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Developments in Reproductive Health and Reproductive Sciences Infertility

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Abstract

The acceptance of the notion of reproductive health and rights, which implies, among other things, the freedom to give birth, encourages a repositioning of family planning to include both the treatment of infertility in couples and the aspects of birth spacing. A group of performers conducted a highly animated discussion on the difficulties of guaranteeing reproductive rights for everyone, based on a human rights perspective. This article, which is based on a review of the literature and interviews, explains how a large-scale mobilisation involving a number of actors—including the government, the scientific community, civil society, the UN system represented by the United Nations Population Fund (UNFPA), and activists for the same cause—made the couple's infertility recognised as a public health issue in Morocco.

Keywords: Human Rights Approach; Infertility; Medically Assisted Procreation; Reproductive Rights; Social Mobilization; Sexual and Reproductive Health's

Introduction

Since 1994, the World Health Organization's resolutions [1] and the recommendations of the International Conference on Population and Development have made universal access to reproductive health a critical component of community social and economic development. Since then, UNFPA has worked with a wide range of international partners to promote universal access to sexual and reproductive health and reproductive rights, including family planning, in order to guarantee that everyone has the freedom to make their own decisions regarding their sexual and reproductive health and that women who choose to have children have access to services that can help them have a healthy pregnancy, safe delivery, and healthy child. As a result, it became a crucial objective in global agendas, including the Sustainable Development Goals 3 and 5 and their goals, as well as the Millennium Development Goals (MDG5). In this regard, the Kingdom of Morocco's health department established the Reproductive Health National Strategy for 2011-2021 [2], confirming the political will for a reorganisation and reorientation of reproductive health programs and services to offer a variety of integrated preventive, promotional, and curative services to meet the needs and expectations of the target population throughout the life cycle.

Repositioning family planning to include both birth spacing and infertility management is prompted by the adoption of the definition of reproductive health, which implies having a responsible, fulfilling, and safe sexuality in addition to the freedom to give birth [3]. In fact, the lack of adequate assisted reproductive services remains a problem for those who struggle to conceive, even as the availability of a variety of contraceptive products makes it simpler to prevent unwanted births.

The 2011 Moroccan Constitution states that "access to healthcare and the protection of citizens' health is a constitutional right." Similarly, the UNFPA report on the global population situation [5] emphasises that disparities in sexual and reproductive health and rights might jeopardise the objectives of the global community. Recognising that the 2030 Agenda seeks to improve the future, all parties involved should think about removing obstacles and addressing inequalities. The same SWOP analysis makes it abundantly evident that the accomplishment of the SDGs is likely to be hampered if the most disadvantaged communities are not given priority in order to eliminate inequality.

Evaluations of prior national-level initiatives to modify reproductive health component indicators have shown that disparities in service quality, access to care, and inequality are the primary causes of failures. Morocco is undergoing an advanced demographic shift, according to the 2014 census [6]. An increase in the age at first marriage (28 years) coincides with a decrease in fertility (Fertility Rate = 2.21 children per woman). Infertility affects 12 to 15% of couples,

International Journal of Embryo Cryobiology and Reproductive Sciences

Volume 1 Issue 1, 2026

which is another factor contributing to these demographic shifts [7].

Furthermore, the care given to infertile couples necessitates the adoption of a population strategy tailored to couples who want to become parents.

A group of actors conducted a highly animated discussion on the topic, which was based on a Rights approach.

This article, which is based on a review of the literature, explains how a large-scale mobilisation involving a number of actors, including the government, the scientific society, the civil society, and the UN agencies represented by UNFP, all activists for the same cause, made it clear that couple infertility is a public health issue in Morocco.

Methods

Our description, which was conducted in January 2018, is based on a descriptive and qualitative method that includes an analysis of the process regarding reflections, discussions, and mobilisation concerning a vast advocacy and mobilisation involving several actors, including the Government, the Scientific Society, the Civil Society, and the UN agencies represented by UNFPA, as well as all activists for the same cause; they all acknowledge that couple infertility is a public health issue in Morocco. Our conclusions serve as the foundation for information gathered via two separate methods: semi-structured qualitative interviews and a documented evaluation of the many reports from various meetings. The approach used for the data analysis is the matching technique.

Results

Since 2016, a wide-ranging movement to support a right to reproductive health with its medical, social, economic, and demographic aspects has sparked a discussion about infertility among couples. Numerous obstacles, including financial, geographic, and cultural ones, are faced by the couples in question.

For its part, the scientific community was represented by the Moroccan Society of Reproductive Medicine, which presented the findings of a survey on reproductive health at its First National Congress in 2016. The survey revealed that 15% to 17% of Moroccan couples experience infertility. This learned society's president has urged the government to raise awareness of infertility, a condition that is sometimes overlooked as a part of family planning and that frequently causes societal and familial stress [8]. In 40 towns spanning all of Morocco, 1034 couples between the ages of 25 and 45 participated in the poll. According to the survey's findings, one in three Moroccans believe that there is no cure for infertility, and over one-third of those who are infertile (37%) are unable to talk about it with others due to societal taboo and a lack of discussion. Furthermore, when a kid does not show up, moms are often held solely accountable.

