



Fertility
Support
Community

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**Infertility in the Maldives & Recommendations for ‘Implementing & Investing in
Infertility Related Policies in the Maldives’.**

By Fertility Support Community

(Registered NGO in the Ministry of Youth, Sports & Community Empowerment REG. CR#/08/2021)

Author Note

No funding was accepted from Fertility Support Community for this paper & research. All data collected is from online membership form and programmes conducted by the NGO since its establishment from 14th December 2019.

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Introduction

As per the World Health Organization, Infertility is defined as a disease that is caused due to ‘inability to conceive even with 12 months of unprotected sexual intercourse’ & is a rising global concern. (World Health Organization, 2022). Every human being has a right to the enjoyment of the highest attainable standard of physical and mental health. Individuals and couples have the right to decide the number, timing and spacing of their children. Infertility can negate the realization of these essential human rights. Addressing infertility is therefore an important part of realizing the right of individuals and couples to find a family (Zegers-Hoehfeld, Dickens, Dughman Manzur, 2013).

Infertility in the Maldives is common and there is limited data on it within the country. The Maldives lacks the services needed for assisted reproductive treatment (ART) and does not have a fertility specialist based in the country. All Maldivian couples struggling with infertility must consult a obstetricians and gynecologists to treat infertility. Fertility related lab investigations are limited, and many families have no choice but to go abroad for ART.

Fertility Support Community began in December 2019 as the first group to provide psychosocial support to those struggling with infertility. We conducted several peer-to-peer support group sessions along with information sessions with medical professionals/technical experts on various topics related to infertility from both Maldives and abroad. When the Covid-19 pandemic hit the country, we switched our programmes to online sessions and gained popularity amongst Maldivians in islands as well. The membership grew and we

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registered as a nonprofit organization in January 2021, to create awareness on reproductive health and provide support to couples going through infertility and were trying to conceive (ITC).

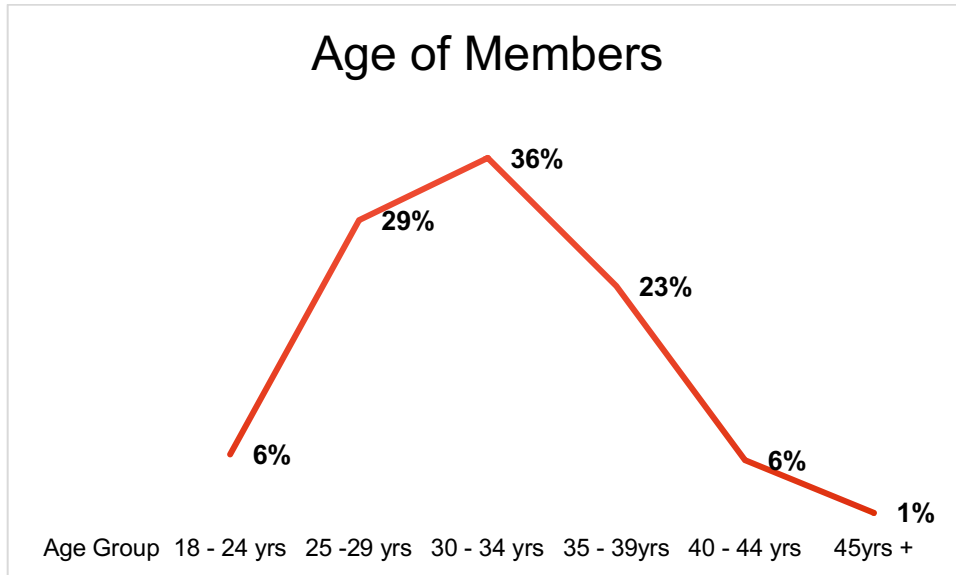
The main objective is to create a platform to exchange information on assisted reproductive procedures and to break the silence on fertility and address the social stigma related to this.

2. Statistics & Data on Infertility in the Maldives

Below are the data uncovered on 309 members registered at our NGO till November 10th, 2022.

