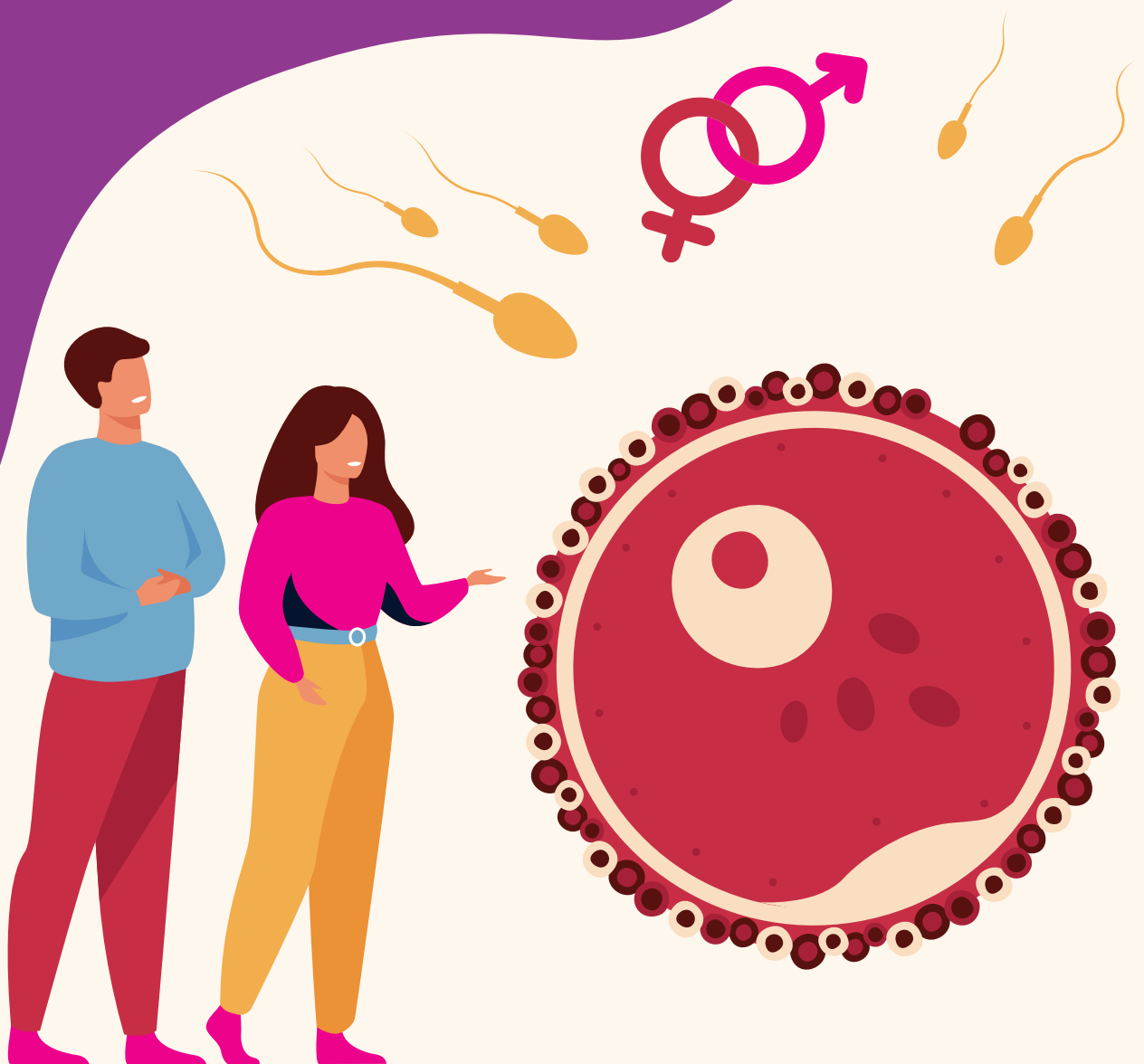


Infertility, Assisted Reproduction (AR) and Surrogacy Facts



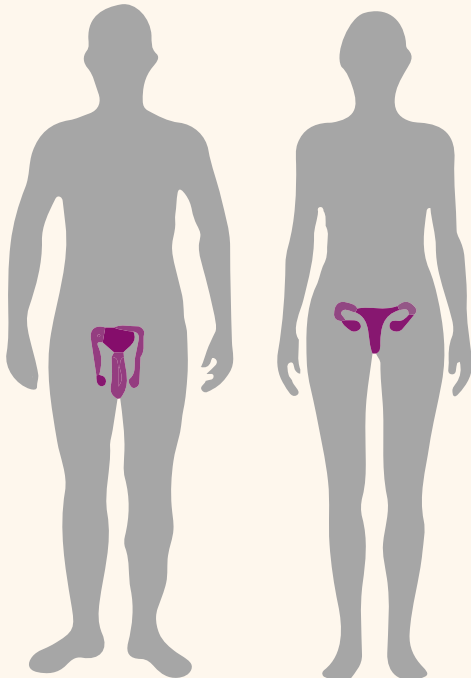
INFERTILITY DEFINITION AND FACTS

Infertility is not only a medical issue but also a social and political one that reflects deep-seated ideas about women's roles and values in society. Infertility and women's rights intersects in ways that highlight gendered expectations, bodily autonomy, and societal pressures surrounding reproductive health. Research reveals that infertility along with lack of access to information and treatment among women leads to Gender Based Violence (GBV) and psychosocial issues, controlling informed decisions and choices related to body.

While laws exist to address violence related to childlessness, such violence still occurs in villages but often goes unreported.

Infertility and assisted reproduction are closely linked, as assisted reproductive technologies (ART) provide medical solutions for individuals and couples who struggle with infertility and make choices about their reproductive health¹.

“Since violence due to childlessness is dealt by law so, they are not taken outside, but there is violence in village.”
- (FGD: Rangeli)



Clinical infertility: The World Health Organization recognizes infertility as a disability and defines it as the inability to achieve a clinical pregnancy after at least 12 months of regular, unprotected sexual intercourse.

Social/situational infertility: Situations in which same-sex couples and single people want to become pregnant, but are unable to based on their sexual orientation, lack of partner, or other socio-cultural barrier².

- Infertility affects millions of people globally and has an impact on their families and communities.


Estimates suggest that approximately one in every six people of reproductive age worldwide experience infertility in their lifetime². Large-scale surveys, such as the Nepal Demographic and Health Survey (NDHS), have not specifically collected data on infertility. However, they do provide related information, such as the percentage of women who are declared infertile, this percentage stands at 3.9% among women with no living children. (Fertility Preference; NDHS 2022)

- Infertility is a significant component of sexual and reproductive health and rights, yet it remains a neglected issue in most countries, including Nepal. Addressing infertility is an important component of sexual and reproductive health and rights, and is central to achieving SDG 3 and SDG 5¹.

Links to Sustainable Development Goals (SDGs)¹


- **SDG 3: Good Health and Well-Being**
 - o Aim: Ensure healthy lives and promote well-being for all at all ages.
 - o Relevance: Access to infertility treatment and reproductive health services contributes to improved health outcomes.

