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**Research Article**

# Infertility: An Unfinished Agenda in Reproductive Rights for Women in India

**Mala Ramanathan**

Professor, Achutya Menon Centre for Health Sciences Studies, SCTIMST, Thiruanantapuram, Kerala, India
Email id: mala@sctimst.ac.in

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## ABSTRACT

The paper explores the persistent challenges and unmet needs in addressing infertility within the framework of reproductive rights. She emphasises how despite India achieving replacement-level fertility rates, significant disparities persist, particularly impacting marginalised populations and rural communities. The paper underscores the critical role of reproductive rights, as outlined in the 1994 International Conference on Population and Development (ICPD), in ensuring women's autonomy over their fertility choices. It argues for a comprehensive reproductive health approach that includes accessible infertility care alongside contraceptive services, advocating for public sector provisioning to mitigate the privatisation and financial barriers currently hindering access. The discussion is framed within the context of evolving global reproductive health policies and highlights the societal stigma attached to infertility, predominantly affecting women. The paper concludes by calling for policy reforms to integrate infertility care into national reproductive health agendas, aiming to provide equitable access and address the stigma associated with involuntary childlessness.

**Keywords:** Infertility, Reproductive rights, Contraception, Reproductive health

## INTRODUCTION

Infertility remains a significant yet often overlooked issue within the broader framework of reproductive rights in India. Despite advancements in contraceptive access and family planning initiatives, the plight of individuals facing infertility challenges persists, affecting their reproductive autonomy and societal acceptance. This paper examines

the current status of infertility care in India, highlighting policy gaps, societal implications, and recommendations for addressing this critical reproductive health issue.

## CURRENT STATUS OF FERTILITY RATES AND CONTRACEPTIVE USE

India has experienced a notable decline in fertility rates, with the National Family Health Survey (NFHS) 2019–2020 reporting a national fertility rate of 2.0 (Ramanathan and Thomas, 2021). If it has declined to 2.0 in the current period, then it has gone below the required total fertility rate for achieving our national population goals which were set to be achieved in 2010 maybe 11 years later but we have achieved the targeted fertility decline that was required.

Urban areas exhibit even lower rates, with a Total Fertility Rate (TFR) of 1.6, underscoring a trend towards reduced fertility across the country (Ramanathan and Thomas, 2021).

Concurrently, contraceptive use among currently married women aged 15–49 has increased from 47.8% in 2015–2016 to 56.5% in 2019–2020, reflecting broader acceptance and access to contraceptive methods (Ramanathan and Thomas, 2021).

Despite these advancements, marginalised populations, particularly in rural areas, face barriers to accessing contraceptives, exacerbated during the COVID-19 pandemic (Ramanathan and Thomas, 2021). The unmet need for contraception stands at 9.4%, underscoring persistent challenges in ensuring universal access to family planning services (Ramanathan and Thomas, 2021).

The Government of India has made a lot of attempts to improve the use of contraceptives through various schemes such as through Mission Parivar Vikas in Bihar. Different states have come up with new programmes; they have attempted to use new contraceptives including the injectable called *ANTHRAN* and the *CHHAYA* which is Centchroman–the once-a-week pill. The unmet need for contraception is 9.4 and there is limited access to these contraceptives particularly during the pandemic period. People have discussed it, they have used help lines, the ability to reach out the programmatic effort has been severely hampered during the pandemic. Yet we have reached what is known as ‘replacement level’, but there is some concern over fertility among marginalised populations who are remote and won’t have access who may have other reasons given that as a country we have achieved this, should we demand for population policies that restrict growth & ignore the formidable declines that have been achieved is something that has implications for reproductive health and that is why, having achieved the goals we set for ourselves, we need to refocus on reproductive rights and choices.

During 1994, when the International Conference for Population and Development when it met on 5–13 September in Cairo, it was a watershed moment because it put reproductive rights and choices on the forefront of the discourse of family planning. Concerns regarding the impact in the lockdown situation access to contraception could be limited; it might give rise to heightened fertility; the data collection as part of NFHS during the lockdown belies these fears at least in the Indian context. We cannot allow this hard-earned mandate to be frittered away. The rights of women to determine their reproductive choices is something that is very hard earned and granted to us through these various mandates of & the Government of India. We cannot fritter it away through fears of increasing fertility because NHFS data tells us that the fertility has not increased. There have been increasing access to non-coercive options for men and women since 1996 when we started the target-free approach for accessing contraception, before that we had set targets. Targets are still being set but not at the kind of rigour in the coercive manner in which it used to be, all because of the acknowledgement of reproductive rights for men and women from the ICPD mandate.

