



Received: 09 March, 2023

Accepted: 20 March, 2023

Published: 21 March, 2023

***Corresponding author:** Dr. Babar Ali, Department of Pharmacy, The University of Lahore, Islamabad, Faqirabad, Maneri Payan, Swabi, KPK, Pakistan, E-mail: dr.babarali.rph@gmail.com

Keywords: Infertility; Adolescent sexual and reproductive health; Low-and middle-income countries; Gender norms; Comprehensive programs

Copyright License: © 2023 Ali B. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

<https://www.peertechzpublications.com>



Check for updates

Short Communication

Sexual and reproductive health and infertility

Babar Ali*

Department of Pharmacy, The University of Lahore, Islamabad, Pakistan

Abstract

Infertility and Adolescent Sexual and Reproductive Health (ASRH) are significant challenges worldwide, particularly in low- and middle-income countries. Teenagers living in urban slums that are quickly developing are frequently disregarded, despite the efforts of international organizations to enhance access to services and information for residents of these areas. It is common for women to blame for infertility, even when their spouse has clinical infertility; this contributes to a bias in the relevant body of research. In order to address these issues, policies on sexual and reproductive health need to be evidence-based, they need to take into account various points of view and they need to combat negative stereotypes and inequities. Comprehensive programs that prepare healthcare providers and non-clinical service providers are crucial. This review highlights the importance of addressing systemic issues, such as gender norms and economic disparities, in promoting sexual and reproductive health care to achieve desired reproductive outcomes.

Introduction

Significant numbers of reproductive-aged couples worldwide experience infertility and Adolescents' Sexual and Reproductive Health (ASRH) is a severe problem, especially in low- and middle-income nations. International organizations have prioritized expanding access to ASRH-related information and services. Unfortunately, most research and programme work has ignored adults in rapidly expanding urban slums in LMICs. Women are frequently blamed for childlessness regardless of whether their spouse is clinically infertile. To effectively address the challenges of infertility and ASRH, it is essential to improve access to services and information. Ensure sexual and reproductive health policies are based on scientific evidence and inclusive of diverse perspectives, combat harmful stereotypes and provide comprehensive programmes and strategies that address the education of healthcare and non-clinical service providers. By addressing these challenges, sexual and reproductive health care may help people and couples reach their reproductive goals and enhance fertility

outcomes. Therefore, the following literature review confirms that improving access to sexual and reproductive care services can positively impact fertility rates and outcomes.

Infertility affects a significant portion of adolescents and adult couples worldwide, with rates high up to 30% in various regions globally [1]. ASRH is also a big problem, especially in Low- and Middle-Income Countries (LMICs), where adolescents encounter obstacles relating to access to services and information, lack of knowledge, poverty and unequal gender norms. Men's impressions of the quality of Sexual and Reproductive Health treatments they get might be impacted significantly by the inadequacy of healthcare venues for treating males [2].

To address the challenges of infertility and ASRH, international agencies have focused on improving access to information and services, particularly in LMICs. Now, international organizations are emphasizing ASRH improvement and giving programmatic funding [3]. However, most research and programme activity ignores teenagers



in rapidly expanding urban slums in LMICs. The Society of Adolescent Health and Medicine supports expanding men's global access to comprehensive SRH care through multilayered methods and investments that address men's health needs. [4].

Although foreign organisations are working on enhancing access to information and services for ASRH, a significant amount of research and programme effort has ignored adolescents in rapidly expanding urban slums in Pakistan's LMICs. In Pakistan and several other regions, despite well-established scientific understandings identifying men as potentially equal contributors to infertility, women are blamed for infertility regardless of which partner is clinically infertile. This gender disparity has also contributed to a bias in the corpus of literature from most of the global south, as most research on infertility focuses almost exclusively on women [5].

To effectively address the challenges of infertility and ASRH, it is crucial to improve access to information and services. However, also ensure that sexual and reproductive health policies are accordingly on scientific evidence and inclusive of diverse perspectives from various disciplines and a wide range of populations without stigmatizing any group or viewpoints [6]. Sexual health education should aim to challenge harmful stereotypes and remove economic and gender disparities through laws, regulations and funding requirements. To address the specific needs of infertility and ASRH, comprehensive programs and strategies that address healthcare and non-clinical service providers' preparations and education are required [7-26].