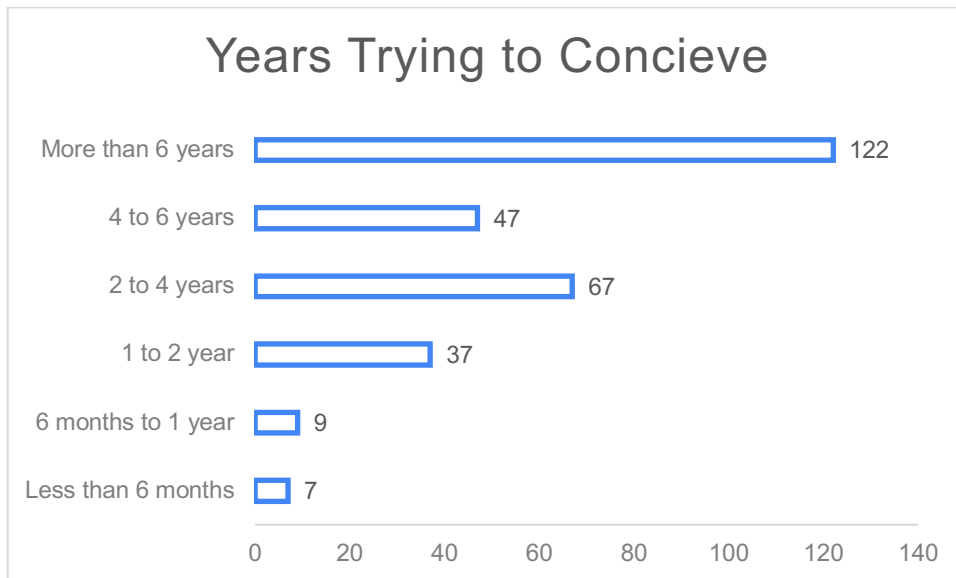
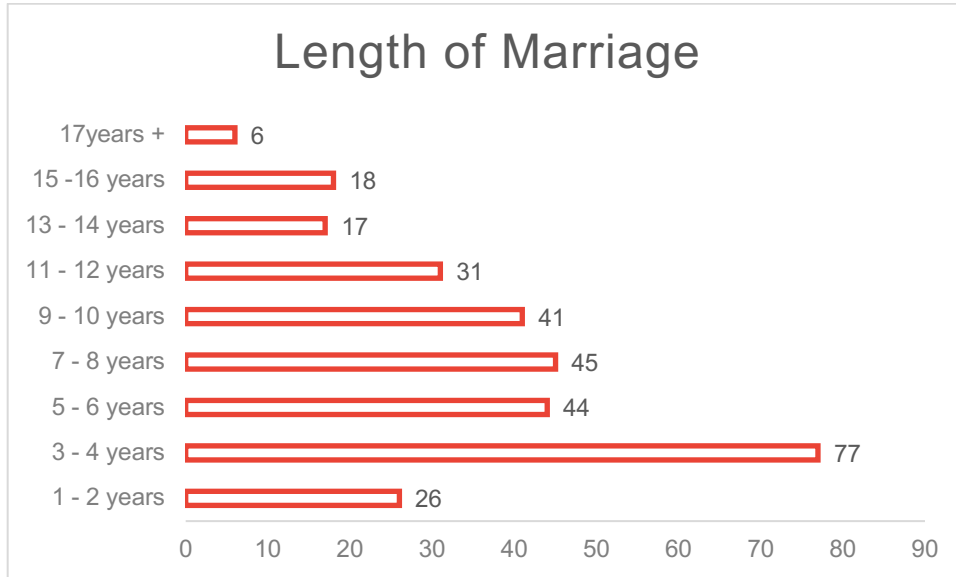
2.1 Age Group

Average age group among our members range from 20 – 45 years.



