

Infertility – The need for a policy update

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1. Introduction

There is an urgent need for the issue of infertility to be addressed on a European level. I know from my own experience as a sufferer who has undergone several courses of (unsuccessful) fertility treatment, the huge impact that it has on the lives of individuals and families. But demographic statistics now show that the impact is even wider than that.

Infertility (including low fertility) has hardly been a subject of political discussion in the European Union in recent years. There are a number of reasons for this. Firstly, the health impact of infertility is underestimated, often not even recognised or assumed to be a consequence of lifestyle or behaviour. Secondly, society overlooks, and even denies its role in causing couples to delay conception, thus increasing their chances of suffering reduced fertility, and undermining society's own capacity to replace its population. Thirdly, it is hard to imagine the suffering of couples that are unable to have children until you are one of them.

Discussion by political decision makers is necessary to address the challenges. Taking a more detailed look at infertility as a policy topic demonstrates that various issues are involved. This article will highlight a few.

2. Infertility as a public health threat

Infertility is a disease affecting roughly one in six couples worldwide. The World Health Organisation has recognised infertility as a medical problem, whereas many EU Member States still treat the issue as a life-style choice.

This might be explained by the fact that European society's traditional beliefs and constructs systematically excluded infertility from the political agenda. Simultaneously, the lack of public debate reinforced the existing misconceptions about infertility. It's a vicious circle.

The fact that infertility has often been regarded as a female problem may also have played a role in this chronic legislative inaction. The facts demonstrate, however, that on a European level, women's health is the cause of infertility in just 25% of cases.

Men's health is responsible for up to 30% of conception problems, while a couple's health is the main cause of infertility in 40% of cases. About 5% of the infertility cases remain unexplained.

Raising awareness of these facts among policy-makers and the public would certainly lead to a better understanding of infertility as a medical condition, the existing solutions, and the role of society, especially its legislative bodies, in supporting couples who want but are unable to have a baby.

3. Demographic change

So far, it has been widely recognised that the increased life expectancy, together with society's trend to have smaller size families, have been the major drivers for what is called an 'ageing society', which is the main characteristic of the EU's demographic change.

The immediate consequence of this change is the lack of natural replacement of the population, leading to a shrinking society and a change in the population age-structure. This in turn leads to the deterioration of the inter-generational foundation of our social security systems.

Many long-term policies are being developed to try to address the issue of demographic change in a collection of social and economic interventions sometimes called "baby-friendly" or child-friendly policies. There is as yet no evidence to reveal the optimal mix of interventions needed to achieve the desired outcomes i.e. to end the demographic crisis. Short-term policies are being developed to face its economic consequences, such as the current discussions on the extension of the working-life-age in various EU Member States.

I believe that Governments, as well as the EU institutions, have recognised the 'ageing society' as a major challenge, but not all available solutions, such as fertility treatment have been examined. The fact is that society fails to recognise infertility as a medical condition deserving medical treatment and care, despite its potential to satisfy society's urgent need.

4. Societal changes

Infertility has been widely seen as a consequence of behavioural changes in lifestyles. In comparison to past decades, the involvement of women in the work and academic community has increased. The wish of women to combine professional careers and family has led to later childbearing. As a result, the average age of mothers having a first baby is increasing, as is the proportion of babies born to mothers over 35 which has more than doubled since 1990 – currently at 25% in some European countries.

It is neither realistic nor desirable to undermine this societal achievement.

EU Member States' governments have reacted in various ways to this new situation. Incentives have been created in some countries to respond to the difficult combination of career and family. Some of them have resulted in the improvement of daily childcare. Other measures have been aimed at providing couples with the opportunity to return to their jobs after a sabbatical period for child care.

Despite these social and economic interventions, the overall birth rate in the European Union has decreased significantly. One of the main issues appears to be the poor knowledge we have about the effectiveness of the social and economic interventions, which basically aim to increase the willingness of a couple to have a baby. At the same time, proven highly effective medical treatment is denied to couples willing but unable to have a baby. It is a glaring contradiction.

It is difficult, if not impossible, for others to imagine the suffering of infertile couples.

I know from my own personal experience of infertility that it can have severe affects, producing feelings of isolation and desperation, compounded by the difficulty of access to appropriate and effective treatment. There is strong evidence of the mismatch between infertile patients' suffering and the perception that the public and policy-makers have of that suffering. This results in a weaker case for funding fertility treatment, which in turn results in inadequate provision. Those seeking fertility treatment will often have to pay many thousands of euros and put themselves in financial difficulty in addition to the other pressures they have to deal with. This is unacceptable.

5. A call for action

In summary, infertility is not generally recognized as a medical condition and this in turn has led to legislative inaction.

Members of the European Parliament have become aware of the issue and, in a Call for Action directed to the relevant European Commissioners Markos Kyprianou and Vladimir Spidla, have called for the prioritisation of infertility on both the public health and the social policy agenda.

We received positive responses from both Commissioners. Mr Spidla recognised infertility as an important issue for the future demography of the EU and said that the medical, societal, ethical and demographic ramifications deserved EU attention. Mr Kyprianou acknowledged infertility as a medical condition and emphasised the social and economic consequences. He set out aspects of the EU Public Health Action Programme as a framework to address this topic and was open for a future meeting with MEPs.

The European Parliament's Environment Committee has also very recently responded to this challenge by adopting a clause in the EU Public Health Programme noting that: *'the health factors contributing to Europe's falling birth rates need policies that will adequately address these problems.'*

6. Next steps

To conclude, it should be noted that policy makers in Europe must identify infertility as a priority within family, social-demographic and health policies, and become pro-active in developing appropriate policies.

In order to achieve this policy goal, infertility must be recognized by policy-makers and the public as contributing both to the individual's poor health and society's demographic crisis. An awareness campaign on these facts needs to be launched.

It should further be demonstrated that EU Member States providing equitable access to the treatment of infertility achieve positive results in terms of their birth rates. Although fertility treatment alone will not solve the problem, it is clearly part of the solution.

Europe is therefore desperately in need of child-friendly *policies*, especially those which have proven to be successful. This means that fertility treatment should be available to all couples who need it and not just those who can afford it.