thoma, Muntaha Gharaibeh, Elly Leemhuis, Arnob Chakrabarty, Kishore Kumer Basak & Ananya Krishnan

### ABSTRACT

Although recognized as central to reproductive rights, addressing infertility has been neglected within the global sexual and reproductive health and rights (SRHR) agenda. Growing awareness of the magnitude and consequences of infertility has garnered increased national, regional, and international attention to the detection, prevention, and management of infertility and infertility-related stigma. In this policy brief, we document the magnitude and impact of infertility and its connection to broader human rights principles, a SRHR agenda, and sustainable development goals. We call on policymakers, public health and health care providers, and other stakeholders to develop a national action plan to address infertility and infertility-related stigma. We outline 5 priority areas to engage, educate, address, and advocate for a broader focus on infertility and provide country-specific examples of programs designed to meet these priorities.

### IMPACT OF INFERTILITY

Infertility is a reproductive health issue and refers broadly to the situation that a pregnancy occurs later than desired or not at all (1,2). Efforts to address infertility have long been recognized as central to reproductive rights, but have been neglected within the global sexual and reproductive health agenda (1,3,4). This absence of programmatic focus is far-reaching with infertility estimated to impact at least 180 million individuals worldwide, equally affecting men and women (5). Fertility care encompasses the prevention, diagnosis, and treatment of infertility, yet these services are overlooked as part of essential healthcare. Accordingly, large inequities in access to fertility care persist within and between countries due to significant geographic, demographic, economic, social, health infrastructure, and regulatory barriers, ultimately impacting the attainment of reproductive health and rights for all (6-8).

### Key Messages

- Infertility is a reproductive health issue that has been neglected within the global sexual and reproductive health and rights agenda.
- Infertility impacts over 180 million individuals worldwide, equally affecting men and women.
- Women and girls often bear the societal burden of infertility and its consequences, including gender-based violence.
- Access to fertility care shows large inequities within and between countries.
- A country-specific national action plan is needed to address the detection, prevention, and management of infertility and related stigma.
- Addressing infertility means addressing human rights and gender inequality, contributing to achieving SDGs.

The implications of infertility extend far beyond a diagnosis. Infertility has been associated with adverse physical and mental health, economic strain, stigma, gender-based violence, and relationship abandonment (8). Gender inequities also persist in the absence of coordinated efforts to address infertility. Men and women are equally likely to be infertile, yet women often bear the societal burden and blame of infertility, particularly in settings where a woman’s identity and value are closely tied to her ability to bear children (9,10). Fears or myths of the causes of infertility have hindered public health services, including vaccination campaigns, contraceptive uptake, and safe sex practices (4,11,12).

Moreover, infertility arises from preventable factors, including sequelae of poorly managed or untreated infections and environmental and lifestyle exposures (4). Taken together, progress toward achieving the United Nation’s Sustainable Development Goals (SDGs) by 2030 requires a more concerted effort to address infertility detection, prevention, treatment, and its consequences. These goals cannot be attained without an increased focus on infertility as an essential component of family planning and reproductive health services.

Growing awareness of the magnitude and consequences of infertility alongside further advancements in affordable treatment options (13-15), has increased national and international attention to infertility. Several countries have started to incorporate infertility programs and services into their national health plans, human rights monitoring, and reporting of their progress toward SDGs (6). However, a more coordinated national, regional, and international strategy is needed to address the current and emerging infertility-related health needs and priorities within countries, rather than a lingering focus on priorities outlined decades prior.

## STEPS TOWARD ACTION

Share-Net International urges policymakers and other stakeholders to take steps toward the development of a national action plan to address the detection, prevention, and management of infertility and infertility-related stigma with a focus on **Five Priority Areas**:

This will require significant stakeholder engagement, training and education for the general public and providers, advocacy and implementation to develop or scale-up existing programs and services, and research and public health infrastructure to support these efforts. The success of a national action plan on infertility rests on its ability to address gaps in research, programs, and services, generate linkages and collaborations across sectors, and establish political will and attention.

