Bangladesh J Obstet Gynaecol, 2022; Vol. 37(1): 1-3

Editorial

Access & Quality of Infertility Services in the Developing World

Introduction:

The large majority of childless couples are residents of developing countries. According to WHO, more than 180 million couples in developing countries suffer from primary or secondary infertility. Unfortunately Infertility care is probably the most neglected and underestimated care in developing countries.

Differences between developed and developing countries are emerging because of the different availability in infertility care and different socio-cultural value surrounding procreation and childlessness. Although the negative consequences of childlessness are much more pronounced in developing countries when compared to Western societies, interest of the international community and local health care providers is still lacking.

Many families in developing countries completely depend on children for economic survival, so childlessness has to be regarded as a social and public health issue and not only as an individual medical problem.

In developing countries, the 12-month infertility prevalence rate ranges from 6.9-9.3%.

Substantial geographical differences are noted and these differences can be explained by different environmental, cultural and socio-economic influences[1].

Although IVF and related procedures get all the public attention, infertility care cannot be reduced to assisted reproductive techniques alone.

Other options are equally important such as

- A listening ear and psychological support
- Availability of basic diagnostic procedures
- Easy methods of ovarian stimulation
- Timed coitus
- Intra uterine insemination
- Reproductive surgery

The level of infertility care we are aiming for will differ from country to country. Many variables can be important such as:-

- The economical and political situation of the country
- The level of education and reproductive health care
- Facilities concerning medical care including the quality of the hospitals, available equipment, facilities to perform surgery in case of complications
- The level of mother care

In developing countries, female infertility is caused by:-

Infections leading to BLTB

1. STDs (70%)
2. Pregnancy- related Sepsis (30%)

Many cases of male infertility is caused by previous infection of the male genitourinary tract. Both conditions are preferably treated by ART but most infertile couples in developing countries can't afford ART because the techniques are too expensive and mostly limited to private centres.

Arguments against treatment of Infertility in developing countries:

Despite the well documented observations of the social and economic consequences a surprisingly low interest is shown on the issue of infertility and childlessness on a national and international level[2]. The two key arguments against treatment of infertility in developing countries are

1. Overpopulation
2. Limited Resources.

Overpopulation:

The argument of overpopulation suggests that in countries where overpopulation poses a demographic problem, infertility management should not be supported by the government. Therefore, national and

international health strategies have always focussed on reducing total fertility rates (number of children per woman) while infertility care has received little or no attention. But even if infertility treatment could be made more accessible in developing countries it would probably account for less than 1% of all deliveries. Denying infertile couples access to infertility care is not a fair population restriction policy

Limited Resources:

According to the 'limited resources' argument it is hard to justify expensive fertility treatment in settings with few resources and more important challenges to deal with. Expensive techniques cannot be justified in countries where poverty is still an important issue and where health care systems still struggle with the huge problem of infectious diseases such as malaria, tuberculosis and HIV[3].

Reproductive autonomy is the main argument in favor of the provision of infertility treatment in developing countries. If citizens have the right to decide when, how many and how to have children in developed countries. Why would citizens of developing countries not have the right to have at least one child, especially if we succeed to simplify the methods of infertility care and make them affordable for a much larger part of the population?

Considering local governments, it is not only the resource constraint which prevents the providing of infertility services in many developing countries. With the dominant discourse focusing on controlling overpopulation it is no wonder that infertile women are marginalized and consequently excluded from health sector interventions. Infertile women are victims of the systematic process of 'cultural' exclusion, but in some countries they are also 'institutionally' excluded.

Although reproductive health education and prevention of infertility are number one priorities, the need for accessible diagnostic procedure and new reproductive technologies(ART) is very high. The success and sustainability of ART in resource-poor setting will depend to a large extent on our ability to optimize these techniques in terms of availability, affordability and effectiveness.

Accessible infertility treatment can only be successfully introduced in developing countries if socio-cultural and economic prerequisites are fulfilled and governments can be persuaded to support their introduction. We have to liaise with the relevant authorities to discuss the strengthening of infertility services, the core of which lies the integration of infertility, contraceptive and maternal health services within public health care structures.

International Statements:

At the United Nations International Conference on Population and Development in Cairo in 1994 the following statement was made[4]

"Reproductive health therefore implies that people have the capability to reproduce and the freedom to decide if, when and how often to do so … and to have the information and the means to do so …".

In 2004 the World Health Assembly[5] proposed five core statements, including "the provision of high-quality services for family-planning, including infertility services" (World Health Assembly, 2004)

The International Federation of Obstetricians and Gynaecologists (FIGO)[6] stated that "women and men have the right to the highest available standard of health care for all aspects of their sexual and reproductive health" (FIGO, 2003).

As the power of medical technology advances, more and more difficult questions are raised about what sorts of rights to such technologies people might have, especially in resource-poor countries. People surely have a right to basic medical care, therefore global access to infertility care should be seen as a fundamental human right, with respect to socio-cultural, ethical and political differences irrespective of the countries they reside in.Political statements and commitments need to result in appropriate actions but progress towards the attainment of these goals on the subject of infertility in developing countries remains however slow. The reasons are multiple and include, among others, the problem of 'brain drain', lack of collaboration, budgetary constraints and lack of political commitment.

On the other hand, the most important non-profit international organizations including Family Health International, WHO, International Planned Parenthood Federation (IPPF) and The Population Council still focus on safe motherhood, the reduction of unsafe abortions, prevention of STDs and HIV/AIDS. The implementation of infertility treatment in developing countries is not a priority for these organizations

Access is progressively becoming easier due to:

- Increased financial affluence
- Awareness regarding various infertility treatments
- Development of infertility services in government sectors
- Opening up of more small infertility centres throughout developing countries both in public and private sectors.
- More trained manpower
- Avalability of low cost USG machines
- Production of gonadotropins by local pharmaceuticals.
- Increased availability of IUI and endoscopic equipments

Conclusion:

Time has come to change policies and to realize that access to infertility care is one of the largest emerging fields in global medicine. The immense problem of childlessness in developing countries requires greater attention at national and international levels for reasons of social justice and equity. Only a global project with respect to socio-cultural, ethical, economical and political differences can be successful and convince those who believe that the issue of overpopulation is still an absolute argument to deny the "forbidden desire' of many childless women in developing countries.

After a fascinating period of more than 30 years of IVF, only a small part of the world population benefits from these new technologies. Time has come to give equitable access to effective and safe infertility care in resource-poor countries as well.

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References:

1. Ombelet W, Cooke I, Dyer S, Serour G et al. Infertility and the provision of infertility medical services in developing countries. Hum Reprod Update. 2008;14:605-21.
2. Aboulghar MA. The importance of fertility treatment in the developing world. BJOG. 2005;112:1174-6.
3. Dhont N, Clinical, epidemiological and socio-cultural aspects of infertility in resource-poor settings. FV&V in ObGyn. 2011b;3:77-88. PhD Summary. www.fvvo.eu
4. United Nations International Conference on Population and Development in Cairo in 1994. https://www.unfpa.org/icpd
5. Fifty-seventh World Health Assembly, Geneva, 17-22 May 2004: resolutions and decisions, annexes.https://apps.who.int/iris/handle/10665/20159
6. Ombelet W, Global access to infertility care in developing countries: a case of human rights, equity and social justice.Facts Views Vis Obgyn. 2011; 3(4): 257–266.