Fertility Healthcare & The South Asian Community

Helping Create Informed Patients

Fertility Within Reach
ADVOCATING FOR FERTILITY HEALTH CARE

“As a South Asian woman and fertility specialist, I know firsthand the silent weight that so many of us carry when it comes to reproductive health. In our communities, conversations about fertility are often wrapped in stigma, silence, and shame. That’s why this resource is so powerful.”

Dr. Lucky Sekhon
Reproductive Endocrinologist, OB/GYN, and author of *The Lucky Egg*

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Race Can Have An Impact On Fertility Care

Infertility* is a disease, condition, or status that impacts the reproductive systems.[1] It is a challenging issue on its own and can become increasingly complex for the South Asian* population as they navigate unique cultural stigmas. We use the term South Asian to refer to those with ancestry from India, Pakistan, Bangladesh, Nepal, Sri Lanka, and Bhutan. In many South Asian cultures, reproduction and infertility are often considered taboo.

South Asians are underserved and face unique barriers when navigating fertility healthcare. *Fertility Within Reach* aims to support South Asian patients through this journey, while providing a holistic understanding of fertility challenges and potential treatment options.

*See Glossary on page 20 for definition.

Addressing Fertility Healthcare in the South Asian Community

CULTURAL STIGMA

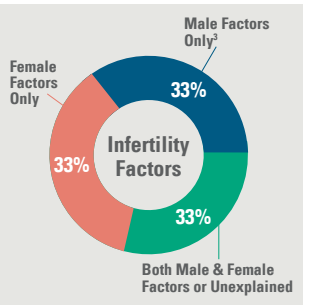
There are several reasons that reproduction and infertility are considered taboo. Conversations around fertility healthcare are often avoided or looked down upon within South Asian communities due to the pressure couples face, especially women, to bear children. Specifically, an individual's value in marriage or within the family may be closely tied to their fertility. The ability to bear children, especially sons, is often seen as a central part of her role in the household. Therefore, there is shame and blame when they experience fertility health challenges. As a result of misinformation, as well as a lack of culturally specific care, South Asians are less able to access fertility healthcare earlier. Infertility is not only a common issue that affects people of all genders around the world, but it also affects South Asians increasingly, as South Asia is the third largest region affected by infertility.[2] Furthermore, a woman's value in marriage or within the family may be closely tied to her fertility. The ability to bear children, especially sons, is often seen as a central part of her role in the household. It is important to combat these barriers that South Asians face in accessing fertility healthcare.

Misconceptions & Truths

MISCONCEPTION

Infertility is due to the woman.

TRUTH *Fertility health challenges are gender-neutral. Globally, half of the fertility problems can be attributed to male reproductive organs and half to female reproductive organs. This applies to the South Asian population as well.[2] However, the social burden often ends up falling on South Asian women due to the unjust expectations that exist in many South Asian communities.*



MISCONCEPTION

Fertility health challenges are a rare issue.

TRUTH *Fertility health challenges are a common medical condition that millions struggle with globally.*

MISCONCEPTION

Fertility health challenges are not legitimate health conditions.

TRUTH *Infertility is a disease of the reproductive system and is recognized as such. Approximately 9% of men and 11% of women in the United States have dealt with fertility problems.[3]*

MISCONCEPTION

The causes and treatments of fertility health challenges look the same regardless of ethnicity.

TRUTH *While fertility challenges affect all ethnicities, health disparities among different groups exist. For example, South Asians are more prone to Polycystic Ovarian Syndrome (PCOS).[4]*

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Fertility Medical Challenges within the South Asian Community

Understanding common fertility challenges that impact male reproductive organs and female reproductive organs within the South Asian community can empower patients to recognize what's happening with their bodies, and when to seek medical care. Research shows there are five major conditions that prominently come to mind when thinking about South Asian reproductive health and fertility challenges.

POLYCYSTIC OVARY SYNDROME

Polycystic Ovary* Syndrome (PCOS) is a common cause of infertility among South Asian women.[4] South Asian women are more likely to have PCOS than their White counterparts (44.2% vs 11.5%).[4] It is a hormonal disorder caused by the imbalance of reproductive hormones. While PCOS presents itself differently in each person. The most common symptoms are:

- Irregular periods (infrequent or prolonged menstrual cycles)
- High levels of male hormones (resulting in excess body hair and severe acne)
- Polycystic ovaries (enlarged ovaries causing irregular function)

The hormonal imbalance interferes with the growth and release of eggs* during ovulation, making it difficult to get pregnant.

*See Glossary on page 20 for definition.

