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**Women's Access to Assisted Reproductive Technologies with Special Emphasis
on IVF Services in Addis Ababa: Analyzing Its Implications on Their
Reproductive Health and Rights**

By

Helen Teju

ID No. GSE9454/15

ADDIS ABABA UNIVERSITY, ETHIOPIA
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BY: Helen Teju

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A Thesis Submitted to the School of Law, Addis Ababa University, in Partial Fulfillment of Master of Laws Degree (LL.M) in International Human Rights Law

Advisor: Mizanie Abate (PHD, Associate Professor)

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List of Abbreviations

ACHPR	African Charter on Human and Peoples' Rights
ACHPR	African Commission on Human and Peoples' Rights
AI	Artificial Insemination
ARTs	Assisted Reproductive Technologies
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CESCR	Committee on Economic, Social and Cultural Rights
ECHR	European Court of Human Rights
EML	Essential Medicines Lists
FDRE	Federal Democratic Republic of Ethiopia
FP	Family Planning
ICCPR	International Covenant on Civil and Political Rights
ICESR	International Covenant on Economic, Social and Cultural Rights
ICPD	International Conference on Population and Development
IVF	In Vitro Fertilization
LMICs	Low and Middle-Income Countries
NPPO	National Policy Principles and Objectives
RSRH	Right to Sexual and Reproductive Health
UDHR	Universal Declaration of Human Rights
WHO	World Health Organization

Declaration

I hereby declare that the study on “Women’s Access to Assisted Reproductive Technologies with Special Emphasis on IVF Services in Addis Ababa: Analyzing its Implication on Their Reproductive Health and Rights” is my own work, and the sources used are duly cited and acknowledged.

Declared by:

Helen Teju

Signature: _____

Date: _____

Addis Ababa University

Approval Sheet

Candidate

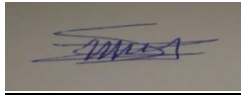
Name _____

Signature _____

Date _____

Principal supervisor

Name Mizanie Abate (PhD)_

Signatur:  _____

Date 8 May 2025_

Approved by the board of examiners

Examiner 1

Name _____

Signature _____

Date _____

Examiner 2

Name _____

Signature _____

Date _____

Acknowledgment

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Abstract

Infertility poses a significant challenge both globally and in Ethiopia. ARTs, particularly IVF services, provide essential solutions for women facing infertility, empowering them to pursue parenthood. However, many women in Addis Ababa encounter substantial barriers to accessing these services. This paper examines the accessibility of IVF, highlighting the challenges women face in obtaining In Vitro Fertilization services.

The research combines doctrinal legal analysis of relevant laws and human rights instruments with a qualitative approach, utilizing semi-structured interviews with health professionals and experts. Key findings reveal significant barriers to accessing IVF in Addis Ababa, including restrictive legal frameworks that limit services to legally married couples and prohibit gamete donation. Additionally, the high costs of treatment and medication, coupled with a lack of financial assistance, present major economic obstacles. Limited information and awareness about ART services, along with social and cultural stigma surrounding infertility, further deter women from seeking help. The concentration of licensed fertility centers primarily in Addis Ababa restricts access for women outside the capital.

Restricted access profoundly impacts women's reproductive health and rights, infringing on their ability to form families and make reproductive choices. It negatively affects their psychological well-being, causing distress, shame, and isolation. Moreover, limited access hinders the realization of the right to health and other fundamental human rights.

To address these issues, the study recommends tackling financial barriers, improving access to information and awareness, combating stigma, decentralizing services, and revising restrictive legal provisions regarding marital status and gamete donation. These measures aim to enhance equitable access to ART services and strengthen women's reproductive rights in Ethiopia. Ultimately, the study seeks to improve understanding, raise awareness, and inform interventions.

Keywords: *Infertility, Assisted Reproductive Technologies, accessibility, reproductive rights, IVF servic*

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

The desire to have children is a deeply rooted aspiration for many individuals, driven by a combination of biological, emotional, and cultural factors. Beyond the biological aspect, having children fosters strong emotional connections, providing love and companionship that enrich lives. Many people are motivated by the wish to carry on family names and traditions, fulfilling societal and cultural expectations associated with parenthood. Additionally, numerous religions emphasize the importance of procreation, viewing it as a sacred duty. Cultural values are closely tied to perceptions of fertility, where having children is often viewed as a vital part of marriage and societal standing. This cultural context creates considerable pressure on women, as their identities and social values are often linked to their ability to conceive and give birth. Additionally, not only on women, infertility can put a significant strain on a couple's intimate relationship, often leading to emotional pain. Couples without children may fear societal rejection and feel isolated from others.

For many, the journey of becoming a parent represents a significant life achievement that brings immense joy and a sense of purpose. The belief that children will offer support in old age and contribute positively to society by nurturing the next generation further enhances this desire. These intertwined motivations highlight the profound significance of parenthood in human life, paving the way for a deeper exploration of infertility and its implications in contemporary society. For many couples, having a child appears to be a simple task. However, a significant number of individuals face obstacles that prevent them from completing this fundamental process and becoming parents, with infertility being one of the primary challenges.

Infertility is a condition that affects the male or female reproductive system and is characterized by the failure to conceive after 12 months or more of consistent unprotected sexual intercourse.¹ It

¹ World Health Organization, Infertility (2024) <https://www.who.int/news-room/fact-sheets/detail/infertility> accessed 16 November 2024

is also referred to as infecundity, sterility, or physiological infertility, which demographers define as the inability of an individual or couple to achieve reproduction.² There are two categories of infertility; primary and secondary. Primary infertility occurs when a woman is unable to conceive or carry a pregnancy to full term, resulting in the inability to have a living child. In contrast, secondary infertility refers to the situation where a woman has successfully given birth to at least one living child but is unable to conceive again or carry another pregnancy to term.³

The WHO indicates that approximately 48 million couples worldwide face infertility, underscoring the importance of addressing this issue on a global level.⁴ In Ethiopia, Recent research shows that 24.2% of couples in Ethiopia face infertility issues.⁵

The importance and necessity of having a child in families have led to the development of an alternative method known as adoption.⁶ However, while adoption offers a pathway to parenthood, it can be an emotionally complex and sensitive process. Many individuals still long for a biological child with whom they share genetic links and resemblance. The experience of procreation involving the natural mother, father, and child fulfills the deep desire of a child without the involvement of external agencies, creating a unique bond that many seek.

As societal expectations and individual aspirations for having a biological child grow, the demand for ART, like that of IVF, is becoming increasingly evident.⁷ ART, including IVF, has transformed reproductive health by providing solutions to infertility and enabling women to exercise their reproductive rights.

ART encompasses a variety of medical procedures aimed at achieving pregnancy through the manipulation of eggs, sperm, or embryos. Among various types of assisted reproductive

² Belsey MA, *'The Epidemiology of Infertility: A Review with Particular Reference to Sub-Saharan Africa'*, p. 319

³ WHO, Infertility (n 1).

⁴ Mekdes Akalewold and others, *'Magnitude of Infertility and Associated Factors among Women Attending Selected Public Hospitals in Addis Ababa, Ethiopia: A Cross-Sectional Study'* 2022, p.2

⁵ Nanati Legese and others, *'The Prevalence of Infertility and Factors Associated with Infertility in Ethiopia: Analysis of Ethiopian Demographic and Health Survey'*, 2023, p.5

⁶ Adoption is a legal process through which an individual or couple assumes the parenting of a child from their biological or legal parents, establishing a permanent and legally recognized parent-child relationship. This process entails transferring all parental rights and responsibilities from the biological parents to the adoptive parents, effectively creating a new familial bond.

⁷ Kadambari Singh and Deepika Dewani, *Recent Advancements in In Vitro Fertilization (2023)* <https://pmc.ncbi.nlm.nih.gov/articles> accessed 21 December 2024.

technologies, IVF is one of the most well-known forms that involve the fertilization of an egg outside the body and subsequent implantation into the uterus.⁸

Access to IVF services plays a crucial role in enhancing women's reproductive rights by providing options for those facing infertility or other reproductive challenges. These services empower women to pursue parenthood on their terms, which aligns with global efforts to promote gender equality and reproductive autonomy. However, despite the effectiveness of ART in helping many individuals achieve parenthood, access to these services is not equitable among various populations.⁹ This disparity can worsen existing inequalities, particularly affecting marginalized groups, especially women.

1.2 Statement of problem

Infertility leads to profound human suffering, particularly on the part of women.¹⁰ In societies with high fertility rates, a woman's inability to become pregnant is both physically and socially noticeable. Women are often held responsible for reproductive issues, even when male infertility is the cause.¹¹ Women who have never given birth are significantly more likely to experience divorce or separation, with an overall rate of 14% among those facing primary infertility.¹²

In marriages without children, couples often face significant stress. Women who are childless are at a higher risk of experiencing domestic violence and may suffer from various forms of verbal and emotional abuse from their husbands and their husbands' families. Moreover, recent studies indicate that infertile women, particularly in Sub-Saharan Africa, are more vulnerable to HIV due to extramarital relationships in attempts to conceive.¹³ Women who are infertile and abandoned by their husbands may find themselves compelled to engage in prostitution for financial survival. In

⁸ Amanda Mackay, Selina Taylor and Beverley Glass, *'Inequity of Access: Scoping the Barriers to Assisted Reproductive Technologies'* (2023), p.2

⁹ Ibid, citing Chambers, G.M.; Fauser, B. Access to ART treatment and gender equality. *Reprod. Biomed. Online* 2021, 42, 687–690.

¹⁰ Boerma J. Ties. and Mgalla Zaida, *Women and Infertility in Sub-Saharan Africa: A Multidisciplinary Perspective*. Amsterdam: Royal Tropical Institute, KIT Publishers; 2001

¹¹ Marcia C. Inhorn, *'Right to Assisted Reproductive Technology: Overcoming Infertility in Low-Resource Countries'* (2009) 106 *International Journal of Gynecology and Obstetrics* p.173

¹² Ibid

¹³ Rutstein SO and Shah IH. *Infecundity, infertility, and childless ness in developing countries* DHS Comparative Reports No. 9. Geneva: World Health Organization; 2004.

such circumstances, infertility can pose severe risks to their lives, resulting in increased rates of HIV and related health issues.

Moreover, infertility can result in numerous negative social and economic consequences. In many low-resource countries, particularly in regions of Africa, the Middle East, and Asia, women who are unable to conceive often endure ridicule and social exclusion. They may be mocked for their inability to have children and perceived as less feminine.¹⁴

Additionally, infertility can cause many serious problems, including the breakdown of marriages, physical violence, emotional abuse, social isolation, exclusion from the community, poverty, and insecurity in old age, a higher risk of HIV/AIDS, and even death. Because of these negative impacts on marriage, social life, finances, and health, infertility evokes affects a human right and undermines a person's dignity, ability to make reproductive choices, sense of self-worth, and overall happiness.¹⁵

ARTs emerge as a vital solution, providing hope and enabling individuals and couples to overcome infertility challenges and fulfill their dream of parenthood both worldwide and in Ethiopia. WHO has advocated for recognizing infertility as a global health issue and for adapting ART to low-resource environments since 2001. This advocacy underscores the importance of national governments in reducing various inequalities in access to safe and effective fertility care.¹⁶

However, despite advancements in reproductive health services, women continue to face significant barriers to accessing ART, particularly IVF services. Social stigma around infertility and a strong preference for natural conception often deters women from seeking medical help, resulting in feelings of shame and isolation. The availability of ART services is particularly uneven, with only one public IVF center catering to the entire population in Ethiopia.¹⁷ This scarcity leads to few treatment options for women who need fertility assistance.

¹⁴ Inhorn, (n. 11) citing Inhorn MC. *Quest for Conception: Gender, Infertility, and Egyptian Medical Traditions*. Philadelphia: University of Pennsylvania Press; 1994.

¹⁵ Ibid

¹⁶ Andrea Whittaker and others '*Access to Assisted Reproductive Technologies in Sub-Saharan Africa: Fertility Professionals' Views*', 2024 p.2

¹⁷ Thomas Mekuria, Lemi Belay Tolu, and Mekitie Wondafrash, '*In Vitro Fertilization (IVF) Outcomes and Predicting Factors in a Resource-Limited Setting*' *Ethiopian Journal of Reproductive Health*, 2021, p.2

Given the critical need for comprehensive reproductive health support, this study aims to investigate the challenges women encounter in utilizing IVF services and to analyze the broader implications on their reproductive health and rights.

1.3 Research Objectives

1.3.1 General Objective

The main objective of this research is to assess the extent to which women have access to ARTs, with a particular emphasis on IVF services in Addis Ababa, and to analyze its implications on their reproductive health and rights.

1.3.2 Specific Objectives

- To appraise the accessibility of IVF services for women in Addis Ababa.
- To identify the barriers that hinder access to ART, particularly IVF services.
- To analyze the implications of limited access to ART on women's reproductive health outcomes.
- To evaluate the alignment of ART with human rights standards
- To provide recommendations for improving the accessibility of IVF services.

1.4 Research Question(s)

Based on the aforementioned statements of the problem, the thesis will attempt to address the following research questions;

1. How accessible are ARTs, particularly IVF services, for women in Addis Ababa?
2. What barriers do women face in accessing IVF services in Addis Ababa?
3. What implications does restricted access to IVF services have on women's health outcomes and their overall reproductive rights?
4. What can be made to improve access to reproductive technologies and enhance women's reproductive health and rights in Ethiopia?

1.5 Research Methodology and Data Collection Tools

1.5.1 Research design

This research will employ a combination of doctrinal legal research and a qualitative approach. The doctrinal method will focus on analyzing legal frameworks, including domestic laws and international and regional human rights instruments ratified by Ethiopia. This will involve a thorough examination of relevant national and international laws and policies governing ARTs.

A qualitative research approach is adopted to gather data through interviews, offering a deeper understanding of women's access to ARTs, particularly IVF services, in Addis Ababa. This method aims to understand social phenomena from the perspective of the actors involved.¹⁸ Such a design will be employed to explore the factors influencing women's access to IVF services and their implications for reproductive health rights, enabling the generation of in-depth insights into the key factors affecting the accessibility of these services.

In general, qualitative research is not concerned with whether or not the sample is representative of a large population; however, it is highly concerned with the quality and richness of the data.¹⁹ Thus, the research will follow a strategy in which particular settings or persons are selected for the important information they may provide, which cannot be obtained from other sources. The integration of these two methodologies facilitates a comprehensive analysis of the legal and practical dimensions of access to ART, yielding insights that may not be achievable through doctrinal or quantitative methods alone.

1.5.2 Sources of Data and Methods of Data Collection

The study used both primary and secondary data sources to obtain the desired information that answers the stated research objectives and questions regarding accessibility of IVF service in Addis Ababa.

¹⁸ Lee Mc Connell and Rhona Smith, *Research Methods in Human Rights*, (1st ed. 2018), p.71

¹⁹ Babbie, E. *The Basics of Legal Research*, Australia, 2015.

Primary sources - encompass a variety of legal instruments, including international and regional human rights treaties, as well as national laws and regulations governing ART in Ethiopia, particularly those related to IVF services. Additionally, international judicial decisions and case law that interpret and apply these relevant laws will be examined.

Qualitative data are gathered through semi-structured interviews with key stakeholders. The researcher conducted open-ended interviews with health professionals from both public and private infertility clinics known for providing IVF services. Insights were also obtained from health experts at the Ministry of Health, the Ethiopian Family Guidance Association, Marie Stopes Ethiopia, and the Consortium of Reproductive Health Associations. These interviews offer firsthand accounts and valuable perspectives on their experiences in the field.

Secondary sources encompass academic literature, including articles, books, journals, commentaries, and online resources focused on ARTs, reproductive health law, and gender studies that analyze the broader socio-legal context of ART access.

