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Global Access to Women for Modern Contraceptives

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Abstract

Although the use of contraceptives is very common in modern times, several women around the world still do not have access due to a spectrum of reasons. Many women who live in less developed countries often have trouble finding access to contraceptives. According to the Contraceptive Use by Method report by the United Nations, the prevalence of contraceptive use among women of reproductive age in less developed countries is 30.9% compared to the 57% use in developed regions. Moreover, the use of contraception in low-income countries is only 28%, whereas it is 56.6% in high-income countries.

Several women in Asia still face many obstacles in accessing contraceptives due to cultural, religious, and socioeconomic challenges. Religious practices, the stigma around the use of contraceptives, and socioeconomic status often prevent women (especially those of a young age) from getting contraceptives. Women in Europe also face similar obstacles. Moreover, women in Australia struggle with the compliance, availability, and cost of contraceptives. Many of them were not given the choice nor the resources to choose the contraceptive method that suits their circumstances.

Women in Africa are like those in Asia because they encounter barriers such as cost, limited availability, and misconceptions when trying to gain access to modern contraceptives. North American women are more fortunate than the rest of the world in gaining access to modern contraceptives; however, maintaining a prescription can be difficult and insurance does not always provide contraceptive coverage. In South America, women would greatly benefit from taking long-acting reversible contraception due to high unintended and adolescent pregnancy rates, but women are often misinformed, uneducated, and too poor to afford the birth control access and treatment they deserve.

Keywords: Modern contraceptives; Global access to Women; Asia; Africa; European countries; Impact of global access of modern contraceptives to Women.

Introduction

The use of contraception is very common in today's world for women who want to avoid pregnancy. It is reported that approximately 99% of sexually active women aged 15 to 44 have used some form of contraceptive at least once in their lives (Zorea, 2012). There are numerous types of contraceptives that are in the market. The first science-based contraceptive is the condom, and it was invented in the early sixteenth century to protect against sexually transmitted diseases. Its use for contraceptive purposes became popular a century later. Intrauterine devices or IUDs are also an option for contraception. They are ring-shaped devices that are inserted into the uterus to prevent pregnancy. Hormonal-based contraceptives are one of the most used methods of contraception nowadays. There are also long-acting reversible contraceptives available on the market. Statistics show that the contraceptive pill and male condom are the two most used methods in many countries in the world, with the highest prevalence being in European countries (United Nations, 2019). Moreover, women in Asia, Latin America, and the Caribbean are found to use permanent and long-acting methods more than other methods. On the contrary, short-acting contraceptive methods are popular in sub-Saharan Africa and Europe. Among the continents in the world, Africa has the lowest rate in the use of contraception. Only 28.5% of women in Sub-Saharan Africa uses some form of contraception. In comparison, women in Eastern and South-Eastern Asia have the highest prevalence in the use of contraception (United Nations, 2019).

Although the use of contraception is more common worldwide, there are still women that do not have access to contraceptives. There can be many factors that hinder women from gaining access to contraceptives, including socioeconomic status, cultural beliefs, religious practices, lack of education, and mistrust toward medical professionals.

Women's Access to Contraceptives in Asia

Women's access to contraceptive methods has been a concerning issue in Asia, especially for women in less developed countries such as those in South Asia. The use of modern contraceptives in Asia is way lower than the global average, and there are multiple factors that have led to this low rate. Cultural, religious, and socioeconomic challenges are significant barriers for women gaining access to contraceptives (Najafi-Sharjabad et al., 2013).

The cultural perspective plays a major role when it comes to women in Asia not gaining access to contraceptives like they should. Sexuality-related topics are considered taboo in many Asian countries; therefore, many young girls receive little to no sexual education when they are in school. The lack of sexual education deters young girls from gaining any knowledge about different contraceptive methods. A study among young Vietnamese women demonstrates the lack of adequate sex education among their age group; only two out of the twelve girls that were interviewed had ever used a modern method. Moreover, family planning programs in Nepal demonstrate the importance of reproductive education when it comes to preventing unwanted pregnancy. Women in Nepal that were exposed to education on family planning were more likely to use modern contraceptives than those who were not exposed to any information, which shows the effectiveness of sexual education toward preventing unwanted pregnancy. The lack of knowledge about sexual and reproductive health is a paramount obstacle for women in Asian countries to gain access to contraceptives. Moreover, inadequate knowledge can often lead to young girls engaging in unsafe sexual habits and cause an unwanted pregnancy. Furthermore, cultural and religious values could have effects on women's use of contraceptives, as demonstrated by Muslim women in India. Muslim women have a higher tendency to refuse the use of modern contraceptives than non-Muslims due to their religious beliefs (Najafi-Sharjabad et al., 2013).

