



# DVAR TZEDEK

## Parshat Lech Lecha 5770

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In *Parshat Lech Lecha* we encounter the first of what will become a common refrain in the book of Genesis, the lament of the barren woman. The opening verse of Chapter 16 informs us that “Sarai, the wife of Abram, had borne him no child.”<sup>1</sup> This theme of infertility is repeated with each matriarchal generation - Sarah, Rebecca and Rachel.<sup>2</sup>

It is telling that in this part of the Bible, the primary female voices are anguished cries about the inability to conceive. The Matriarchs repeatedly lament that without offspring, they lack stature and worth in their families. Sarai, after years of barrenness, is so desperate for a child that she offers her maidservant to her husband, effectively introducing a competitor for Abraham’s affection, in order that “perhaps I [Sarai] can build a family through her.” Rachel equates the value of motherhood to life itself, begging her husband to “give me children, or I am dead.” Even Leah, the only one among the four Matriarchs who does not appear to struggle with infertility, expresses her belief that her status in the family and the love of her husband is dependent upon her bearing children. She names two of her first three sons using words that express the hope that with each birth, her husband will surely come to love her.<sup>3</sup>

The biblical text poignantly demonstrates the importance of children to the women of that time and the emotional and social distress caused by infertility. In developing countries today, the anguish is compounded by social stigma and economic repercussions. Lacking universal health care, adequate social services and financial insurance like Social Security, many African women depend on children to sustain them in their old age. Barren women frequently see their husbands leave them for other wives. They are often cut out of family inheritances, become social outcasts and, in extreme cases, may even be driven to suicide.<sup>4</sup>

To make matters worse, infertility rates in many developing nations, particularly in sub-Saharan Africa, are higher than they are in the West. While the infertility rates in the United States among women ages 20 to 44 hovers at approximately 10 percent,<sup>5</sup> in the Central African Republic, it is almost 30 percent; in Lesotho, 27 percent; and in Cameroon, 25 percent.<sup>6</sup> These are troubling numbers: nearly a third of women in some countries are unable to bear children. Yet despite the severity of this epidemic, women experiencing infertility in many parts of the Global South lack access to the costly and complex treatments that have become, if not commonplace, then at least accessible to many in the United States.<sup>7</sup>

Ironically, countries that suffer from high infertility rates also tend to be in poor regions where there is significant effort being made to *lower* the birth rate. While smaller families might be beneficial to the development of many

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<sup>1</sup> Genesis 16:1.

<sup>2</sup> Genesis 25:21 and 29:31.

<sup>3</sup> Genesis 16:2, 30:1 and 29:32-34.

<sup>4</sup> The Associated Press. “\$200 In-vitro? Docs to Offer Procedure in Africa.” *MSNBC News*, 7 July 2008. <http://www.msnbc.msn.com/id/25573669/ns/health-pregnancy/>

<sup>5</sup> “Infertility: Frequently Asked Questions.” U.S. Dept of Health & Human Services, 1 July 2009. <http://www.womenshealth.gov/faq/infertility.cfm>

<sup>6</sup> Larsen, U. “Primary and Secondary Infertility in Sub-Saharan Africa.” *International Journal of Epidemiology*. Vol 29, 2000. Pp. 285-291.

<sup>7</sup> “IVF Clinics in Africa.” *IVF.net*. [http://www.ivf.net/ivf/africa-b400\\_0.html](http://www.ivf.net/ivf/africa-b400_0.html)

countries, this should not take precedence over each woman's right to have a child if she chooses, or mitigate the pain, stigma, ostracism and financial insecurity that individual women face when they cannot conceive.

There is, however, room for optimism. In Sarah's case, her infertility was addressed by the arrival of a Heavenly delegation announcing the imminent birth of a son.<sup>8</sup> Today, numerous instances of infertility in developing nations can be prevented altogether by timely and effective treatments. Over 70 percent of affected women in the Global South suffer from secondary infertility, frequently caused by common complications of sexually transmitted infections (STIs), such as chlamydia and gonorrhea. Unlike primary infertility, caused by hormonal imbalances or physiological abnormalities, secondary infertility is often preventable. By raising awareness about STIs, teaching safe sex methods and treating infections, health care workers can significantly reduce the number of infertile women in developing nations.

Ensuring that people have access to basic health care can be a daunting challenge in the Global South. Partners in Health, a Boston-based colleague of AJWS that works with people in developing countries to access better health care, has taken on this challenge worldwide. In Lesotho, a country of two million people with only 90 doctors, it has helped local people create four clinics in areas so remote they might be an eight hour pony ride from the nearest road. There, doctors, nurses and numerous local health workers now treat thousands of people in regions where previously there had been no access to any medical care. Through some relatively simple interventions that we can support in clinics like these, infertility can be dramatically decreased in developing countries.

Isaiah, describing the joy embodied in the future glory of Zion, likens this exultation to the song of the formerly barren woman, reveling in her children.<sup>9</sup> Our support of local efforts to improve women's health in the Global South can help create hope for thousands of women, curing a condition that has caused anguish since the time of Sarah.



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<sup>8</sup> Genesis 18:10.

<sup>9</sup> Isaiah 54:1.

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