Together, these primary and secondary sources provide a comprehensive foundation for understanding the legal and practical aspects of access to ART services, particularly IVF, in Addis Ababa. This multi-faceted approach aims to capture a comprehensive view of the barriers women face in accessing IVF services and the implications for their reproductive health and rights.

1.5.3 Method of Data Analysis and interpretation

After qualitative data have been collected, the raw data obtained was structured, systematically organized, and analyzed. All interviews will be recorded (with participants' consent) and subsequently transcribed for analysis. Thematic analysis will be employed to identify and analyze patterns and themes emerging from the data, allowing for a comprehensive understanding of women's access to IVF services and its implications on women's reproductive health and rights.

1.6 Literature Review

Internationally and regionally, there is significant scholarly work on access to ART. Significant piece of literature on this topic is by Amanda Mackay, Selina Taylor, and Beverley Glass, who examine the barriers to accessing ART through a review of 19 studies conducted across various

countries, including the United States (11 studies), Australia (3), Canada (2), Indonesia (1), Germany (1), and Ghana (1).²⁰

The authors find that geographic location is a major barrier, as ART services are predominantly available in metropolitan areas. This creates challenges related to distance, travel, and increased costs. Psychological factors, such as depression, stress, and stigma, also play a significant role in hindering access to these services. Minority groups face additional obstacles stemming from cultural beliefs, insufficient services, and insurance issues. Moreover, financial limitations, including low socioeconomic status and the absence of health insurance, further discourage many individuals from seeking treatment. The review also highlights that lower education levels can impede awareness and access to ART. Other challenges mentioned in the study including medication side effects, a lack of confidence in fertility treatments, marital status, and being HIV positive.²¹ The authors emphasize that these barriers are often interconnected and multifaceted, affecting both the initiation and continuation of ART treatment.

Tendai M. Chiware and colleagues further contribute to this discourse through examining ART in LMICs, emphasizing that high costs, inadequate infrastructure, and various cultural and legal barriers make ART services, including IVF, inaccessible to many infertile couples. Their findings underscore the urgent need for affordable and accessible ART services in LMICs,²² framing infertility as a global health issue that necessitates greater attention.

In the context of Sub-Saharan Africa, the article by Whittaker and others highlights significant challenges to accessing ART in Sub Saharan Africa,²³ revealing that high costs, insufficient public funding, poor policy prioritization, a lack of clinics and trained staff, long travel distances, and an over-reliance on the private sector severely limit access. The authors advocate for a reproductive justice approach to infertility to guarantee access to treatment and services, noting the absence of regulations overseeing ART standards in many countries.

²⁰ Mackay n (8).

²¹ Ibid p. 9-11

²² Tendai M Chiware and others, 'IVF and other ART in low- and middle-income countries: a systematic landscape analysis', Oxford University Press ,2020

²³ Whittaker and others, n. (16).

Marcia C. Inhorn further conduct a significant study on the right to access ARTs. Inhorn identifies infertility as a major global reproductive health issue, particularly severe in Sub-Saharan Africa.²⁴ He highlights that access to ARTs, such as IVF, is severely limited in low-resource countries. Inhorn argues that access to ART should be considered a reproductive right and asserts that reproductive rights should encompass the facilitation of fertility treatments.

In the Ethiopian context, there is a noticeable gap in the literature directly addressing women's access to ART, particularly in relation to IVF services. Saron Kasahun's master's thesis investigates the success rates and time to live birth associated with fertility treatments in Addis Ababa. While her study examines various treatment types, including IVF, intracytoplasmic sperm injection (ICSI), and intrauterine insemination (IUI), its primary focus is on clinical outcomes rather than access to these services and their implications for reproductive health and rights.

Saron research reports that 47% of couples achieved clinical pregnancy, with a live birth rate of 33.1%. Notably, IVF demonstrated a higher success rate per cycle at 39.3%, compared to 12% for IUI. Her findings suggest that younger women and couples undergoing multiple treatment cycles tend to have better outcomes. Overall, she concludes that ART treatments in Ethiopia are promising and comparable to those in other parts of the world.²⁵

Despite the recognized need for improved access to ART services, particularly IVF, in LMICs, there is a significant gap in literature focusing on women's access to ART in Ethiopia. Most existing studies conduct at a regional level and also emphasize medical outcomes rather than the human rights aspect of the issue, particularly for women. Moreover, there is a gap in understanding the legal frameworks, national laws and international human rights treaties that protect reproductive rights of women seeking ART in Ethiopia. This study aims to fill this gap by analyzing the extent to which national and international laws and treaty recognized access to ART and the implication women's access to ART on their reproductive and sexual rights.

²⁴ Inhorn, (n. 11)

²⁵ Saron Kasahun, 'Success Rates and Time-to-Live Birth of Fertility Treatments Among Couples Attending Fertility Centers in Addis Ababa, Ethiopia' (June 2024) Addis Ababa University College of Health Sciences School of Public Health, p.51

1.7 Ethical consideration

This study will adhere to stringent ethical guidelines to protect the rights of participants. Informed consent obtained from all respondents, ensuring they understand the study's purpose, procedures, and their right to withdraw at any time without repercussions. The respondents were reassured of the non-disclosure of information other than for academic purposes. Accordingly, almost all interviewees consented to reveal their names and positions in the research.

1.8 Significance of the study

This study is significant as it seeks to enhance understanding of women's access to assisted ART, particularly in IVF services, in Addis Ababa, Ethiopia. By highlighting the socio-cultural and economic barriers to accessing ART, the research aims to raise awareness among healthcare providers, policymakers, and the public about the challenges women face regarding access to reproductive health services. Moreover, the study seeks to illuminate the intersection of ARTs, reproductive health and women's rights, emphasizing that access to fertility treatments are a fundamental aspect of reproductive autonomy.

The findings will provide insights that can help develop targeted interventions to improve access to reproductive health services, thereby supporting reproductive rights and ensuring equitable access to ARTs. Furthermore, the research will contribute to a broader understanding of women's reproductive health needs, facilitating informed decision-making among stakeholders.

Ultimately, this study aims to strengthen the healthcare system and enhance the well-being of women facing infertility, reinforcing the importance of reproductive rights as integral to human rights.

1.9 Scope of the study

This thesis focuses on assessing the barriers women face in accessing ART, specifically IVF services, in Addis Ababa. To make the research manageable within the limited time and resources available, the researcher has narrowed the scope to selected, well-known health institutions that provide IVF services in Addis Ababa. The study will concentrate primarily on the human rights

perspective rather than the medical aspects of the issue and will exclusively address IVF, excluding other forms of ARTs. The research has a specific focus on Addis Ababa.

1.10 Organization of the research

The study is organized into an introductory chapter and other four main chapters. The **introductory chapter** provides a background of the study, sets the research problems and questions, outlines the objectives and significance of the study, and provides the scope, and methodology of the study. **Chapter Two** focuses on the conceptual clarification offering an overview of ARTs, highlighting its significance for reproductive health and rights, while also addressing the legal and ethical debates related to ARTs and IVF services. **Chapter three** devolve into the legal framework, examining international and regional legal frameworks, and discusses the state's obligations to uphold reproductive health rights within these frameworks. In **Chapter Four**, the study delves into examining the relevant legal frameworks and national policies that govern access to ARTs in Ethiopia, access to IVF service in Addis Ababa and identify major barriers faced by women in accessing such healthcare services. Additionally, it also analyzes the implications of these barriers on women's reproductive health rights. Finally, **Chapter Five** concludes the study by summarizing the key findings and offering recommendations for improving access to ART services and enhancing reproductive rights for women in Addis Ababa.

Chapter two

Overview of Assisted Reproductive Technologies (ART) and IVF

This chapter offers a comprehensive overview of ART and the specific procedure of IVF. It begins by defining ART and IVF, tracing their historical origins and significant advancements, as well as the various techniques involved. The chapter further examines the profound impact of these technologies on individual lives, societal dynamics, and scientific research. In addition, it explores the ethical, legal, and moral debates surrounding ART, highlighting the complexities and implications associated with these reproductive technologies. Through this exploration, the chapter aims to illuminate the significance of ART and IVF in contemporary reproductive medicine and their broader implications for family building across diverse contexts.

2.1 Nature and Definition of ART and IVF procedure

2.1.1 Assisted Reproductive Technologies

ART represents a significant advancement in reproductive medicine, providing solutions for couples facing challenges with natural conception. While procreation is a natural outcome of sexual relations between heterosexual couples, many individuals and couples experience infertility, which can prevent them from having children. As a result, infertile couples often explore different options to address their challenges.

Traditionally, adoption has been the primary option for those unable to conceive;²⁶ However, advancements in medical science have led to various ART methods that help infertile couples conceive biologically. ART aims to replicate and enhance natural reproductive processes through scientific intervention, thus bridging the gap for those facing infertility due to a range of factors, including medical conditions or unexplained infertility. These methods, which enable couples who would otherwise be unable to have children, are collectively known as Artificial Reproductive Technologies.²⁷

²⁶ Aneesh V. Pillai, Anatoliy Kostruba. *Women's Reproductive Rights and their Scope under International Legal Frameworks*, Entrepreneurship, Economy and Law, 2021, p. 24

²⁷ Ibid

ART encompasses a wide range of procedures that manipulate human eggs and sperm outside the body to facilitate conception.²⁸ This includes all procedures that involve the in vitro management of human oocytes, sperm, or embryos aimed at achieving a successful pregnancy.²⁹

According to the definition given by the WHO, these treatments or procedures encompass a range of methods, including but not limited to IVF, embryo transfer, gamete intrafallopian transfer, zygote intrafallopian transfer, intracytoplasmic sperm injection, tubal embryo transfer, gamete and embryo cryopreservation, oocyte and embryo donation, and gestational surrogacy. Notably, this definition excludes artificial insemination using sperm from either a woman's partner or a donor.

ART has become increasingly common as a means of overcoming infertility. In some European countries, it is estimated that as many as five percent of all births now result from ART.³⁰ This highlights the profound effect ART has had on the lives of countless couples struggling with infertility or subfertility, offering them hope and the opportunity to build their families. However, it has also brought significant disappointment to couples for whom ART has not worked, as well as to many others facing infertility globally who lack access to these technologies.³¹ This underscores the challenges and heartaches that many still endure in their journey to conceive

2.1.2 In vitro fertilization (IVF)

IVF is a type of ART procedure that facilitates the fertilization of an egg by sperm outside the body. The IVF process begins with the stimulation of the ovaries using fertility medications to produce multiple oocytes (eggs). Once mature, these eggs are collected through a minor surgical procedure conducted under intravenous anesthesia. During this procedure, a thin needle is inserted through the vaginal wall into the ovary to retrieve the eggs. After collection, the eggs are combined with prepared sperm in a laboratory incubator to create embryos. This incubation period lasts for about three to five days, allowing the embryos to develop. Once ready, one or more embryos are

²⁸ **Effy Vayena, Patrick J. Rowe, and P. David Griffin (eds)**, *Current Practices and Controversies in Assisted Reproduction: Report of a Meeting on Medical, Ethical and Social Aspects of Assisted Reproduction Held at WHO Headquarters in Geneva, Switzerland, 17–21 September 2001* (World Health Organization 2002).

²⁹ Ibid

³⁰ Ibid

³¹ Ibid

transferred into the uterus using a thin tube inserted through the cervix, with the hope that they will successfully implant and result in pregnancy.³²

Individuals who may need or be considered for IVF treatment include those facing various infertility issues. This encompasses women with blocked or damaged fallopian tubes, women who have problems with egg release and regular ovulation, and couples dealing with male factor infertility characterized by low sperm count or poor sperm motility. IVF is also a viable option for couples experiencing unexplained infertility, where the cause of difficulty in conceiving is not readily identifiable. Currently, IVF is the most widely used type of ART, making up 99% of all procedures in this field.³³

2.2 Origin and Development of ART and IVF

The origins of ART can be traced back to artificial insemination (AI), which was first employed in animal breeding.³⁴ AI is a method that involves placing semen into the vagina or uterus without the need for sexual intercourse. It's the most traditional and uncomplicated form of ART.³⁵ The progress made in AI for animal breeding acted as a catalyst for the development of various other technologies. This includes cryopreservation (freezing biological samples), sperm sexing, and techniques for harvesting, freezing, culturing, and transferring embryos, as well as cloning.³⁶

John Hunter from North Carolina was the first physician in the United States to experiment with artificial insemination, performing fifty-five inseminations with mixed results.³⁷ Although successful artificial insemination has been practiced for over a century, the first successful birth resulting from in IVF occurred in 1978 in England with the arrival of Louise Brown.³⁸ Conceived in a lab using a live egg and sperm, Louise became the world's first "test tube baby." This was

³² DFW fertility associates, assisted reproductive technology <https://www.dallasfertility.com/assets/pdf/33-ivfstandardprotocol.pdf> accessed. 8 January, 2025.

³³ *Altering the primal environment: health effects associated with assisted reproductive technologies* Environmental Health Perspectives, 2012, p. 392.

³⁴ Mary Ann Mason and Tom Ekman, *Babies of Technology: Assisted Reproduction and the Rights of the Child*, Yale University Press 2017.p. 59

³⁵ Ibid

³⁶ Ibid

³⁷ Ibid

³⁸ Elizabeth Roberts and Sarah Franklin, *IVF as a looking glass: Kinship, biology, technology and society through the lens of assisted reproductive technologies*, *Bio Societies*, 2015, p. 111

made possible by Dr. Robert Edwards and Dr. Patrick Steptoe, who developed the IVF technique, involving the fertilization of an egg outside the body and implantation of the embryo.³⁹

When the embryo was successfully implanted in Louise mother, many scientists feared she might be born with serious birth defects. However, those concerns proved unfounded, and Louise was born healthy. Today, she lives in the United Kingdom and is a mother of two children. Since her birth, more than five million babies have been born globally through IVF.⁴⁰

ART is widely used today to help individuals facing infertility, and several factors contribute to its popularity. Advancements in technology have made various ART procedures more effective, particularly in improving outcomes for male infertility, which has historically been a significant challenge.⁴¹ Moreover, consumer demand has significantly influenced the development of new ART procedures, establishing these methods as widely accepted treatment options.⁴² ART has become more accessible to a broader range of individuals and couples dealing with infertility, whether due to medical conditions or personal choices. As more people seek these services, the demand for innovative ART methods continues to grow.

Additionally, the evolving definitions of infertility have led to an increase in the number of individuals seeking ART interventions. The WHO provides a standard clinical definition of infertility that is widely recognized. According to WHO, infertility is defined as

*a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse.*⁴³

However, some scholars argue that this definition is too narrowly focused on medical aspects, primarily addressing physiological factors that prevent pregnancy. They suggest that this limited perspective overlooks the complex social and cultural dimensions that can contribute to or

³⁹ Radhey Shyam Sharma, Richa Saxena, and Rajeev Singh, *'Infertility & assisted reproduction: A historical & modern scientific perspective'*, *Indian Journal of Medical Research*, p. 12.

⁴⁰ Roberts and Franklin, *'IVF as a looking glass'* (n 38).

⁴¹ Mason and Ekman, *Babies of Technology* (n 34).

⁴² Judith A. Baer (ed), *Historical and Multicultural Encyclopedia of Women's Reproductive Rights in the United States*, Greenwood Press, 2002.

⁴³ WHO, *Infertility* (n 1)

exacerbate infertility.⁴⁴ As a result, such definition marginalizes socially infertile individuals, such as single women and same-sex couples, who already face societal judgment and exclusion. This brings debatable issue about the definition of infertility: should social infertility be included in the current definition, or should it be considered a distinct category?