The social stigma around sexual health and the use of contraceptives also deters many women in Asian countries from accessing birth control. Young women who live in rural areas are often ashamed to go to health providers because they are worried that they will be recognized by the doctors or people in their community. They would rather avoid the spread of negative comments on their sexual status than get the medical attention they deserve. With that being said, the young girls often do not have access to contraceptives or professional help when they have concerns regarding their reproductive health (Najafi-Sharjabad et al., 2013).

Socioeconomic factors also prevent many women in Asia from accessing contraceptive methods. Women with some form of education tend to have a higher use of modern contraceptives compared to those that are uneducated because they more knowledge about different methods of contraceptives. Moreover, they have better access to health services due to their higher economic status. A study conducted in Nepal revealed that women that are educated, living in urban areas, and working in the business or service sectors are more likely to have access to and use contraceptive methods (Najafi-Sharjabad et al., 2013). Moreover, women that live in countries with poverty and less economic development have way lower rates of contraceptive use than those living in countries with developed economies because they do not always have the resources or the services available for reproductive health and family planning. According to the statistics collected by the United Nation on contraceptive use in 2019, the estimated prevalence of contraceptive use among women of reproductive age is very low in less developed countries in Asia. The use of contraceptive methods is only 18.2% in Afghanistan, 23.5% in Pakistan, 28.4% in Lebanon, and 19.6% in Oman. In comparison, around 69.6% of women aged 15-49 years old use some form of contraceptive in China, 54.6% in the Republic of Korea, and 46.5% in Japan. Although these numbers are slightly lower than countries in the Western world, they are still way above the percentages for less developed countries in Asia.

Women's Access to Contraceptives in Oceania

In the case of Oceania, the prevalence of contraceptive use among women of reproductive age varies depending on the country. The island countries of the Pacific are reported to have low use of contraceptives. These countries lie across the Oceanic cultural region of Polynesia, Melanesia, and Micronesia (Dawson et al., 2021). The total population for these countries is reported to be approximately 2.3 million people, with each country having a population that is less than two-hundred thousand people. The population is composed of young and culturally diverse residents, and most live in the upper-middle-income part of the country (Dawson et al., 2021). Nevertheless, the use of contraceptives in these countries remains relatively low. The use of contraceptives among women of reproductive age in the region of Melanesia is about 28%. Among these countries, 36.1% of women that live in Fiji use contraceptives, 27% in Papua New Guinea, 23.5% in the Solomon Islands, and 36.6% in Vanuatu. The total population of women that use any method of contraception in the region of Melanesia is only 26.17%. The percentage of women that uses any form of contraception is slightly higher in the region of Micronesia; 41.2% of women in Guam utilize some form of contraception, and only 21.3% of women in Kiribati use contraceptives. In the region of Polynesia, the use of contraceptives is about 20.2% with 16.9% in Samoa and 19.9% in Tonga. There are multiple factors that contribute to the low use of contraceptives in these island countries. The stigma and discrimination surrounding contraceptives hinder many women from trying to access birth control. Many of them are afraid of any negative backlash they might face by using contraceptives and would like to avoid controversy surrounding their sexual status (Dawson et al.,

2021). Religious reasons, insufficient information regarding contraceptive use, and misinformation also act as barriers for young women trying to gain access to birth control. Moreover, the COVID-19 pandemic had intensified the challenges of implementing sexual and reproductive health practices in the Pacific islands. Women that live in low and lower-middle-income countries had disrupted access to these services due to the pandemic, and it was shown that there was a 10% decline in the use of short and long-acting reversible contraceptives. This might in turn result in an additional 28,000 maternal deaths (Dawson et al., 2021).

