

Infertility

- ▶ In a major epidemiologic survey of 27 sub-Saharan African nations, the prevalence of infertility actually varies widely both between and within countries (Ericksen & Brunette, 1996), with national averages ranging from 12.5 to 16 percent. However, infertility prevalence rates in several eastern African countries (e.g., Burundi, Uganda, Rwanda) are considerably lower (8-13 percent) and rates in southern Africa (e.g., Botswana, Madagascar, Namibia, Zimbabwe, Lesotho) are considerably higher (15-22 percent). Furthermore, these national rates mask large regional and ethnic differences in infertility prevalence. In Namibia, for example, infertility prevalence rates for some ethnic groups reach as high as 32 percent, or one-third of all couples attempting to conceive.

- ▶ Most secondary infertility among women is due to four sets of factors: (1) sexually transmitted infections; (2) postpartum complications; (3) post abortive complications; and (4) other unhygienic health care practices carried out. It is increasingly being recognized that some cases of infertility are attributable to dietary or environmental toxins (Hamberger & Janson, 1997). Dietary deficiencies of iodine and selenium have been linked to infertility in the developing world (Longombe & Geelhoed, 1997; Stewart, 1991), as have exposures to dietary aflatoxins (fungal metabolites that commonly contaminate staple foods in tropical countries) (Ibeh, Uraih, & Ogonar, 1994).

- ▶ Furthermore, smoking, alcohol, and caffeine consumption—all of which are highly prevalent in parts of the developing world—have been linked to decreased fertility in either males or females or both (Curtis, Savitz, & Arbuckle, 1997; Reproductive Health Outlook, 2002). In addition, female obesity, an increasing problem among some poor urban populations in the developing world, may be linked to ovulatory infertility (Inhorn, 1994

- ▶ The remainder of cases, including most of the cases of secondary infertility, are due to preventable conditions. What are they? Reproductive tract infections (RTIs), most of which are sexually transmitted, are the leading preventable cause of infertility (Sciarra, 1994). RTIs, including those caused by gonorrhea or asymptomatic genital chlamydial infections, can lead to pelvic inflammatory disease (PID), which results in tubal scarring and blockage. The end result is tubal infertility, which is often treatable only by IVF—a new reproductive technology that was, in fact, developed largely to bypass the need for healthy fallopian tubes (Sciarra, 1994). In the developing world, tubal infertility is highly prevalent and the major cause of secondary infertility.

Defining infertility as a disability

- ▶ WHO states that *“fertility generates disability (an impairment of function), and thus access to health care falls under the Convention on the Rights of Persons with Disability.”* The body estimates that 34 million women, predominantly from developing countries, face infertility which often result from maternal sepsis and unsafe abortion (long term maternal morbidity resulting in a disability).

As per WHO, Infertility in women was ranked the 5th highest serious global disability”

- ▶ However, viewing infertility as a disability is problematic in the current setting where in child bearing and motherhood is glorified.

Classifying infertility as a disability furthers the belief regarding women’s inability to perform the expected. Such a perspective would perpetuate the patriarchal roles set forth for women, further the causes of the guilt and shame and make women vulnerable to even more stigmatization and ostracism (Sama, 2006).

Infertility is not a recognized as a public health issue.

Many public health care set-ups lack very basic services and equipment required for regular gynecological and obstetric care. Many hospital/centers do not have diagnostic facilities for semen analysis, ultrasound and other tests. Hence they are not able to make much headway in infertility 'management'/'treatment' and the couples automatically turn to private providers.

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The Assisted Reproductive Technologies Industry



When science meets hope, beautiful things happen

"When Science meets hope, beautiful things happen"

"Baby Joy"