Regardless of the argument, there is a rising number of single mothers and same-sex couples desiring children, which has further heightened the demand for ART services.⁴⁵ Throughout these changes, many people still place a high value on having children who are genetically related to them, motivating them to pursue ART options.⁴⁶

The most widely used type of ART, IVF, was initially developed to assist women with blocked fallopian tubes and has evolved into a treatment option for a wide range of infertility issues.⁴⁷ Today, it helps not only women facing this specific challenge but also those dealing with male infertility, endometriosis, and even cases where the cause of infertility is not clear.⁴⁸ In today's world, IVF is a commonly accepted and standard treatment for infertility, even as it continues to be a complex and ever-changing area of medicine.⁴⁹

2.3 Significance of ART and IVF

ART represents a significant advancement in the field of reproductive medicine, addressing the complex challenges of infertility faced by many individuals and couples. With a range of techniques designed to assist in conception, ART has not only expanded reproductive options but also transformed the ways in which people can build families. Its impact extends beyond medical

⁴⁴ Lo W, Campo-Engelstein L. *Expanding the clinical definition of infertility to include socially infertile individuals and couples*. In *Reproductive Ethics II: New ideas and innovations*, Springer International Publishing, 2018:71-83.

⁴⁴ World Health Organization. *Infertility: a tabulation of available data on prevalence of primary and secondary infertility*, Geneva, WHO, Programme on Maternal and Child Health and Family Planning, Division of Family Health, 1991.

⁴⁵ Mason and Ekman, *Babies of Technology* (n 34). p. 63

⁴⁶ Cherylon Robinson and Michael V. Miller, 'Emergent Legal Definitions of Parentage in Assisted Reproductive Technology' (2008) *Journal of Family Social Work*. p.40

⁴⁷ Baer (n 42). p.115

⁴⁸ Rachel Kranz, *Reproductive Rights and Technology*, Facts on File 2002, p. 22

⁴⁹ Vayena, Rowe, and Griffin (n 28).

solutions, influencing social dynamics and personal well-being. The major significances of ART will be discussed in detail below:

2.3.1 Addressing infertility

ART has transformed reproductive medicine, playing a crucial role in addressing infertility, especially for women. One of the most significant methods within ART is IVF, which provides effective solutions for individuals and couples seeking to achieve parenthood when natural conception is not feasible.⁵⁰ It is an essential treatment option for infertility as it offers multiple approaches to overcome the barriers to natural conception, through effectively addressing various underlying causes of infertility.

Mainly For women facing infertility, ART provides a hopeful avenue to experience biological motherhood through advanced technology. This is particularly meaningful for those who cherish the journey of pregnancy and childbirth. Moreover, for many individuals, the ability to have children who are genetically related is of great importance, and ART facilitates this possibility. The longing for a child and the continuation of a family line remains a significant concern, making ART a viable treatment option for couples facing infertility.⁵¹

2.3.2 Maintaining Social and Psychological Well-being

ART primarily tackles infertility which is a worldwide concern that carries considerable social and psychological effects, and ART offers a way for individuals and couples to navigate these difficulties. Infertility can negatively impact mental and social well-being, leading to feelings of shame, stigma, self-blame, as well as depression and anxiety.⁵² This is reflected in the significant physical and financial burdens individuals are willing to endure in search of relief.⁵³

⁵⁰ C.C.W. Chan and P-C. Ho, *Infertility, Assisted Reproduction and Rights*, The University of Hong Kong, p.379

⁵¹ Sharma, Saxena, and Singh, (n 39), p 13.

⁵² *Human Rights and Infertility* (October 2023), page 33 citing Alex Domar, *et al.*, The Psychological Impact of Infertility: A Comparison with Patients with Other Medical Conditions, 14 *Journal of Psychosomatic Obstetrics Gynecology*, 1993.

⁵³ *Chan and Ho, Infertility, Assisted Reproduction (n.50) p. 372*

ART aids in diminishing the social stigma linked to childlessness, particularly for women. Women may perceive their bodies as broken if they are unable to fulfill traditional gender roles.⁵⁴ Infertility has long been viewed as a social stigma and is often regarded as a socially, mentally, and physically harmful experience primarily for childless women rather than men.⁵⁵ Fatherhood has historically been viewed more as a social role than a biological one, which has led to childlessness being considered a valid reason for divorce and a source of shame for women.⁵⁶ This stigma can lead women to social exclusion from family gatherings and everyday interactions, making them feel isolated and dehumanized.⁵⁷ It creates a sense of alienation, as women may be shunned or treated differently because of her childlessness. Ultimately, the relevance of ART lies in its capacity to address the stigma surrounding infertility by enabling women to have biological children and viable option for conception.

2.3.3 Relevance for science

ART plays a crucial role in research and scientific discoveries, making substantial contributions to the progress of reproductive medicine, genetics, and associated disciplines. Initially, ART began as a genuine effort to help individuals struggling with infertility. However, what started as a simple mission to support those in need has evolved into a remarkable field that exceeds what many thought possible. Today, ART not only helps people overcome infertility, but it also serves important research purposes on embryo,⁵⁸ pushing the boundaries of the societies understanding of reproduction. The significance of ART is evident in its role in advancing science and medicine, particularly in enhancing our understanding of human reproduction, underlying causes of infertility and creating new treatment options through providing essential opportunities to

⁵⁴ *Human Rights and Infertility*. (n.52)

⁵⁵ Sharma, Saxena, and Singh, (n 39), p.10.

⁵⁶ Ibid

⁵⁷ *Human Rights and Infertility*. (n.52) p. 37

⁵⁸ Van Niekerk C "Assisted Reproductive Technologies and the Right to Reproduce under South African Law" *PER / PELJ* 2017(20), p. 4 Embryo research conducted in order to increase the knowledge serious diseases or other serious medical conditions, to increase knowledge about the causes of congenital diseases and development of embryo, to advance in the treatment of infertility etc.....

investigate the complex biological processes related to fertilization, embryo development,⁵⁹ and implantation.

Moreover, this technology allows for genetic screening and modification, providing valuable insights into hereditary diseases and the possibility of creating gene therapies.⁶⁰ Additionally, ART fosters collaboration across various fields, including medicine, genetics, psychology, and ethics, which enhances comprehensive research efforts. By tackling infertility issues, ART also plays a vital role in broader public health initiatives, leading to better reproductive health outcomes for communities.

2.3.4 Supporting Individuals Affected by Disease

ART presents substantial opportunities for individuals impacted by various diseases to exercise their reproductive rights and offers family planning options that may not otherwise be possible. For cancer patients, ART can help preserve fertility before undergoing treatments like chemotherapy, which may damage reproductive capabilities.⁶¹ In situations where a father has passed away, his partner may use his frozen sperm to conceive healthy child posthumously.⁶² However, this scenario can lead to legal complications regarding the inheritance rights of children conceived after a parent's death, as laws governing these rights vary significantly across jurisdictions and may not always provide clear guidance.⁶³

Moreover, ART is significant for genetic screening and mutation in which individuals with genetic disorders benefit from it through preimplantation genetic testing (PGT),⁶⁴ allowing them to select

⁵⁹ Peter Singer and Karen Dawson, *IVF Technology and the Argument from Potential* p.88- Prior to the introduction of ART, it was not possible to directly observe viable human embryos before they were implanted. ART has made it possible for scientists to study embryos during this crucial stage of their development.

⁶⁰ Mason and Ekman, *Babies of Technology* (n 34), p.5

⁶¹ *Altering the primal environment* (n33) p, 393

⁶² Mason and Ekman, *Babies of Technology* (n 34), p.16

⁶³ Ibid, A revealing decision for children of assisted reproductive technology came from the U.S. Supreme Court in 2012 (*Astrue v. Capato*, 132 S Ct 2021 [2012]). The child's father, who was soon to begin chemotherapy for cancer and feared that the treatment would damage his sperm, chose to have some of his sperm frozen as a precaution. After his death, his wife used his sperm to give birth to healthy twins, as he had wished. However, the U.S Supreme Court unanimously ruled that, according to Florida law, a child born after a parent's death must have been conceived while that parent was still alive in order to inherit. As a result, the twins were not eligible for survivor benefits.

⁶⁴ Ibid, p.5 Preimplantation genetic diagnosis (PGD), commonly referred to as embryo screening, is a procedure performed in conjunction with in vitro fertilization (IVF). It is used to assess embryos for genetic disorders or particular characteristics prior to implantation. This process includes the genetic profiling of embryos before they are placed in the womb.

embryos free from specific hereditary conditions, thus reducing the risk of passing on genetic diseases.⁶⁵

Additionally, advancements in ART have greatly changed the family planning landscape, especially for couples in which one partner is living with HIV. For women in relationships with an HIV-positive male partner, ART provides an opportunity to conceive biological children while minimizing the risk of HIV transmission.⁶⁶ ART offers safe conception methods, including techniques to prepare virus-free sperm, further reducing the chances of transmitting the virus to partners and children. This ensures that they can build families without jeopardizing their health.

2.3.5 For realization of human rights

From a human rights perspective, ART plays a crucial role in allowing individuals to realize their right to found a family and make independent choices regarding their reproductive lives which is a fundamental human right. It empowers women to decide for themselves about motherhood and how they want to build their families. ART empowers individuals and couples to exercise their reproductive rights, offering avenues for conception, particularly for those facing infertility or medical challenges. It serves as a powerful tool to counteract the stigma associated with infertility by enabling women to embrace motherhood and actively pursue their reproductive goals, which is essential for reinforcing their dignity in the face of adversity.⁶⁷ Additionally, ART normalizes the conversation around reproductive health, fostering an environment where seeking help is recognized as a valid and courageous choice rather than a source of shame.

2.4 The legal and ethical debates related to ART

ART have significantly changed the way we approach human reproduction, helping many individuals and couples achieve their dreams of becoming parents. However, these advances also bring about intricate legal and ethical discussions that deserve careful consideration. It involves

⁶⁵ Ibid, p.125

⁶⁶ United Nations, *Reproductive Rights are Human Rights: A Handbook for National Human Rights Institutions* (HR/PUB/14/6, 2014).p. 115

⁶⁷ Ibid.

various perspectives on morality, human rights, and the appropriate integration of technology into reproduction. These debates are dynamic and constantly evolving, influenced by new scientific discoveries and shifts in societal attitudes. Perspectives on ART differ widely, shaped by a variety of factors, including scientific viewpoints, cultural values, and religious beliefs.⁶⁸

2.4.1 Ethical, Moral and Religious concern

Legislators and policymakers rely on a range of established arguments that have led some countries to impose limits or restrictions on certain treatments in various ways.

Key points of debate include:

Utilizing ART to conceive a child, rather than depending on natural conception through sexual intercourse, raises significant moral, ethical and religious concerns regarding the fundamental nature of human reproduction. This shift has the potential to affect family dynamics and societal norms. Critics contend that it may undermine the natural bond that usually develops through biological reproduction.

Moral Status of Embryos; Questions have been raised regarding the moral status of embryos created through IVF. Some critics raise concerns about how clinicians deliberately create human embryos, evaluate them, and dispose of those that are no longer needed.⁶⁹ Creating more embryos than necessary and discarding the excess raises significant ethical concerns. Many view embryos as potential human life, and their elimination can be seen as a disregard for their inherent value. They argue that the process of creating life in a laboratory and keeping them in limbo can cause emotional distress for individuals who feel uncertain about their fate. Moreover, the process of destruction of embryo for research purpose involves the manipulation of human embryos outside the body, which some people perceive as unnatural or ethically problematic. This practice raises concerns about the commodification of human life, potentially reducing embryos to mere products rather than recognizing them as entities with inherent worth which is an assault to their dignity.

⁶⁸ Sirpa Soini and others, '*the interface between assisted reproductive technologies and genetics: technical, social, ethical and legal issues*' (2006) *European Journal of Human Genetics*. p. 589

⁶⁹ Timothy F Murphy, '*Access and Equity: International Standards and Assisted Reproductive Technologies*' *Ethics, Law and Moral Philosophy of Reproductive Biomedicine* (2007) p. 13

Children's understanding of their own worth and identity may be affected when they discover that they were conceived and born through methods like sperm donation, egg donation, IVF, prenatal genetic diagnosis, embryo transfer, or surrogate motherhood. For instance, the Roman Catholic Church opposes any manipulation of embryos, arguing that such actions undermine personal dignity.⁷⁰ Such activities can call into question deeply held beliefs about the sanctity of life, sparking discussions about the moral status of embryos and the ethical obligations that accompany their creation and handling.

Additionally, some people argue that childlessness can be addressed through adoption and similar options, viewing assisted reproductive treatments as unnecessary from a moral standpoint.⁷¹ They believe that, with so many children in need of families, it would be more beneficial to adopt rather than create more children.

Besides, some people contend that the cultural expectation that women should have children is a significant ethical concern in the context of ART because it can shape the motivations behind seeking treatment. When societal norms dictate that motherhood is a primary role for women, those who are unable to conceive may feel pressure to pursue ART, not solely for personal desire but also to meet these external societal expectations. This pressure can create a sense of inadequacy, suggesting that a woman's value is tied to her ability to have children. While ART provides a pathway for women to fulfill these societal expectations, it can inadvertently reinforce the societal beliefs that women must bear children to be considered valuable within the community.⁷²

Furthermore, the affordability issue in ART raises significant ethical and equity concerns centered on access, inequality, and emotional well-being. High costs limit access to ART, creating disparities where only wealthier individuals can afford these options, thereby making the right to family and parenthood a privilege rather than a universal opportunity. This financial barrier exacerbates existing socioeconomic disparities, as lower-income individuals may face restricted reproductive choices, impacting their family planning and overall quality of life. Additionally, critics highlight the social costs of ART, raising concerns about the substantial resources devoted

⁷⁰ Ibid. p 14

⁷¹ Ibid

⁷² Ibid

to enabling some individuals to have genetically related children while other health needs go unaddressed.⁷³

2.4.2 Legal concern

The legal discourse surrounding ART and IVF encompasses a variety of complex and evolving issues. One key aspect is the significant differences in regulations among countries, with some supporting these treatments while others impose limitations.⁷⁴ While some advocate for stricter laws regarding ART, others contend that there is an excess of regulation in this area. They point to the existing legal options available to women concerning reproductive choices that honor individual autonomy.⁷⁵ This lack of legal consistency creates controversies around practices like gamete freezing, embryo storage, surrogacy, IVF and the use of donor gametes, which differ across nations due to varying social, religious, and cultural perspectives.

The legal status of human embryos, especially regarding embryo research, genetic testing, and the disposal of excess embryos, is a complex and contentious issue.⁷⁶ Differing opinions on the moral and legal standing of embryos significantly affect the acceptability of various ART practices. These conflicting perspectives can lead to varying regulations and guidelines, shaping what procedures are permitted in different jurisdictions.

Moreover, the social, religious, and cultural beliefs in each country significantly influence the acceptance and use of ART. These varying attitudes can lead to restrictions that pose ethical challenges for healthcare providers, making it difficult to establish consistent international standards for ART practices.⁷⁷ Such barriers can complicate the delivery of care and limit access to these vital reproductive services.

The question of whether ART services should be publicly funded or subsidized is also another significant legal issue that needs considerations regarding equitable access and resource

⁷³ Ibid

⁷⁴ Ibid p.12.

⁷⁵ Vayena, Rowe, and Griffin (n 28) p. 258.

⁷⁶ Harshalal R Seneviratne, *'Ethical issues in the provision of assisted reproduction'*, Sri Lanka Journal of Obstetrics and Gynaecology, 2011 .p.81

⁷⁷ Ibid

allocation.⁷⁸ Advocates for public funding argue that access to ART should be viewed as a basic healthcare right, allowing all individuals, regardless of financial means, to pursue parenthood. They emphasize that infertility can deeply impact emotional and psychological well-being, making access to reproductive technologies a matter of health equity. Conversely, opponents contend that public funds should prioritize essential healthcare services that address more immediate health crises, questioning whether ART is as necessary as other medical needs.