Furthermore, women in Australia face challenges with the compliance, availability, and cost of contraceptives. It was found that most women in Australia use oral contraceptive pills and condoms (Yusuf & Stefania, 2007). According to a survey that was conducted, more than 76% of respondents reported having taken the pill. Over 23% were currently using condoms, and of the 23%, 80% of them used condoms for contraception. The withdrawal method ranked the third-most used form of birth control. There was a very small number of women who used IUDs, injections, or diaphragms (Yusuf & Stefania, 2007). The lack of variation in Australian women's use of contraceptives is attributed to the lack of information on the topic of contraceptive methods. Moreover, access to most contraceptives in Australia requires a prescription from a doctor, and doctors can play a part in a woman's decision when it comes to choosing contraception. Nonetheless, there is little research done on women's experience interacting with a doctor regarding contraceptive options. A research study that was performed by Goldhammer et al. (2017) focused on the aspect of discovering how women think their contraceptive choice is impacted by medical professionals. An online survey with several open-ended questions was given to participants, and the responses were then analyzed by researchers using qualitative content analysis. The researchers discovered that an overwhelming number of young women desire consistent and accurate advice about contraception from their doctors. Some participants complained of receiving contradictory information from their doctors which led to more confusion. Moreover, they wished that information about contraceptive options besides the oral contraceptive pill was being provided by their doctor. Some women also received discrimination from their doctors due to their young age, which caused them to be exposed to very limited contraceptive options. Some women also expressed frustration that the potential side-effects of contraceptives were not discussed in full detail with them before starting. Furthermore, some women felt judged by their doctors for seeking options for birth control, and they believed their doctors often assumed their purpose of contraception use. As this study revealed, women's choice and use of contraceptive methods can be impacted by their experience from consulting with doctors. However, doctors are not taking the extra step in helping women in Australia find the contraceptive method that suits them the best. With that being said, doctors should utilize more patient-centered care and help patients make choices about contraception that meet their needs best. Furthermore, policymakers should implement more programs in helping women receive detailed information on different contraceptive options (Goldhammer et al., 2017).

Women's Access to Contraceptives in Europe

The use of contraceptives varies from region to region in Europe. Western European countries are characterized by the common use of modern contraception, while Central and Eastern European countries use withdrawal, the rhythm method, or abortion. Oral contraceptives were mostly used in Germany with 54.3% of usage, France with 50.5% of usage, and Sweden with 34.6% usage. Condoms are mostly used in the United Kingdom and Romania. Sweden is found to have the highest use of intrauterine devices (de Irala et al., 2011). As studies show, this pattern is impacted by socioeconomic and cultural factors.

Religious practices may play an important part in women's decision to use contraception. Some religions impose strict rules on sexuality which prevent some women from accessing contraceptives. For instance, the Roman Catholic Church clearly prohibits contraception, for it is "a sin against nature" (Dereuddre et al., 2016). In other Christian faiths, similar reasoning is used by more conservative churches. Research revealed that women in Western Europe without religious beliefs are more likely to use contraception. In France, young women who practice religion regularly are reported to not rely on contraceptives than those who do not. In the United Kingdom, some young Christian and Muslim women have a tendency of never having used any contraceptive method (Dereuddre et al., 2016).

The socioeconomic status of women and their families correlates with the use of contraception. Multiple researchers have found that those who obtained a higher education have a higher prevalence of using modern contraception. Furthermore, those who have higher education tend to not use withdrawal or periodic abstinence as a contraceptive method (Dereuddre et al., 2016). Accessibility also has been identified as a challenge that women in Europe may face when obtaining contraceptives. Those who live in urban areas have more access to modern contraceptives and thus they are more likely to use them. However, modern contraceptives are not as accessible to those who live in rural areas, which may cause women to use traditional methods (Dereuddre et al., 2016).

Like the issue in Australia, doctors' opinion can affect women's decision-making when selecting contraceptives. A cross-sectional study has been conducted with women aged from 18-49 years, and 31 questionnaires related to birth control methods were used. The results revealed that women's contraceptive use is mostly recommended by healthcare providers instead of at the women's request (de Irala et al., 2011).

