

Forum: United Nations Entity for Gender Equality and the Empowerment of Women

Issue: Addressing the problem of access to Contraceptives and Birth Control with a focus on low-income countries

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Introduction

Regarding public health and the forum, access to Contraceptives and Birth Control presents a major challenge, especially in low-income countries. Although tackling this problem demands elaborate solutions, many developed countries are taking measures to ensure that Birth Control is accessible everywhere.

Adolescent females worldwide have a high unmet need for contraception, which is mostly caused by obstacles to the availability and use of contraceptives. It is important to comprehend how teenage girls access and utilize contraceptives since this affects their decision to use and willingness to keep utilizing health services and products.

The findings showed that a variety of factors, including knowledge of contraceptives, which includes sources of information and contraceptives, experience using contraceptives, difficulties accessing contraceptives, misconceptions about contraceptives, perspectives about current contraceptives, and preferred types of contraceptives, shape adolescents' experiences with contraceptives throughout the continuum of care.

Data gathered from focus groups and in-depth interviews with teenage girls between the ages of 15 and 19 was analyzed using thematic analysis.

Definition of Key Terms

Birth Control

The use of medications, contraceptive devices, or surgery to avoid conception is referred to as birth control or contraception.

Sexually Transmitted Diseases

Infections transmitted through sexual activity are diseases transmitted through copulation

IUD

An IUD is a small T-shaped plastic and copper device that's put into the uterus by a doctor or nurse. It releases copper to prevent pregnancy.

Background information

Historical Context

Globally, with a higher rate being presented in low-income countries, there is a significant unmet need for contraception among women of reproductive age, especially those in their teens. According to several estimates, as of 2017, 214 million women between the ages of 15 and 49 in developing nations lacked access to contraception. Between 1970 and 2019, adolescents (15–19 years old) and young adults (20–24 years old) had the lowest rates of demand satisfaction for contraceptives (64.8 and 71.9%, respectively), with 43.2 million of them having an unmet need for contraception in 2019.

Many obstacles to obtaining and using contraceptives, including limited access to and selection of contraceptive methods, fear or experience of side effects, cultural or religious opposition, subpar quality of available services, and gender-based barriers, are major causes of this unmet need for contraception. These obstacles are derived from the experiences that teenagers have obtaining and utilizing birth control. The quality of healthcare services, the responsiveness of the health system to the needs of clients who do not need medical attention, the client's lived experience, the client's subjective influences, the politics of healthcare, and the perspectives of healthcare providers all play a role in shaping their experience. The outcome of this experience is the embodiment of the adolescent girls' experience, which usually manifests as client satisfaction and client engagement, with positive client experiences contributing to increases in these metrics.

A primary factor in women stopping or switching from contraceptive methods is their negative lived experiences with the drug.

Adolescent females are adversely affected by the attitudes of health providers, who exhibit incompetence, poor service delivery, a hostile demeanor, a limited supply of contraceptives, and exorbitant fees. They have false beliefs about contraceptives, are typically opposed to giving contraceptives to teenagers and young adults, use unauthorized discretion to impose age restrictions that are not supported by evidence, even ask for consent when it is not necessary, and have a paternalistic attitude toward

teenagers. Improved client results and client satisfaction are impacted by positive staff attitudes. Client happiness, adherence to prescribed therapies, and client results are all increased by compassionate healthcare professionals who are attentive to the needs and preferences of their patients, promote family involvement, and individually tailor educational initiatives.

Current Situation

Health advocates, experts, legislators, and funding organizations have been able to determine the necessary investments for family planning programs in poor nations for many years thanks to information about the unmet need for contraception. In general, women who are sexually active and wish to avoid getting pregnant but are not utilizing contraception are regarded as having an unmet need. Programs that assist women in preventing undesired pregnancies can lower the number of unexpected births and unsafe abortions while also enhancing the health of mothers and children. These benefits can also help achieve other development goals, such as reducing poverty and decelerating population growth.

Giving women the freedom to choose how they want to get pregnant is now a top concern on the global development agenda. Initiatives recently launched have advocated for meeting women's unmet need for modern contraception, which occurs when they wish to avoid getting pregnant but are only using traditional or no contraception. The most well-known of these programs is Family Planning 2020, an international collaboration that was started in 2012 to increase the number of people using modern contraceptives by 120 million in the 69 poorest nations in the world by 2020.