UTERINE FIBROIDS

Uterine fibroids (leiomyomas) are growths made of smooth muscle and fibrous connective tissue that arise from the uterus* and are one of the most common gynecological conditions nationwide. Uterine fibroids can develop in anyone with female reproductive organs after the onset of their menstrual cycle. Although fibroids are usually non-cancerous, it is important to have conversations with your doctor and get diagnosed early to avoid having an invasive procedure. If left untreated, uterine fibroids can prevent a pregnancy from occurring or lead to complications during pregnancy.

ENDOMETRIOSIS

Endometriosis is another very common cause of infertility among South Asians. It is a disorder where tissue grows outside the uterus in places like the ovaries or bowel. Over time, the tissue breaks down and becomes trapped in the pelvis. This can cause:

- Excessive menstrual pain
- Pain during intercourse
- Abnormal menstrual flow
- Painful urination and bowel movements during menstrual periods
- Diarrhea or constipation
- Infertility

TYPE 2 DIABETES (T2D)

T2D is a condition that affects the way the body processes sugar. The body either doesn't produce enough insulin or resists it. Research suggests South Asians have higher rates of Type 2 Diabetes.[5] T2D is linked to a variety of fertility health challenges, including PCOS, premature menopause, endometrial cancer, and irregular menstrual cycles.[6] Additionally, T2D is linked to lower testosterone levels in men, which affects fertility.[7] Being aware of this is vital to overcoming fertility health challenges.

AGE

It is known that fertility declines with age. This can be due to a decline in the number of eggs produced or lower quality. In addition, for males, the quality of sperm begins to decrease around the age of 45. Asian Americans tend to seek treatment later and at a lower rate than their White counterparts.[8] This results from multiple factors, including access to culturally-specific care and stigma.[8] However, as Asian men and women are at increased risk for fertility challenges at a later age and post-treatment, it is important to seek treatment and appropriate resources as early as possible.[8]

UNEXPLAINED INFERTILITY

Unexplained infertility is a common diagnosis. Approximately 1 in 4 couples who have fertility challenges will be given an unexplained infertility diagnosis. An unexplained infertility diagnosis is given when:

- No uterine issues are detected
- Fallopian tubes* are healthy
- Ovulation is regular
- Ovarian reserve meets healthy standards
- Semen analysis results are normal

It is recommended that couples have an assessment of ovarian reserve, transvaginal ultrasound, and hysterosalpingography (assessment of uterus and fallopian tubes). With this expanded testing, 15–30% of couples will be diagnosed with unexplained infertility.[6]

An unexplained infertility diagnosis does not mean a couple cannot have a child. It just means that testing was done to rule out known reasons for infertility. Thus, the cause of their infertility is unknown, but the couple can still undergo treatment and try to conceive.

*See Glossary on page 20 for definition.

Fertility Treatments

If you decide to receive fertility treatment, several healthcare options are available. Below is an overview of these options:

FERTILITY MEDICATIONS

Fertility medication is often the first form of treatment. The medications can thicken uterine linings, stimulate ovulation, increase sperm quality, and more. Several medications are available depending on what your provider believes may be causing infertility. It is important to be open and honest with your medical provider so they can prescribe what is best.

INTRAUTERINE INSEMINATION

With Intrauterine Insemination, sperm is collected and directly inserted into the uterus when an individual is ovulating. Intrauterine Insemination is typically attempted before more invasive fertility treatments such as In Vitro Fertilization and surgery. This improves the chance of conceiving by increasing the amount of sperm that enters the uterus and placing sperm in the right location during the right time of the cycle. While outcomes for Intrauterine Insemination don't necessarily differ based on ethnicity, South Asian people may wait significantly longer to get a fertility evaluation due to barriers to access, which can affect timely diagnosis and treatment.[7] A delay in diagnosis can reduce the effectiveness of less invasive treatments.

SURGICAL PROCEDURES

Surgery can help correct problems with the reproductive organs. Common surgical options include tubal surgeries that address blocked fallopian tubes, laparoscopic or hysteroscopic surgeries that can help remove uterine fibroids, polyps, endometrial lesions, as well as pelvic, and uterine adhesions (scar tissue), and procedures that remove blockages in tubes that carry sperm.

IN-VITRO FERTILIZATION (IVF)

In Vitro Fertilization is an Assisted Reproductive Technology* (ART) used to aid people struggling to conceive. This procedure first involves using medications to stimulate egg production from the ovaries. The eggs are then removed from the follicles during an egg retrieval procedure. Each egg is fertilized with sperm in the hope of becoming a Zygote.* Several days pass allowing for cell division and observing for normal embryo* development. One or more embryos can be transfered into the uterus with the intention they implant into the uterus. Resulting hormones indicate when a patient is considered pregnant. Alternatively, the embryos can be frozen until an optimal time for transfer based on the patient's needs or the quality of the uterine environment. This can significantly improve pregnancy outcomes.