Women's Access to Contraceptives in Africa

The African continent contributes to some of the largest population growth in the world, especially the Sub-Saharan region. As of the late twentieth century, statistics indicated that half of the population was less than 20 years old, while a

fifth was five years old or younger. Therefore, Africa has faced pressure, such as from the World Bank, to promote more birth control practices among its inhabitants. In the 1980s, the World Bank donated 53 million dollars to Africa so that the country could provide more family planning programs that encouraged contraceptive use among African couples (Segal, 1993).

Increasing educational opportunities for African women is directly proportional to the higher usage of contraceptives. In 2014, a research article presented the findings of a study that was conducted in 27 Sub-Saharan African countries and aimed to understand the relationship between female education and modern contraceptive prevalence. One example that illuminates the significance of schooling is that of Namibia and Niger. While the percentage of Namibian women with secondary education or higher was 49.6 in 2010, it was only 2.5% in Niger. Unsurprisingly, the total fertility rate of Niger is much higher than that of Namibia. In 2006, the average woman in Niger gave birth to 7.0 children, whereas the average woman in Namibia gave birth to 3.6 children as of 2007. The reason why higher education is associated with lower fertility rates could be because women are more aware of the benefits of using contraception. Furthermore, these women could possibly be more educated due to greater financial freedom and access to family planning services (Emina et al., 2014).

Another study conducted during the years 2011 through 2017 used data collected from over 200,000 women living in 17 Sub-Saharan African countries to predict what other factors were associated with higher contraceptive use. Women who were sexually active or already had existing children were more likely to use contraceptives. On the other hand, women who were married or had a lower socioeconomic status were less likely to use condoms. Similarly, women who were disadvantaged in terms of education and proximity to healthcare facilities were less inclined toward using contraceptives. Health care professionals often provide valuable information regarding the benefits of using contraception. The lack of such interactions hinders improved sexual health among poorer African women. Television and radio are also useful mediums for advocating the benefits of contraceptives, so women that are fortunate enough to own either were more willing to use them (Ba et al., 2019).

In Sub-Saharan Africa, there are numerous factors that contribute to the overall difficulty women face when wanting to acquire modern contraceptives. A 2021 case study in Uganda revealed several financial and social issues that could explain the country's lack of contraceptive use and alarming fertility rate. Shockingly, "63% of unmarried sexually active women between 15 and 19 years old, and 43% of unmarried sexually active women between the ages of 20 and 24 years old [do not use] any type of birth control at all." In addition, 31% of women who want access to contraception are unable to gain any. One potential reason that the area has limited contraception available to the general public may be due to the existing gender imbalance. For instance, the social status of Ugandan men increases with the more children they have, so women have a harder time expressing their disinterest in becoming pregnant. Another reason is that there are various misconceptions surrounding modern birth control such as that it can cause infertility, tumors, cancer, etc. Lastly, women living in rural areas have a harder time paying for contraceptives, which can explain why they tend to have twice as many children than wealthier, urban women (Potasse et al., 2021).

Since gaining access to contraceptives can be difficult for African women, it is necessary to examine the role of more traditional methods when wanting to avoid pregnancies. One example of a traditional method is sexual inactivity or abstinence, which is more common in Sub-Saharan Africa than in less developed regions within Asia, Latin America, or the Caribbean. In 2013, the United Nations reasoned that this phenomenon could be attributed to the lower prevalence of modern contraceptives in Sub-Saharan Africa. While over 50% of the women living in these other regions used modern contraceptives, only 19.7% of Sub-Saharan African women did. While the women in Sub-Saharan Africa may prefer to use modern contraceptives, they might be forced to adopt traditional birth control practices when modern ones are unavailable. However, it is also important to acknowledge that some women might prefer to use traditional birth control methods because of their religious or moral beliefs. In these specific cases, the lowered efficacy of traditional birth control compared to modern contraceptives may be deemed an acceptable risk (Rossier et al., 2017).