An estimated 225 million women in poor nations did not have access to modern contraception as of 2014. Since the majority of developing countries face a lack of highly trained personnel, women face numerous problems when it comes to knowledge in the birth control and contraceptive field. The area where this problem is most crossed is the Central African Region, being a victim of numerous critical situations, such as corruption, exploitation, and, of course, discrimination. As a result, most women from countries like Chad, South Sudan, and Eritrea have presented very little knowledge in

regards to protecting themselves against such phenomena. Another area that is highly impacted is the Southeastern Asian region. Because the majority of people are victims of overworking, human trafficking, extreme violence, and discrimination, the women living in such horrid conditions are not taught how to handle situations regarding sexual education properly. As a result, most women from the Philippines, Vietnam, and even China do not have access to contraceptives, or qualified specialists they can go to and try to remediate the problem.

Since the desire for smaller families and growing populations have outpaced the usage of contraceptives, the total has not moved much over the last ten years. There are serious health consequences from having such a huge unmet requirement. An estimated 74 million unwanted births take place in underdeveloped countries each year, the majority of which are caused by women who use traditional or no contraception. 52 million of these unwanted pregnancies could be avoided, saving 70,000 women's lives, if the unmet need for current treatments was satisfied.

It has been, however, brought to multiple peoples' attention that the situations the women in developing countries live in are unbearable, and help must be sought. As a result, multiple Non-Governmental Organisations have been raising money to try and tackle the problem at hand. The United Nations Population Fund has a page dedicated just to donating to women who struggle with insufficient knowledge when it comes to the limitation of birth control. The "Women Giving Back" association has been donating money to raise the chances of all women having access to birth control methods and contraceptives. Family Planning 2030, hereinafter known as FP 2030 is an international network committed to using family planning to Advance Global Health. Support Gender Equality, proposed a cheap, long-lasting solution, that ought to be implemented in developing countries. This consists of a long-acting contraceptive device that is implanted at the top of the uterus, known as the fundus.

Finding groups where the unreached demand for contraception is strong, rising, or failing to reduce is necessary to meet women's unmet need for it. For programs and services to successfully address women with unmet needs, it is also necessary to comprehend the reasons behind their non-use of a strategy. What particular

justifications do women give? What regional and national variations exist for these reasons? And how have the stated justifications evolved?

Global population increase is estimated to be about 80 million per year, or the population of a country the size of Germany, even if the pace of growth has been decreasing since the 1960s. The majority of this expansion is centered in the world's poorer countries, many of which still have high fertility rates. Developing countries may face expensive costs due to high fertility rates. It may limit chances for economic growth, raise health risks for women and children, and degrade living standards by limiting access to jobs, education, nourishing food, and limited resources like clean water.

These claims are the result of an analysis conducted by RAND's Population Matters initiative, which aims to disseminate the findings of demographic research that are relevant to policy, on family planning studies conducted in developing nations. Utilizing previously conducted information, the study examined concerns related to global population increase and assessed whether family planning programs are still necessary in developing countries.

Countries and Organizations Involved

The Republic of Iraq, the Islamic Republic of Iran, and other countries that do not support birth control

Family planning lowers maternal mortality and morbidity and helps prevent unintended pregnancies. Compared to other Eastern Mediterranean nations, Iraq still has a low prevalence of contraception (58%) high rates of unmet need (12%), and total fertility (4.2 children per woman). Many public and commercial health facilities offer free or significantly subsidized services, but social, cultural, economic, or healthcare service limits may prevent many women from using them.

Family planning, as defined by the World Health Organization (WHO), is the deliberate use of contraceptives to determine when and how many children a couple wants to have. The use of family planning (FP) promotes women's economic empowerment, education, and decision-making skills, which in turn helps to prevent unintended pregnancies, reduce maternal morbidity and death by one-third, and relieve poverty and hunger. The percentage of married or in-union women who use any kind of contraception, traditional or modern, is known as contraceptive prevalence, according to the World Health Organization.

The percentage of people in Iraq who use contraception is 58% (44% modern, 14% traditional), which is less than both the regional average of 63% and the global average of 63%.

Human Rights Watch stated today that Iran's new population law significantly infringes on women's rights to sexual and reproductive health and endangers their lives. The restrictions on human rights should be quickly removed by Iranian authorities.

The "rejuvenation of the population and support of family" measure, which forbids sterilization and the free distribution of contraception in the public health care system unless a woman's health is in danger during her pregnancy, was adopted by Iran's Guardian Council on November 1, 2021. The bill will be in force for seven years and would further restrict access to abortion and contraception. The bill, which was first approved by Parliament on March 16, would go into effect upon signature and

publication in the official gazette, both of which are anticipated to happen within the next month.