1	2	3	4	5
<p><b>Public Awareness on Infertility and Infertility-related Stigma</b></p>	<p><b>Data Systems to Detect and Monitor Infertility and its Causes and Consequences</b></p>	<p><b>Prevention Programs to Address Infertility</b></p>	<p><b>Quality Fertility Care, Treatment, and Psychosocial Support Programs</b></p>	<p><b>Research and Public Health Infrastructure and Regulation</b></p>

## SUMMARY

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**In order to address these emerging priorities, countries can prepare by focusing on:**

- Increasing awareness of infertility across multiple sectors and the establishment of political will to address this topic.
- Expanding data on the extent, causes, and consequences of infertility and barriers to access and receipt of quality fertility care and infertility screening and treatment.
- Identifying affordable options for infertility treatment, establishing regulatory frameworks for its provision, and ensuring these services are equitably accessible.
- Expanding the health care workforce equipped to provide diagnostic and affordable [basic] fertility care services and treatment.
- Providing psychosocial and peer support for individuals experiencing infertility.
- Expanding programs that can prevent infertility, including programs to address sexually transmitted infections, unsafe abortion, postpartum infections, obesity, smoking, and environmental toxicants.
- Enhancing comprehensive sexual education to include information on fertility awareness, signs and symptoms of reproductive health concerns, and infertility more broadly.
- Investing in research and public health infrastructure to monitor infertility, its risk factors, related stigma, as well as quality fertility care, treatment, and support.
- Enhance regulatory systems to incorporate infertility policies and regulations within their health systems and reproductive health care.
- Addressing infertility-related stigma and factors that perpetuate this stigma, such as poverty, gender stereotypes, and lack of access to education for girls.

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## REFERENCES

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1. Gipson, J. D., Bornstein M. J., & Hindin, M. J. (2020). Infertility: A continually neglected component of sexual and reproductive health and rights. *Bulletin of the World Health Organization*, 98, 505-506.
2. Zegers-Hochschild, F., Adamson, G. D., Dyer, S., Racowsky, C., de Mouzon, M., Sokol, R., Rienzi, L., Sunde, A., Schmidt, L, Cooke, I. D., Simpson, J. L., & van der Poe, S. (2017). The international glossary on infertility and fertility care. *Fertility and Sterility*, 32(9), 1786-1801.
3. Starrs, A. M., Ezeh, A. C., Barker, G., Basu, A., Bertrand, J. T., Blum, R., Coll-Seck, A. M., Grover, A., Laski, L., Roa, M., Sathar, Z. A., Say, L., Serour, G. I., Singh, S., Stenberg, K., Temmerman, M., Biddlecom, A., Popinchalk, A., Summers, C., & Ashford, L.S. (2018). Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. *The Lancet*, 391, 2642-2692. doi:10.1016/S0140-6736(18)30293-9
4. Kroes, H., Siermann, M., Jansz, R., & Gerrits, T. (2020) Breaking the Silence around Infertility: A Narrative Review. Retrieved from <https://share-net.nl/breaking-the-silence-around-infertility-a-narrative-review/>
5. WHO. (2021, June 6). Infertility. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/infertility>
6. Davis, M. F., & Khosla, R.(2020). Infertility and human rights: A jurisprudential survey. *Columbia Journal of Gender and Law*, 40(1), 1-45.
7. Gerrits T (2012). Biomedical infertility care in low resource countries: barriers and access. *Facts Views Vis Obygn Monog*, 2, 1-6.
8. Thoma, M., Fledderjohann, J., Cox, C., & Kantum Adageba, R. (2021). Biological and Social Aspects of Human Infertility: A Global Perspective. *Oxford Research Encyclopedia of Global Public Health*. Retrieved 6 Jun. 2021, from <https://oxfordre.com/publichealth/view/10.1093/acrefore/9780190632366.001.0001/acrefore-9780190632366-e-184..>
9. Greil, A.L., Slauson-Blevins, K., & McQuillan, J. (2010). The experience of infertility: a review of recent literature. *Sociology of Health and Illness*, 32(1), 140–162.
10. WHO. (2010). Mother or nothing: The agony of infertility. *Bulletin of the World Health Organization*, 88, 881-882.
11. Jegede, A. S. (2007). What Led to the Nigerian boycott of the polio vaccination campaign? *PLOS Medicine*, 4(3). doi:10.1371/journal.pmed.0040073
12. Ackerson, K., & Zielinski, R. (2017). Factors influencing use of family planning in women living in crisis affected areas of Sub-Saharan Africa: A review of the literature. *Midwifery*, 54, 35-60. doi:10.1016/j.midw.2017.07.021
13. Ombelet, W. (2014). Is global access to infertility care realistic? *The Walking Egg Project. Reproductive BioMedicine Online*, 28(3), 267-272.
14. Hammarberg, K., & Kirkman, M. (2013). Infertility in resource-constrained settings: Moving towards amelioration. *Reproductive BioMedicine Online*, 26(2), 189-195.
15. Gerrits T, Van Rooij F, Esho T, Ndegwa W, Goossens J, Bilajbegovic A, Jansen A, Kioko B, Koppen L, Kemunto Migiro S, Mwenda S, Bos H. (2017). Infertility in the Global South: Raising awareness and generating insights for policy and practice. *Facts Views Vis Obygn*. 9(1):39-44.

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