COMPLEMENTARY AND ALTERNATIVE MEDICINES (CAM)

Complementary and alternative medicines refer to treatments that are not conventional medicine (ex: acupuncture, mind-body techniques, bodywork, herbal medicines, etc.). There is extensive research on the effects of CAM on fertility. Many individuals have experienced lower stress levels when using CAM while seeking other fertility treatments.[10] Additionally, current studies on acupuncture, Ayurveda, and Chinese herbal medicine report improvements in male and female fertility outcomes.[10] **It is also important to note that depending on the treatment you are planning, you should consult with a physician before pursuing any CAM simultaneously.**

COMMON FERTILITY TREATMENT METHODS

MEDICATION FOR	ART OPTIONS	SURGERY FOR
Endometriosis	Intrauterine Insemination	Endometriosis
Uterine Fibroids	In-Vitro Fertilization	Ovarian Cysts
Polycystic Ovary Syndrome	Male Factor Infertility	Uterine Fibroids
Male Factor Infertility		Male Factor Infertility

*See Glossary on page 20 for definition.

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ALTERNATIVE APPROACHES

Acupuncture

An alternative approach to Western medicine involves placing very thin needles into certain areas of the body. Acupuncture is recommended for polycystic ovary syndrome, uterine fibroids, endometriosis, and certain issues affecting sperm quality. Acupuncture can also help with side effects of fertility treatment, such as bloating and nausea.[11] Acupuncture also promotes relaxation, which is important for all aspects of life.

Ayurveda

Ayurveda is a holistic approach to medicine that involves maintaining balance between body and mind. Studies have found that some ayurvedic treatments can have significant improvements on sperm counts and quality. Furthermore, treatments have been found to help improve fallopian tube blockages and polycystic ovarian disorder (PCOD).[12] Ayurveda can also be used to help with stress and mental clarity.

Vitamin D

Studies have shown that those with higher levels of vitamin D in their blood are more likely to successfully conceive during IVF treatment. Consult with your doctor to learn if adding a vitamin D supplement to your daily diet can increase your chances of conceiving, being beneficial while pregnant, and increasing lactation.[13]

Chinese Herbal Medicine

Similar to ayurvedic medicine, Chinese herbal medicine uses herbal formulas to help balance the connection between Yin and Yang, the opposing forces of the body. Recent studies on Chinese herbal medicine suggest a 1.74 higher chance of becoming pregnant with Chinese herbal medicine therapy than with Western Medicine therapy alone.[14] Part of a larger medical practice, Chinese herbal medicine can also be used with acupuncture, diet, meditation, physical exercise, and massage. Chinese Herbs have the potential to impact hormone levels, so please consult with your doctor on how it may impact fertility treatments.

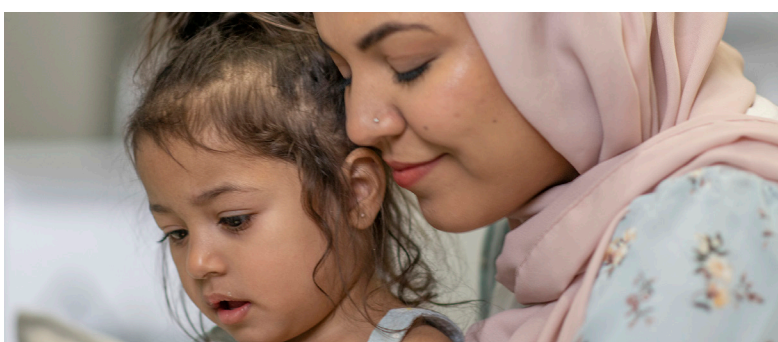
FERTILITY PRESERVATION

This rapidly advancing treatment is a safe and dependable method of extracting and storing a person's reproductive material. This can increase your chances of becoming pregnant when you are ready to build your family.

The Importance of Preventative Healthcare

Preventative care is extremely important in promoting personal and reproductive health. Here are some techniques to prioritize proactive care:

- *Prioritize physical activity*
- *Follow a balanced diet*
- *Minimize or eliminate substance use*
- *Manage existing health issues (e.g., diabetes, anemia)*
- *Investigate the family medical history*
- *Understand and avoid environmental toxins (e.g., methylmercury, a known reproductive toxin that is commonly found in fish).*
- *Attend regular health appointments.*



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Support Guide

Navigating fertility health challenges can affect an individual's mental health. This is especially true when there are fewer resources and opportunities to talk about personal experiences. Mental health awareness and care are crucial when dealing with these fertility challenges. This support guide aims to provide information and techniques catered to the South Asian community.

