AUSTRALIAN
REPRODUCTIVE
HEALTH
ALLIANCE

An Ounce of Prevention
(Reproductive Health and Early Intervention)

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Australia's health system still does not seem to have the balance right between early prevention and high tech solutions to a range of reproductive health problems.

This paper will explore some of these issues especially the amount of attention given to early detection of STDs versus high cost, high tech IVF services. Causes of some forms of infertility are still not broadly recognised as easily treatable with early intervention.

I do not need to remind this audience that health is not just about medical technology, medicine, and medical intervention. Every aspect of our lives – from the environment to our social relationships – impacts on our health. Medical intervention and medicine become necessary often as a result of an imbalance or deficiency in another aspect of our life. This is also true for fertility: environmental and social changes are believed to affect fertility, as do lifestyle factors, as well as diseases of the reproductive system such as chlamydia. Little public money is invested in researching these causes and introducing preventive measures. The result is that medical intervention to treat infertility becomes necessary.

Australian fertility specialists report that approximately 15 per cent of all couples are infertile. Although changes over time in the prevalence of infertility are difficult to determine, research findings suggest that more people are infertile today compared with 20 years ago.

Assisted conception

The use of infertility treatments has risen substantially, from 16 288 cycles in 1992 to 26 579 in 1999. The number of IVF units in Australia and New Zealand has increased to meet the need, from 28 in 1992 to 38 in 1999 (Hurst and Lancaster, 2001). It has been suggested that women possibly are under more pressure to conceive, regardless of whether they are fertile or not, because of the technology available.

However, the success of techniques of assisted conception - in-vitro fertilization (IVF), gamete intrafallopian transfer (GIFT) and intracytoplasmic sperm injection (ICSI) – is surprisingly low. Recent research by the Australian Institute of Health and Welfare shows that when all techniques of assisted conception are included together, the viable pregnancy rate is still only just under 16 per cent (Hurst and Lancaster, 2001). Women desperate to have a child, however, argue that low success rates are relative – if their chance of pregnancy is zero without intervention, a 16 per cent chance seems good.

A key factor in the utilisation of reproductive technology is the cost. Such services are extremely costly and largely accessible only to wealthier members of the community. Prior to November 2000, Medicare would only cover the cost of the first six IVF cycles. This limit has recently been abolished allowing couples unlimited attempts. For people without private health insurance, the out of pocket costs (costs after Medicare refund) are approximately $1950-$2050 per cycle, depending on the procedures involved. Variations to treatment such as ICSI, embryo freezing and embryo storage incur additional fees (Women's Health Queensland Wide, 2001).

Prevention is sometimes difficult to promote as an approach to health, as society tends to demand a scientific or hi-tech solution that will give them tangible, quantifiable results. In fact it has been argued that the range of options available to women influences them to feel that they must not or cannot give up trying to get pregnant until all possibilities have been thoroughly exhausted. It is also possible that the health consumer develops a totally unfounded complacency in regard to preventive measures, certain that medicine and medical technology can fix all problems.

STIs

Infertility is caused by a range of environmental, social, lifestyle, occupational and health factors. Some of these, in particular STIs and infertility due to age, are easily preventable One of the keys to reducing the incidence of infertility caused by STIs and age related infertility is education and information. While campaigns to combat the spread of HIV/AIDS have been effective in keeping infection rates down, the number of diagnoses of other STIs continues to increase. Young people are getting mixed messages, and the devastating long term effects of STIs other than HIV are not emphasised enough. In a survey of year 10 and year 12 students conducted in 1997 by the Australian Research Centre in Sex, Health and Society at La Trobe University, nearly all students were aware that HIV/AIDS could be transmitted sexually, but knowledge about other STIs was poor (Hurst and Lancaster, 2000). What is particularly

disturbing is the poor knowledge of chlamydia. Only about 30 per cent of boys and 37 per cent of girls in year 10 identifying it as a sexually transmitted infection.

Chlamydia is one of the more common communicable diseases in Australia, and the most common bacterial sexually transmitted infection (Hurst and Lancaster, 2000). It is one of the most common causes of pelvic inflammatory disease (PID), and both chlamydia and PID can lead to infertility. PID can develop when a chlamydial infection is not picked up early enough to prevent it infecting the upper reproductive tract (the uterus, fallopian tubes and ovaries), while untreated chlamydia can leave scar tissue which causes a blockage of the tubes. The need for preventive measures is particularly critical considering that 60 per cent of women who contract chlamydia will experience no symptoms (Women's Health Queensland Wide, 2001).

Although safe sex messages spread through public campaigns have had a positive impact on the numbers of new infections of HIV, notifications of other STIs have continued to increase. A report by the Australian Institute for Health and Welfare shows the disturbing increase over the past decade in the incidence of chlamydia among the total population, and particularly among young people. Among young men, the number of new cases of HIV infection has declined from 11 per 100 000 population in 1991 to 3 per 100 000 population in 1998, whereas the rate of chlamydia has increased from 105 per 100 000 in 1991 to 292 per 100 000. Notifications of chlamydia have risen nearly threefold within a decade, and are 2.4 times greater for females than for males among young people (Hurst and Lancaster, 2000).

