

Editorial

Fertility and planned parenthood: key elements of global reproductive health

A decline in birth rates has been a global crisis in recent years. This problem has been particularly exaggerated in Hong Kong, which has hovered at the bottom of global fertility rankings. We witnessed a historic low in the total fertility rate of 0.70 in 2022. The rate rebounded to 0.84 in 2024, partly reflecting a post-pandemic recovery and the Dragon Year effect, before falling again to 0.73 in 2025. To tackle this issue, our government has introduced various measures including expansion of publicly funded assisted reproductive services, tax deduction for expenses related to assisted reproductive treatment, and extension of pre-pregnancy care services.

For many years in the past, assisted reproductive services in public hospitals were overloaded, resulting in lengthy waiting time of 1 to 2 years and couples missing their best chance in their reproductive lifespan. The Hospital Authority has progressively increased the annual number of publicly funded in vitro fertilisation (IVF) cycles since 2024, from 1100 cycles to 1800 cycles by 2028-2029. With the declining fertility intention in the recent years, waiting times have substantially shortened, and are no longer a limiting factor for most couples in need. In terms of treatment cost, patients only need to pay for the nominal medical attendance fees and the laboratory costs, which generally amount to approximately HK\$20000 or less per IVF cycle on average. Medications for IVF have been reclassified from self-financed items to special drugs, for which patients only have to pay the standard fee. The government has also introduced a tax deduction scheme for expenses related to assisted reproductive treatment since the taxation year of 2024-2025. All these aimed at reducing the out-of-pocket payment by infertile couples and hence relieving their financial burden from seeking treatment.

Despite all these measures to reduce financial and service barriers, an important challenge remains: the continuing trend of delayed marriage and childbearing. The median age at first marriage has risen to 32.9 years for men and 31.3 years for women, whereas the median age of women at first childbirth has increased to 33.1 years. Given the age-related decline in fertility, some couples may not present for fertility assessment until they have already reached an advanced reproductive age. Furthermore,

publicly funded assisted reproductive treatment is currently available only to women below 40 years of age who have no living child; therefore, the window for eligible couples to seek assistance is relatively narrow. There is a growing need to strengthen public awareness of reproductive ageing and the importance of timely fertility assessment and intervention. Early investigation and treatment remain crucial to achieve the best outcomes before the peak of the biological fertility window is missed.

The government has restructured maternal and child health and family planning services, shifting the focus from traditional family planning to pre-pregnancy preparation. Couples contemplating pregnancy are encouraged to receive health assessment and counselling, together with physical check-ups and relevant investigations with an aim to achieve safer pregnancy and parenthood.

Healthcare professionals who work in public and private sectors, as well as The Family Planning Association of Hong Kong, are joining hands in enhancing the relevant services. Yet, the above medical measures mainly attempt to lower barriers in accessing fertility services and to improve obstetric and maternal-neonatal outcomes. As obstetricians and gynaecologists, we have to recognise our limitations that enhanced services cannot offset the root causes of unwillingness to conceive arising from challenges in the economy, childcare, housing, career development, and so on. We shall enhance our efforts in public education and endeavour to maintain a supportive network of fertility and pre-conception care services. We cannot bear the entire weight of reversing population decline alone.

In recent years, we observed a weakened emphasis on fertility regulation and a common misconception that provision of contraception and abortion contradicts our intention to support fertility. This reflects a lack of understanding that sexual and reproductive health adopts a life-course approach, supporting individuals and couples to achieve their reproductive goals, whether the goal involves preventing unintended pregnancies or planning for childbearing at the most appropriate time. Fertility services, maternity care, and family planning provisions constitute a holistic sexual and reproductive healthcare

model, fulfilling the needs and safeguarding the wellbeing of all women and families in their reproductive life course. We cannot imagine women falling pregnant at all times during their reproductive life, and they do have the need for safe and effective contraception, and occasionally abortion, at times outside their planned parenthood.

Supporting reproductive wellbeing is not about just increasing childbirths; it is about enabling people to build the lives and families they aspire to have. We, as obstetricians and gynaecologists, should cherish our special and unique roles in this regard and take a global view in championing not only the rights and dignity but also the joy, intimacy, and pleasure in the context of relationships and family building.

Raymond Hang Wun LI

MBBS, MD, FRCOG, FHKAM (Obstetrics and Gynaecology)

Department of Obstetrics and Gynaecology, The University of Hong Kong, Hong Kong SAR, China

Editor-in-Chief, Hong Kong Journal of Gynaecology, Obstetrics and Midwifery

Mona Wai Cheung LAM

MBChB, MPH, FRCOG, FHKAM (Obstetrics and Gynaecology)

The Family Planning Association of Hong Kong, Hong Kong SAR, China

Executive Editor, Hong Kong Journal of Gynaecology, Obstetrics and Midwifery