3 GOOD HEALTH AND WELL-BEING

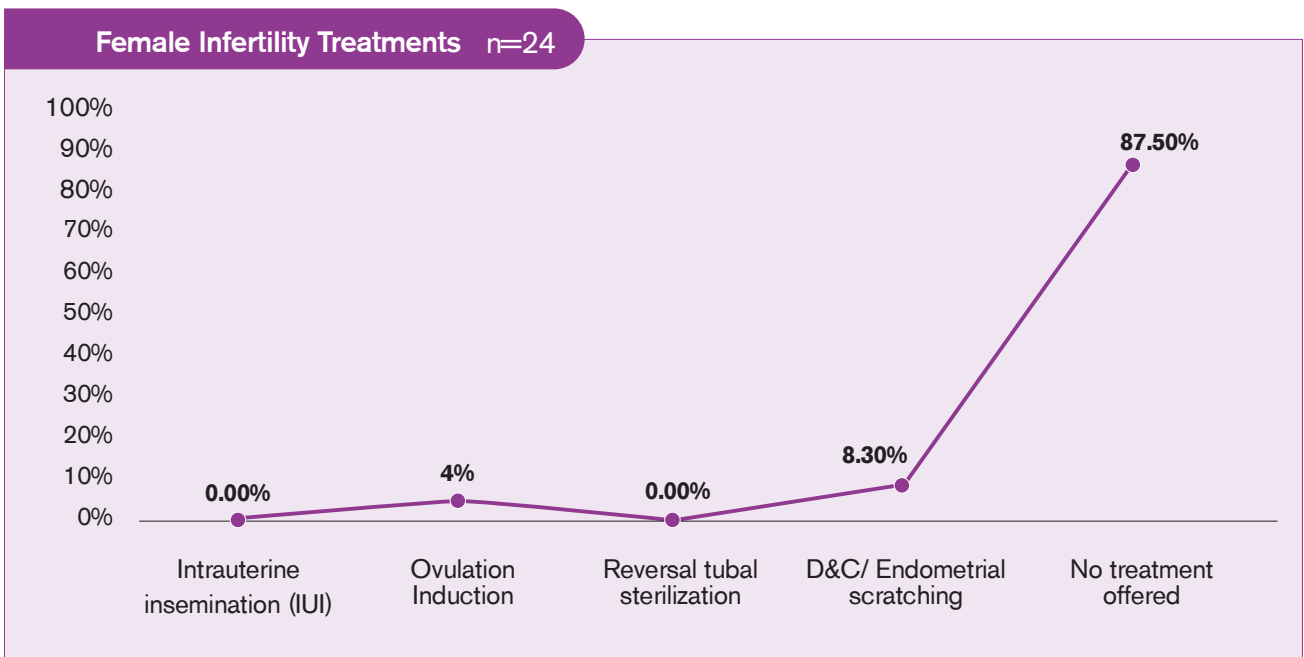


- **SDG 5: Gender Equality**
 - o Aim: Achieve gender equality and empower all women and girls.
 - o Relevance: Addressing infertility supports women’s reproductive rights and health, promoting equality.
 - The male reproductive system may experience issues such as low sperm count, poor motility, or problems with semen ejection. In females, factors can include ovarian dysfunction, uterine abnormalities, blocked fallopian tubes, and hormonal imbalances².
 - Infertility can be classified as primary or secondary. Primary infertility refers to individuals who have never achieved a pregnancy, while secondary infertility applies to those who have had at least one successful pregnancy but face challenges in conceiving again².

5 GENDER EQUALITY



Access to fertility care in Nepal is limited. Many people struggle to obtain adequate diagnosis and treatment due to socio-economic factors, cultural beliefs, and a lack of prioritization in health policies. Fertility services are often not included in national universal health coverage, leaving many without affordable options. This is creating the situation of denial of constitutional rights; right to health. This disparity highlights the need for increased awareness and improved healthcare infrastructure to ensure equitable access to fertility care for all individuals and couples facing infertility challenges in Nepal⁴.