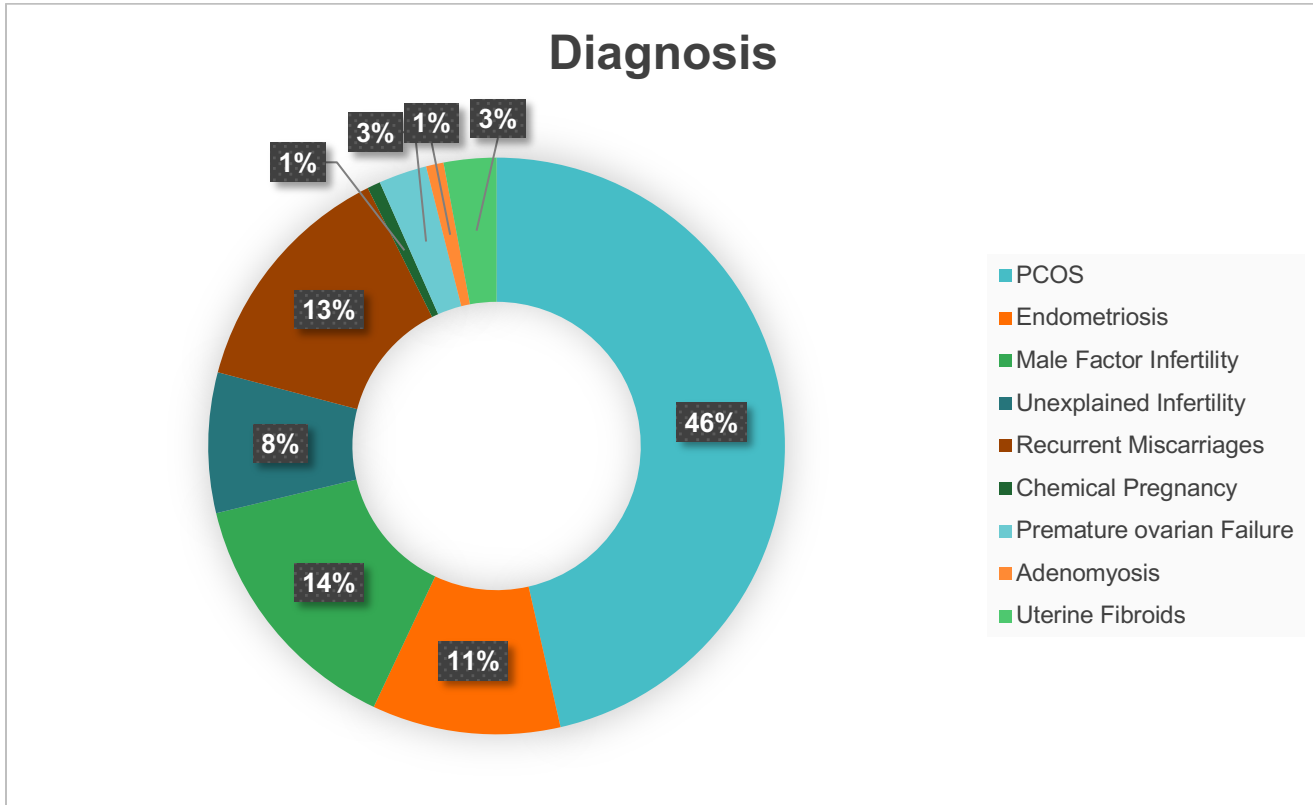
2.2 Length of Marriage & TTC Period

Average length of marriage ranges from 1 – 17+ years and majority have been trying to conceive for more than 6 years



