Fulfilment of fertility desires for the attainment of Global Sustainable Development Goals

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The release of the first global infertility estimates in over a decade by the WHO is a notable achievement in global health. The global community has made significant gains in improving human health, through a sustained effort to address modifiable causes of mortality and morbidity, and the promotion of sexual and reproductive health and rights (SRHR) for all. As countries move to achieve universal health coverage (UHC) and Sustainable Development Goals (SDGs), SRHR efforts remain crucial given their link with mortality, gender equality, women’s well-being, maternal, newborn, child, and adolescent health, as well as economic and environmental prosperity.

Fertility desires are private choices regarding whether to have any children, to delay or stop having children. They are an expression of individual preference, which is linked to bodily autonomy, sexuality and reproduction. Consequently, everyone should be empowered to make an informed decision regarding if, how many and when to have children.

However, many individual, social and structural factors affect the translation of fertility desires into reproductive outcomes. The extent to which fertility desires are realised is linked to societal shifts in education, labour force participation, patterns of sexual partnerships, parental age, changing values on gender equality, evolving roles of women and men in families, as well as macroeconomic policies related to parental leave, and support with child care costs. Demand for, and access to, and utilisation of SRHR services that can modify or regulate fertility are equally important.

Since fertility desires can vary with time and place, individuals everywhere require appropriate interventions to realise their fertility goals. Contraception, and fertility care (interventions aimed at prevention, diagnosis and treatment of infertility), aid in the fulfilment of fertility desires, while mitigating negative health outcomes such as high-risk pregnancies, unplanned births, unsafe abortions and involuntary childlessness. Contraception is a life-saving intervention with health, social (empowerment, education) and economic benefits. Likewise, infertility has negative social, mental health and economic impacts and if left unaddressed, interferes with the right to found a family.

The world is witnessing a decline in fertility rates. In 2021, the average global fertility rate was 2.3 births per woman over a lifetime, having fallen from 5 births per woman in 1950, and is predicted to decline to 2.1 by 2050. However, fertility rates should not be used to prioritise or restrict access to either contraception or fertility care. It is an individual’s right to access contraception in settings with decreasing birth rate as much as it is a right to access fertility care in settings with high fertility rates.

Several challenges need to be addressed to ensure that these individual rights are enjoyed by all. Infertility is often neglected and access to its solutions unaffordable, particularly in low-income and middle-income countries (LMICs), there is still a need to optimise safe contraception choices, and for both infertility and contraception, there is a pressing need to ensure that marginalised groups are not left behind. Furthermore, gender inequalities exist, given the low male participation in both contraception and fertility care. Furthermore, one of the reasons for non-use of contraception is the unfounded fear that it could cause infertility.

Moving forward, there is a need to implement a supportive policy and legal environment, and strengthen health systems, to enable informed reproductive decisions, and facilitate achievement of fertility desires.
The upcoming global events to mark 30 years of International Conference on Population and Development (ICPD) provide an opportunity to ensure that both contraception and infertility remain prominent on the SRHR agenda, as upheld by the ICPD in 1994.

In addition, as we approach 2030, there is an urgency to accelerate achievement of SDG target 3.7 on universal access to SRHR, by leveraging the UHC framework to ensure financial risk protection for people with infertility, reduce out-of-pocket expenditure on contraception, while also increasing domestic financing for both interventions in LMICs.

In 2022, WHO released the fourth edition of the Global Family Planning Handbook, which highlights the need for gender equality and gender inclusiveness in contraception services. This week WHO published its first estimates of global infertility prevalence in over a decade. These new data and guidance highlight the importance of fulfilling of fertility desires for all.

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