International organizations used to view Iran's family planning and access to contraception as a model population planning program. However, over the past ten years, the country has changed its approach to population planning, undercutting women's access to sexual and reproductive health care and instead encouraging population growth.

The French Republic and other countries that embrace birth control usage

France is among the nations with the highest rate of pill usage. The pill has long been associated with women's "sexual liberation"—control over their fertility—after it was made legal in 1967 by the Neuwirth Law and compensated by France's national health insurance program starting in 1964.

Furthermore, although it is no longer as popular as it once was, the pill is still the most common method of birth control in France. A significant percentage of women stopped using oral contraceptives as a result of the 2012–2013 pill scare involving new-generation birth control pills. The remarkable decline in the usage of pills that started in the 2000s has been hastened by the controversy surrounding third- and fourth-generation tablets and the risk of deep vein thrombosis.

In France, the percentage of women aged 15–49 who used oral contraception declined from 50% to 41% between 2010 and 2013. This decline may be fully attributed to the decline in the usage of new-generation tablets, which went from 19% to 10% in just three years. After the scare, few women switched to second-generation pills; in three years, their use increased by just one percentage point, from 22% to 23%, a fact that implies a general distaste for oral contraception. The decline is more pronounced among young women under 30. Alternatively, 25- to 29-year-old young women have started using condoms or IUDs.

Previous Attempts to Solve the Issue

The London Summit on Family Planning of 2012

The London Summit on Family Planning, which took place in 2012, established global targets for enhancing the availability of contraceptive information and services. Countries have made great strides in enhancing access to volunteer family planning services throughout the last five years. 69 of the lowest-income countries in the world had 300 million women and girls using modern contraception in 2016. This prevents 125,000 maternal deaths, 25 million unsafe abortions, and over 82 million pregnancies annually.

Possible solutions

Contraception comes in a wide variety of forms, but not all of them are suitable for every circumstance. The World Health Organization pleads for the introduction of birth control globally. The best method of birth control varies according to a person's age, sexual activity frequency, number of partners, desire to have children in the future, and family history of specific diseases. In addition to significantly improving health and other aspects of life, ensuring that everyone has access to their preferred form of contraception also advances several human rights, such as the freedom of thought, expression, and choice, the right to life and liberty, the right to work, and the right to an education.

Oral contraceptive tablets, implants, injectables, patches, vaginal rings, intrauterine devices, condoms, male and female sterilization, lactational amenorrhea techniques, withdrawal, and fertility awareness-based techniques are some of the contraceptive methods available. The efficiency and mechanisms of action of these techniques vary when it comes to avoiding unplanned pregnancies. The number of pregnancies per 100 women utilizing a method annually serves as a proxy for the method's effectiveness. According to how well they work, methods are categorized as frequently utilized into: extremely successful (0–0.9 pregnancies per 100 women), efficient (1–9 births per every 100 women), reasonably successful (10–19 pregnancies for every 100 women) or less successful (at least 20 pregnancies for every 100 women).

Realizing sexual and reproductive health services and achieving universal access are necessary to fulfill the 2030 Agenda for Sustainable Development's promise that "no one will be left behind." It will necessitate more funding for contraceptive services, especially through the execution of successful legislative initiatives.

By developing evidence-based guidelines on the safety and service delivery of contraceptive techniques as well as the protection of human rights in contraceptive programs, WHO is attempting to promote the use of contraception. WHO works with nations to strengthen their contraceptive policies and programs by helping them adapt and use these tools. WHO also leads and carries out implementation studies to improve the delivery of contraceptive information and services and to increase access to novel contraceptive methods.

According to a short study conducted in India, one approach could be to provide cheap and simple access to contraception soon following childbirth. Researchers were able to simplify the process of putting an IUD — a form of long-acting contraceptive device that is implanted into the top of the uterus, known as the fundus — by using a novel technology.

WHO collaborates with partners at the international, regional, and national levels to strengthen and enhance family planning and reproductive health outcomes. These collaborations focus on increasing access to contraceptive techniques and materials, enhancing the implementation of family planning programs, and mobilizing global commitments to address the unmet demand for family planning. The Implementing Best Practices (IBP) Network brings together NGOs, civil society organizations, governments, academic institutions, and other implementing partners to share and transfer knowledge, skills, and experience to improve reproductive health programs. WHO hosts the IBP, which was established in 1999 by WHO, UNFPA, USAID, and nine partner organizations with three objectives: increase access to WHO tools, and learn from users to inform the development of new family planning resources, support implementation and scale-up of evidence-based interventions, enhance collaboration and encourage multi-sector links between partners.

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