Furthermore, the increasing complexity of ART procedures raises significant legal concerns, particularly regarding liability for negligence and wrongful birth.⁷⁹ As ART techniques such as IVF and genetic testing become more advanced, the potential for errors and complications also grows, necessitating clear standards of care. Negligence liability arises when healthcare providers fail to meet established medical standards, leading to unsuccessful treatments or harm to patients. This could include improper handling of embryos or inadequate patient counseling.

Wrongful birth claims occur when parents allege, they would have opted not to conceive had they been properly informed of the risks or had appropriate genetic testing been done.⁸⁰ Such claims can lead to legal disputes over damages related to raising a child with health issues that could have been detected.

Additionally, the psychological impacts of ART, such as stress from failed treatments, complicate the legal landscape, highlighting the need for comprehensive patient care. To what degree does a physician hold responsibility in situations where assisted conception poses a risk of harm to either the woman or the future child is questionable.⁸¹ Therefore, regulatory oversight is crucial to ensure that ART practices are safe, ethical, and transparent, protecting patients' rights and maintaining public trust in these technologies. Overall, addressing the aforementioned legal and ethical issues in ART is essential for ensuring high-quality care. Establishing clear standards and regulatory oversight will protect patient rights and enhance trust in these evolving technologies, ultimately supporting families in their quest for parenthood.

⁷⁸ Vayena, Rowe, and Griffin (n 28) p.335

⁷⁹ Soini and others (n.68) p. 611

⁸⁰ Ibid

⁸¹ Vayena, Rowe, and Griffin (n 28) p. 327

Chapter Three

International Human Rights Standards on Access to Assisted Reproductive Technologies

Introduction

Access to ART is a vital aspect of women's reproductive rights, affecting their health, autonomy, and ability to make informed family planning choices. In light of global advancements in reproductive health, international human rights standards are crucial for ensuring that all individuals, particularly women, can access these essential services without discrimination. This chapter examines the international legal frameworks governing access to ART, providing an overview of relevant human rights instruments that establish foundational reproductive rights and instruments that advocate for access to ART. It emphasizes states' obligations to uphold these rights and ensure accessibility for all individuals.

Beginning with an examination of key international treaties and declarations, this chapter highlights their promotion of ART as a fundamental right. It then explores the various accessibility elements, including physical, informational, and economic dimensions, discussing what each element entails. Finally, the chapter analyzes the corresponding responsibilities of states to uphold these rights.

3.1 An overview of applicable human rights instruments

The international legal framework for reproductive rights is underpinned by several key human rights instruments. Although these instruments do not explicitly mention ART, they establish a foundation for recognition of ART. The **UDHR**, adopted in 1948, emphasizes the right to marry and found a family, as well as the right to benefit from scientific advancements which are provisions underscore the importance of ART in family formation.

Similarly, the ICCPR affirms that the family is a fundamental unit deserving protection which can be claimed as a base to claim Access to ART. Moreover, The ICESCR highlights the right to the highest attainable standard of health and an adequate standard of living, both of which are crucial

for accessing reproductive healthcare, including ART. Importantly, the General Comments issued by the CESCR, particularly **General Comment No. 14** elaborates on the right to health, stating that States must ensure access to essential healthcare services, including reproductive health and ART. Furthermore, **General Comment No. 22** specifically addresses the RSRH, affirming States' obligation to provide comprehensive, accessible, and quality reproductive health services, thus reinforcing the significance of ART in promoting reproductive rights. In addition, **CEDAW** mandates states to ensure women have access to healthcare services, reinforcing their autonomy in reproductive choices. This commitment is essential for ensuring that women can exercise their rights related to ART without discrimination.

Beyond these core treaties, the Maputo Protocol offers robust protection for reproductive rights in the African context. It explicitly addresses women's health and reproductive rights, emphasizing the need for access to information and services related to reproductive health, including ART. The Protocol serves as a critical instrument for the protection and promotion of women's reproductive rights in Africa. Additionally, the General Comments issued by the African Commission on Human and Peoples' Rights, particularly General Comments No. 1 on Article 14 (1) (d) and (e) of the Maputo Protocol, provide important interpretative guidance

Together, these instruments create a framework that emphasizes the significance of reproductive rights and implicitly supports the need for equitable access to ART ensuring individuals exercise their rights to reproductive health.

3.2 Access to ART as a Human Right

The use of ART is widespread in many countries, providing individuals and couples with options for having children. However, none of the above mentioned international human rights documents explicitly recognize the right to access ART. Despite this lack of specific acknowledgment, access to these technologies is inherently connected to reproductive rights, as ART is essential for enabling individuals to make informed choices about their reproductive lives.⁸² Besides, the right to access to ART can be viewed as an extension of several established human rights, which include the right to marry and found a family, the right to health and highest

⁸² *Chan and Ho, Infertility, Assisted Reproduction (n.50) p.371*

attainable standard of living, the right to benefit from scientific and technological advancements, the right to access information and right to non-discrimination.⁸³

To elucidate this connection further, it is essential to examine each of these rights in detail:

3.2.1 Reproductive rights

While no specific human rights document focuses solely on reproductive rights, key United Nations and regional instruments protect various aspects of these rights.⁸⁴ Numerous declarations, widely accepted by countries, along with advancements by UN and regional organizations, underscore the varied and profound nature of reproductive rights.⁸⁵

Currently, there is no universally accepted definition of reproductive rights. However, the definition most frequently referenced comes from the International Conference on Population and Development (ICPD) in 1994, which stipulates:

*Reproductive rights embrace certain human rights that are already recognized in national laws, international laws and international human rights documents and other consensus documents. These rights rest on the recognition of the basic rights of all couples and individuals **to decide freely** and responsibly the number, spacing and timing of their children and to have the information and **means to do so**, and the right to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.⁸⁶*

The ICPD highlights that reproductive rights encompass a variety of freedoms and entitlements recognized in national laws and international agreements. These rights include civil, political, economic, social, and cultural aspects that affect individuals' sexual and reproductive lives, covering issues like family planning and sexual health.⁸⁷

⁸³ Ibid

⁸⁴ UN, *Reproductive Rights are Human Rights* (n 66) p. 21

⁸⁵ Ibid

⁸⁶ Paragraph 7.3 of the International Conference on Population and Development (ICPD) Programme of Action

⁸⁷ UN, *Reproductive Rights are Human Rights* (n 66) p.21

As a result, reproductive rights encompass the ability to make crucial decisions that influence one's reproductive life, allowing both men and women the autonomy to choose whether or not to have children. If individuals decide to reproduce, it whom to partner with, when to start a family, and under what conditions. This right to make reproductive choice includes the right to access healthcare services like that of ART, which are essential for infertile couples seeking to conceive/reproduce.⁸⁸

The early discussions/debates surrounding reproductive rights mainly was focused on women's rights to avoid reproduction, particularly in terms of access to safe abortion and contraception. This emphasis arose from the need to empower women to manage their fertility, which enabled them to engage more actively in economic and political spheres. By ensuring that women had control over their reproductive choices, these debates aimed to enhance their participation and representation in society.⁸⁹

However, as ARTs advanced, the discussion around reproductive rights broadened to encompass the right to use these technologies for reproduction, a concept referred to as procreative liberty. This transition brought forth a range of new ethical, social, and legal issues that needed to be addressed, highlighting the complexities associated with reproductive choices in the context of emerging technologies.

The recognition of the right to reproduce for every individual, including infertile couples, raises critical questions about the scope of reproductive rights. Does this right to reproduction encompass the ability to conceive a child using ARTs? In other words, do reproductive rights include access to ARTs?⁹⁰

Some scholars contend that the right to have a child is a negative right, meaning it allows individuals to pursue parenthood without interference but does not obligate others or the state to provide assistance. They argue that this perspective does not support a claim for medical support in conceiving a child.⁹¹ Conversely, many advocate that the right to have a child should include access to reproductive health technologies, particularly for infertile couples. They assert that these couples should have equal rights to parenthood, including access to medical technologies that can assist in conception, thereby reinforcing the fundamental human right to family life. This

⁸⁸ Chan and Ho, *Infertility, Assisted Reproduction* (n.50) p. 369

⁸⁹ *ibid*

⁹⁰ Pillai and Kostruba (n 26). p. 24

⁹¹ Chan and Ho, *Infertility, Assisted Reproduction* (n.50) p.371

perspective emphasizes that access to ART is a vital component of reproductive rights, affirming that the right to parenthood should be inclusive for all individuals, regardless of fertility status.

3.2.2 The right to marry and found a family

The right to marry and found a family is a fundamental human right recognized in various international human rights instruments. This right is essential for individuals seeking to establish family units and pursue parenthood, particularly in the context of ART.

The UDHR states that:

*Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family.*⁹²

This right is guaranteed to all individuals, regardless of their race, nationality, or religion. Couples facing infertility should have the same opportunities to become parents as those who can conceive naturally since everyone deserves the chance to build a family, regardless of their circumstances. Additionally, UDHR emphasizes the importance of honoring family life as a core human right. As the essential and natural unit of society, the family deserves protection from both the community and the state, which is recognized as a fundamental right.⁹³

Similarly, **Article 23** of the **ICCPR** and **Article 10** of the **ICESCR** both binding international human rights instruments affirm the family as a fundamental unit deserving of protection. ART offers the best opportunity for individuals experiencing infertility to have their own children, thereby enabling them to found a family, a right recognized under the aforementioned human rights instruments.

⁹² Article 16(1), United Nations General Assembly, *Universal Declaration of Human Rights* (10 December 1948) UN Doc A/RES/217(III).

⁹³ Ibid 16(3) asserts that the family is the most basic and natural group within society and is entitled to safeguarding from both societal and governmental forces.

3.2.3 Right to a standard of living adequate for the health

The right to a standard of living adequate for health is crucial for ensuring that individuals can achieve their full potential in both physical and mental well-being. This right is articulated in UDHR, which stipulates everyone right to an adequate standard of living, including access to food, clothing, housing, and medical care.⁹⁴ Furthermore, The ICESCR recognizes the right of everyone to the highest attainable standard of physical and mental health.⁹⁵ The right to health, as outlined in the ICESCR, underscores the importance of access to healthcare services, which can be interpreted to include access to ART services.

As infertility causes significant emotional distress and psychological challenges that impact overall health, ensuring access to ART helps to mitigate these health issues. This access allows individuals and couples to pursue their desire for parenthood, which is essential not only for physical health but also for the mental and emotional well-being of those affected by infertility.

Therefore, we can conclude that the explicitly guaranteed right to a standard of living adequate for health directly supports the right to access to ART.

3.2.4 Right to Benefit from Scientific Advancements

The right to benefit from scientific advancement supports access to innovative healthcare technologies, including ART. This right is recognized in various international human rights instruments, including the UDHR and the ICESCR.

Article 27 of the UDHR and Article 15 of the ICESCR guarantee everyone's right to freely participate in the cultural life of the community, to enjoy the arts, and to share in scientific advancement and its benefits. These provisions emphasize the importance of ensuring that individuals can access and benefit from developments in science and technology, including medical innovations such as ART.

⁹⁴ Art 25 of UDHR

⁹⁵ Art 12, International Covenant on Economic, Social and Cultural Rights, opened for signature 16 December 1966, 993 UNTS 3 (entered into force 3 January 1976).

It is due to medical and scientific development that assisted reproduction is possible. If a married couple or intending couple is unable to conceive, they can still become parents through the use of various scientific technologies like that of IVF and other ARTs. Sometimes a couple's health prevents them from having a child of their own; in these cases, scientific advancements in reproduction in the form of various techniques act as a blessing for such couples.

3.2.5 Right to access information

The right to access ART is intrinsically linked to the broader right to information. Various international human rights instruments affirm everyone's right to seek, receive, and impart information.⁹⁶ This right is essential in the context of ART, as it enables individuals to obtain critical information about reproductive health options.

When individuals have access to comprehensive information about ART, such as treatment options, success rates, potential risks, and legal implications, they are better equipped to make informed decisions about their reproductive choices. This knowledge is crucial for navigating the complex landscape of fertility treatments.

The guaranteed right of individuals to access information results in empowering their autonomy and enhancing their ability to make informed family planning choices.

3.2.6 Right to non-discrimination

Common Article 2 of the ICCPR, ICESCR, and CEDAW collectively ensures that all individuals, regardless of gender, sexual orientation, socio-economic status, or marital status, can enjoy the rights recognized under these instruments. Ensuring equitable access to ART aligns with the principles of equality and non-discrimination. This reinforces the notion that all individuals have the right to make reproductive choices and access health services including the necessary technologies to do so without discrimination.

⁹⁶ Art 19 of UDHR and ICCPR, Art 10(h) of CEDAW

At the regional level; regions have developed their own human rights frameworks alongside global standards, creating specific instruments that address reproductive rights in line with local contexts.

In Europe, ART is increasingly recognized as integral to reproductive rights within broader human rights frameworks. The ECHR ensures respect for private and family life under art 8, which encompasses reproductive choices. Moreover, Article 14 of ECHR prohibits discrimination in accessing these rights, meaning unequal access to ART could constitute discrimination. In addition, the European Social Charter mainly Art 11 emphasizes the right to health, mandating effective healthcare access, including ART services.

The Inter-American system is one of the earliest regional human rights frameworks, emphasizing sexual and reproductive rights. The ACHR, established in 1969, lays out protections for privacy and family life. Its provisions on privacy, the right to family life, and non-discrimination provide a foundation for interpreting reproductive rights including access to ART.

In addition to the legal framework, the Inter-American Court, through the cases of *Artavia Murillo et al. v. Costa Rica*, has explicitly recognized that access to ART is integral to realizing the rights outlined in the American Convention on Human Rights (ACHR).

The case arose from the legal challenges faced by individuals in Costa Rica regarding access to ART, specifically IVF.⁹⁷ The case involved several couples who sought access to IVF treatments but were denied due to a ban on artificial insemination and IVF by the Costa Rican constitutional court. The couples argued that this prohibition violated their rights to privacy, family life, and access to healthcare. The Inter-American Court found that Costa Rica violated the American Convention on Human Rights due to its ban on IVF and ruled in favor of the applicants. The Court determined that this prohibition infringed upon several rights, including the right to privacy, the right to liberty, the right to personal integrity, and the right to found a family, all in conjunction with the right to be free from discrimination.⁹⁸ As a result, the Court ordered Costa Rica to legalize IVF and to provide compensation to the affected individuals.

⁹⁷ *Artavia Murillo and Others v Costa Rica*, Inter-American Court of Human Rights, Judgment of 28 November 2012.

⁹⁸ *Ibid*

In Africa, The ACHPR serves as a key legal instrument, outlining rights that imply access to ART despite its absence in explicit terms. Article 2, Article 18, and Article 16 of ACHPR can be interpreted to encompass access to comprehensive healthcare services that include a wide range of reproductive health services, including ART. In addition to the ACHPR, the Maputo protocol underscores the importance of health and reproductive rights for women⁹⁹ by explicitly recognizing their rights to health, including SRH. It obligates States Parties to ensure access to comprehensive healthcare services that address the unique needs of women, particularly in the context of reproductive health.¹⁰⁰ This includes provisions for family planning, safe motherhood, and the prevention of sexually transmitted infections, including HIV.