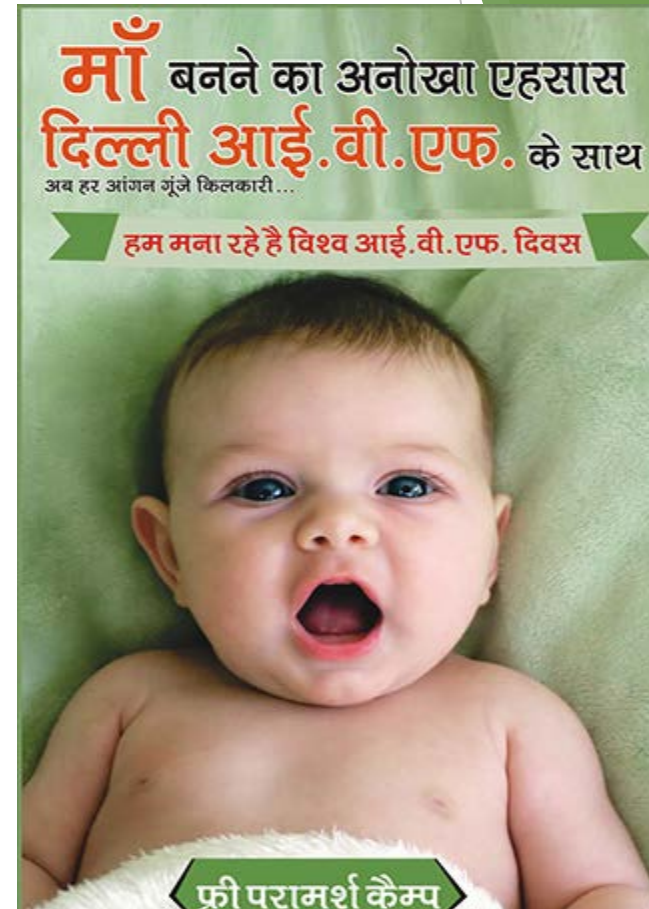
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Request a Callback

The Assisted Reproductive Technologies Industry

- ▶ It cashes on the patriarchal premium of having one's "own" biological child to maintain purity of bloodlines
- ▶ Foundations of the industry:
 - ▶ essentialising motherhood,
 - ▶ promotion of compulsory parenthood for all,
 - ▶ and genetic essentialism which gives impetus to a eugenic push for a 'perfect' child.



"The unique feeling of being a mother..."

"sweet cry of a baby in every house..."

"Celebrating World IVF Day" (25 July)



🪔 *Special Diwali Offer* 🪔

Dear Visitor, we have received a great response from you all, because of which we are extending the offer till this Diwali. In case you missed out on the opportunity earlier, please fill the form soon and we will get back to you.
Wishing you all a very happy and prosperous Diwali!

Book an IVF package at ₹
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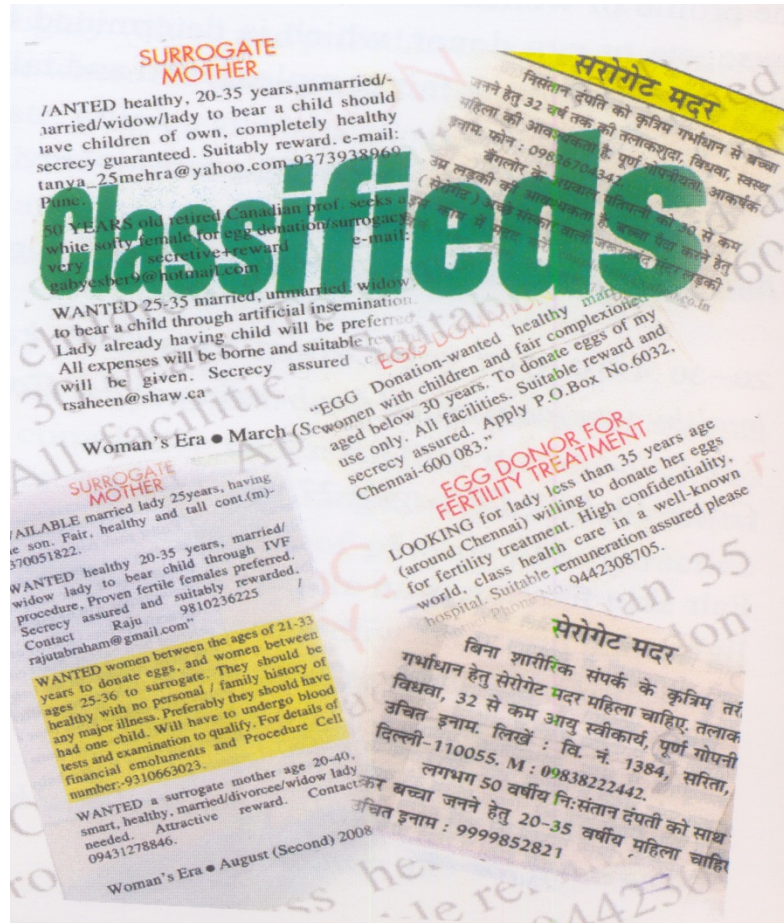
Surrogacy Home



- ▶ *“500 nissantan dampatiyan sukh paa chuki hain”* (500 childless couples have achieved ‘happiness’)
- ▶ *“Jaane ne denge maa ki kokh se, maa ki kokh khali na reh jaye 20 saal baad bhi.”* (A mother’s womb should not be left ‘empty’ even after 20 years)
- ▶ *The Miracle of Life ... In- Vitro Fertilization ... We make your dreams come true*



With lucrative bargains for eggs/ sperm donors and surrogates



Wanted healthy lady, age 20-35 years. Unmarried/ married widow lady to bear child for childless family through artificial insemination or IVF. Earn Rs 50,000 - 60,000. Respond with mobile number.