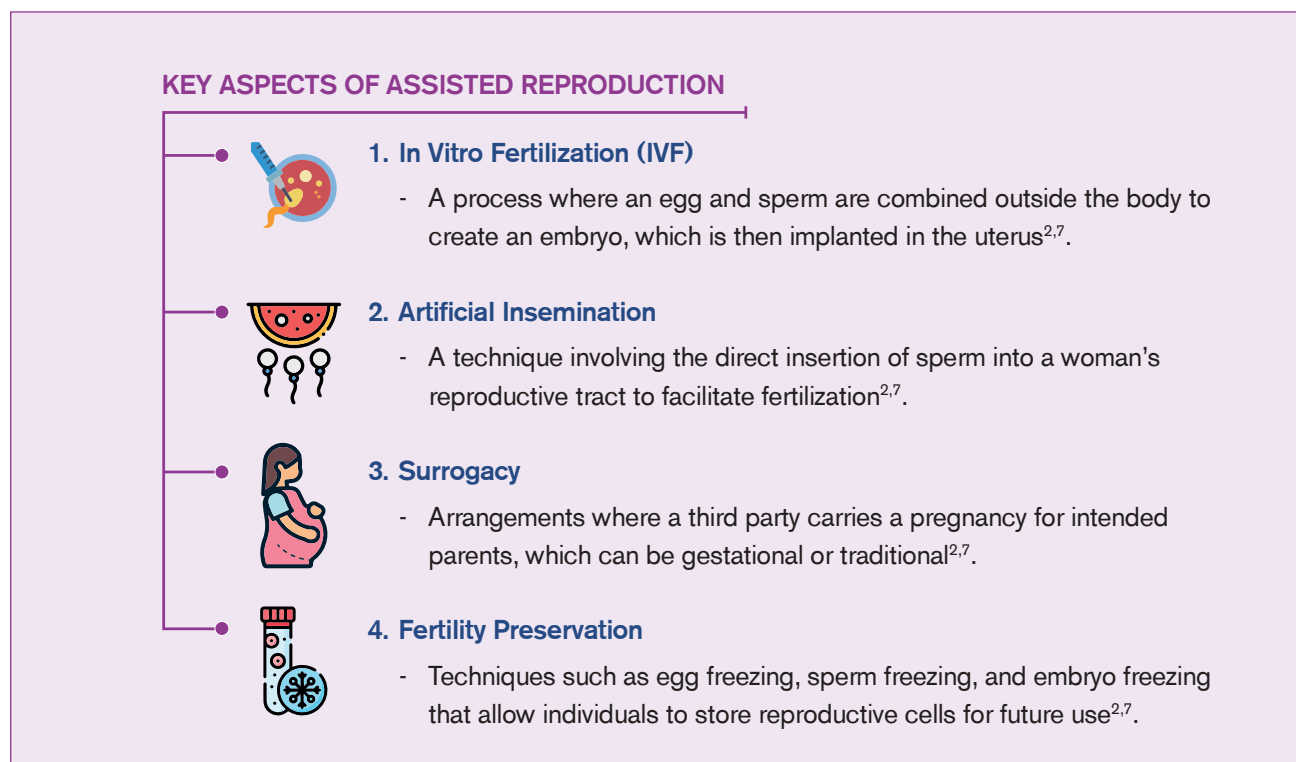
The findings from the Situation Analysis of Sexual and Reproductive Health Service Availability and Accessibility in Morang, Nepal, a total of (n = 24) of the survey, equal number of the private and public health facility, whereas out of 24 health facilities, 79.2%, 12.5%, 4.2% and 4.2% primary, secondary, tertiary and others level of care respectively, conducted by WOREC shows the lack of ART facilities not only limits treatment options for individuals and couples but also exacerbates inequalities, as those who can afford to travel to more developed areas or abroad for ART services may do so, while those in rural areas like Morang are left with no viable options. The complete absence of treatment options for male infertility is a glaring issue in Nepal’s fertility care landscape. Male infertility is often stigmatized or overlooked, which may contribute to a lack of healthcare provision in this area. In many societies, infertility is perceived as a “women’s issue,” leading to a lack of focus on male reproductive health. This creates a serious gender imbalance in fertility care, where female infertility may be prioritized over male infertility, leading to untreated conditions for men who may contribute to infertility in couples.

Assisted Reproduction Technologies (ART) facility	Frequency (%) n=24	Male Infertility Treatment	Frequency (%) n=24
Unavailability of ART facility	100%	No treatment offered	100%

The findings illustrate significant gaps in infertility services, including a lack of awareness among service providers, insufficient treatment options, and an overall gender bias in the perception and management of infertility. The absence of ART facilities is particularly concerning and limits options for couples seeking assistance.

“One should be able to connect with such new technology and it should be convenient. People here say, to go to Dr. Bhola Rijal in Kathmandu, but it’s difficult and expensive technology; the government should provide assistance and subsidies. The biggest issue is that women should not have to endure torture. They should not have to face criticism from their village community.”
(FGD: Kerabari)

Assisted Reproduction (AR) encompasses all aspects of medication interventions in fertility, including technologies, surrogacy, and fertility preservation, among many others^{2,7}.



“She had cancer, and they wanted a child, but she couldn’t give birth, and after that, the couple went to India, stayed there, gave their eggs and sperm, and had another woman give birth to their child. It has been eight to ten years since then. If there were laws in Nepal, they wouldn’t have to go to India, and the cost wouldn’t have been so high.”
 (FGD: Biratnagar)

Global Trends in Assisted Reproduction³

- **Prevalence:** The use of AR has grown significantly worldwide, with millions of babies born through assisted reproductive technologies (ART). The global market for fertility services is projected to continue expanding.
- **Legislation:** Different countries have varying regulations regarding ART, including ethical guidelines for surrogacy and donor anonymity.
- **Access:** Access to AR can vary significantly based on geographic location, socioeconomic status, and healthcare systems.

Assisted Reproduction in Nepal^{4,5}

- **Emerging Field:** Assisted reproduction is a relatively new field in Nepal, with several clinics offering IVF and related services.
- **Legislation:** As of now, there is no comprehensive legal framework governing assisted reproduction in Nepal. This absence can create challenges regarding the rights of donors, child’s, surrogates, and intended parents.
- **Cultural Factors:** Cultural attitudes toward fertility treatments may influence the acceptance and utilization of AR in Nepal. However, growing awareness is leading to increased acceptance.

Understanding Surrogacy: Types and Definitions

Surrogacy: a method of third-party reproduction where an intended parent or parents’ contract with a third-party who agrees to become pregnant and deliver a child for the intended parent(s)⁷.