Because knowledge of chlamydia among young women is low, many do not make the connection between the incidence of chlamydia in their early 20s and infertility, which they discover in their late 20s – early 30s. Increasing knowledge about this connection is made more difficult because the medical disciplines are separate for treating STDs and fertility problems, thus a connection is not always made between the two events.

Social factors – delayed childbirth

Another preventable cause of infertility is ageing. Age related infertility is becoming a major health problem, and one that has often been neglected. While women constantly hear about their body clock, in reality, few know of the links between menopause and reduced fertility. The onset of menopause is related to a woman's ability to conceive in the years immediately before it. Research has shown that women usually become sub-fertile about 20 years before menopause, and infertile ten years before it (de Bruin et.al, 2001). Women with a family history of early menopause risk early menopause for themselves, and consequently age-related infertility from an earlier age.

Many older women think they are more fertile than they actually are, and indeed than their doctors often think they are. Again, the lack of knowledge among women about reduced fertility after the age of 35 is a strong contributing factor. Women today live longer and healthier lives than their predecessors, at age 35 they still look and feel

young and fit. They are therefore perhaps less aware that their body clock is indeed ticking away just as it did for their mothers and grandmothers.

Age-related infertility has begun to become a problem as the average age of mothers having their first child has increased – currently it is 27. So what are the reasons for women delaying childbirth? While it may be a question of priorities for some, who wish to have a career, house and baby (in that order), many women decide to postpone childbearing because Australia lacks family-friendly policies like universal paid maternity and paternity leave and affordable, accessible child care. In fact, increased costs of childcare over the past decade may have had a greater impact than we believe in decision making regarding first pregnancy. Also, the trend towards longer working hours also is a factor in the making of the decision to become pregnant. Women in particular professions believe that their careers will definitely suffer if they do not put in the hours seen as necessary to perform well.

Maternity leave is far from universal in Australia, and very few of those not employed in the public sector have access to paid maternity leave. With over a quarter of Australian workers now employed on a casual basis, too many workers are missing out on parental leave and its associated security of employment. Parents returning to work after having a child often do not have the choice of working part-time to balance their family and work responsibilities. Childcare is limited, inaccessible or unaffordable for some, particularly for those in casual, part-time, contract or shift work.

For the reasons outlined above, women delay starting a family. They wish to ensure greater financial stability to cover them for the period of time they will take off work to have their baby. They also wish to have a satisfying career. Then there is the issue of changing lifestyles and values. That means that some women find partners with whom they wish to have a family, or a second family, later in life. It is also harder to survive on only one income. There are also very mixed messages sent to women about what they should and should not be doing. Stay-at-home mothers are often looked down upon by other women, and, even in the 21st century, women face a lot of pressure to be successful in their career as well as their family.

Conclusion

The paper has not touched upon other factors impinging on fertility such as whether policy makers factor in all the hidden costs of unplanned and unwanted pregnancies which are carried to term, including actual costs related to raising a child and the body of overseas research which shows that unwanted children often need inputs from other social services and suffer adverse lifelong ill effects of their “unwantedness”.

Also the paper has not examined whether the relatively high cost of contraception in Australia compared with countries such as the Netherlands and New Zealand, where contraception is more heavily and widely subsidized, may be a factor in Australia’s current rate of abortion, and fertility rates. There is the whole question of the lack of availability and the cost of the emergency contraceptive pill. Access to, and knowledge

about such services is still extremely problematic. It is astounding to consider that even in the US, various States are now selling the emergency contraceptive pill over the counter in selected pharmacies and yet in Australia, we still do not have a purpose packed emergency contraceptive pill. This is sheer political bloody mindedness. Pharmaceutical companies have been deterred from even applying for approval for such a product because of the flak they perceive coming from the far right and excuses, such as Australia is a small market, do not wash when we know such a choice has been available in New Zealand for years.

While women have limited choices, such limits are factors in the fertility outcomes for Australia both in terms of current fertility rates and increasing the risk of infertility. People who perceive that they cannot afford to practice safe sex because of cost, put themselves at higher risk of STIs. The Australian Government and Health Professionals need to examine the whole issue of the range of affordable, easily accessible contraceptive choices to all people, including the young, the poor and those who live in remote areas.

Infertility can be devastating, and so while it is wonderful that some couples who previously would have remained childless are now able conceive with the assistance of medical technology, the emotional stress and disappointment suffered by many of those who are infertile could be avoided through relatively inexpensive preventive measures, on which little public money is currently spent. In particular, information and education campaigns on the connection between chlamydia and infertility, and the impact of age and early menopause can have on fertility, could greatly reduce the unnecessary anguish of infertility for many. Such campaigns have proven successful in other health promotion messages, such as HIV/AIDS, and are inexpensive when one considers the high financial and emotional costs borne by those seeking treatment with reproductive technologies.

References

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