Surrogacy Ad

- ▶ Looking for healthy, good looking lady from a decent family for egg donation/surrogate mother. Attractive features and education are also desirable. Confidentiality, good facilities and reward assured. Age below 30 and caste Hindu must. Apply Box No. 1351, C/o Woman's Era, New Delhi - 110055
- ▶ Wanted healthy 20-35 years married/widow lady to bear child through IVF procedure proven fertile females preferred. Secrecy assured and suitably rewarded contact: 9871866677/9810489782

ART Advertisements

- ▶ Q. Have you seen advertisements of fertility clinics around you?
- ▶ Q. What do you think about these advertisements?
- ▶ Q. Do you know what these technologies are?
- ▶ Q. Do you think there are any ethical issues with these technologies and the way they are advertised?

ARTs are technologies that assist reproduction, increasing the chances of conception and carrying a pregnancy to term.

- ▶ *These techniques are designed to increase the number of eggs and/or sperms, or bring them closer together, resulting in improved 'probability' of conception/pregnancy not otherwise possible. Collectively, these medical procedures are called Assisted Reproductive Technologies or ARTs.*



Omkari Panwar, 70,
is the world's
oldest IVF mother

Bhateri Devi, 66,
is the world's
oldest IVF
mother to give
birth to triplets



Types of ARTs

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graph TD; A[Types of ARTs] --- B[In Vivo]; A --- C[In Vitro];
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In Vivo