Gestational surrogacy: when an intended parent(s) contract with a third party to attempt to become pregnant, carry to term, and deliver a child(-ren) using an embryo(s) not created from the egg of the person acting as surrogate⁶.

Genetic/Traditional surrogacy: when an intended parent(s) contract with a third party to attempt to become pregnant, carry to term, and deliver a child(-ren) using an embryo(s) created from the egg of the person acting as surrogate⁷.

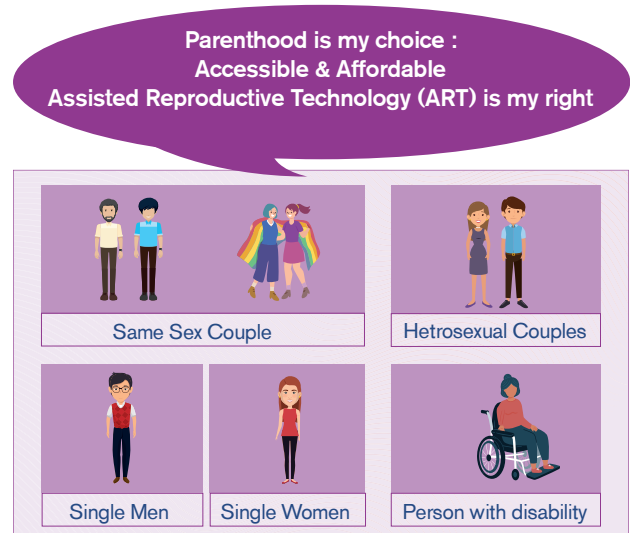
Compensated surrogacy: refers to surrogacy arrangements in which the person acting as surrogate is paid a fee above and beyond reimbursement for “reasonable expenses” associated with their pregnancy⁷.

Altruistic surrogacy: refers to surrogacy arrangements in which the person acting as surrogate does not receive monetary compensation, except potentially for reimbursement of expenses associated to their pregnancy⁷.

Person acting as surrogate:

A person who contracts with an intended parent(s) to attempt to become pregnant, carry to term, and deliver a child for an intended parent(s) and does not intend to parent the child(ren) born of a surrogacy arrangement⁷.

This person does not contribute their own gametes to the creation of the embryo(s) with which they are implanted.



Intended parent(s):

An individual(s) who contract with a person acting as a surrogate with the intent to parent the child(ren) born of a surrogacy arrangement. The individual(s) may or may not contribute their own gametes to the creation of the embryo(s) with which the person acting as gestational surrogate is implanted⁷.

The insights shared by community frontliners in the Feminist Participatory Action Research (FPAR) process on topic “Understanding Infertility through SRHR: Trends and policy obstacles in Assisted Reproduction” underline the critical intersection of infertility, reproductive health, and the need for better policy and legal frameworks to safeguard women’s rights and choices, particularly in the context of surrogacy.

The study points to a troubling disparity in access to affordable and regulated assisted reproduction options, particularly in rural areas. As you mentioned, while surrogacy can offer a potential solution for some couples struggling with infertility, the absence of comprehensive policy and legal protections puts both intended parents and surrogates at risk. Without regulation, individuals often turn to unregulated brokers or informal arrangements, which can lead to exploitation, unsafe medical practices, and ethical violations. The high costs of assisted reproduction further exacerbate the problem, limiting access to only those who can afford it and creating a system where reproductive health care is commodified.



References:

1. Infertility prevalence estimates, 1990–2021. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.
2. <https://www.who.int/news-room/fact-sheets/detail/infertility>
3. Zegers-Hochschild, F., et al. (2017). "The International Committee for Monitoring Assisted Reproductive Technology (ICMART) and the World Health Organization (WHO) revised glossary of ART terminology." *Fertility and Sterility*.
4. Tiwari, A., & Adhikari, S. (2020). "Assisted Reproductive Technology: Current Status in Nepal." *Journal of Nepal Health Research Council*.
5. Chandak, A., & Joshi, S. (2021). "Legal and Ethical Issues in Surrogacy in Nepal: A Review." *Kathmandu University Medical Journal*
6. <https://www.reproductivefacts.org/news-and-publications/fact-sheets-and-infographics/gestational-carrier-surrogate/>
7. <https://www.reproductivefacts.org/news-and-publications/fact-sheets-and-infographics/?n=10&q=Surrogacy&s=title>



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