What are the advantages of these reproductive rights? It enables us to focus on individual needs, not target, that are external to women and men's needs. It enables them to access what they choose whether it is to have children or whether it is to restrict having children it does not mean, rights for reproductive rights for women does not mean no rights for men. Merely enabling men and women regardless of sexual orientation to achieve their family choices is what reproductive rights opened up for men and women. So what exactly is this? It is 'a state of complete physical mental and social well-being and not merely the absence of disease of infirmity in all matters relating to the reproductive system and to its functions and processes'. Reproductive health therefore implies that people are able to have a satisfying and safe sex right and they have the capacity to reproduce and the freedom to decide if and when and how often to do so; that is what enables us to have discourse on both fertility choices and its restriction through contraception and other means.

So what do we need? Reproductive rights as it was mandated is a positive right-positive right from a legal framework requires the state to help us to maintain it and it calls for expanding the scope of maternal and child health services to include contraceptive access, access to medical termination of pregnancy which is legal, yet in the 51$^{st}$ year of having made it legal and that discourses and ongoing one to access to medical termination of pregnancy for managing of contraceptive failure and addressing gynaecological morbidity and sexually transmitted diseases, why because it also reproductive rights enhances includes with its arm the capacity to reproduce a sexually transmitted diseases and gynaecological morbidity hampers that. So there it calls for addressing all this in providing a comprehensive package for reproductive

rights would include preventive and curative rights to maintain reproductive ability or redressal, if it was lacking. So, these reproductive rights which are accepted as part of the ICPD mandate, have not been fully realised even more than 25 years after its acceptance the concern over population growth has constantly been a discourse that has affected reproductive rights and the second reason why the discourse has not looked at the ability to or the capacity to reproduce is, if infertility care is needed, given a tertiary care level, the investment needed is very high, and that is another reason why these reproductive rights that were asserted are yet to be realised. This is not to say that women should not have access to restrict their fertility, but it is at least when we don't have total fertility rate even in the pandemic period has gone down to 2.0 should we not start looking at those women who could not get off that race if they want to have children and that is why we need to look at those rights of women. Because why we are talking about the rights of women who are unable to have children. This is a very gendered burden; about five women out of every hundred in the reproductive age experience some form of childlessness, this is based on an estimate from the Census of India of 2011 but how is it gendered? it could be biological why is it gendered? because infertility brings stigma to men and women but the impact of that stigma is most severe on women because women are the ones who are challenged by society through family disapproval and social disapproval by calling them rude names if they are married they have the risk of abandonment and they also have the risk of gender-based violence and in addition to all of these adverse outcomes, women often take the responsibility or the burden off shielding men from stigma of male infertility by getting labelled as being the one carrying the infertility burden because often male infertility is misunderstood in the communities as male impotence which are two different things. In order to shield men from that stigma more women are reported to take on even that burden and therefore the burden of infertility is seriously gendered in terms of how it affects men and women and the adverse consequences are more likely to be experienced by women. Therefore the infertility burden in 2021 was estimated earlier to be about 11 to 14 million women, and the provisioning for infertility care is heavily privatised, that is why we need to look at reproductive rights for women, by enabling provisioning in the public sector. There were 1500 ART Centres in 2019 as per reports and there were only 10 in the public hospitals in 2019, it might have improved since then but it is important if reproductive rights, to maintain or regain, the capacity to have children is a reproductive right of women and it's a positive right provisioning needs to be made it cannot be a meagre 10 out of 1500!

## INFERTILITY AS A NEGLECTED REPRODUCTIVE RIGHT

Infertility affects a significant segment of Indian women, with an estimated 4.5 out of 100 currently married women experiencing some form of involuntary childlessness

(Unisa, 2010). This condition not only poses medical challenges but also subjects women to profound societal stigma and psychological distress (Ramanathan and Thomas, 2021). The stigma associated with infertility often leads to social ostracisation, marital discord, and psychological trauma, particularly for women who bear the brunt of societal expectations regarding motherhood (Ramanathan and Thomas, 2021).

Moreover, infertility care in India remains largely privatised, with only a fraction of Assisted Reproductive Technology (ART) centres available in public hospitals compared to private facilities (Ramanathan and Thomas, 2021). This privatisation exacerbates financial barriers, making infertility treatments inaccessible for many couples, particularly those from lower socioeconomic backgrounds (Ramanathan and Thomas, 2021).

It is one of the various unfinished agendas as is the access to contraception for marginalised groups but women's choices regarding fertility are not only about contraception, it also means looking and enabling them to bear children if they want to have them it does not mean you know everyone has to bear them, people may want to have adopted children that option should also be enabled but for women and men who want children and are unable to do so for biological reasons and if it is possible to restore it then we have to enable the rights to form family and that is why when we talk of contraceptive access we also need to have a discourse on infertility care and managing this you negotiating a way out of childlessness, for some of these is so important.