- Fertilisation inside woman's body
- AI/ IUI
- Uses own oocyte

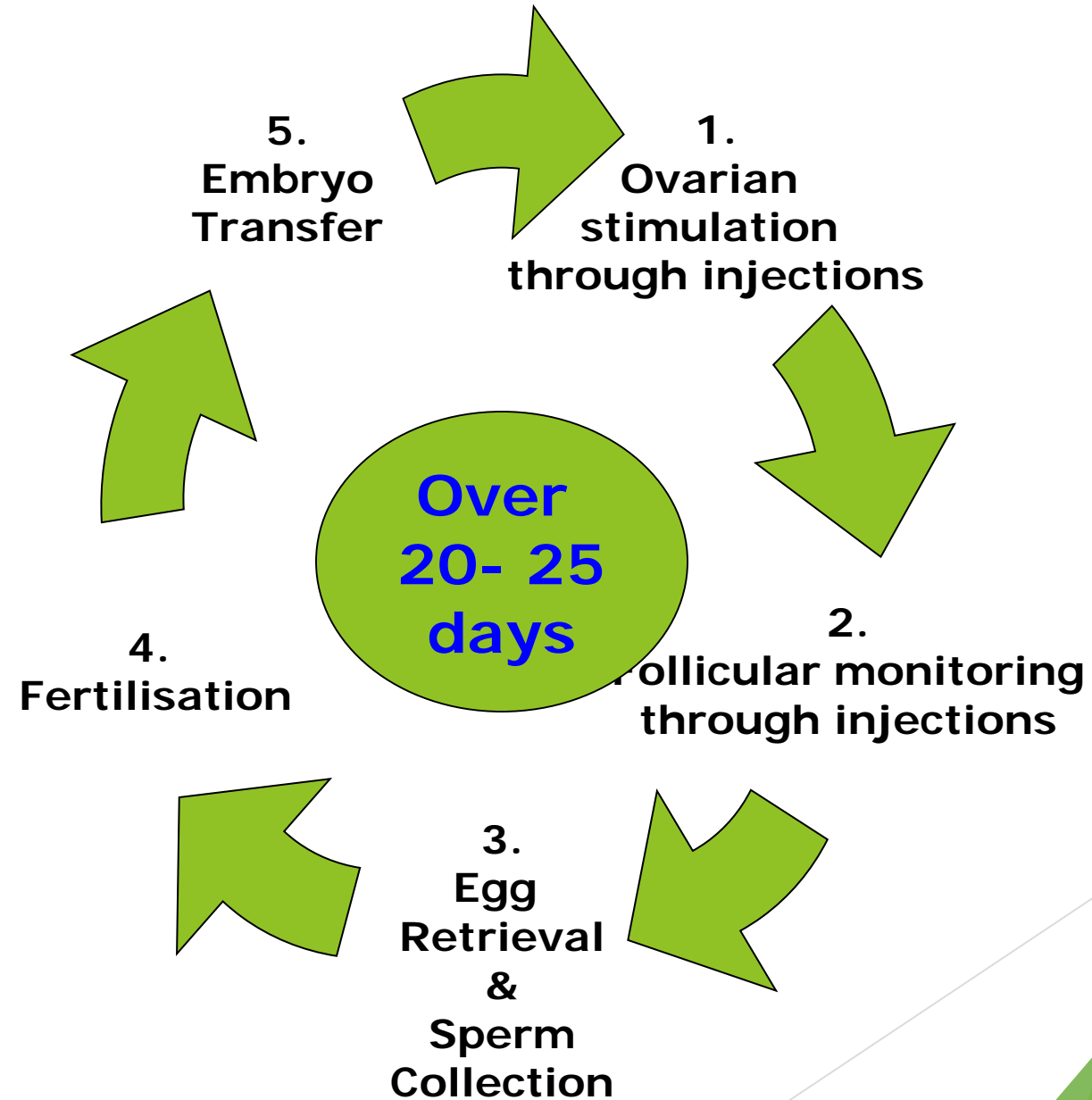
In Vitro

- Fertilisation outside woman's body
- IVF/ IVF+ICSI
- Oocyte can be another woman's

What we should remember...

- ▶ ARTs do not **'treat'** infertility, rather sidestep it or at best, assist fertility
- ▶ **Low success rate**: At best, 20-25% recorded globally; misleading and varied reporting of "successful" pregnancies
- ▶ Expensive, Experimental, Proxy and Invasive
- ▶ Carry considerable **health risks** for women and children; evidence anecdotal, no long-term studies

Steps for IVF



The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the left and right sides of the frame, leaving a large white central area. The shapes are layered, creating a sense of depth and movement.

Surrogacy:

Surrogacy Home



What is Surrogacy?

- ▶ **Arrangement, not a procedure**

Surrogacy is placed under the umbrella term of Assisted Reproductive Technologies (ART), a group of technologies that assist in conception or carrying a pregnancy to term. Surrogacy, however, is an arrangement that involves the use of these technologies.

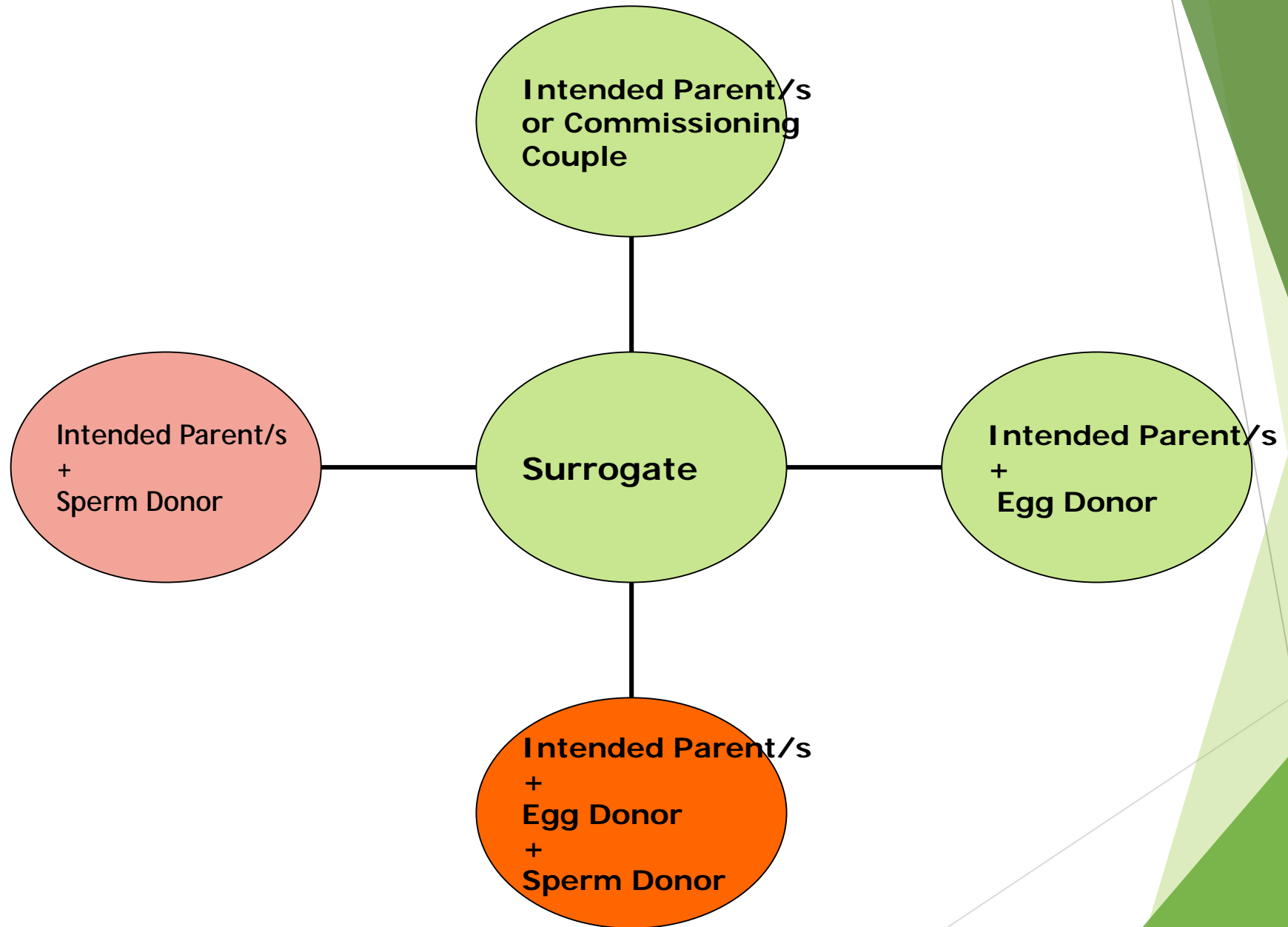
- ▶ **Gamete used: Genetic or Gestational**