Overall, while no international human rights instrument explicitly recognizes the right to access ART, the aforementioned established rights under various international human rights instruments inherently support this access. The interconnectedness of reproductive rights, the right to marry and found a family, the right to an adequate standard of living, the right to benefit from scientific advancements, the right to access information, and the right to non-discrimination collectively affirm the necessity of equitable access to ART

3.3 Components of Access to ART

The accessibility of ART is a crucial aspect of reproductive health, enabling individuals and couples to realize their family planning aspirations. As advancements in reproductive medicine continue to evolve, the importance of ensuring equitable access to these services becomes increasingly evident. Correspondingly, states bear significant obligations under international human rights law to ensure access to ART. Various international human rights instrument requires

⁹⁹ See Article 14, Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), 2003.

¹⁰⁰ Ibid

states to take proactive measures to guarantee that reproductive health services, including ART, are available¹⁰¹, accessible, acceptable,¹⁰² and of high quality.¹⁰³

Since this study focuses specifically on the accessibility of ART, it delves into the key components of accessibility and examine the corresponding obligations of states to provide access to reproductive technology. Ultimately, the goal is to guarantee that all individuals can benefit from these vital services.

The CESCR has confirmed that the right to health encompasses the enjoyment of SRH without discrimination. It recognizes the right to SRH as an integral component of the right to health, as enshrined in Article 12 of the ICESCR.¹⁰⁴ Since reproductive health is regarded as a fundamental aspect of the right to health, it is essential to acknowledge the interrelated elements necessary for the realization of this right, one of which is accessibility. Accessibility in ART refers to the multifaceted ability of individuals and couples to effectively obtain and utilize reproductive health services. ART includes not only the availability of these services but also the assurance that everyone, regardless of their background, should be able to access and benefit from these treatments in a way that upholds their human rights.¹⁰⁵ This concept is crucial to ensuring that everyone has the opportunity to pursue their reproductive goals without facing barriers. Key components include; physical accessibility, economic accessibility, information accessibility, and non-discrimination, which are discussed below.

3.3.1 physical accessibility

Physical accessibility refers to the requirement that health facilities, resources, information, and services associated with ART) should be safely and geographically accessible to all individuals

¹⁰¹ States required to ensure that reproductive health resources, including essential medical services, hospitals, clinics, and trained personnel, are readily available in sufficient quantities as provided under para 12(b) of General Comment No. 14 (2000) on the Right to the Highest Attainable Standard of Health, E/C.12/2000/4.

¹⁰² Ibid, Health facilities and services must be culturally and ethically respectful, aligning with medical ethics, honoring individual cultural values, and being sensitive to gender and life-cycle needs.

¹⁰³ Ibid, Reproductive health services must be of high quality, requiring scientifically appropriate practices, skilled personnel, effective medications, reliable equipment, and basic resources like clean water and sanitation.

¹⁰⁴ Para 1, UN Committee on Economic, Social and Cultural Rights, 'General Comment No. 22 on the Right to Sexual and Reproductive Health' (2016) UN Doc E/C.12/GC/22.

¹⁰⁵ *Human Rights and Infertility*. (n.52) p.13

and groups who require them.¹⁰⁶ This guarantees that individuals can access timely services and information without facing unnecessary obstacles due to their location or physical circumstance.¹⁰⁷

Key aspects of physical accessibility of ART include:

- **Geographical Reach, Especially for Underserved Areas;** ART services must be accessible within a reasonable distance. This is particularly important for individuals residing in rural and remote regions.¹⁰⁸ When it is not feasible to provide SRH services including ART directly to remote areas, there should be proactive efforts to ensure that individuals in those regions can still access these services. This involves facilitating effective communication to inform people about available services, including how and where to obtain them. Additionally, there should be arrangements for transportation options that enable individuals to travel to the locations where these services are offered. The aim is to achieve substantive equality, ensuring that everyone, regardless of their geographic location, has fair access to essential health services.¹⁰⁹
- **Accessibility for Disadvantaged and Marginalized Groups:** physical accessibility should be guaranteed for everyone, especially for disadvantaged and marginalized groups. This encompasses individuals living in rural and remote areas, those with disabilities, women, refugees, internally displaced individuals, stateless persons, people who are detained, and persons with HIV/AIDS¹¹⁰.

3.3.2 Economic Accessibility (affordability)

Economic accessibility essentially means that the expenses related to sexual and reproductive health care services, products, and facilities should not pose significant obstacles for individuals who are trying to access them. In other words, the costs should be manageable enough that they do not prevent people from obtaining the necessary care and support. This principle is consistent

¹⁰⁶ Para 16, General Comment No. 22 (n.104).

¹⁰⁷ *ibid*

¹⁰⁸ *ibid*

¹⁰⁹ *ibid*

¹¹⁰ para12 (b), UN Committee on Economic, Social and Cultural Rights, General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant) (2000) UN Doc E/C.12/2000/4.

with the broader human right to health, which mandates that healthcare services including ART should be affordable for everyone.¹¹¹

The high costs associated with ART and IVF services will result in a significant barrier for many individuals and couples seeking these treatments. This financial strain can turn fertility treatments into a privilege instead of a fundamental right.¹¹²

In many countries, ART services are mainly provided by the private sector and do not receive government funding. This situation creates direct inequalities that depend on individuals' financial means.¹¹³ Such disparities are observed across various types of countries, including high-income, transitioning, and low-resource nations.¹¹⁴ However, it is required that payment for healthcare services, including those related to the underlying determinants of health, is based on the principle of equity. This ensures that all services, whether provided privately or publicly, remain affordable for everyone.¹¹⁵

3.3.3 Information Accessibility

Access to information is essential for reproductive rights and overall well-being, serving as a crucial foundation for individuals to make informed choices about their reproductive health. It guarantees that people have the right to seek, receive, and share information and ideas about health matters, especially those pertaining to SRH.

Within the realm of reproductive rights access to information includes several important topics. It encompasses the right to obtain knowledge about maternal health, pregnancy, childbirth, contraceptive methods, family planning, safe abortion options, and awareness of sexually transmitted infections (STIs) along with information on their prevention and treatment. Additionally, related to our study, access to information includes the right to receive information regarding fertility and various treatment options for infertility, including ART.¹¹⁶ This encompasses

¹¹¹ Ibid

¹¹² Lisa R. Flores (ed), *A Look at Maternal Health and Reproductive Rights* (Nova Science Publishers, Inc 2025). p.207

¹¹³ Françoise Shenfield, *Ethical and Legal Perspectives of Assisted Reproductive Technology Pregnancies* (2025) 183.

¹¹⁴ *ibid*

¹¹⁵ Para 17, General Comment No. 22 (n.104).

¹¹⁶ *Ibid*, Para 18.

knowledge about advanced solutions such as in vitro fertilization IVF and other reproductive therapies. By having such access, individuals facing challenges related to conception can make informed decisions about their reproductive health and explore the options available to them for building their families.

Furthermore, access to information includes the right to receive evidence-based information on all aspects of sexual and reproductive health. This right ensures that individuals can obtain accurate and reliable data on these topics.¹¹⁷ Additionally, this information must be presented in an age-appropriate and inclusive manner that aligns with the recipient's developmental stage, taking into account various circumstances including genders, languages, educational levels, abilities, sexual orientations, and gender identities.¹¹⁸

Overall, accessibility of information demands a commitment to providing a wide range of evidence-based, inclusive, and up-to-date information while respecting individual privacy and actively working to overcome barriers to access.

3.3.4 Non-discrimination and Equality

The principle non-discrimination and equality asserts that health facilities, goods, and services should be available to everyone, particularly to the most vulnerable or marginalized groups in society. This accessibility must be ensured both legally and practically, without discrimination based on factors such as race, skin color, gender, language, religion, political views, nationality, social background, wealth, birth circumstances, disabilities, health status (including HIV/AIDS), and sexual orientation.¹¹⁹ The CESCR emphasizes that all individuals should have equal access to a range of sexual and reproductive health services and information, free from discrimination.

In conclusion, the key components of accessibility in ART include physical accessibility, economic affordability, information availability, and non-discrimination. Together, these elements

¹¹⁷ *ibid*

¹¹⁸ *Ibid*, para 19

¹¹⁹ para12 (b), para 18, General Comment No. 14 (n.110).

ensure equitable access to reproductive health services for all individuals, enabling everyone to benefit from ART without facing barriers.

3.4 State's Responsibilities Concerning Assisted Reproductive Technology

Countries have distinct legal obligations to uphold, safeguard, and realize the rights enshrined in various human rights treaties. By ratifying these treaties, they agree to adhere their provisions in good faith,¹²⁰ and domestic laws cannot be used as an excuse for non-compliance.¹²¹ The ICESCR and other human rights agreements outline three key state obligations: to Respect, Protect, and Fulfill. Mainly State parties have an obligation to respect, protect, and fulfill the right of everyone to sexual and reproductive health.¹²²

- **Duty to respect** - Require States to avoid any direct or indirect interference with individuals' ability to exercise their right to SRH.¹²³ This involves avoiding the implementation of laws and policies that hinder access to sexual and reproductive health services.¹²⁴ States should eliminate laws, policies, and practices that criminalize, impede, or undermine access to facilities, services, products, and information related to sexual and reproductive health.
- **Duty to protect** - encompass, among other things, the responsibility of states to implement laws or take other actions that guarantee equal access to healthcare and health-related services offered by third parties.¹²⁵ States required to prevent third parties from infringing on reproductive rights and to take steps to investigate and punish such violations when they occur. This implies a need for regulation of the fertility industry to ensure ethical practices, quality of care, and to prevent exploitation. Moreover, the State must guarantee that privatizing the health sector by third parties does not compromise/negatively impact the availability, **accessibility**, acceptability, and quality of healthcare facilities, goods, and services.¹²⁶ This imposes an obligation on the state to ensure that privatization does not lead to reduced access or lower quality of care for individuals.

¹²⁰ Art 26 Vienna Convention on the Law of Treaties, opened for signature 23 May 1969, 1155 UNTS 331.

¹²¹ Ibid, Art. 27

¹²² Para 39, General Comment No. 22 (n.104)

¹²³ Ibid, Para 40

¹²⁴ Ibid, Para 41

¹²⁵ para 35, General Comment No. 14 (n.110)

¹²⁶ Ibid

- **Duty to fulfill** - require states to adopt whatever measures necessary legislative, budgetary, judicial, or administrative to achieve the full realization of reproductive rights including access to infertility care and ART.¹²⁷ States should strive to guarantee that all individuals, particularly those from disadvantaged and marginalized communities, like that of women, have universal access to a comprehensive range of quality sexual and reproductive health care without any discrimination.¹²⁸ This obligation contains duties to facilitate, provide, and promote.
 - ✚ **Obligation to facilitate;** requires states to implement proactive measures/positive measure that enable and support individuals and communities in exercising their right to health which includes ART.¹²⁹
 - ✚ **The obligation to provide;** requires state a direct provision of goods and services to people who, through conditions beyond their control, are not able to fulfill their own needs.¹³⁰
 - ✚ **The obligation to promote;** requires state to raise awareness of rights by way of education and the dissemination of information including assisting individuals in making informed decisions regarding their health.¹³¹

Specifically, regarding access to ART, states are required to guarantee that everyone has non-discriminatory access to a comprehensive range of high-quality sexual and reproductive health care services, which includes the prevention, diagnosis, and treatment of infertility.¹³² The CEDAW Committee has acknowledged that States are required to guarantee unrestricted access to assisted reproductive services for all women.¹³³

States have a responsibility to ensure that health facilities are available within safe physical and geographical reach for everyone which applies to ART services as part of comprehensive healthcare. This includes promoting the equitable distribution of facilities by providing a sufficient

¹²⁷ Para 45, General Comment No. 22 (n.104)

¹²⁸ Ibid

¹²⁹ Para 37, General Comment No.14 (n.110)

¹³⁰ Ibid

¹³¹ Ibid

¹³² Para 45, General Comment No. 22 (n.104)

¹³³ Paras. 44-45 Committees on the Elimination of Discrimination against Women, Concluding Observations on the Combined Eighth and Ninth Periodic Reports of Portugal, CEDAW/C/PRT/CO/8-9 (2015).

number of hospitals, clinics, and other health-related services, throughout the country.¹³⁴ Besides, CESCR has indicated that not adopting technological advancements and innovations like that of ART in sexual and reproductive health services, compromises the quality of care provided.¹³⁵ and require state to provide medicines, equipment, and technologies essential to sexual and reproductive health.¹³⁶

Additionally, from economic accessibility perspective, States are required to ensure that health facilities, goods, and services, including ART, are affordable for everyone. The costs associated with healthcare services, whether they are provided publicly or privately, should adhere to the principle of equity, guaranteeing that these services are accessible to all individuals, including those from socially disadvantaged groups.¹³⁷ This implies that states should take measures to mitigate the high costs of ART to prevent financial barriers.

Furthermore, it is also required from a state to ensure that all individuals and groups can equally access the complete range of sexual and reproductive health information, by eliminating any barriers that specific groups may face.¹³⁸ This includes accurate fertility-related information and information about the prevention, diagnosis, and treatment of infertility, including fertility and infertility options. such information is expected to be provided in a way that meets the specific needs of individuals and communities taking into account their age, language proficiency, educational background, ensuring that it is comprehensible to diverse populations.

It is essential to note that, the fulfillment of social, economic, and cultural rights in the ICESCR largely depends on a state's resources and infrastructure. States are required to use their available resources to progressively achieve the rights recognized under the Covenant.¹³⁹ The principle of progressive realization of the right to health does not reduce the obligations of States rather it reinforces that States Parties have an ongoing obligation to move swiftly towards the full realization of Article 12, including access to ART. Even if immediate equitable access to ART is not feasible, states must show active efforts towards this goal. Initial steps should be taken

¹³⁴ Para 36, General Comment No. 14 (n.110)

¹³⁵ Para 21, General Comment No. 22 (n.104)

¹³⁶ Ibid, para 49 (g)

¹³⁷ para 12(b), General Comment No. 14 (n.110)

¹³⁸ para 34, General Comment No. 22 (n.104)

¹³⁹ Article 2(1) of ICESCR

promptly,¹⁴⁰ with actions that are purposeful and focused, utilizing effective legislative and budgetary measures.¹⁴¹

In conclusion, states bear a significant responsibility under international legal frameworks to uphold the rights to sexual and reproductive health for all individuals. This entails ensuring that services such as ART are both accessible and affordable, particularly for marginalized groups. By fulfilling these obligations, states play a vital role in promoting equitable access to essential health technologies and services, fostering a more inclusive and just healthcare environment for everyone.

¹⁴⁰ Para 33, General Comment No. 22 (n.104)

¹⁴¹ Ibid

Chapter four

Analysis of Women's Access to Assisted Reproductive Technologies in Addis Ababa: Law, Policies and the Practices

Introduction

This chapter analyzes women's access to ART, with a particular focus on IVF services in Addis Ababa, Ethiopia. The chapter begins by examining the relevant legal and policy frameworks that govern access to ART in Ethiopia. The chapter then explores the barriers women encounter in accessing IVF services and examines the implications of restricted access on their health and reproductive rights. Through this analysis, the chapter highlights the challenges faced by women in accessing IVF services and advocates for necessary reforms.

4.1 Ethiopian Legal Framework on Women's Reproductive Rights and Access to ART

Ethiopia has established a variety of laws and policies that address women's reproductive rights. In the context of accessing ART, the key legal foundations governing these rights are outlined below.

4.1.1 Constitution of the Federal Democratic Republic of Ethiopia

The 1995 FDRE Constitution ensures the protection of human rights.¹⁴² It asserts the concept of equality of all persons before the law and entitles to equal protection of the law without any discrimination.¹⁴³ The equal protection renders a guarantee of equal and effective protection to all persons without discrimination on any ground of race, sex, nationality, social origin, or any other status. The 'other status' listing includes economic status in exercising the right enshrined under the constitution.