Women's Access to Contraceptives in North America

On the other hand, modern contraceptives are more commonplace in the Western world, such as in the United States of America. The fight for contraceptive access began in the early twentieth century with historical figure Margaret Sanger passionately advocating for women's sexual rights. Her efforts led to early versions of the Planned Parenthood clinics, which are now known for providing reproductive health services at a lowered cost today (Amory, 2011). Modern contraceptives are widely used in the United States, and it is estimated that over 80% of women use at least one form of birth control in their lifetime between 15-44 years of age. Furthermore, approximately 90% of women that wish to prevent pregnancy use contraception (Britton et al., 2020).

While the United States boasts a higher number of women using modern contraceptives, it has been reported that one out of three women struggle to obtain a birth control prescription when desired. Not being able to speak English fluently and being uninsured are two factors that negatively affect the chances of being prescribed birth control. Women with a high school degree versus a college degree also have a harder time gaining a prescription. Lastly, another factor is not having access to a clinic or a pharmacy. These issues must be addressed because having access to contraception (whether the pill, ring, or patch) is an effective way of avoiding unwanted pregnancies (Grindlay et al., 2015).

While more effective forms of birth control are more widely used in the United States, women in Canada have been reported

to use these contraceptives less frequently. Canadian women are more likely to use condoms, the pill, and the "pulling out" method rather than intrauterine devices or oral contraceptives, which are more effective at preventing pregnancy. In fact, an increasing number of women have stopped using any kind of birth control. The aversion toward certain contraceptives may be caused by misinformation and the growing mistrust toward healthcare providers. Moreover, women's concerns regarding the adverse effects of hormonal birth control are not always properly addressed, causing them to discontinue use altogether (Vogel et al., 2017).

A disadvantage that Canadian women face in comparison to their American counterparts is that insurance does not necessarily cover contraceptives. In the United States, the Affordable Care Act mandates that employers cover contraception in the health insurance plans that they offer. However, in Canada, no such legislation exists. While insurance does sometimes cover the birth control pill, it doesn't cover devices like the IUD, which has a substantially lower failure rate. It is surprising that Canada does not provide pharma care considering that the country provides universal healthcare for its citizens (Motluk, 2016). The lack of insurance coverage poses a significant financial barrier for Canadian women. In a study conducted between 2011 and 2012, women explained that unwanted pregnancies could be attributed due to their inability to afford contraception. To make matters worse, the cost of contraception has been continuously increasing despite efforts made by sexual health clinics to offer cheaper prices. Other reasons as to why Canada's use of contraceptives is so low are the lack of proper sexual health education in schools and the inability of healthcare workers to provide updated information about newer contraceptives. In addition, many have difficulty accessing family physicians, and these doctors are oftentimes insensitive to the contraceptive needs of their patients anyways. Finally, certain populations are more "vulnerable to barriers related to confidentiality, quality of care, healthcare provider bias, geography and cost." Examples include Aboriginal women, those living in rural settings, new immigrants, and those working minimum-wage jobs. Evidently, Canada needs to improve its sexual health care services and provide better family planning initiatives for its citizens (Hulme et. al, 2015).

Women's Access to Contraceptives in Latin America and the Caribbean

On the other hand, Mexico has made excellent progress in providing family planning services for its citizens. The fertility rate was 7 children per woman in 1960, but it decreased to 2.21 by 2014. The Mexican government undertook significant ventures in the early 2000s to promote better sexual health. One such venture was the Fair Start in Life program, which has tackled maternal mortality in rural areas by making birth control more accessible. Another venture was the System of Social Protection in Health, which has extended health care coverage to disadvantaged people such as those who are unemployed, self-employed, or working in agriculture. Both contraceptive coverage and condom use have grown (Torres-Pereda et. al). However, adolescents still maintain unsafe sexual habits because of the lack of proper sex education in schools. Birth control methods are often difficult to obtain for adolescents, and many choose not to use them when available. In fact, only 33.4% of Mexican teenagers have been reported to use any form of birth control during their first sexual intercourse. Due to their young age, adolescents may also have difficulty understanding the full scope of negative outcomes that can arise from unsafe sex. It has been determined that being from a lower socioeconomic status, a lack of education, and failure of parents to inform their children of safe sexual habits are all risk factors for teenage pregnancy in Mexico (Sámano et al., 2019).

