

Infertility Does Not Discriminate—But Access to Care Does; Breaking The Silence on Infertility, A Call for Equality in Low-Middle-Income-Countries

Abirame Sivakumar¹, Vindya Pathiraja², Tharanga Mudalige², Kaushini Peiris², Nirmala Rathnayake², Peter Phiri^{3,4}, Om Kurmi^{5,6}, Sohier Elneil^{7,8}, *Gayathri Delanerolle^{4,9}.

University of Jaffna, Sri Lanka¹, University of Ruhuna, Sri Lanka², University of Birmingham, United Kingdom³, Hampshire and Isle of Wight Healthcare NHS Foundation Trust, United Kingdom⁴, Coventry University, United Kingdom⁵, Department of Medicine, McMaster University, Canada⁶, University College London, United Kingdom⁷, University College, London Hospitals NHS Foundation Trust, United Kingdom⁸, University of Southampton, United Kingdom⁹.

ABSTRACT

For millions of women, subfertility is not just a medical condition—it is a deeply personal struggle that affects every aspect of their lives, yet reproductive healthcare remains out of reach for many women in low-resource settings. Despite the United Nations Sustainable Development Goals (SDGs) 3.7 and 3.8 advocating for universal access, Assisted Reproductive Technology (ART) remains a luxury few can afford. In many societies, a woman's worth is still unfairly tied to her ability to bear children, leaving those facing infertility to endure stigma, emotional distress, and even domestic violence. Cultural beliefs and superstitions only deepen their isolation, turning what should be a shared journey into a lonely battle. Yet, hope remains. Across the world, women pray, perform rituals, and cling to faith, searching for solace in a system that often fails them. But faith alone cannot replace access to proper fertility care. On International Women's Day (IWD) 2025, we must recognize that reproductive justice is not a privilege—it is a right. Every woman, regardless of wealth or background, deserves access to fertility treatments. It is time to ensure that all women's reproductive choices are supported, respected, and truly their own.

INTRODUCTION

As we celebrate International Women's Day (IWD) 2025, we recognise that for centuries, women have played a pivotal role in shaping modern society, with their contributions driving scientific, medical, political, and societal progress, leading to significant discoveries. IWD is not just a celebration of woman, but an opportunity to call for action in— Equality and Empowerment, highlighting our collective responsibility to ensure that every girl child and woman, regardless of race, ethnicity, age or socioeconomic status, should have

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*Correspondence:

Gayathri Delanerolle
Institute of Applied Health
University of Birmingham
Email: gkaush@outlook.com
Tel: +

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their fundamental rights such as the right to an education and reproductive health protected.[1].

Infertility and the Stigma Faced by Women in LMICs

In many low- and middle-income countries (LMICs), a woman's worth is still measured by her ability to bear children. Infertility is frequently misunderstood, and the presence of engrained superstitions, cultural beliefs, and societal expectations make it perplexed and isolating experience. Women facing childlessness often endure blame, exclusion, and emotional distress, with some experiencing domestic violence,[2] and abandonment.[3]. Across many South Asian cultures, infertility is often attributed to fate or divine will, leaving women feeling powerless and ashamed. Some are made to believe that their inability to conceive is a punishment for past misdeeds, leading to guilt, social isolation, and mental health struggles. The phrase "It takes a village to raise a child" is widely accepted, yet the childless women who contribute to this village are often overlooked and undervalued. Women without children play essential roles in families, workplaces, and communities, yet their contributions are seldom acknowledged.

The Intersection of Faith and Infertility

Women are frequently overwhelmed by feelings of shame and an unjustified sense of blame in the context of infertility, often with hushed comments, unsolicited advice, or outright censure from their family and society. In some cases, individuals are encouraged to seek spiritual solutions, such as attending temples, performing rituals, or praying for blessings, rather than considering medical treatments. While faith can bring solace, the societal pressure to conceive can have a substantial impact on their mental health, causing anxiety, melancholy, and feelings of loneliness. Yet, in the midst of this struggle, there is also hope. Across Tamil Nadu, India, and other parts of South Asia, temples dedicated to fertility blessings stand as places of solace. Here, hopeful parents tie wooden or cloth cradles to sacred trees, offering prayers with the belief that divine intervention will grant them a child (Figure 1). It is a quiet yet powerful act of faith, a

symbol of longing and trust in something greater and in the event of a successful pregnancy, gratitude takes the form of rituals, one of the most touching being the tradition of carrying their new born in a sugarcane cradle while walking around the temple. Once a rare sight, this practice is now common.



Figure 1. Cane Cradle Worship – A traditional subfertility ritual where devotees carry sacred offerings as part of spiritual practices, seeking divine blessings for fertility and motherhood.

The urgent Need for Reproductive Health Policies in LMICs

With an ever increasing female populous, infertility and reproductive health should be a vital part of the steadfast geopolitical advancements, particularly within LMICs to prevent their inequality, discrimination, and systemic neglect. For millions of women worldwide, the inability to conceive is not just a personal challenge but also a social, emotional,[4] cultural and financial burden exacerbated by stigma and systemic neglect.[5].

In LMICs, fertility clinics are not universally established, with most centres privately funded than part of a national health services.[6]. A recent global survey on ART practices and policies conducted by the International Federation of Fertility Societies (IFFS) further underscores these disparities. Among the 85 countries that provided data on insurance coverage for ART, fewer than half reported offering any form of financial assistance. Alarmingly, only 17 countries fully reimbursed ART services, integrating them into their national healthcare systems. This highlights the urgent need for policy reforms to ensure equitable access to fertility treatments worldwide.[7]. Also, as most women live within the poverty belt within LMICs, reproductive

healthcare, let alone specialised fertility treatments are not affordable forcing many to abandon their ability to enter motherhood.[8,9].

Redefining Women's worth beyond Motherhood

Breaking this cycle of stigma requires a societal shift in perspective—one that values women for their individuality, not just their ability to bear children. Inclusion must extend to all women, acknowledging their contributions beyond motherhood. Workplaces should foster environments where childless women are not marginalised, and social narratives must evolve to embrace diverse life paths. For true gender equality, we must fight for comprehensive reproductive justice—because no woman should be denied the chance to build a family due to financial barriers, stigma, or systemic neglect.

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