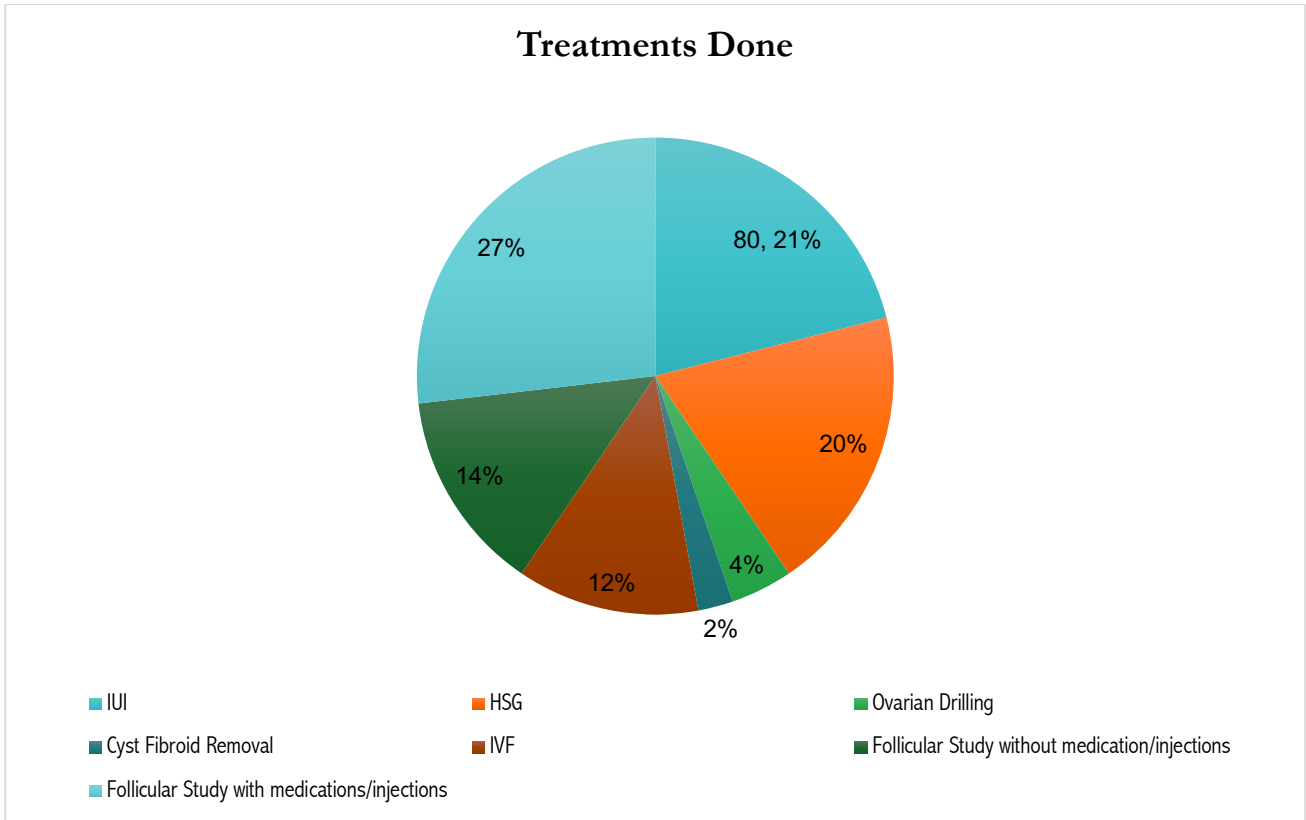
2.3 Diagnosis

The most common diagnosis from the data among our members is Polycystic Ovarian Syndrome.



2.4 Treatments completed

Most common treatments done among members are IUI and follicular study



2.4 Support Needed & Next Steps

Out of 121 members (Support wanted from FSC)	27 members stated they needed financial support
	7 members wants recommendations & guidance for fertility treatment
	4 members wanted more awareness within society and government support
Out of 121 members (Next steps)	39 have been informed to do IVF in their next step in treatment
	5 members have stated that they are awaiting to do IUI
	7 members have been informed by their gynecologists/general doctors to consult with fertility specialist

3. Findings through our peer-to-peer support group & information sessions

The struggles of Maldivian couples going through assisted reproductive treatments include matters such as added financial costs for travel & stay abroad, job insecurities and unavailability of health insurance that supports treatments. Due to the unavailability of ART treatments in the Maldives and with the added financial costs for travel and stay abroad, Maldivian couples diagnosed with infertility go through increasingly stressful situations.