DISCUSSING FERTILITY ISSUES WITH FAMILY

One reason infertility is so difficult to talk about among the South Asian population is that there are negative social and emotional consequences that come with openly discussing reproductive health. A family's reputation can suffer due to the stigma associated with infertility. We have included some suggestions and resources regarding how to initiate and navigate the conversation about infertility with family and friends:

- *Explain that your infertility is a medical condition. Just as one could get diabetes treatment, one can get treatment for fertility health challenges.*
- *Decide how much detail you want to share ahead of time. Privacy can be difficult to maintain in South Asian families, but setting these boundaries can help prepare you for the conversation. Protecting yourself is one way to practice self-care.*
- *Prioritize your mental health and wellness and step back from the conversation if needed.*
- *Actively seek support from a trusted friend, partner, or support group.*
- *Communication can be difficult due to complicated medical terms, so it is important to have patience during your conversations. Resources can help overcome language barriers.*
- *Holding onto the courage to talk about fertility challenges is one of the most effective ways to destigmatize this subject for you and the South Asian community.*
- *Share this educational resource with others.*

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Resources & Glossary

FOR A GREATER UNDERSTANDING OF FERTILITY CHALLENGES

NOVA IVF
Fertility Blog

Society for Women's Health Research
Fertility Patient Resource Guide
Uterine Fibroids Toolkit
Endometriosis Toolkit

FertilityIQ
Fertility for Patients of South Asian Heritage

FOR GREATER SUPPORT DURING FERTILITY CHALLENGES

Instagram Community
Kreena Dhiman *(@kreenadhiman)*
Kajal Pankhania *(@Aurelias_Wish)*

TREATMENT OPTIONS

Indian Egg Donors

GLOSSARY

Assisted Reproductive Technology: An umbrella term for fertility treatments that involve embryos and eggs being handled. This includes procedures such as IVF.

Egg: Also known as an oocyte. The egg is the reproductive cell of people assigned female at birth (AFAB)

Embryo: A fertilized egg.

Fallopian Tubes: One or two tubes leading from the ovaries into the uterus. Eggs pass from the ovaries, through the fallopian tubes, to the uterus.

Infertility: Infertility is a disease, condition, or status characterized by any of the following:

- *The inability to achieve a successful pregnancy based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors.*
- *The need for medical intervention, including, but not limited to, the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as an individual or with a partner.*
- *In patients having regular, unprotected intercourse and without any known etiology for either partner suggestive of impaired reproductive ability, evaluation should be initiated at 12 months when the female partner is under 35 years of age and at 6 months when the female partner is 35 years of age or older.*[1]

Ovaries: A female reproductive organ where eggs form and where female hormones such as estrogen are produced.

South Asian: People whose country of origin is India, Pakistan, Bangladesh, Nepal, Sri Lanka, and Bhutan.

Uterus: A uterus is typically a pear-shaped organ in the reproductive system of people assigned female at birth. It's where a fertilized egg implants during pregnancy and where your baby develops until birth. It's also responsible for your menstrual cycle. It's commonly referred to as your womb.[15]

Zygote: A cell resulting from the fusion of two reproductive cells; a fertilized egg.

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At *Fertility Within Reach*, we are acutely aware of the compounded adversity men and women of color face in seeking care. South Asians have historically been left out of research on reproductive health. As you read this guide, you may notice the occasional use of Asian instead of South Asian, this is a result of a lack of research and data that is South Asian-specific. The way the U.S. traditionally groups Asian identity is by combining all Asian identities and Pacific Islanders in one group. However, at *Fertility Within Reach*, we are aware of the diversity of the Asian-Pacific Islander identity. To the best of our abilities, we have created a guide that embodies this sentiment and is not built on race-based medicine.

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"This resource offers science-backed, culturally sensitive information that empowers South Asian men and women to take control of their fertility journeys with confidence and clarity. We deserve to have access to the same tools, knowledge, and support as anyone else—and this resource is a step toward making that a reality."

Dr. Lucky Sekhon
Reproductive Endocrinologist, OB/GYN, and author of *The Lucky Egg*

Fertility Within Reach is a national non-profit dedicated to helping individuals increase access to fertility treatment and preservation. Cost or access to fertility healthcare should not be a barrier in someone's ability to start a family when they choose.

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www.fertilitywithinreach.org