COMMENTARY

Childbearing difficulties: A forgotten component of family planning programs in West Africa

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Introduction

The definition of reproductive health is well codified and agreed upon by all stakeholders: "It's defined as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health, therefore, implies that people can have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so"[1]. This definition makes explicit the ability to decide to reproduce when, how, and how often to do so; implying that every male and female should benefit from interventions to ensure their reproduction.

Historically, family planning programs have evolved from a focus on population control (pre-Cairo) to programs built around four pillars - health, rights, access, and quality of services - after the 1994 Cairo conference[1]. While the World Health Organisation (WHO) definition recognizes the two entities of family planning—using contraceptive methods and treating infertility as essential[2]; more than 25 years after the International Conference on Population and Development (ICPD), the continuing influence of population control in policies and strategies indicates how fertility reduction still motivates much of the programming, research, and advocacy around family planning[2].

Are the principles of respect for rights and choice reserved exclusively for people who want to delay having a child or who decide not to have any more children? What about the goal of equity that family planning programs and the new health policy so often advocate? This article examines the silence of family planning programs and interventions of reproductive health on this neglected component of reproductive health and rights services by presenting the extent of reproductive difficulties, their social impact, and the perspectives.

Definition and scope of childbearing difficulties

Infertility is defined by WHO as the inability to conceive a child after 12 months or more of regular unprotected sexual intercourse[3–6]. This WHO definition refers to the clinical description of infertility. Beyond this definition, Fortin distinguishes three main types of infertility: (a) female infertility, (b) male infertility, and (c) mixed and unspecified infertility[7]. Whether male or female, infertility can be primary or secondary[9]. In a systematic review, Mascarenhas et al (2012) reported that primary infertility was 1.9% and secondary infertility was 10.5% in women aged 20–44[10]. Difficulties in childbearing are observed in both developed and developing countries. Infertility affects 10%-15% of couples worldwide[11-13]. According to the WHO, between 50 and 80 million people worldwide suffer from infertility[14,15], and trends are not decreasing in Sub-Saharan Africa[11,16,17] according to studies[9]. The factors of infertility in the couple have female causes (about 50%), male causes (20%-30%), and mixed (20%-

70%)[11]. Literature reported prevalence of infertility of 9% in The Gambia, 20%-30% in Nigeria[14], 11%-15% in Ghana[18,19], 9%-10% in Burkina Faso[20]. These figures show only a visible part of the magnitude of the problem of reproductive difficulties, which constitutes a public health problem, "a medical disease with a social expression". Thus, infertility deserves to be put on the agenda, because of its social impact on couples and mostly on women who in the collective imagination have always been historically indexed as the only ones who can suffer from procreation difficulties.

Effects of childbearing difficulties

In Africa, fertility is associated with social recognition or a guarantee of social status. Infertility is a real problem for couples with a significant psychological, social, and economic impact on women[18,21]. Indeed, procreation is the initial project of marriage in most African cultures. Thus, infertility is more of a social than a medical problem, or rather, a social drama. Regardless of the origin (male or female), and the cause of infertility, the woman most often bears the social burden[22]. This could be explained by the perception of reproduction in Africa well described by Sow: "African culture makes the woman the vector of reproduction, both biologically and socially. It is in her body that sterility is 'spotted', it is her body that 'betrays' male sterility"[23].

Relationship difficulties and domestic violence, including divorce and remarriage are among the social impacts of infertility on couples' lives[18,24]. The social control of the family and knowledge contribute to exacerbating the psychological impact with the stigmatization of both the woman and man, thus plunging the affected individuals and couples into a state of permanent distress.

At the individual level, an unfulfilled desire for motherhood has consequences in the different spheres of people's lives. It can be observed that physical and mental health, as well as life plans, are particularly affected by infertility. Feelings and attitudes of anger, especially on the part of the husband, guilt, spite, or grief on the part of the wife, despite all hope, frequently end up jeopardising the meaning and existence of the couple and often end up affecting the household. Most often it is the arrival of a new wife or simply the divorce. Assisted reproduction treatment for those who can afford them comes with a significant psychological and physical burden, especially for women who undergo most medical procedures. Infertility treatments, in turn, produce feelings of frustration and anger at the medical care received, as well as alternating between the hope of successfully conceiving through medicine and discouragement when treatments fail. Also, gender norms do not make it easy for men to speak out on the subject, particularly as they are struggling with their infertility problem and limit their use of services[25]. The low use of male reproductive health care by men contributes to an underestimation of the real prevalence and knowledge of associated factors; many men are diagnosed in the context of the couple's search for children[26].

Family planning programs are affected by infertility. Indeed, delayed fertility is one of the main barriers to the use of modern contraceptive methods, especially hormonal ones, by young people[27]. The influence of peers by women with these bad experiences and sociological rumours contributes to the poor results of reproductive health programs.

Family planning programs are silent on reproductive difficulties

Reproductive health, as a reminder, is: "...the general physical, mental and social well-being of the human person, in all matters relating to the reproductive system and to its functions and processes, and not merely the absence of disease or infirmity"[1]. This last condition implies that both men and women have the right to access health services that enable women to have a successful pregnancy and birth and give couples every opportunity to have a healthy child. Reproductive health care "the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases"[1].