Conclusion

For infertility, Sexual and reproductive health care requires a multi-faceted approach that considers the needs of diverse populations, including adolescents and men. It addresses systemic issues such as gender norms, economic disparities, and stigmatization. Efforts to improve access to information and services must be accompanied by policies based on scientific evidence, inclusive of diverse perspectives and aimed at removing harmful stereotypes and disparities. Comprehensive programs that prepare healthcare providers and non-clinical service providers can also play a vital role in addressing the challenges of infertility and ASRH. By promoting sexual and reproductive health care, we can help individuals and communities achieve greater well-being and their desired reproductive outcomes. However, further research is needed to emphasize what we must adopt to improve the well-being and Sexual health and reproductive health of communities worldwide.

References

- Inhorn MC, Patrizio P. Infertility around the globe: new thinking on gender, reproductive technologies and global movements in the 21st century. *Hum Reprod Update*. 2015 Jul-Aug;21(4):411-26. doi: 10.1093/humupd/dmv016. Epub 2015 Mar 22. PMID: 25801630.
- Wado YD, Bangha M, Kabiru CW, Feyissa GT. Nature of, and responses to key sexual and reproductive health challenges for adolescents in urban slums in sub-Saharan Africa: a scoping review. *Reprod Health*. 2020 Sep 30;17(1):149. doi: 10.1186/s12978-020-00998-5. PMID: 32998741; PMCID: PMC7526107.
- Morris JL, Rushwan H. Adolescent sexual and reproductive health: The global challenges. *Int J Gynaecol Obstet*. 2015 Oct;131 Suppl 1:S40-2. doi: 10.1016/j.ijgo.2015.02.006. Epub 2015 Feb 26. PMID: 26433504.
- Shand T, Marcell AV. Global access to comprehensive sexual and reproductive health care for men: The role of the Society of Adolescent Health and Medicine. *Journal of Adolescent Health*. 2021; 68(1):1-3.
- Mumtaz Z, Salway S, Waseem M, Umer N. Gender-based barriers to primary health care provision in Pakistan: the experience of female providers. *Health Policy Plan*. 2003 Sep;18(3):261-9. doi: 10.1093/heapol/czg032. PMID: 12917267.
- Aaa. Effect of educational interventions on hiv/aids knowledge, sexual behavior and perceived self-efficacy among female apprentices in benin-city, nigeria. *ul.EDU.NG*. 2013.
- Schalet AT, Santelli JS, Russell ST, Halpern CT, Miller SA, Pickering SS, Goldberg SK, Hoenig JM. Invited commentary: broadening the evidence for adolescent sexual and reproductive health and education in the United States. *J Youth Adolesc*. 2014 Oct;43(10):1595-610. doi: 10.1007/s10964-014-0178-8. Epub 2014 Sep 9. PMID: 25200033; PMCID: PMC4162986.
- Shand T, Marcell AV. *Engaging Men in Sexual and Reproductive Health*. Oxford Research Encyclopedia of Global Public Health. 2021.
- Mumtaz Z, Shahid U, Levay A. Understanding the impact of gendered roles on the experiences of infertility amongst men and women in Punjab. *Reprod Health*. 2013 Jan 15;10:3. doi: 10.1186/1742-4755-10-3. PMID: 23317173; PMCID: PMC3562138.
- Wado YD, Sully EA, Mumah JN, Machiyama K. Health facility characteristics and male clients' satisfaction with reproductive health services in Kenya. *BMC Health Services Research*. 2020; 20(1):1068.
- Schalet AT, Santelli JS, Russell ST, Halpern CT, Miller SA, Pickering SS, Goldberg SK, Hoenig JM. Invited commentary: broadening the evidence for adolescent sexual and reproductive health and education in the United States. *J Youth Adolesc*. 2014 Oct;43(10):1595-610. doi: 10.1007/s10964-014-0178-8. Epub 2014 Sep 9. PMID: 25200033; PMCID: PMC4162986.
- Anderson KM, Sharpe TT, Fisher EB. Sexual health education and counseling in the primary care setting: the role of physician and office staff. *Primary Care: Clinics in Office Practice*. 2014; 41(3): 585-604.
- Baltag V, Mathieson A, Shibuya K. Programme reporting standards (PRS) for sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) programmes. *BMC Public Health*. 2014; 14(1):629.
- Bongaarts J, Casterline J. Fertility Transition: Is sub-Saharan Africa Different? *Popul Dev Rev*. 2013 Feb;38(Suppl 1):153-168. doi: 10.1111/j.1728-4457.2013.00557.x. PMID: 24812439; PMCID: PMC4011385.
- Chandra-Mouli, V., Svanemyr, J., Amin, A., Fogstad, H., Say, L., Girard, F., ... & Bertrand, J. T. (2015). Twenty years after International Conference on Population and Development: where are we with adolescent sexual and reproductive health and rights?. *Journal of Adolescent Health*, 56(1), S1-S6.
- Creanga AA, Gillespie D, Karklins S, Tsui AO. Low use of contraception among poor women in Africa: an equity issue. *Bull World Health Organ*. 2011 Apr 1;89(4):258-66. doi: 10.2471/BLT.10.083329. Epub 2011 Feb 1. PMID: 21479090; PMCID: PMC3066524.
- Akhter S. Adolescent reproductive health in Bangladesh: Status, policies, programmes and challenges. *Journal of health, population, and nutrition*. 2015; 33(1):92-102.
- Bajos N, Moreau C, Ferrand M. Adolescent sexual health in France: recent changes and future prospects. *The Lancet*. 2010; 376(9748):1826-1834.
- Bhutta ZA, Black RE, The Lancet's Series on Maternal and Child Undernutrition. Global maternal, newborn, and child health—so near and yet so far. *The Lancet*. 2008; 371(9620):1541-1542.