According to (Turner et al 2013), ‘Women with lower stress and anxiety levels on the day prior to oocyte retrieval had a higher pregnancy rate. These results emphasize the need to investigate stress reduction modalities throughout the IVF cycle.’

Government policies could mitigate the many inequities in access to safe and effective fertility care. To effectively address infertility, health policies need to recognize that infertility is a disease that can often be prevented, thereby mitigating the need for costly and poorly accessible treatments. Incorporating fertility awareness in national comprehensive sexuality education programmes, promoting healthy lifestyles to reduce behavioral risks, including prevention, diagnosis and early treatment of STIs, preventing complications of unsafe abortion, postpartum sepsis and abdominal/pelvic surgery, and addressing environmental toxins associated with infertility, are policy and programmatic interventions that all governments can implement.

Through our programmes we have had multiple feedback and comments from members and participants of the NGO programmes. Here are key findings from such sessions:



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- Multiple members raised that they have no ‘trust’ in the regular gynecological appointments & feel dismissed when inquiring about TTC Struggles & infertility. Few quoted how gynecologists working in the Maldives are only more experienced in dealing with pregnancy only. Many highlighted how they were not explained thoroughly of treatment paths, options, and planning when they attend to a regular check up with infertility diagnosis.
 - Many patients with PCOS are unaware of the long-term effects of weight & lifestyle changes that will contribute to spontaneous natural ovulations & pregnancy. Maintaining healthy lifestyle will also assist in medicated follicular study cycles/IUI success.
 - Some members with endometriosis diagnosis highlighted how it took many years for their diagnosis to be confirmed and are initially misdiagnosed & treated for PCOS. Some even mentioned how painful periods were also dismissed by family as normal and patients are treated as being dramatic by health sector when ending up in Emergency rooms.
 - There is only one local Clinic that does IUI process within Male’ and when regional prices of one IUI Cycle is USD 150-200 in the Maldives, this is available in this clinic for MVR 15000 to MVR 20,000 (over USD 1000) for one single treatment/cycle.
 - Many members highlighted the difficulty in getting medications and the increased cost of it. A simple medication such as estradiol 3mg used for improving lining and for pre-IVF is often unavailable from all pharmacies. Important medications such as injectable/vaginal insert progesterone which is much better for recurring miscarriages (Karande, 2022). Almost every

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support group we have held raises the concern that none of the medications are covered by the National Health Insurance, Aasandha.

- A fertility specialist who frequently visits the Maldives and having treated multiple Maldivian couples with infertility, raised the concern that PCOS is overly diagnosed in the Maldives ,the latest international protocol must be followed in diagnosing patients, and stop traditional interventions such as ‘ovarian drilling’ that may affect the long term AMH/ovarian tissue of the patient. If there is too much damage to the ovary during the ovarian drilling procedure, a woman may enter menopause at a younger age than expected. After the procedure, adhesions (scarring) can form between the ovaries and the fallopian tubes, making it hard to get pregnant (American Society for Reproductive Medicine, 2014)
- We have had few members inform us of multiple medicated follicular studies and induction of ovary without the protocol of checking their fallopian tubes via HSG/SSG.
- We have had a member who had 10 medicated follicular study back-to-back without rest or break.
- Members from islands have mentioned how GPs in atoll health centers are also not supportive to guide the patients and one member raised that a simple test such as HCG titre levels cannot be done from regional hospitals.
- Members with recurring miscarriages are not properly guided to proper treatment paths and have to face multiple miscarriages without being told of progesterone types available and other common international practices now done to prevent first trimester miscarriages or the possibility of genetic factors involved.