Concurrently, the Moroccan Association of Aspirants for Maternity and Paternity (MAPA), a representative of civil society, has carried out lobbying initiatives that align with the findings of this field's study. According to the President of MAPA, "many Moroccan couples find it difficult to give birth." The fact that some infertile couples are unable to begin sterility treatment serves as evidence. Giving this group of individuals access and the opportunity to procreate is thus the first step. The Head of Government and the Minister of Health have received a memorandum from MAPA in the form of a claim book outlining the issues faced by couples who have trouble conceiving.

This memorandum was written as a consequence of a nationwide solidarity effort, which took the shape of a petition to defend the rights of those who are unable to procreate.

Couples seeking maternity and paternity, their families, journalists, physicians, chemists, trade unionists, health sector players, and concerned citizens signed this petition of support, together with associative actors, consumer NGOs, nurses, students, and attorneys. Additionally, organisations that actively defend public health and the right to health, women's organisations, and elected women's representatives. At light of this knowledge, the government, as represented by the health department, has thought of establishing medically assisted reproduction at public hospitals. In his capacity as a regulator, he produced a draft Law No. 14-47 on medically assisted reproduction, which was approved by the governing council in 2017. The goal of the legislation is to protect personal information and to punish actions that violate human security and dignity. Furthermore, the requirements for using medically assisted reproduction are defined. Infertility is acknowledged in this study as a condition that requires treatment and reimbursement from social welfare organisations.

Additionally, the first public facility for medically assisted reproduction was established. Its operations are conducted in a highly controlled manner within the public service framework. The deficiencies from diagnosis to treatment have

International Journal of Embryo Cryobiology and Reproductive Sciences

Volume 1 Issue 1, 2026

decreased as a result of this approach. According to the director of the National Reproductive Health Center at Rabat University Hospital, "the number of couples treated for infertility is around 780 with 228 cycles and a pregnancy rate of about 25% close to international performances" [10]. The National Family Planning Program recognised the urgent need for medically assisted procreation facilities to be accredited in order for them to use medically assisted procreation procedures in accordance with legal norms. In order to achieve universal access to sexual and reproductive health (SRH), promote reproductive rights, monitor population dynamics, adopt the human rights approach, and promote gender equality, UNFPA, a United Nations agency, mandated the follow-up on the implementation of the ICPD recommendations.

As a result, UNFPA, with the help of the National Reproductive Health Center, created a benchmarking system for operating and organisational standards and a specialised center for the treatment of infertility in Belgium, which has gained international recognition in the field.

Discussion

The rights-based and gender-based approaches are crucial when talking about the treatment of infertility in family planning programs and family well-being initiatives. The state's efforts to provide birth spaces may also be beneficial in addressing Moroccan infertility issues. Morocco's National Family Planning Program has seen population growth as a critical factor in the country's economic and social development since its founding in 1966. Morocco has significantly decreased its fertility thanks to this significant effort. In fact, the number of children per woman has decreased from an extraordinarily high 7 in 1962 to 2.21 in 2014.

With 2.01 children per woman compared to 2.55 in rural regions, the fertility rate in urban areas is even lower than the replacement level of generations. In this context, the global commitment to the ICPD (1994) is reminiscent of the global mobilisation for women's reproductive rights rather than for demographic domination.

Infertility is now defined by the World Health Organization as "a disease of the reproductive system defined by the impossibility of achieving clinical pregnancy after twelve months or more of regular and unprotected intercourse." The social context is barely taken into account, and the definition is strictly medical. Infertility affects 15% to 17% of couples of reproductive age, or almost 80 million individuals globally, according to the World Health Organization (WHO). This suggests that the illness would afflict 825,000 Moroccans. Medically assisted reproduction has been practiced in Morocco for more than 30 years, mostly in private institutions. There are only 18 facilities nationwide, and the cost is still quite high. This presents significant obstacles to the pricing and accessibility of maternity and paternity care.

In addition to midwives, nurses, and health program administrators, a number of experts, including urologists, andrologists, gynaecologists, and biologists, must participate in this multidisciplinary intervention. Most infertile couples cannot afford the expense of many PMA attempts, making this technique of reproduction unattainable. Couples' travel fees to large cities with facilities for medically assisted reproduction also contribute to this cost. Regretfully, neither governmental agencies nor private insurance cover this health issue.

Conclusion

Morocco has made significant progress in guaranteeing everyone's access to medically assisted reproduction and reproductive rights thanks to this example of mobilisation. Public discussions and national health policy agendas now include infertility as a public health concern with socioeconomic ramifications. Ultimately, decision-makers and other stakeholders developed a social and health consciousness around the significance of providing diagnostic and treatment services for this "pathology" on par with the resources available to Moroccans to meet their family planning requirements, which are often unmet, especially for disadvantaged groups.

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International Journal of Embryo Cryobiology and Reproductive Sciences

Volume 1 Issue 1, 2026

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