

## PROMOTING MALAYSIA THROUGH “FERTILITY TOURISM”

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### ABSTRACT

*The practice of ‘fertility tourism’ has been incredibly demanding and issues of couples border-crossing between nations has been extensively reported. Couples are known to have a wide variety of choices in their preferences in choosing countries for treatment. In search of the exact reason behind their willingness to go beyond borders to seek for best treatment, it is identified that there are two main reasons underlying ‘fertility tourism’ which is the legal and financial evasion. In comparison to Malaysian scenario, it is undeniable that Malaysia also is restricted to some of the fertility services due to Islamic law, but this should not be a barrier to promote the country to be one of the favorite choices for fertility tourists worldwide. For this to happen, it needs a great hand-to-hand teamwork and effort from all including from the service providers, tourism agents, public and others.*

**Keywords:** *Malaysia, Fertility Tourism, Cross-border, Reproductive Care, Economic*

## **INTRODUCTION**

There had been a growing interest in the quests for conception among infertile couples worldwide to try and seek treatment through a so-called ‘fertility tourism’ approach. ‘Fertility tourism’ refers to the meaning of the travelling by candidate service recipients from one institution, jurisdiction, or country where treatment is not available to another institution, jurisdiction, or country where they can obtain the kind of medically assisted reproduction they desire (Pennings, 2002). And because of the term ‘fertility tourism’ has been defined to reflect its very niche meaning, ‘fertility tourism’ also therefore often been referred to as ‘reproductive tourism’, ‘procreative tourism’ and ‘cross-border reproductive care (CBRC)’. Looking at the overall view of the current global scenario, this practice of ‘fertility tourism’ has been incredibly demanding and this can be seen in the rapid increment of couples traveling transnationally looking for the best solution.

## **PRACTICE OF ‘FERTILITY TOURISM’**

Issues of couples border-crossing between nations has been studied extensively and it has been exclusively reported that couples are to have a wide variety of choices in their preferences in choosing countries for treatment, as reported in a special issue of *Reproductive BioMedicine Online* (November 2011), ranging from Turkey to Cyprus (Gurtin, 2011), Australia to Thailand (Whittaker, 2011), Germany to Spain and the Czech Republic (Bergmann, 2011), United States to Czech Republic (Speier, 2011), Britain to Spain (Hudson & Culley, 2011), Italy to various European Union countries (Zanini, 2011) and Israel to Romania (Nahman, 2011). This cross-country movements clearly depicts that infertile couples from developed countries are bypassing the services offered in their own place by travelling abroad to find treatment. But why are they so determined? In search of the exact reasons of their willingness to take up such a wide-distance journey, it is identified that there are several potential reasons lies behind the scene.

Summing up findings from a few studies (Blyth & Farrand, 2005; Deech, 2003; Pennings, 2002; Pennings, 2004; Pennings et al.

2008), factors that triggers to initiate such an effort which have been repeatedly cited in literatures include (1) the limited access to a specific service by religious, ethical or legal constraint in own country, (2) unavailability of a specific service due to insufficient expertise and equipment in own country, (3) unavailability of a specific service because of shortages and waiting lists due to lack of affordability and supply (in cases for gamete donations and surrogacy), (4) prohibition by countries for safety reason where fertility services are forbidden because of its unknown risk of outcome, (5) restriction of fertility services to several individual group based on age, marital status or sexual orientation in certain nations, (6) problems with the individuals themselves where they may feel unsecure of the medical privacy and confidentiality and decide to look for other places, (7) some individuals are reluctant to go through with poor quality medical care and low success rate and thus seek for services elsewhere, and (8) the final reason is simply because the cost is much lower in other countries. Of these eight, there are only two reasons mainly chosen as the major propositions underlying ‘fertility tourism’ which is the legal and financial evasion.

Being a branch of medical tourism, ‘fertility tourism’ can never be apart from being risky, especially for the reproductive bodies, patients and the potential babies. Besides, according to Marcia et al. (2012), those who embark on this practice of ‘fertility tourism’ may have many concerns and constraints around the risks of both having the treatment as well as the matters of travelling. All these woes will highly influence the decision making process for a couple to choose for the best destinations, and this often end up in choosing cosmopolitan, global-hub cities with belief it will serve superb, high-technology and high quality health care in the area of assisted reproductive care. (Marcia et al. 2012). The commonly become favorite cities are like Brussels, Barcelona, Los Angeles, Sydney, Singapore and Dubai. Considering this trend, together with an in-depth observation and with comparison to current Malaysian scenario, seems like although it can’t be denied that Malaysia too is restricted to some extent of the legal prohibition especially in regard to Islamic practice, but there is a huge room to push Malaysia out to

be one of the favorite choices for couples to getting an alternative treatment.