¹⁴² Constitution of the Federal Democratic Republic of Ethiopia, Proclamation no. 1/1995 Federal Negarit Gazette Year 1 No.1 (FDRE Constitution) (article 14-44).

¹⁴³ Ibid, Art, 25

Particularly, the Constitution ensures that women enjoy equal rights across all areas and emphasizes the need for affirmative action to address the historical inequalities they have faced. Acknowledging the legacy of discrimination against women, the Constitution mandates affirmative action to combat ongoing inequalities and facilitate equal participation of women in political, social, and economic spheres.¹⁴⁴

Mainly, the Constitution provides a strong commitment to safeguarding women's health by ensuring the protection of their reproductive health as outlined in Article 35(9), which states that:

‘To prevent harm arising from pregnancy and childbirth and to safeguard their health, women have the right of access to family planning education, information and capacity.’

This provision primarily emphasizes family planning and the prevention of harm related to pregnancy and childbirth, highlighting the importance of access to education and information. While it recognizes the significance of family planning, it does not cover other essential components of healthcare, such as access to comprehensive reproductive healthcare services and treatments. However, these components can be included by integrating international commitments through which Ethiopia is a signatory. Moreover, this provision can also be interpreted to mean that family planning extends beyond its traditional method of understanding, which primarily deals with contraception, to include modern reproductive options that recognize advanced reproductive technologies like those of IVF services for infertile women.

The Constitution emphasizes the state's responsibility to eliminate harmful customs and practices that oppress women or cause them bodily or mental harm.¹⁴⁵ Infertility often leads to social stigma and discrimination, resulting in significant distress for women. Therefore, the state is required to address harmful customs that discourage women from seeking necessary reproductive healthcare services, particularly ART. This is essential to reduce the mental harm associated with these issues, as mandated by the constitution. Furthermore, the Constitution guarantees everyone's right to

¹⁴⁴ Ibid, Art 35(3)

¹⁴⁵ Ibid, Art, 35(4)

respect for their human dignity, reputation, and honor.¹⁴⁶ By ensuring ART and enabling women to have their own biological children, the state promotes and upholds women's dignity.

The Constitution, in its core provision, addresses the state's responsibilities related to the right to health. It stipulates the state's obligation to increase resource allocation for public services.¹⁴⁷ By referencing Article 90(1) of the NPPO in Chapter Ten of the Constitution, it can be inferred that the social services provided to the people encompass health services.

Moreover, the Constitution addresses health matters through the economic and social goals specified in the NPPO.¹⁴⁸ Under the economic goals, it is the government's responsibility to safeguard and enhance the health, welfare, and living conditions of the workforce.¹⁴⁹ Regarding social objectives, the Constitution emphasizes the necessity for policies that ensure access to public health, constrained only by the nation's available resources.¹⁵⁰ The provisions of the NPPO are essential for interpreting the section concerning fundamental rights and freedoms within the Constitution, particularly for accessing healthcare services, including ART.

Article 34 of the Constitution guarantees the right of men and women who have attained marriageable age to marry and found a family without discrimination. In the context of ART, this article holds significant relevance. Access to ART is vital for couples experiencing infertility, as it offers them the means to conceive and build families. By ensuring equitable access to ART, the state upholds the rights enshrined in Article 34, empowering both men and women to fully exercise their rights to marry and have biological children, regardless of any reproductive challenges they may face.

Overall, the cumulative reading of the aforementioned provisions of the Constitution establishes a solid foundation for protecting women's reproductive rights in Ethiopia and imposes a duty on the government to enhance healthcare services, including ART.

¹⁴⁶ Ibid Art 24(1)

¹⁴⁷ Ibid, Art 41(4)

¹⁴⁸ Ibid, Art 89,90

¹⁴⁹ Ibid, Art 89 (8)

¹⁵⁰ Ibid, Art 90(1)

4.1.2 Ethiopia's International Commitments

Ethiopia is a party to several international treaties that underscore the importance of women's reproductive rights, including ART. The FDRE Constitution provides that all international agreements ratified by Ethiopia are an integral part of the law of the land.¹⁵¹ Concerning the interpretation of fundamental rights and freedoms specified in the third chapter shall be interpreted in a manner conforming to principles of the UDHR, international covenants on human rights, and international Instruments adopted by Ethiopia.¹⁵²

Currently, Ethiopia has ratified several key international treaties that reinforce women's reproductive rights and emphasize access to healthcare services, including ART. Commitments in ICCPR, ICESCR, and CEDAW are crucial for defining reproductive health rights and clarifying the right to health. These commitments provide a broader context for interpreting and implementing the constitutional rights of women regarding reproductive health. For instance, Article 12 of CEDAW, which was ratified by Ethiopia in 1981, emphasizes the need for states to ensure women's access to healthcare services, including those related to family planning, which can be interpreted to encompass modern reproductive technologies such as IVF. Additionally, the ICESCR, ratified in 1993, obligates states to respect the right to the highest attainable standard of physical and mental health, underscoring the importance of access to health services necessary for family planning, thereby reinforcing the argument that access to ART is part of the broader right to health and reproductive autonomy.

In addition to these agreements, Ethiopia is also a party to African regional human rights treaties, such as the ACHPR and the Maputo Protocol, which emphasizes the protection of human rights within the African context, recognizes the right to health and obligates states to ensure rights to access health services related to family planning and reproductive health, thus addressing issues of infertility and supporting access to ART.

¹⁵¹ Ibid, Article 9(4)

¹⁵² Ibid, Article 13 (2)

Moreover, Ethiopia's commitment to the Sustainable Development Goals (SDGs) further emphasizes this framework. As a signatory to the 2030 Agenda for Sustainable Development, Ethiopia is dedicated to achieving Goal 3, which aims to ensure healthy lives and promote well-being for all. Overall, the right to access healthcare services, including ART, is recognized as a fundamental human right in various binding treaties, non-binding declarations, and the statutory documents of international organizations. The interpretation of these international obligations emphasizes the necessity for comprehensive reproductive healthcare, including modern technologies, as essential for empowering women and ensuring their dignity and autonomy in family planning and reproductive choices.

4.1.3 Health Service Administration and Regulation Proclamation

The recently promulgated Health Service Administration and Regulation Proclamation No. 1362/2017 establishes a comprehensive legal framework for the governance and oversight of healthcare services within the country. This new legislation aims to enhance the quality and accessibility of health services.¹⁵³ This legal document addresses various aspects of healthcare management and regulation in the country. The proclamation defines "health service" to encompass disease prevention, treatment, recovery, rehabilitation, health promotion, and hospice care,¹⁵⁴ thus, framing the broad scope of healthcare management and regulation in the country.

A significant feature of this proclamation is its explicit discussion of technology-assisted reproductive health services, providing a legal framework for this specialized area of medicine in Ethiopia. The proclamation designates Sub-Part Three of Part Four to "Technology-Assisted Reproductive Health Services". This section outlines the authorization, conditions, and regulations governing the provision of these services. It clearly stipulates that only health institutions officially authorized for this purpose are permitted to offer technology-assisted reproductive health services, highlighting the necessity of obtaining specific accreditation to provide these specialized treatments.¹⁵⁵

¹⁵³ Health Service Administration and Regulation Proclamation No. 1362/2017, Preamble.

¹⁵⁴ Ibid, Art 2(1)

¹⁵⁵ Ibid, Art 28

Article 29 specifies several critical conditions that must be met for the administration of technology-assisted reproductive health services. First, individuals seeking these services must be legally married and present verification from the relevant authority to confirm their marital status. Additionally, a qualified healthcare professional must certify that the couple is unable to conceive naturally, ensuring that the need for these services is medically justified. It is also important that a medical expert evaluates and confirms that the proposed treatment is likely to yield a positive outcome and will not pose any health risks to the recipient. Additionally, both spouses must provide informed written consent, indicating their understanding and agreement to undergo the procedure. Notably, the proclamation allows these services to be provided even to couples capable of conceiving naturally, as long as a professional determines that natural childbirth would pose a significant health risk. This provision ensures that individuals facing serious health concerns have access to necessary reproductive health options.

While the proclamation provides a structured approach to these services, it imposes certain **barriers** that can limit access for some individuals. A key restriction is that only legally married couples can obtain these services. As explicitly stipulated under art 29 ART, these services can only be provided to individuals who are legally married and who can present official documentation of their marital status from the relevant authorities. This requirement effectively excludes cohabiting couples and those in irregular unions who are not legally married and cannot provide the required marriage certificate.

In Addition to these, the proclamation explicitly states that ART services can only be provided to legally married couples using their own gametes (sperm and egg) without any donations.¹⁵⁶ The law prohibits IVF treatment using donated eggs and sperm. This prohibition on the use of donor sperm and eggs presents a significant challenge for individuals facing infertility issues that require such donations.

Dr. Meseret noted that the number of individuals undergoing IVF treatment at St. Paul's is disproportionately low compared to those seeking assistance. This is primarily due to the high costs associated with IVF treatment and the legal barriers that prohibit sperm and egg donation in

¹⁵⁶ Ibid

Ethiopia. As a result, over 5,000 individuals in St. Paul's cannot access IVF treatment because of the lack of legal recognition for these donations.¹⁵⁷

Many patients rely on donor gametes for various medical reasons. Couples facing infertility due to age, hormonal issues, or unexplained factors may need egg or sperm donation. Moreover, individuals may seek donor gametes to prevent passing on genetic disorders or when medical conditions, such as cancer, lead to fertility loss. Not only this, men with low sperm count or quality often opt for sperm donation to enhance their chances of conception. Using donor gametes helps couples overcome these challenges and improves their likelihood of achieving a successful pregnancy.¹⁵⁸ However, with the prohibition of legal gamete donation in Ethiopia, these individuals find themselves without viable remedies. This restriction not only limits their options for addressing infertility but also adds to the emotional and financial burdens they face in their journey toward parenthood.

Dr. Thomas Mekuria emphasizes the significant challenges stemming from the absence of legislation regarding egg donation and male genetic donation in Ethiopia. He notes that this legal gap places vulnerable individuals at risk of harassment and imposes additional financial burdens on them. As a consequence, over 3,000 Ethiopian patients facing infertility have been compelled to seek treatment abroad in countries where such donations are permitted, all within just three years.¹⁵⁹

Furthermore, Mr. Djene and Dr. Hassen express concern that, in the past, Ethiopian patients could secure foreign currency from banks for IVF treatments through egg and sperm donation abroad by presenting medical board examination reports detailing their infertility issues. However, the prohibition on gamete donation in Ethiopia may cause banks to hesitate in providing dollars for treatments deemed illegal under Ethiopian law. Consequently, this legal restriction might drive some individuals to the black market to obtain funds through illegal means. This risky approach

¹⁵⁷ Interview with Dr. Meseret Ansa, CEO of Center for Fertility and Reproductive Medicine at Saint Paul's hospital Millennium Medical College (31 February, 2025 Addis Ababa)

¹⁵⁸ Interview with Dr. Hawi Baye, CEO of New Leaf Fertility and Reproductive Center (3 March, 2025 Addis Ababa), Interview with Dr. Hassen Hussen, OBGYN Specialist and reproductive Endocrinology Infertility Subspecialist at Ethio Fertility and IVF Center (8 March, 2025 Addis Ababa),

¹⁵⁹ Ethiopian Broadcasting Corporation's, St. Paul's Fertility and Infertility Institute Report (16 March 2023) by Hailemichael Abebe, accessed 15 April 2025.

exposes them to potential exploitation and complicates their situations further, creating additional challenges. Moreover, the country also loses foreign currency as patients seek treatment abroad, which negatively impacts the national economy.¹⁶⁰

While the proclamation enhances the legal framework surrounding technology-assisted reproductive health services by explicitly outlining the requirements and regulations, the aforementioned requirements simultaneously limit the accessibility of ART services as needed.

4.1.4 Health policy of Ethiopia

The Ethiopian Health Policy does not specifically address ARTs or IVF services. However, it outlines broader goals and strategies for the health sector that could potentially support the development and regulation of such services.

One of the primary aims of the policy is to improve access to and the quality of healthcare, which includes expanding advanced, tertiary, and specialized medical services.¹⁶¹ Complex procedures like IVF fall under the category of advanced or specialized medical care. The policy also emphasizes that health services should be accessible to all citizens without discrimination based on location, sex, ethnicity, religion, political views, economic status, or other differences.¹⁶² This focus on fairness and equal access is a crucial legal and policy framework for discussing access to ART and IVF.

Additionally, the policy encourages broad participation from the private sector in all types of health services, including advanced medical services. It aims to establish an incentive system to support this involvement, explicitly mentioning the strengthening of public-private partnerships to expand tertiary and advanced medical services.¹⁶³ This suggests that complex medical services like ART and IVF could potentially be developed or expanded through private investment facilitated by this policy. Furthermore, the policy seeks to establish a sustainable health financing system to ensure

¹⁶⁰Dr. Hassen (n.158), Interview with Mr. Djene Getahun, Program officer at the Consortium of Reproductive Health Associations (CORHA), (1 March, 2025 Addis Ababa).

¹⁶¹ Preamble, Federal Democratic Republic of Ethiopia, *Health Policy*, April 2016 E.C.

¹⁶² Ibid, para 4.1

¹⁶³ Ibid

that citizens are not financially burdened by health expenses.¹⁶⁴ Financial accessibility is a significant factor in accessing high-cost services like IVF, making this aspect of the policy particularly relevant. There is also focus on improving women's health and strengthening their role in decision-making regarding their health and that of their families.¹⁶⁵ While the policy does not directly link this to fertility treatments, reproductive health and access to related services are inherently tied to women's health and their decision-making autonomy.

4.1.5 Reproductive Health Strategic Plan 2021- 2025

The National Reproductive Health Strategy (2021-2025)¹ serves as a strategic plan to advance and maintain the Reproductive Health (RH) status of women, men, and young people in Ethiopia.¹⁶⁶ It recognizes that infertility affects up to 15% of reproductive-aged couples worldwide, along with the significant psychological burden it places on those without children. It also acknowledges that, even in countries facing population pressures, infertile couples have the right to receive support in their pursuit of parenthood.¹⁶⁷ It also highlights that infertility prevention and care frequently remain overlooked as critical public health issues.¹⁶⁸

The strategy outlines performance targets aimed at enhancing reproductive health services. These targets include ensuring that all health facilities provide counseling for couples on the causes and prevention of infertility¹⁶⁹, existing infertility diagnostic and management centers to be upgraded to operate at full capacity, offering services such as intrauterine insemination (IUI), and IVF.¹⁷⁰ Lastly, the initiative aims to establish training programs in reproductive endocrinology, infertility, and ART at a minimum of three new medical schools.¹⁷¹

¹⁶⁴ Ibid, para 3.4

¹⁶⁵ Ibid, para 7.1

¹⁶⁶ **The National Reproductive Health Strategic plan (2021–2025), Federal Democratic Republic of Ethiopia, Ministry of Health, 2021**

¹⁶⁷ Ibid, p.15

¹⁶⁸ Ibid.

¹⁶⁹ Ibid, p 62

¹⁷⁰ Ibid

¹⁷¹ Ibid

4.2 Accessibility of ART Mainly IVF Services in Addis Ababa

The accessibility of ART, particularly IVF, is a critical concern for the reproductive health of women who experience infertility. Advancements in reproductive technology have underscored the importance of ART, specifically IVF services. As progress in reproductive medicine continues to evolve, equitable access to these services is paramount for individuals and couples striving to fulfill their family planning aspirations. Nevertheless, access to these services continues to pose significant challenges for women due to various reasons. Almost all the participants in the interviews identified the following barriers as obstacles for women accessing ARTs, particularly in IVF services, in addition to the legal barriers discussed above.