- ▶ **Motive: Altruistic or Commercial**

Even in cases of commercial surrogacy one often sees the use of altruistic language to appeal to women in becoming surrogates. The 'noble' deed or 'acche' kaam often figures as countering prevalent stigma surrogates might face for accepting money for child bearing.

Genetic Surrogacy

- ▶ or **Traditional Surrogacy**: Is an arrangement when the surrogate provides the egg and carries the pregnancy. This is done through the process of Artificial Insemination (AI) or Intra Uterine Insemination (IUI) by transferring semen/ sperm (whether commissioning parent's or donor's) into the surrogate's reproductive system and the process of fertilization happens within her body.
- ▶ **Gestational Surrogacy**: Is when the surrogate conceives through Embryo Transfer, following the procedure of *in vitro* Fertilization. The fertilization of the ovum happens outside the body and the fertilized embryo is transferred to the uterus of the surrogate. The embryo might be a result of the fertilised gametes (egg and sperm) of the commissioning parents, or gametes) obtained from the donors.



Body

- ▶ The debate over the use of the body is at the heart of the development and use of new biotechnologies. Oocytes donation and commercial surrogacy are some of the ways in which people undergo biological processes, very often stimulated, or make bodily contributions either in exchange for money, or for altruism.
- ▶ One of the primary links between these industries is the 'body': it is the body which lends itself as the site of intervention, execution, research and reception across the industries; the body is both the beneficiary of the innovations and also its victim; it is rendered both healthier and more vulnerable because of the technological interventions; the body is exploited through the very process of knowledge production and it is the body which ascertains the existence of the biomarket.

- ▶ It is important to also realise that this body is socially determined – especially by poverty (Hodges and Rao 2016, 15) and gender (Towghi and Vora 2014): the female body is harvested for surplus eggs to make possible the production of embryos for the dual purpose of attempting IVF pregnancies and embryonic stem cell research; the female body is also the primary kidney donor (between 87% and 98% of all kidney donations come from wives: Sakhuja and Kumar 2014).
- ▶ Engagement with the body brings us to questions of labour – a fundamental concept required to understand the reality of the biomarket. The relation between markets and labour goes back to the industrial revolution. But in the much altered contemporary context of biomarkets, there is a need to reorder theories of labour as well.

Misuse of certain biotechnologies

- ▶ The misuse of certain biotechnologies can lead to an objectification of the human body and to the industrialization of their use. A German newspaper Der Spiegel (Putz 2013) Carried a story about Syrian refugees selling their organs in Lebanon in order to survive. It added that, because of this new supply, the price of organs had dropped significantly. So, to survive, some of the three million Syrian refugees (UNHCR 2014), who now live without any income, depend on humanitarian aid and have no hope of returning to their home country in the near future, have nothing but their organ to sell. That gives a idea of the degree of despair in which they find themselves.
- ▶ On one hand, there is a constant demand from consumers who suffer kidney or liver failure and who urgently need organ transplants. On the other, there is an unlimited 'supply' represented by the planet's socially excluded - be they refugees or just simplify living in poverty - who are looking for any possible means to get out of a situation of great social vulnerability.