

Women, Leadership, and Fertility Preservation: Why Timing Matters More Than Ever

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In recent years, more women across Southeast Asia, including Cambodia, have entered higher education, professional careers, and leadership roles. This represents important social and economic progress, a shift clearly reflected in regional data across Southeast Asia. According to a 2023 United Nations Development Programme (UNDP) report on women in leadership, the share of women in senior management roles in the ASEAN region rose to approximately 35%, with countries like Cambodia seeing a steady increase in female entrepreneurs and public sector leaders. However, this rapid career acceleration means women are spending their peak biological reproductive years—typically between ages 20 and 30—establishing professional milestones, directly contributing to a demographic shift toward delayed family planning.

At the same time, another trend has become increasingly visible in clinical practice: delayed childbearing and rising fertility challenges. Many women spend their most reproductive years focusing on education, career development, financial stability, or leadership responsibilities, while fertility planning is often postponed or not discussed early enough. Over the past decade, the age at which women first attempt pregnancy has gradually increased. Although awareness about fertility decline is improving, many people still believe that modern reproductive technologies can fully compensate for age-related changes. In reality, reproductive biology follows a strict timeline, highlighting a growing gap between career planning and reproductive health planning that must become part of broader discussions about women's health, leadership, and long-term well-being.

20 CamEd Business Review
January - June 2026 | Online ISSN: 3007-8768

<https://doi.org/10.62458/cbr300724>

reduced ovarian reserve, and impaired fertility. Some patients remain minimally symptomatic until fertility problems become apparent. Globally, endometriosis affects an estimated 10% of reproductive-age women and girls (Zondervan et al., 2020), representing a significant but frequently undiagnosed barrier to fertility in high-performing professional environments.

Polycystic Ovary Syndrome (PCOS) is another common condition frequently seen in reproductive-age women. PCOS is associated with hormonal imbalance, irregular ovulation, and metabolic disturbances. While many women with PCOS can conceive successfully, delayed diagnosis and associated metabolic issues may negatively influence reproductive outcomes over time. Statistics indicate that PCOS affects between 8% and 13% of women of reproductive age worldwide, with up to 70% of affected individuals remaining undiagnosed, highlighting the critical need for early screening.

Beyond these specific gynecological conditions, broader systemic factors like metabolic health also play a critical role. Obesity, insulin resistance, and metabolic syndrome are increasingly common and may contribute to hormonal dysregulation, ovulatory dysfunction, pregnancy complications, and lower IVF success rates in some patients.

Chronic stress may also affect reproductive health. High-performing professionals often experience prolonged stress, irregular sleep, limited recovery time, and lifestyle imbalance. Although stress alone is rarely the sole cause of infertility, it may negatively influence hormonal regulation and menstrual regularity. A major clinical concern is that many women normalize or ignore early warning signs such as irregular cycles, severe menstrual pain, chronic pelvic discomfort, abnormal bleeding, or unexplained fatigue. As a result, proper evaluation is often delayed until fertility difficulties become more advanced. Earlier reproductive assessment and improved awareness may help identify these conditions sooner and improve long-term reproductive outcomes.

Clinical Reality

In reproductive medicine practice, many patients present later than would be considered ideal from a biological perspective. This pattern is increasingly observed across

<https://doi.org/10.62458/cbr300724>

CamEd Business Review
Online ISSN: 3007-8768 | January - June 2026

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Current evidence suggests that long-term storage itself does not significantly reduce future reproductive potential. Importantly, outcomes are generally better when fertility preservation is performed at younger reproductive ages.

Despite advances in reproductive medicine, several barriers continue to limit the use of fertility preservation services in Southeast Asia. These include limited public awareness, financial cost, cultural perceptions regarding delayed childbearing, and a lack of structured fertility education. As a result, many women become aware of fertility preservation options only after reproductive decline has already progressed.

Strategic Recommendations & The Business Case

From both a clinical and practical perspective, several simple measures may help improve fertility awareness and long-term reproductive outcomes. For individuals, earlier education and proactive assessment remains important. This includes understanding that fertility is time-sensitive, considering reproductive assessment earlier rather than waiting for difficulties, recognizing symptoms such as irregular cycles or pelvic pain, seeking professional advice during long-term career planning, and maintaining overall metabolic and lifestyle health. In clinical practice, earlier intervention often allows a wider range of reproductive options and may reduce treatment complexity later. Healthcare providers also play an important role in improving awareness by ensuring fertility education is integrated earlier into preventive healthcare and women's health discussions.

From a human capital perspective, the intersection of reproductive timelines and career milestones creates what business literature defines as a "leaky pipeline" for executive talent. When organizations fail to account for the biological realities of family planning, they risk losing highly trained female leaders precisely at the moment they are poised to step into senior management. Replacing a senior executive can cost an organization up to 150% of that employee's annual salary in lost productivity, recruitment, and onboarding costs.

Therefore, implementing proactive fertility benefits is not merely an act of corporate social responsibility; it is a calculated strategy for talent retention and risk mitigation

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January - June 2026 | Online ISSN: 3007-8768

<https://doi.org/10.62458/cbr300724>

proactive planning, we protect the physical, emotional, and institutional well-being of the modern workforce.