So when we talk of reproductive rights and choices, infertility care was talked about in the eighth plan with centres to be set up in at least district level this has not been part of any reproductive health agenda but it needs to be because in direct estimate as I said to indicate that 4.5 out of 100 currently married women experience some form of childlessness, it may seem like a small number but when you add it to, when you count the total number of women who may be experiencing at any point of time is a huge number so if we're going to focus on excessive fertility as part of a national agenda for reproductive rights for men and women we also need to respect. Look at those women who did not manage to achieve their choices in this respect. Infertility care in this country is largely left to the private sector and when it is left to private sector there is a huge cost involved in when you know people don't have the means to address it, the financial cost makes it inaccessible for many couples. It's not part of a normative discourse, we haven't made it OK to be childless or what is it discontinued to the women and men who are in that situation continued to be stigmatised, it is a stigmatising condition and the stigmatised nature needs to change as part of right framework if people don't want to have children we need to have a

societal acceptance of that and if they want to change it, then enables that, that is why infertility care has to be part and parcel of reproductive rights and choice framework and we need to provide a space for people who remain voluntary childlessness and by removing the stigma associated with it and along with it we need you have provisioning made public provisioning made for mitigating against childlessness which has to be brought in within the reproductive rights framework which is part of our original ICPD mandate but remains unfulfilled.

## POLICY GAPS AND RECOMMENDATIONS

Despite discussions dating back to India's Eighth Five-Year Plan regarding the establishment of district-level infertility treatment centres, progress has been slow and uneven (Ramanathan and Thomas, 2021). This paper calls for integrating infertility care into national reproductive health agendas, ensuring public sector provisioning to mitigate financial barriers and combat societal stigma associated with infertility (IFFS, 2019).

Efforts should focus on expanding the scope of maternal and child health services to include comprehensive infertility care, encompassing both medical and psychological support for affected individuals (Ramanathan and Thomas, 2021). Policymakers must prioritise the destigmatisation of infertility through public awareness campaigns and educational initiatives aimed at fostering a supportive societal environment for individuals facing involuntary childlessness (Ramanathan and Thomas, 2021).

This paper advocates several critical recommendations to address the unfinished agenda from the International Conference on Population and Development (ICPD) 1994. It emphasises the need to expand discussions beyond contraception alone, ensuring women's rights to choose to bear children when they desire, and recognising the rights of individuals, both women and men, facing biological obstacles to founding a family. Despite discussions in India's Eighth Five-Year Plan regarding district-level infertility treatment centres, implementation remains insufficient within national reproductive health agendas (Unisa, 2010). Indirect estimates suggest that 4.5 out of 100 currently married women experience involuntary childlessness, underscoring the importance of prioritising this issue in reproductive health policies (Ramanathan and Thomas, 2021). While efforts often focus on reducing excessive fertility rates, equal attention must be given to supporting those unable to achieve their desired family size. Moreover, the predominantly privatised nature of infertility care in India exacerbates its inaccessibility and perpetuates social stigma (Ramanathan and Thomas, 2021). Overcoming this stigma is crucial within a rights-based approach, ensuring that involuntary childlessness does not lead to societal exclusion but instead fosters acceptance and support for those choosing

not to have children. By integrating these recommendations, India can advance towards comprehensive reproductive rights for all its citizens.

## CONCLUSION

Addressing infertility within the framework of reproductive rights is essential for upholding principles of autonomy, equity, and dignity envisioned at the International Conference on Population and Development (ICPD) in 1994 (United Nations, 1995). By expanding access to infertility treatments and dismantling societal barriers, India can empower individuals to make informed choices about their reproductive health and family formation (Ramanathan and Thomas, 2021).

## REFERENCES

International Federation of Fertility Societies (IFFS) (2019). International Federation of Fertility Societies' Surveillance (IFFS) 2019: Global Trends in Reproductive Policy and Practice, 8th Edition. *Global Reproductive Health*, *4*(a), e29–e29. doi: 10.1097/GRH.0000000000000029

Ramanathan, M., & Thomas, S. C. (2021). Infertility – an unfinished reproductive rights agenda in India, *Indian Journal of Medical Ethics*, *6*(4), 267–269. doi: 10.20529/IJME.2021.072

Unisa, S. (2010). Infertility and treatment seeking in India: findings from district level household survey. *Facts, Views & Vision in ObGyn*, Monograph, pp 59–65.

United Nations (1995). Report of the International Conference on Population and Development: Cairo, 5–13 September 1994. New York: United Nations. Retrieved from https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/icpd_en.pdf

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