20. Cui W, Motheral B, Kahler KH. Health care expenditures associated with infertility, pregnancy loss, or birth defects among US couples. *Fertility and sterility*. 2005; 83(5):1317-1324.
21. Di Cesare M, Khang YH, Asaria P, Blakely T, Cowan MJ, Farzadfar F, Guerrero R, Ikeda N, Kyobutungi C, Msyamboza KP, Oum S, Lynch JW, Marmot MG, Ezzati M; Lancet NCD Action Group. Inequalities in non-communicable diseases and effective responses. *Lancet*. 2013 Feb 16;381(9866):585-97. doi: 10.1016/S0140-6736(12)61851-0. Epub 2013 Feb 12. PMID: 23410608.
22. Kamal SMM. Women's access to healthcare in Pakistan: A scoping review. *Journal of health, population and nutrition*. 2016; 35(1): 17.
23. Keesara S, Juma PA, Harper CC. Why are women still aborting outside designated facilities in metropolitan Kampala, Uganda?. *Reproductive health matters*. 2017; 25(51):34-43.
24. Mumtaz Z, Salway S, Waseem M, Umer N. Gender-based barriers to primary health care provision in Pakistan: the experience of female providers. *Health Policy Plan*. 2003 Sep;18(3):261-9. doi: 10.1093/heapol/czg032. PMID: 12917267.
25. Obermeyer CM, Potter JE. Maternal health care in developing countries: problems and prospects. *Health Policy and Planning*. 1991; 6(1):1-10.
26. Peña-Rosas JP, De-Regil LM, Garcia-Casal MN, Dowswell T. Daily oral iron supplementation during pregnancy. *Cochrane Database Syst Rev*. 2015 Jul 22;2015(7):CD004736. doi: 10.1002/14651858.CD004736.pub5. PMID: 26198451; PMCID: PMC8918165.

Discover a bigger Impact and Visibility of your article publication with Peertechz Publications

Highlights

- ❖ Signatory publisher of ORCID
- ❖ Signatory Publisher of DORA (San Francisco Declaration on Research Assessment)
- ❖ Articles archived in worlds' renowned service providers such as Portico, CNKI, AGRIS, TDNet, Base (Bielefeld University Library), CrossRef, Scilit, J-Gate etc.
- ❖ Journals indexed in ICMJE, SHERPA/ROMEO, Google Scholar etc.
- ❖ OAI-PMH (Open Archives Initiative Protocol for Metadata Harvesting)
- ❖ Dedicated Editorial Board for every journal
- ❖ Accurate and rapid peer-review process
- ❖ Increased citations of published articles through promotions
- ❖ Reduced timeline for article publication

Submit your articles and experience a new surge in publication services (<https://www.peertechz.com/submission>).

Peertechz journals wishes everlasting success in your every endeavours.