Knowing that a range of services are forbidden (like gamete donation, sex selection and surrogacy) for Muslim tourists, but with the state-to-the-art technology, Malaysia can still serve its best to help couples to conceive through the main core of *in vitro* fertilization (IVF) such as through *intracytoplasmic sperm injection (ICSI)*, *intrauterine insemination (IUI)* and others. This will be much easier with the establishments of a number of well-recognized reproductive centers throughout the nation including Metro IVF Malaysia, TMC Fertility Centre, Sunfert International Fertility Centre and many more. The excellent track record proven by those service providers clearly indicates that Malaysian service are at the same par as the international standard whereby those centers are not only being chosen by local patients, but also they are welcoming international patients for consultation and help. Plus, Malaysia has another extra advantage of providing treatment at lower cost. Taking an example on this, one IVF cycle in Singapore's Public Hospitals will cost S\$8,000 to S\$11,000 and S\$15,000 in private centers (Melissa, 2012). Meanwhile, the same IVF cycle in Malaysia costs only between RM12,000 – RM13,000. This two comparison will give a huge difference after calculation in the currency exchange, and this might be one of the reasons for Singaporean couples to fly over to Malaysia for treatment.

## **MALAYSIA FOR FERTILITY TOURISTS**

As the figures stated above are just a single comparison between two neighboring nations, it is not refused that Malaysia could stand up more on its own as the “*cheap producer*” for fertility couples around the region, if not around the globe. Looking at all the possibilities that Malaysia has as an international fertility care provider, it is not impossible to work on to bring Malaysia as one of the destinations in the ‘fertility tourism’ industry. Although this will be an intricating process of management with involvement from various side, but somehow it will work, provided that it is done by a proper planning and excellent follow up tasks. This effort will take a lot of parties including the government, health care facilities

provides, tourism industry, couples and several other parties. Moreover, Malaysia will benefit a lot in terms of economic contributions from this practice alone. For instance, apart from the treatment cost, the entire tourism industry including travel agents, airlines, hotels, local or public transportation and others will considerably benefit from this new niche (Lisa, 2009). And before that, it should be noted that this will bring an impact on the social norms of Malaysians (since the topic of fertility is still considered as a taboo among people), and to be one of the arrival points of reproductive tourism, Malaysia has to be ready for this new ‘culture’.

## REFERENCES

- Bergmann, S. (2011). Reproductive agency and projects: Germans searching for egg donation in Spain and Czech Republic. *Reproductive BioMedicine Online*, 23, 600–608.
- Blyth, E. & Farrand, A. (2005). Reproductive tourism – A price worth paying for reproductive autonomy? *Critical Social Policy*, 25, 91–114.
- Deech, R. (2003). Reproductive tourism in Europe: Infertility and human rights. *Global Governance*, 9, 425–432.
- Gurtin, Z., B. (2011). Banning reproductive travel: Turkey’s ART legislation and third-party assisted reproduction. *Reproductive BioMedicine Online*, 23, 555–564.
- Hudson, N., & Culley, L. (2011). Assisted reproductive travel: UK patient trajectories. *Reproductive BioMedicine Online*, 23, 573–581.
- Lisa, C., I. (2009). Reproductive Tourism: Equality concerns in the global market for fertility services. *Law and Inequality: A Journal of Theory and Practice*, 27, 189.

- Marcia, C., Inhorn, M. P. H., Pankaj, S., & Pasquale, P. (2012). Assisted reproductive technologies and fertility “tourism”: Examples from global Dubai and the Ivy League. *Medical Anthropology: Cross-Cultural Studies in Health and Illness*, 31(3), 249 – 265.
- Melissa, P. (2012). Fertility centers must be accredited. *The Straits Times*, 31<sup>st</sup> January 2012. Online: <http://www.sgh.com.sg>. Retrieved on 4<sup>th</sup> June 2012.
- Nahman, M. (2011). Reverse traffic: Intersecting inequalities in human egg donation. *Reproductive BioMedicine Online*, 23, 626–633.
- Pennings, G. (2002). Reproductive tourism as moral pluralism in motion. *Journal of Medical Ethics*, 28, 337–341.
- Pennings, G. (2004). Legal harmonization and reproductive tourism in Europe. *Human Reproduction*, 19, 2689–2694.
- Pennings, G., de Wert, G., Shenfield, F., Cohen, J., Tarlatzis, B., and Devroey, P. (2008). ESHRE task force on ethics and law 15: Cross-border reproductive care. *Human Reproduction*, 23, 2182–2184.
- Speier, A. (2011). Brokers, consumers and the internet: How North American consumers navigate their infertility journeys. *Reproductive BioMedicine Online*, 23, 592–599.
- Whittaker, A. (2011). Reproduction opportunists in the new global sex trade: PGD and non-medical sex selection. *Reproductive BioMedicine Online*, 23, 609–617.
- Zanini, G. (2011). Abandoned by the State, betrayed by the Church: Italian experiences of cross-border reproductive care. *Reproductive BioMedicine Online*, 23, 565–572.