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- Maldivian women struggling with infertility are faced with losing their job security and employment due to having to stay abroad for many months for ART procedures. Currently the Maldives does not have paid leave allocated for infertility treatments and many women especially in the private sector have no option but to leave their jobs to go abroad for the treatment.
- Members with secondary infertility and recurring miscarriages are not told about RH factor testing and the protocols to keep baby and mother safe from another loss.
- The geographical dispersion of islands in the Maldives, and the tourism industry with one island one resort concept, has many Maldivian men working in the resorts are away from their wives and family. The struggle of Maldivian couples in the hospitality sector is added due to these reasons.
- Members who are considering adoption have reported that their main concerns about permanent fostering is with the history or rumors of how adoptive parents are unprotected from privacy/biological parents returning to take the adoptee.
- There is a concern that many small businesses and online pages are selling ‘unverified or unapproved’ medical herbal supplements claiming to be fertility medications.
- The only government organization that supports couples struggling with infertility is the Maldives National Defense Force (MNDF) program to couples working in MNDF to apply for a government funded IVF round in a Military hospital in India, Pune. Through members of FSC in the program, we are aware that many couples are faced with mistreatment, unnecessary delay in treatment, and prolonged stay for IVF abroad in Pune. For full details of our findings refer to [Appendix 1.](#)

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- Social Housing discrimination to those struggling with infertility. As points are lost because of no biological children. Many couples while married for many years and are struggling with added cost for infertility should be acknowledged by the system and provided a fair chance to gain social housing points. Parents of fostered children must be also acknowledged.

4. Recommendations.

While discussions between international organizations and Maldivian government bodies, public and private health care providers, political parties, civil service organization, & others to implement the best changes at a policy level, below are our recommendations as the only NGO working for infertility rights.

Public Health Protection: - A Nationwide survey is needed to study the prevalence of infertility in the Maldives. As the Healthcare system depends entirely on the National Health Insurance system 'Aasandha' which has infertility codes that are not activated or used, data is lost. Correlated other diagnoses that causes infertility should also be interlinked within the Aasandha system. It is imperative that common causes of infertility specifically to the Maldives are identified and to recognize how the public health sector can help prevent infertility through advocacy. Correct treatment paths must be communicated to the public, while misdiagnosis / wrong treatment plans must be investigated. Identifying the medicine needed for this community is crucial with a consistent supply of medicines needed especially to those diagnosed with lifelong or painful conditions such as endometriosis, recurring cysts, & miscarriages. The mental health costs of those struggling with infertility along with what the government loses financially from all those who leave abroad for ART Treatments can be recorded.

Training & Development of healthcare providers on matters such as guiding couples with infertility, encouraging them to seek second opinion and join peer supported programmes to exchange information would help improve couples

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ART Development: - While this is needed direly, the necessary policy to protect service providers, & couples/families involved in ART must be thoroughly implemented in a way that both parties are not exhausted financially. The Maldives is an ideal tourism destination and since ART procedures are long term treatments, Healthcare providers & government could work together to introduce ART related medical tourism. This would provide more feasibility since Maldives Population is small and as ART facilities are an expensive investment by health care providers. While the billing for Embryo storage significantly varies from country to country and We believe the best route is to provide options to couples for long term storage of embryos up to 5 years for their first child included in their initial IVF package.

Encouraging more healthcare providers to introduce services such as IUI will enable fair pricing of treatments.

Financial Assistance: - Depending on the government's capacity, they could consider providing financial assistance to couples struggling with infertility and in need for financial support based on background check & conditional selection such as years married & TTC period. Now the government provides an amount of \$500-700 to couples who apply to NSPA prior to going abroad for IVF. Many are unaware of this service.

Insurance Coverage: - While a single Paracetamol pill will not be covered for anyone with an infertility diagnosis via the current government health insurance scheme Aasandha, it can be discussed through all relevant authorities to include coverage to any extent especially of medicines needed for infertility &

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recurring miscarriages or loss. Private Insurance providers could provide special packages for newly married couples that may cover up to 3 IVF cycles.

Medical leave – 1 month IVF leave could be provided to those who are medically required to go abroad for assisted reproductive treatment. If the treatment is available locally in the Maldives, this could be reduced up to 2 weeks that could be used at the patient's discretion of which period of the ART procedure. (Stims stage or Two Weeks Wait stage following transfer of embryo). This would not be necessary for less invasive ART procedures such as IUI. Private sector and the tourism industry can be recommended to provide their own 'family planning leave' to their employees based on recommendations by the government.