While women in Mexico frequently use long-acting reversible contraception (LARC), the rest of Latin America, as well as the Caribbean, tend to use short-acting methods of contraception (SARC). Generally, the trend for countries within this region is that richer women use LARC in higher quantities than poorer women. Unfortunately, some women take the drastic measure of using permanent contraception, which indicates their frustration at struggling to gain access to reliable and manageable forms of contraception. For instance, female sterilization was the most popular method of birth control in Brazil during the 1990s. If LARC became more accessible to the general public, it would be greatly beneficial for these women. Not only would LARC provide women with the option to maintain their fertility, but these contraceptives are also highly effective against pregnancy and would reduce the demands of regular maintenance (Ponce de Leon et. al).

The necessity for LARC is especially obvious when it is acknowledged how Latin America and the Caribbean have incredibly high rates of unintended pregnancies. This phenomenon can be attributed to the lack of contraceptive use or improper use/failure. Sexual and reproductive health programs have helped cut fertility rates in half from 1980 to 2015, but this region's adolescent fertility rate is still among the highest in the entire world. The issue of contraceptive inaccessibility is of utmost concern because many women in these countries resort to terminating their unintended pregnancies, even though abortion is often illegal and unsafe. In 2015, the World Health Organization estimated that 6.5 million women had abortions performed in Latin America and the Caribbean, and these procedures often contributed to the high maternal death rate in the area. While myths against LARC may deter its use among some women, the biggest barrier is cost. It was discovered that when LARC was offered to women free of cost, it was received well and decreased the occurrence of unintended pregnancies within that group. Countries can thus aim to assist women's sexual health by providing contraception and delivering up-to-date information to adolescents; they should also ensure that health care providers can dispel any myths about LARC and counsel women when needed (Bahamondes, 2018).

Conclusion

While contraceptive use has become more popularized in the modern age, women still face several barriers around the globe when trying to access them. There are various forms of birth control such as the pill, intrauterine devices, long-acting

reversible contraception, and traditional methods. Oftentimes, socioeconomic, demographic, and cultural factors can hinder a woman's ability to receive the sexual and reproductive health care that she deserves.

In less developed countries, such as those in Asia, women are often afraid of the stigma they may face when trying to gain access to contraceptives. They may feel uncomfortable talking to their health care provider and may struggle to gain access to a provider and contraceptives in the first place. Initiative toward gaining access to contraception may also not be taken when women are exposed to less sexual health information in the first place.

In developed countries such as those in Europe and Australia, doctors often impact women's options on the choice of contraceptives, for they often recommend methods of contraceptives instead of allowing women to make their own choice. Moreover, women face difficulty choosing the type of contraceptive that suits them the most when healthcare providers do not provide accurate and consistent information.
In Sub-Saharan Africa, fertility rates are incredibly high due to women using more traditional methods and because of poverty and the lack of education regarding modern contraceptives. Meanwhile, in North America, access to contraceptives is more widespread, but barriers can exist due to a lack of insurance coverage and prescription inconsistencies. Lastly, in Latin America and the Caribbean, adolescent pregnancy is the highest in the world because teenagers are unable to understand the importance of practicing safe sexual habits. In this region of the world, LARC would be highly beneficial, but many women have been exposed to misinformation and are unable to gain access to them due to monetary and geographic factors.

To promote better sexual health globally, countries and world government organizations need to enact family planning services that can assist with the cost of contraceptives and provide in-depth information about them.

Future Trends

In modern times, the pill is an excellent birth control option, and over 200 million women around the world have taken it in the past 40 years. In the past decade and a half, new hormonal methods such as implants and intrauterine devices have also been developed. Contraceptive vaginal rings, transdermal patches, and gels are also supposed to hit the market. Later in the 21st century, it can be expected that newer forms of birth control will selectively tamper with hormone receptors in a way that offsets the risks that progestins and estrogens currently produce. Another promising development is "the discovery of compounds that antagonize the action of progesterone," a hormone required for the maintenance of a pregnancy. Researchers are trying to figure out how to implement these compounds into birth control that women can use. Lastly, popularizing male contraception is also a trend to observe in the future (Baird et. al, 2000).

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