4.2.1 Economic barriers

One of the most significant barriers to access IVF services is the economic challenges faced by women and couples experiencing infertility. The costs associated with IVF treatment and medications are substantial. Dr. Meseret stated that:

St. Paul's Michu Clinic is the first and only public IVF center in sub-Saharan Africa, located in Ethiopia. Although the clinic does not charge for treatments under its public service, patients are expected to cover the cost of medication themselves, which can range from ETB 350,000 to 400,000. Unfortunately, these medications are not available at the center or through government pharmacies, creating a significant financial challenge for many women. Additionally, the center has a private wing recognized by the Ministry of Health, where patients are required to pay ETB 25,000 for treatments, along with the additional cost of medication.¹⁷²

As per Dr. Meseret's view, though the establishment of this public IVF clinic is a crucial step, the unavailability of medications through government sources, combined with their high costs, makes it difficult for many women to access the necessary treatments. A key factor contributing to the inflated costs of IVF is that the medications required for treatment are not manufactured domestically and are not imported by the government; instead, they are provided through private

¹⁷² Dr. Meseret (n.157)

organizations. All necessary drugs must be imported from abroad, which involves multiple layers of importation and logistics managed by private companies. Each of these entities typically adds their markup to the price, driven by profit motives. Consequently, by the time these medications reach patients, the costs have escalated significantly.

Other interviews with health professionals at private fertility clinics affirm that IVF treatment requires substantial financial resources, typically ranging from ETB 400,000 to 600,000, with costs potentially escalating depending on individual circumstances and fluctuations in the dollar exchange rate. When multiple cycles are necessary for a successful pregnancy, the overall expense increases.¹⁷³ Patients often need to undergo diagnostic tests to identify the underlying causes of infertility, and these tests can also contribute to the total cost. Moreover, laboratory fees associated with services such as embryo freezing, embryo transfer, and sperm analysis play a role in determining the overall price of IVF. Additionally, the medical equipment used in these procedures, such as ultrasound machines, incubators, and cryopreservation devices, is often expensive and imported from abroad. As a result, the financial burden on patients seeking IVF services is significantly increased.¹⁷⁴

The other challenge is that IVF infertility treatment does not guarantee success; many patients may experience unsuccessful attempts. Given the high expenses associated with each cycle, if treatment fails, most individuals may find it difficult to afford a second or third attempt, making the prospect of financing multiple attempts quite daunting.¹⁷⁵

Even though no comprehensive study has been conducted to demonstrate how many individuals are recommended to pursue IVF and how many are unable to do so for various reasons, data from St. Paul's Fertility Clinic reveals that last year, approximately 16,000 patients sought assistance for infertility treatment, but fewer than 1,000 received IVF treatment. This significant gap can be attributed to economic reasons and legal impediments that hinder access to these IVF services.¹⁷⁶

¹⁷³ Dr. Hawi and Hussien (n.158)

¹⁷⁴ Ibid

¹⁷⁵ Dr. Meseret (n.157); Dr. Hawi, and Hussien (n.158).

¹⁷⁶ Dr. Meseret (n.157), the disparity in IVF treatment access is primarily due to economic factors and significant legal impediments, particularly the prohibition of sperm and egg donation in Ethiopia. This restriction limits the options available to individuals and couples facing infertility,

As a consequence of these inflated costs and legal impediments, the number of individuals who undergo IVF treatment is disproportionately low compared to those who seek assistance.

In addition to the medical and treatment costs associated with IVF, couples may need to take time off work or adjust their business commitments to attend appointments and manage treatment schedules. This necessity can lead to lost income, increasing financial strain, and the need for flexibility in their professional lives. This financial burden becomes even more pronounced for patients who travel from regions outside of Addis Ababa, as they must also account for travel and accommodation expenses.

Health experts from the Ministry of Health have recognized the lack of financial assistance options or programs that would make infertility treatments through ARTs accessible to women and couples from lower economic backgrounds.

Mr. Motuma expressed that currently, infertility treatments through ARTs is not subsidized by the government and is not covered under any insurance scheme. There are no financial assistance programs, eligibility criteria, or price regulations in place, as we operate within a free market system. Additionally, private healthcare providers receive no tangible incentives. Given our status as a less developed economy, the primary focus has been on reducing maternal and child mortality rates through family planning initiatives. This approach has largely concentrated on improving access to family planning services aimed at preventing pregnancies and addressing unsafe abortions, often without detailed guidelines for managing infertility. However, we are currently in the process of developing a national implementation **guideline** for the prevention and management of infertility.¹⁷⁷

Overall, the high costs associated with IVF treatments can be prohibitive for many, making it difficult for a substantial portion of the population to access these treatments. As a result, while a specific group in society may have access to IVF services regardless of fees, these options are limited and not available to the majority.¹⁷⁸

¹⁷⁷Interview with Mr. Motuma Bekele, Health expert at Maternal Child and Adolescent Health Service Lead Executive Office, Ministry of Health (11 April, 2025 Addis Ababa)

¹⁷⁸ Ibid

4.2.2 Lack of information and knowledge about ART Service

A general lack of awareness about fertility and infertility prevents individuals from recognizing their need for infertility treatment. Many people do not understand reproductive health basics, such as menstrual cycles, fertile windows, and age-related factors that influence fertility.¹⁷⁹ This lack of awareness leads to delays in seeking help, as individuals may only realize they are facing fertility issues after a significant time has passed. Consequently, many couples struggle silently, unaware of the options available to them.

Regarding ART and IVF services, until recently, IVF treatment was not available in Ethiopia, which led many couples to travel abroad for this service. The introduction of IVF in the country represents a significant advancement in reproductive health; however, a considerable number of people, including health professionals, still do not know that this treatment is offered locally through public and private clinics.¹⁸⁰ This lack of awareness is especially pronounced among residents of Addis Ababa, including women who are unaware of their access to fertility treatments like IVF.

Such lack of recognition can be attributed to cultural stigmas surrounding infertility and a general lack of information about reproductive health services. Dr. Meseret noted that while there are occasional efforts to share information about ART in mainstream media, these initiatives are not consistent. Although social media is being used to convey some information, much more needs to be done to make details about ART, particularly IVF treatment services.

Currently, awareness is primarily limited to private fertility clinics, which focus on advertising their services rather than engaging in comprehensive public education efforts. To date, only one workshop has been conducted, and no campaigns have been implemented for the purpose of raising awareness regarding ARTs. Moreover, efforts to provide information in various languages have not been adequately addressed.¹⁸¹

¹⁷⁹ *Human Rights and Infertility* (n.52), p.15

¹⁸⁰ Dr. Hawi and Hussen (n.158)

¹⁸¹ Dr. Meseret (n.157)

An interview with experts noted that infertility is often overlooked by the government and health care systems. Services like IVF treatments are considered as a luxury treatment, which tend to prioritize other health issues that are perceived as life-threatening. The government's focus has predominantly shifted towards other components of reproductive health, particularly maternal mortality, unsafe abortions, contraceptive access, sexually transmitted diseases, and unintended pregnancies. As a result, reproductive health policies and funding allocations tend to prioritize these immediate health issues, leaving infertility and its treatment largely overlooked.¹⁸²

Additionally, they mentioned that, although they work concerning reproductive health information and infertility management, they do not focus on reproductive technologies, as this area is often not prioritized within their broader reproductive health agendas.¹⁸³

This neglect has profound effects on awareness, access to treatment, and societal perceptions of reproductive technologies. As a result, couples may remain uninformed about their options, further exacerbating the challenges they face in seeking treatment.

An interview with a health expert at the Ministry of Health revealed that, due to the existence of only one public IVF center, there has been limited promotion of ARTs and IVF treatments. Instead, the focus has primarily been on raising awareness regarding the prevention of infertility to educate the public on factors that contribute to infertility and to encourage preventive measures rather than emphasizing treatment options that are currently scarce.¹⁸⁴

4.2.3 Cultural and Religious Beliefs

Cultural and religious beliefs are significant barriers in couples' decisions regarding IVF treatments. In many societies, traditional views emphasize natural conception, leading to the belief that ARTs like IVF treatments are unnatural and go against the natural order of life, viewing IVF

¹⁸² Interview with Mr. Djene Getahun, Program officer at the Consortium of Reproductive Health Associations (CORHA), (1 March, 2025 Addis Ababa), Interview with Petros Gechare, Medical service Manager at Ethiopian Family Guidance Association (8 March, 2025 Addis Ababa), Interview with Dr. Wasihun Alemayehu, Gynecologist at Marie Stopes International (MSI), (11 April, 2025 Addis Ababa)

¹⁸³ Ibid

¹⁸⁴ Mr. Mottuma Bekele, Health expert at MOH (n.177)

as a challenge to divine will or creation, which can create a stigma for those who pursue treatment. The belief that a child born through IVF may not be healthy is also common.¹⁸⁵

Infertility is often viewed as taboo in our society, leading to significant stigma and misunderstanding. Many individuals believe that infertility is untreatable and are convinced that, after waiting for several years, they will ultimately be blessed with a child through divine intervention rather than through medical assistance.¹⁸⁶

Accordingly, couples often feel reluctant to seek medical help. Even when they do seek assistance, they tend to turn to traditional medicine rather than accessing health services.¹⁸⁷ This mindset can hinder individuals from obtaining proper medical care and exploring fertility treatments, including ARTs, promptly.

Additionally, there is a common misconception that a child born through IVF is an unknown embryo, leading people to believe that the child's origins are unclear, often referring to it as "ብብልቃጥ የሚወለድ ልጅ." This perception stems from a lack of understanding about the IVF process itself. Many people are unfamiliar with how IVF works, which involves creating an embryo using a couple's own sperm and eggs, typically with careful monitoring and support throughout the procedure. This misunderstanding can perpetuate the stigma surrounding ARTs.¹⁸⁸

Furthermore, the absence of official statements from religious institutions in Ethiopia regarding ART creates significant confusion for couples seeking guidance on infertility. With differing beliefs among Ethiopian religious leaders and a lack of a unified stance on ARTs, many individuals face ambiguity about pursuing treatment. This uncertainty can lead to anxiety and moral dilemmas.¹⁸⁹ Some religious leaders view ART, including IVF, as unnatural and consider it a sin, while others believe it is prohibited only if a third-party donor is involved. As a result, couples

¹⁸⁵ Dr. Meseret (n.157), Dr. Hawi, and Hussen (n.158).

¹⁸⁶ Interview with Sister Samrawit, Nurse at Saint Paulos Hospital Millennium Medical college Center for fertility and reproductive medicine (1 March, 2025 Addis Ababa)

¹⁸⁷Tinisaie Biadigie Adane, Kelemu Zelalem Berhanu & Abatihun Alehegn Sewagegn (2024) Ethiopian women experiencing infertility: sociocultural challenges and coping strategies, Cogent Social Sciences.

¹⁸⁸ Dr. Hawi and Hassen (n.158)

¹⁸⁹ Ibid

may find themselves torn between their desire for children and the teachings of their faith, complicating their informed decision-making process.

4.2.4 Opposition or Unwillingness from Partners for the Treatment

Another significant barrier to accessing IVF treatment is the opposition or unwillingness from husbands or partners. In many cultural contexts, particularly in Ethiopia, decisions regarding reproductive health are often heavily influenced by male partners. This dynamic can create substantial obstacles for women seeking to pursue IVF, as their partners' reluctance or outright opposition can prevent them from accessing this treatment.

The nature of IVF treatment requires the willful participation of both partners, making their involvement crucial not only for the medical procedures but also for the emotional support throughout the process. IVF involves multiple steps, including hormone treatments, egg retrieval, and embryo transfer, which necessitate the active engagement of both partners. The woman undergoes medical procedures, while the husband provides the semen needed for fertilization, making his biological contribution essential.¹⁹⁰ Additionally, the partner's support can offer emotional stability and reassurance, alleviating stress and fostering a shared commitment to the journey.

However, many women face challenges due to partner opposition to the treatment. This creates significant obstacles, as women may find themselves facing the physical and emotional demands of IVF alone, leading to increased stress and feelings of isolation. In cases where a husband completely rejects the treatment, women may be unable to pursue IVF at all, further exacerbating their struggles with infertility. The lack of support from partners during this time-sensitive and emotionally taxing journey complicates their experience and hinders their ability to cope effectively.

¹⁹⁰ Ibid

4.2.5 Inaccessibility of health facilities

According to information obtained from the Ethiopian Federal Ministry of Health, there are five licensed and operational fertility centers in Ethiopia, all located in Addis Ababa.¹⁹¹ Among these, one is a public fertility center, while the other four are private facilities. The availability of IVF services in Ethiopia is limited to a small number of specialized clinics, predominantly in Addis Ababa, with a strong presence of private sector facilities.

IVF clinics, both in the public and private sectors, are located in Addis Ababa, making it easy for residents to access these services without significant travel costs. However, other barriers, particularly economic, informational, and legal challenges, impact the overall accessibility of IVF treatment even for Addis Ababa residents.¹⁹²

While the concentration of IVF services in the capital benefits those living there, Dr. Meseret emphasized that IVF treatment is not available anywhere else in the country, except for a recently established private fertility center in the Tigray Region. Consequently, many women from other parts of Ethiopia seeking IVF must travel to Addis Ababa, which exposes them to additional costs for transportation and accommodation in addition to the ordinary treatment and medication fees. Such a limited number of clinics results in low accessibility to ART services, causing a concentration of these services in urban areas and restricting their geographical reach.

In conclusion, access to ART services, especially IVF, in Addis Ababa is significantly hindered by various economic, informational, cultural, and legal barriers. High treatment costs, limited awareness, and restrictive regulations prevent many individuals from receiving the necessary care for infertility.

¹⁹¹ Data from the Ministry of Health (MOH) health institutions and the professionals' registration licensing and regulatory desk indicate that there is one public IVF center inaugurated under St. Paul's Hospital in 2011, along with four private fertility centers providing IVF services in Addis Ababa: Al-Hikmah In-Vitro Fertilization Center (2008), New Leaf Fertility Center (2010), Ethio Fertility and IVF Center (2011), and New Life Fertility Medical Center (2013).

¹⁹² Dr. Meseret (n.157); Dr. Hawi and Hussen (n.158); Sister Samrawit (n.186)

4.3 Implications of Restricted Access on Women's Reproductive Health and Rights

Restricted access to ART, particularly IVF, significantly impacts women's reproductive health and rights. These implications can be understood through the lens of reproductive rights, which encompass the fundamental right to have children and found a family, along with several related rights.

4.3.1 Restriction of Access as a Violation of Reproductive and Related Rights

The existence of barriers to accessing ART, particularly IVF treatment, significantly restricts women's autonomy and decision-making capacities regarding their reproductive choices, preventing them from having children and planning their families according to their circumstances. Reproductive rights encompass the freedom to make essential choices affecting one's reproductive life, including the right to reproduce, access fertility treatments, and make informed decisions about family planning, particularly regarding infertility treatment.¹⁹³

Health professionals noted that:

IVF typically requires substantial financial resources, prompting individuals to approach the process with careful consideration and preparation. Many patients need to save, borrow money, or explore other financing options to afford the treatment, often taking one to two years or more to achieve the necessary financial readiness. Delays in accessing ART due to financial constraints and other reasons can be particularly detrimental for women, especially considering biological factors such as egg quality. As women get older, particularly after 35, the quality of their eggs tends to decline, complicating their chances of successful conception. The longer individuals must wait for treatment, the greater the risk of losing the opportunity for a successful pregnancy outcome.¹⁹⁴

These delays and barriers to accessing ART as a result of various constraints deny women the ability to pursue their desired paths to parenthood and violate their reproductive rights by limiting

¹⁹³ Chan and Ho, *Infertility, Assisted Reproduction* (n.50) p. 369

¹⁹⁴ Dr Meseret (n.157), Dr. Hawi and Hussien (n.158), Sister Samrawit (n.186)

access to necessary fertility care. This restriction undermines not only reproductive rights but also other fundamental human rights, such as the right to found a family, the right to health, dignity, non-discrimination, and the right to benefit from scientific progress.