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Tables

Table 1 – Treatments Done

These are assistive procedures and tests done among our members during fertility treatments,

IUI	HSG	Ovarian Drilling	Cyst Fibroid Removal	IVF	Follicular Study without medication/injections	Follicular Study with medications/injections
80	74	16	9	47	52	102

Table 2 – Age of Members

Age group	No.
18 - 24 yrs	20
25 -29 yrs	91
30 - 34 yrs	110
35 - 39yrs	71
40 - 44 yrs	18
45yrs +	2

Table 3 -Length of Marriage

Years	No.
1 - 2 years	26
3 - 4 years	77
5 - 6 years	44
7 - 8 years	45
9 - 10 years	41
11 - 12 years	31
13 - 14 years	17
15 -16 years	18
17years +	6

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How long have you been trying to conceive?

Years	
Less than 6 months	7
6 months to 1 year	9
1 to 2 year	37
2 to 4 years	67
4 to 6 years	47
More than 6 years	122

Supplements (Total 309)

Vitex	Green tea	Maca Powder	Ashwagandha	Cupping	Ovistol	Acupuncture
5	43	5	3	94	3	7
2%	14%	2%	1%	30%	1%	2%

Has Covid-19 affected members plans for treatment?

Yes	Maybe	No
150	38	86
55%	14%	31%

Appendices

Experience of MNDF ART Program by an FSC Member*

One member of FSC was 1 out of the 8 participants of the IVF program offered by MNDF. The offer was 3 rounds of IVF from a military hospital of India, southern command hospital, Pune. The participants were not given any information other than that.

It took the said hospital and its doctors 3.5 months to just start the 1st round of IVF and was told it would take a complete year to go through the process. Necessary documents required for FRRO was delayed for 2 months and some couples treatment was stopped by the hospital due to delay in providing the necessary documents from MNDF.

It was observed that Husband and wife are separated from the moment the couples enter the ART wing.

Within the 3 months the only progress was blood tests and 1 X-ray. Some couples had to go through unnecessary procedures and wait idly several months between IVF rounds without any medical support and treatment plan were not disclosed to the patients. She also had complications during the procedure which were not communicated and was administered the wrong injection for a 10 period by one of the doctors which was not at all addresses when the issue was raised. Concerns were also raised about the hygiene and practices of the hospital. Out of the 8 couple, only 3 were successful with their first round.

Our member also expressed concerns that the centre lacked proper care when she reported first trimester bleeding but was sent home by the doctors at the hospital within a few hours without a scan which in 24 hours resulted in a miscarriage. The remaining 5 couples only had the chance to do 1 round of IVF within the span of 7 months. Out of the 5, 1 couple was not able to go through embryo transfer due to doctors rejecting ICSI protocol.

Experience of an FSC member struggling to get leave from work for IVF

This dual income couple have been trying to conceive since 2009 and was not able to get paid leave to go abroad for extended periods of time for the required treatments. Circular 2014/R-311 6th addendum Civil Service Regulation mentions that paid leave will be provided for those on long term medical treatments. However, this couple was denied paid leave as infertility was excluded from treatments that are considered as long term. Recently both husband and wife had to take no pay leave from their jobs and stay abroad for the entire duration of embryo transfer and chose to stay abroad through the whole pregnancy, which is a period of over 1 year, while depending on financial assistance from family members and loans. They are unable to take extra leave from work after birth (after 6-month postpartum leave) as they depend on their full-time income to provide for their family.

Preliminary diagnosis & private insurances case

A case of a member of FSC, stated where her initial diagnosis was recurring dermoid cysts and then infertility was registered as a diagnosis once the couple sought assisted reproductive treatment.

Following this the member had to have an emergency cyst removal surgery, completely related to her previous diagnosis. However, the insurance company rejected the coverage on this emergency cyst removal surgery due to infertility being recorded in her case.

For the link of documents related to this case, an official email can be sent to us at

fscommunitymaldives@gmail.com