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Biological Limits

Female fertility is closely associated with ovarian reserve and egg quality, both of which decline progressively with age. Although this process is gradual, fertility decline becomes more clinically significant after the age of 35 and accelerates further after 40. In practical terms, reproductive aging manifests as a simultaneous decrease in ovarian reserve and a decline in egg quality, which collectively drive an increased risk of miscarriage and lower success rates per In Vitro Fertilization (IVF) cycle (ASRM, 2020; ESHRE, 2023).

Age remains the primary independent predictor of reproductive success. Clinical guidelines from the World Health Organization (WHO) emphasize that while assisted reproductive technologies can optimize the probability of conception per cycle, they cannot fully reverse the cellular effects of ovarian aging. Data from international reproductive medicine organizations such as the American Society for Reproductive Medicine (ASRM) and the European Society of Human Reproduction and Embryology (ESHRE) consistently demonstrate better reproductive outcomes in younger patients compared with women undergoing IVF at later reproductive ages. One of the major challenges in clinical practice is that many women overestimate the ability of technology, forgetting that while IVF can improve probabilities, it cannot completely overcome the biological limitations associated with age.

Hidden Risks

In addition to age-related fertility decline, several medical and lifestyle-related conditions may negatively affect reproductive potential but often remain undiagnosed for years. One important condition is Endometriosis, a chronic gynecological disorder in which tissue similar to the uterine lining grows outside the uterus. Depending on severity, it may contribute to pelvic inflammation, pain,

Southeast Asia, particularly among professionally active women balancing career development, financial stability, and delayed family planning. These observations align closely with emerging demographic data from Cambodia and the wider Mekong region, where the average age of first marriage and first-time childbirth among urban, college-educated women has gradually increased in recent years. Consequently, in clinical settings across regional hubs, reproductive medicine specialists are increasingly managing patients who present with advanced maternal age coupled with underlying conditions that went undetected during their 20s due to a lack of routine fertility screening.

Clinical outcomes vary significantly according to age. In general reproductive medicine practice across Southeast Asian clinical hubs, pregnancy and live birth rates are more favorable below the age of 35 and gradually decline during the late 30s and early 40s. Another challenge is the common perception that IVF represents a guaranteed or immediate solution. In reality, treatment may require multiple cycles, careful planning, emotional resilience, and significant financial commitment. Delayed fertility awareness therefore contributes not only to medical complexity, but also to emotional and financial burdens for many patients and families.

Fertility Preservation

Fertility preservation has become an increasingly important part of modern reproductive medicine, particularly for women who plan to delay childbearing for professional, educational, financial, or personal reasons. Early reproductive assessment may provide valuable information before fertility decline becomes clinically significant. Evaluation of ovarian reserve using Anti-Müllerian Hormone (AMH) testing and ultrasound assessment of antral follicle count can help identify potential reproductive risks even at relatively young ages. Consultation with a fertility specialist may support better long-term planning and allow earlier identification of conditions that could affect future fertility.

Among available preservation strategies, oocyte cryopreservation (egg freezing) is increasingly used worldwide. The process usually involves ovarian stimulation for approximately 10–14 days, followed by transvaginal oocyte retrieval and long-term cryostorage.

in competitive regional markets. Globally, multinational technology and consulting firms have increasingly adopted elective egg freezing and IVF coverage as standard benefits to retain top female talent—a trend that regional Southeast Asian enterprises must now study to remain competitive.

Employers and organizations can actively support this shift by introducing modern corporate wellness frameworks that move past basic fitness or mental health app subscriptions. Comprehensive equity and inclusion strategies require the institutionalization of reproductive health paths. This includes Human Resource departments expanding benefits packages to include fertility health literacy, access to clinical screenings, and educational seminars led by medical experts to demystify metrics like AMH testing. Furthermore, implementing corporate policies like flexible work arrangements, remote-work allowances during intensive treatments, and paid health leave can directly reduce employee stress and burnout. When an institution normalizes these conversations and removes punitive barriers, it actively dismantles the workplace stigma that forces women to choose between professional visibility and personal family planning goals.

Conclusion

The increasing participation of women in leadership, business, healthcare, and professional careers represents important social and economic progress across Southeast Asia and globally. However, reproductive health planning often receives far less attention than educational or career development. In clinical practice, one of the greatest challenges is not infertility itself, but delayed awareness of reproductive decline and delayed evaluation of underlying conditions. Fertility is influenced by age, biology, metabolic health, and multiple medical factors that cannot always be fully compensated for by modern reproductive technologies.

While treatments such as IVF have significantly improved reproductive possibilities, they remain most effective when combined with earlier assessment, timely intervention, and realistic reproductive planning. Ultimately, incorporating reproductive health into corporate wellness programs and leadership literature ensures long-term workforce sustainability. By supporting informed decision-making through earlier education and

<https://doi.org/10.62458/cbr300724>

CamEd Business Review
Online ISSN: 3007-8768 | January - June 2026

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