It exacerbates existing inequalities in healthcare access, disproportionately affecting women and creating a growing divide between those who can afford treatments and those who cannot. This inequality challenges the principles of equality and the right to non-discrimination based on economic status.

Restricted access to ART also impacts women's right to the highest attainable standard of health, which includes reproductive health. The psychological distress caused by infertility and the lack of access to treatment can negatively affect women's overall well-being.¹⁹⁵ Furthermore, the limited availability of ART hinders advancements in reproductive health research, restricting the development of innovative treatments and technologies that could benefit all women. This leaves women with fewer options to achieve their reproductive aspirations.

4.3.2 Psychological and Mental Health Implications

Restricted access to ART, such as IVF, has profound psychological and mental health implications for individuals, particularly women, who seek these services. primarily, infertility carries significant consequences that deeply affect women's psychological well-being throughout their journey. The inability to achieve motherhood presents numerous challenges for women in Ethiopian society. Women experiencing infertility often face greater social blame, psychological burdens, and emotional distress than men, regardless of which partner has the reproductive impairment. Society tends to view infertility solely as a woman's issue, further intensifying feelings of inadequacy and shame.¹⁹⁶ This perspective is compounded by derogatory attitudes, where women facing infertility may be insulted or compared to animals, which undermines their dignity and humanity.

¹⁹⁵ *Human Rights and Infertility*. (n.52) p. 8

¹⁹⁶ Bilen Mekonnen Araya and others, *The complex lived experience of women with infertility in Ethiopia: An interpretative phenomenological analysis* 2025. p.2

Dr. Hawi noted that many men divorce their wives, believing that infertility is solely a woman's issue. However, the problem might often lie with them, a fact that they become aware after they remarry and still cannot have children. Even when faced with this reality, many men struggle to accept it.¹⁹⁷

Infertile women often face serious mental health challenges, including feelings of guilt, self-blame, helplessness, and depression. In severe cases, the burden of infertility can even lead to suicidal thoughts.¹⁹⁸ Additionally, this struggle frequently creates heightened tension within familial and marital relationships, leading to unhappiness in marriage and, in some cases, divorce.

Moreover, the far-reaching consequences of infertility extend to workforce participation. Women often struggle to balance family planning with career aspirations, leading to reduced job performance and career advancement. The stress and emotional toll further impact their professional lives. The emotional and psychological strain of infertility is exacerbated by the difficulties associated with accessing treatments like IVF. The inability to pursue infertility treatment due to financial constraints has a significant emotional impact on women. Financial sacrifices, such as taking out loans or selling property, to pursue infertility treatments, contribute significantly to psychological distress. This situation is particularly exacerbated when couples invest substantial amounts of money in treatments that ultimately do not result in success, leaving them feeling even more discouraged after making such sacrifices.¹⁹⁹

Moreover, the inability to pursue additional treatment options due to financial and other constraints further aggravates the emotional pain, as the hope of motherhood remains an elusive dream. This ongoing struggle leaves women feeling trapped in a cycle of unmet aspirations and societal expectations.

¹⁹⁷ Dr Hawi, (n.158)

¹⁹⁸ *Human Rights and Infertility*. (n.52) p. 33

¹⁹⁹ Dr Meseret (n.157), Dr. Hawi and Hussen (n.158)

Chapter Five

Conclusion and Recommendations

5.1 Conclusion

The desire to have children is deeply rooted in human culture, and infertility poses significant social and psychological challenges for women. This longing for parenthood is often intertwined with personal identity, societal expectations, and cultural norms. Infertility can lead to profound emotional distress, social stigma, and economic hardship, particularly for women who face societal pressure regarding their reproductive capabilities.

In this context, ART emerge as a vital solution, offering hope and avenues for individuals and couples struggling with infertility. Under international human rights standards, while no single instrument explicitly enshrines the right to access ART, several established rights inherently support the necessity of equitable access. These include the right to marry and found a family, the right to the highest attainable standard of health, the right to benefit from scientific advancements, the right to access information, and the right to non-discrimination.

In Ethiopia, recent developments in ARTs provide a crucial pathway to parenthood and the exercise of reproductive rights. However, significant legal barriers impede access to these essential services. Currently, ART services, including IVF, are available only to legally married couples, excluding individuals in irregular unions and cohabiting relationships. Additionally, the prohibition of gamete donation further narrows the scope of IVF treatment, limiting options for those who may need these services. These legal gaps highlight the need for comprehensive reforms to ensure equitable access to ART for all.

Furthermore, economic challenges, such as the high costs associated with IVF treatment and medications, deter many women from seeking these options, despite the existence of a public IVF center. In Addition, a lack of comprehensive information and public awareness about ART and IVF services leaves many individuals unaware of their available options or influenced by misconceptions. Deeply ingrained cultural and religious beliefs often favor natural conception, creating stigma around infertility that discourages individuals from seeking medical assistance.

The study findings also highlight the crucial role of partners in the IVF process, as their opposition or reluctance can significantly affect women's ability to pursue these treatments.

The restricted access to IVF services due to the aforementioned barriers has profound implications for women's reproductive health and rights. It infringes upon their autonomy and decision-making regarding family formation, effectively limiting their right to reproduce and establish a family. The financial and other barriers exacerbate existing inequalities, potentially violating the right to non-discrimination based on economic status. Furthermore, the psychological consequences for women facing infertility and lacking access to treatment are significant, often leading to feelings of guilt, shame, and depression. Addressing these challenges is essential for improving reproductive health and rights in Ethiopia.

5.2 Recommendations

Based on the findings mentioned above, the following recommendations are proposed to enhance equitable access to these essential healthcare services:

- The government should Incorporate IVF treatment into health insurance schemes to significantly reduce out-of-pocket expenses for individuals seeking these services. This integration would enhance accessibility and alleviate the financial burden of couples facing infertility.
- The Ministry of Finance and Economic Development should implement subsidies and establish financial assistance programs for technologically advanced infertility treatments, including IVF. This initiative is relevant for making these services more affordable for low- and middle-income couples, helping to alleviate the financial burden faced by those struggling with infertility
- The Ethiopian Ministry of Health should consider including IVF medications in the Essential Medicines List (EML) and facilitate their importation through the Ethiopian Pharmaceutical Supply Agency to reduce the cost of medications and improve the availability and affordability of IVF treatments.
- The government should provide incentives for private importers and fertility clinics to lower the costs of imported fertility equipment and medications by offering tax exemptions.

- Banks and financial institutions should establish microfinance schemes specifically designed for IVF treatment to enable couples to access loans with manageable repayment terms and competitive interest rates, thereby enhancing their ability to afford fertility treatments.
- The government should develop a strategic plan for the gradual decentralization of ARTs services both within and beyond Addis Ababa. This initiative aims to reduce the travel and accommodation costs for women living in and outside the capital, ensuring that more individuals have access to essential reproductive health services.
- Ministry of Health, in collaboration with health facilities (public and private IVF clinics), community-based organizations, religious institutions, mass media and print media should implement widespread public awareness campaigns focused on infertility and the available ART services, including IVF. These campaigns should leverage various media channels to effectively reach diverse segments of the population, including men, women, religious leaders, and community influencers. This approach will help reduce stigma and increase knowledge about available options. Sharing stories of successful IVF outcomes and positive experiences across different media platforms can normalize ART and diminish societal stigma, ultimately fostering greater acceptance.
- The Ministry of Education and the Ministry of Health should incorporate comprehensive reproductive health education, including information about infertility and assisted ARTs, into school curricula and public health education programs to promote long-term awareness and understanding among future generations.
- Ministry of Health should develop culturally sensitive informational materials about IVF in multiple local languages to ensure that important information is accessible to a wider audience. This approach will consider cultural differences, making the content more relevant and relatable for diverse communities.
- The Ministry of Health should encourage and support healthcare providers at all levels to receive training on infertility and ART, including IVF treatments. This will enable them to offer accurate information and effective referrals, thereby enhancing service delivery.
- The Ministry of Health should partner with community-based organizations and religious institutions to disseminate accurate information and address misconceptions about ARTs and IVF treatments. This includes initiating dialogues with religious leaders and

community influencers to promote a better understanding of these services. Additionally, Ethiopian religious institutions should issue statements regarding the acceptance of ART and IVF, clarifying any confusion among believers. By addressing existing stigmas and emphasizing the medical necessity of infertility treatments, these efforts can help shift negative perceptions and foster supportive attitudes within the community.

- The House of people representatives should revise Proclamation No. 1362/2017 to allow access to ARTs for unmarried couples and individuals, aligning with the principles of non-discrimination and the right to found a family. Since irregular unions have received recognition under our family law, the same recognition should also apply to healthcare services
- The House of people representatives should establish legal recognition and regulation of gamete donation (both sperm and egg) within Ethiopia, accompanied by appropriate ethical guidelines and safeguards. This initiative will provide crucial options for individuals facing infertility due to various medical reasons, ultimately preventing costly treatments abroad and conserving foreign currency.

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3. Interview with Dr. Hawi Baye, CEO of New Leaf Fertility and Reproductive Center (3 March, 2025 Addis Ababa)
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Annexes

Interview guide questions

I am Helen Teju, a graduate student at Addis Ababa University's College of Law and Governance Studies, School of Law. I am currently pursuing an LL.M in Human Rights Law and working on my thesis titled “Women’s Access to Assisted Reproductive Technologies with Special Emphasis on IVF Services in Addis Ababa: Analyzing the Implications on Their Reproductive Health and Rights.”

I would like to discuss this topic with you and hear your thoughts on my research. Please rest assured that any information you provide and the views expressed will be used solely for academic purposes and treated with the utmost confidentiality.

Thank you for your time and consideration.

1. Respondent Profile

- 1.1. Name of Respondent: _____
- 1.2. Sex: Male ___ Female ___
- 1.3. Official Capacity _____
- 1.4. Service year in the institution: _____

Interview Guide Questions for Health Professionals Working in Public and Private Fertility Clinics

1. Can you describe the status of physical access to IVF services in Addis Ababa? Are there certain areas of the city that face greater challenges in accessing these services, considering the population and the number of service seekers?
2. Do you believe that patients (particularly women) can physically access your facility for IVF services? How would you rate this physical accessibility?
3. From which areas do patients typically come to receive this medical service?
4. What challenges do patients face in keeping up with appointments or activities related to receiving this medical service? Could you provide examples?

5. What solutions do you have in place for individuals who cannot come to the clinic in person, regarding information accessibility and transportation options?
6. How long does the IVF treatment process typically take?
7. In general, how much money is needed to pursue IVF treatment? Could you provide the estimated minimum and maximum costs?
8. How do you assess the proportionality of IVF services in relation to your patients' economic status? In what ways does a patient's financial situation impact their access to IVF services?
9. What challenges do patients face regarding the cost of IVF treatments? Can you provide examples?
10. Are there any government initiatives or subsidies to make IVF services more affordable for women in Addis Ababa, and do IVF clinics offer payment plans or financing options to help manage treatment costs? How effective and accessible are these programs for patients?
11. How do medical costs influence women's decisions regarding reproductive health services?
12. Do you believe that women in our society have a general understanding of technology-assisted reproduction (IVF treatment) and related procedures? How is information about assisted reproduction, including IVF, disseminated? What strategies do you use to ensure patients receive comprehensive information about ART and IVF options, including therapeutic benefits, side effects, and risks?
13. How effective are the current methods of information dissemination in reaching women from different segments of society?
14. What challenges do women face in accessing information about assisted reproduction? Can you provide examples of issues encountered in practice?
15. In what languages is information about assisted reproduction and IVF treatment available?
16. What knowledge gaps or misconceptions exist among patients, women, and the broader society regarding technology-assisted reproduction?
17. How is medical information tailored to the age of the patient? What favorable conditions have been created to accommodate gender, language, and educational level?
18. What is the impact of limited access to ART (IVF) on women's health? Can you provide examples of the negative effects experienced in practice?

19. In general, what challenges do women face in accessing technology-assisted treatment (in terms of physical, economic, and informational access), and what improvements should be made?

Interview Guide: Questions for Experts at the Ministry of Health

1. How would you describe the current access to ART (assisted reproductive technologies), particularly IVF services, for women in Addis Ababa?
 - How many clinics in Addis Ababa currently offer technology-assisted reproduction, especially IVF services? Considering the total number of women in the area, can we say that these clinics are physically accessible to those who need these services?
 - What factors contribute to this level of accessibility?
2. What are the primary barriers that women face in accessing IVF services in Addis Ababa?
3. What implications does restricted access to IVF services have on women's reproductive outcomes?
 - How does this limited access affect women's reproductive rights in general?
4. Will the Ministry conduct a study or evaluation to assess the accessibility of ART, primarily IVF services, in Addis Ababa?
 - What are the findings of that study or evaluation?
5. Can you explain the regulatory framework for ART and its effectiveness? How does the Ministry's legal and policy framework address the reproductive health needs of women seeking IVF services?
 - Are there specific policies and strategies aimed at improving access and effectiveness?
6. Can you mention the steps taken by the government to ensure access to IVF services in Ethiopia? What special strategies or measures has the government implemented to ensure access to private IVF treatment services?
7. Is there a regulatory mechanism in place to control the fees charged for IVF healthcare services, especially to prevent excessive charges by private providers?
 - Can you explain these control methods and describe the current challenges?
8. Are there special programs targeting vulnerable populations, particularly women?

9. Is there a grant or funding program for low-income women with infertility to access technology-assisted treatments? What are the eligibility criteria?
 - Could you provide information on the extent of coverage and the effectiveness of these programs?
10. Is there a subsidy or financial award for private health facilities that provide IVF infertility treatment services?
 - What types of grants and financial awards are available, and what are the eligibility criteria? Could you provide detailed information on the effectiveness of these programs in ensuring coverage and affordability at private health facilities?
11. What efforts is the Ministry making to raise awareness about IVF services for women in Addis Ababa?
 - How will information about these services be distributed to the public?
12. What is the Ministry doing with other stakeholders (e.g., NGOs, community organizations) to increase access to ART, particularly IVF?
13. Do you believe the measures taken so far are sufficient to ensure access to ART, mainly IVF services?
 - What good practices have been implemented to ensure access to ART services? What are the main challenges or gaps in the government's ability to meet its responsibilities regarding access to ART?
14. What measures or activities should be implemented to achieve the goal of making ART services more accessible?

Interview Guide Questions for NGOs and Civil Society Organizations Working in Relation to Reproductive Health and Rights

1. Can you describe your organization's mission and role in supporting women's reproductive health services, particularly regarding IVF and ART?
2. Has your organization conducted a study or evaluation to assess the accessibility of ART, especially IVF services, in Addis Ababa? If so, what were the key findings?
3. In your opinion, how accessible are IVF services for women in Addis Ababa? What factors contribute to or hinder this access?

4. According to your organization's observations, what are the primary barriers that women face in accessing IVF services, particularly in terms of geographic, economic, and informational access?
5. What gaps exist in awareness and education among women in Addis Ababa regarding ART and IVF services?
6. What programs does your organization have in place to assist women in Addis Ababa in accessing ART, especially IVF services?
7. How does your organization collaborate with government agencies to provide access to reproductive health technologies, particularly IVF services?
8. How does your organization measure the effectiveness of its efforts to improve access to IVF services?
9. What advocacy work does your organization engage in to influence policies related to reproductive health and access to ART services?
10. How effective do you believe the government is in ensuring access to IVF services for women? What improvements do you think should be made?