Nevertheless, at the country level, infertility interventions are not on the national agenda. In 2008, Sajjabi, the Ugandan presidential

adviser, warned that infertility was not a health priority[28]. None of the nine countries in the Ouagadougou Partnership has included infertility management interventions as part of family planning activities in their budgeted national action plans[29]. Similarly, most of the technical partners and donors involved in the field of reproductive health do not propose support or projects for managing infertility cases.

One has the right to wonder about the reasons for this global and collective silence on this aspect of family planning. Many means are made available to women to space out and postpone childbearing, but nothing is offered to them when they face difficulties in procreating at the right time. It is abandoned by all family planning programs, which consider it rather a failure of their interventions. According to Senderowicz, how success is defined, and targets measured on the ground in family planning programs is a clear indication that fertility reduction and contraceptive uptake are, in fact, the primary objectives of these programs, despite the rhetoric about rights and equity[2]. In the absence of more nuanced data, the picture of family planning is commonly summarized by the total fertility rate (TFR), the contraceptive prevalence rate (CPR), and the unmet need for contraceptives to provide a picture of the overall family planning context[2]. However, none of these indicators provides a comprehensive measure of whether the desire for childbearing is being met

Possible solutions for future

Putting infertility on the agenda in reproductive health priorities and programs starts with the availability of research and evaluation data. Generally, a person using the (modern) method is considered a positive outcome, while a person not using the (modern) method is considered a negative outcome[2]. Making infertility effective as an integral part of family planning programs requires, first and foremost, an end to this dichotomous measure of success. It is therefore important to identify new family planning indicators that address problems of difficulty in conceiving, and it is essential that the research community generates information on the current extent of infertility, its psychological and socioeconomic consequences, and possible interventions to support women, couples, and families in seeking care. Recognizing the lack of answers to many fundamental questions about the prevention, management, and causes of infertility, Duffy *et al*. proposed 10 priorities for future research on male infertility, unexplained female infertility, assisted reproduction, ethics, access, and organization of infertility care[30].

Promote and fund interventions that offer solutions to women and couples facing reproductive difficulties. These interventions could include free treatment of sexually transmitted infections and diseases (STIs/STIs), including HIV, the amplification of advocacy for access to infertility care in African countries[31], and the involvement of the community through civil society organizations. Ombelet and Balen proposed perspectives on infertility, and the integration of infertility in all aspects of reproductive health programs including education, simplification of diagnostic and treatment techniques, and training of health personnel in holistic management[32].

Promote and prioritise sexuality education for young people and adolescents. Health education, and specifically the promotion of sexual health among young people/adolescents, has continued to evolve and question the knowledge that young people and adolescents have of their bodies and reproductive systems. This lack of knowledge is a gap and a major handicap for the prevention of infertility.

Strengthening or reorienting health promotion on infertility issues. Indeed, in the context of improving morbidity and mortality, maternal and child health, HIV/AIDS, tuberculosis, malaria and high blood pressure, community health promotion has played a key role in addressing these health problems. A good health promotion campaign can help to raise awareness of the consequences of infertility and contribute to their reduction.

Promote and make accessible modern in vitro fertilisation treatment. The knowledge is now available, even if there are still few centres in black Africa. However, according to Diallo *et al 1992).* "on a continent where sexually transmitted diseases and fertility are on the same upward curve, where social misery and a high birth rate coexist, it may seem paradoxical to talk about assisted reproduction as a ‘must’ reserved for industrialised countries faced with low birth rates"[33].

The social dimension should not be neglected in the search for supportive and caring interventions.

Similarly, interventions should be holistic and include men, given the strong contribution of male factors in couples' infertility[9]. Indeed, psychosocial support by health personnel or social support from the family contributes to the better mental health of infertile couples, without any proven effect on the return of fertility[34]. In the West African context, social support is important and indispensable as mystical and spiritual factors are put forward as explanations for infertility, contributing to increased stress in couples and recourse to desperate solutions[35].

Conclusion

The concept and definition of reproductive health are comprehensive and inclusive, but its translation into interventions obscures an equally important component in the lives of women, couples, and communities: reproductive difficulties. Infertility is a serious societal and public health problem, ignored in reproductive health programs by both countries and technical partners. Because of its impact on the physical, mental, and economic health of the couple and particularly the woman, prevention and management of infertility must be imperative for human rights, equity, and social justice. Country policymakers, reproductive health actors and partners should complement their reproductive health programs with interventions to support women experiencing reproductive difficulties. Thus, the integration of infertility into reproductive health and rights programs, accessibility to diagnosis and reproductive assistance technology should be promoted to ensure women's access to quality infertility care as well as modern contraceptive methods.

Summary box

- Family planning programs have moved from a population control focus (pre-Cairo) to programs built around four pillars: health, rights, access, and quality of services. Childbearing difficulties constitute a real reproductive public health problem in West African countries, given their impact on the mental, physical, economic, and social health of couples.
- Although included in the concept of reproductive health, childbearing difficulties are not the subject of specific interventions in family planning programs, either at the country level or by most partners.
- Specifics interventions, indicators and research on childbearing difficulties should be developed and promotion as part of the family planning programs.

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