Conceiving Contraception

Analyzing the Barriers to Reproductive Healthcare Access

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Presentation Roadmap

- Trends in Reproductive Healthcare Access
- A Future with Healthcare Investment
- Defining Reproductive Healthcare
- Barriers to Access
Background on Reproductive Healthcare
Defining Reproductive Healthcare

In accordance with the World Health Organization (WHO)

"All matters relating to the reproductive system and to its functions and processes"

Promoting one's "capability to reproduce and the freedom to decide if, when, and how to do so"
Reproductive Healthcare

Contraception  Female Genital Mutilation (FGM)  Infertility and natal care  Sexually Transmitted Diseases
In the past fifty years, healthcare developments have synthesized cures for most sexually-related ailments, effective forms of contraception, and optimal natal care.
Facts and Figures
Trends in Reproductive Healthcare Access
Maternal Mortality Ratio

an indicator for the different degrees of access to reproductive healthcare

Apt for revealing gaps between economic prosperity and health scarcity
Maternal deaths per 100,000 live births
Women aged 15-49 in 1990, 2000, and 2013

What do these trends reveal to us?
the risk of a woman in a developing country dying a maternal-related cause during her lifetime is about **33 times higher** compared to a woman living in a developed country

Global Health Observatory
Statistics Provided by the UNFPA

- 800 women per day die while giving birth
- 214 million women living with unmet contraceptive needs
- 200 million women have been victims of FGM
How do we combat these health inequalities?

Begs an analysis of the **root causes** of disproportionate access to women
Barriers to Attaining and Utilizing Reproductive Healthcare

A survey of two WHO-backed academic research articles
Differential utilization of contraception and natal services are as a result of:

1. Emphasis on women’s childbearing roles and sex preference manifested in discrimination against female children
2. Traditional medical practices that attribute women’s illnesses to behavioral lapses by women

The first finding is as a result of social stigma while the other is as a result of miseducation.
Article 2: Schuler et al.

Journal of Public Health in Africa (2011)

Focuses on the role of gender norms in reproductive decision-making and contraceptive use.

Consisted of interviews and a long-term study with thirty married women from Tanzania.
Central Findings:

Corroborated the conclusions from the first research paper, stating that:

1. **male dominance in decision-making** functions as a barrier to the intervention of modern reproductive healthcare
2. **fear of side effects** from the use of contraceptives or natal care
Cultural Misogyny and Misinformation as the root causes of the misutilization of reproductive healthcare opportunities
Implications of Healthcare Investment

through curbing social stigma against women and attending to educating about reproductive healthcare
Social Benefits as Health Benefits

If reproductive healthcare needs were met, the most immediate effect would be **an increase in the average maternal age at first birth**, according to Harvard researcher Jocelyn Finlay.

In other words, the rate of adolescent childbearing would be reduced greatly.
What if adolescent childbearing were to be diminished?

Finlay additionally writes that a reduction in the average age of a woman’s first birth would open a world of opportunity for women:

- Without childrearing at a young age, women would be able to dedicate more time to education and economic management
- With more women completing even secondary education, they become add both competition and substance to their country’s labor market
Takeaways from Okojie and Shuler et al.

1. Social misogyny and a lack of education as the most prominent barriers to accessing reproductive healthcare
2. Female investment in education rather than early childbearing contributes to a more equitable and competitive economy
Sustainable Development Goals

Where does reproduction fit?
Thank you for listening!