WHO Study Guide

The Issue of Reproductive Healthcare for Low-Income Populations

PREPMUN 2022

Table of Contents

WHO

Introductions

Welcome letter
Chair introductions
Council introduction

Welcome Letter

Dear Delegates,

Greetings from the Dais of the World Health Organisation (WHO) and welcome to PREPMUN 2022! WHO exactly are we? The Dais comprises your head chair, Zeaus, and your deputy chairs, Jillianne and Yue Er. The Dais is extremely excited to be a part of your PREPMUN 2022 journey and to guide you along as you step into the MUN circuit.

Moving forward, this year, the WHO will be tackling the issue of Reproductive Healthcare for Low-Income Populations. This topic is of dire importance as this remains a prevalent issue in our modern world, with some around the world lacking basic reproductive healthcare. All people globally should have access to safe and sufficient reproductive healthcare, regardless of their socioeconomic status. To date, countries have taken various actions in hopes to resolve this issue, however, there is still much to be done and the issue is far from resolved.

The Dais hopes for all delegates to have a fruitful and meaningful debate throughout the course of PREPMUN 2022, and for delegates to walk away with new insights and knowledge surrounding this topic. We hope that you will have the opportunity to hone your public speaking and academic writing skills through this journey.

The chairs look forward to meeting all of you, and to journey through PREPMUN 2022 together with each of you.

Best regards,
Zeaus Koh, Jillianne Lim and Shen Yue Er
The Dais of the World Health Organisation

Chair Introductions

Head Chair: Zeaus Koh

Zeaus is a Year 3 student from Hwa Chong Institution. As a Science and Math Talent Programme student, he enjoys working on Biology projects and growing plants like his co-chair. Though his Year 3 journey has been a busy one thus far, he still signed up as a PREPMUN chair because he hopes to guide beginning delegates on their MUN journey. In his free time, Zeaus would be playing badminton or basketball and watching anime (current favourite is Demon Slayer, but all recommendations are welcome!). His favourite food is sushi, and like his Dais, he doesn't drink coffee. Zeaus hopes delegates would leave PREPMUN with a greater appreciation of Model UN and speaking, writing and collaboration skills!

Deputy Chair: Shen Yue Er

As someone who loves plants, Yue Er has an unhealthy habit of killing them, which really does make her question her amateur gardening skills. When not busy trying to be a 'plant mom', she takes on the role of a Year 4 student studying in River Valley High School. Often described as a master procrastinator and a caffeine addict (she *hates* coffee, tea is superior) with a broken humour,she finds comfort in knowing that she is not the only one with chaotic energy in the Dais. Yue Er hopes to have a fruitful PREPMUN with her fellow chairs, and delegates, and wishes to provide a welcoming environment for delegates to learn and have fun!

Deputy Chair: Jillianne Lim

Jillianne is a year 4 student in CHIJ St Nicholas Girls' School. Like the rest of her dais, she cannot drink coffee without getting a headache or stomach ache. Despite being aware of this fact, she went on to make the worst mistake this year of drinking coffee a day before her physics paper and having to suffer through a stomach ache throughout the paper. In her pockets of free time, Jillianne can be seen recording song covers with her guitar and keyboard. She is also the one her dais depends on for TikTok ideas. She looks forward to meeting delegates at the conference!

Council Introduction

After World War II, an international health organisation was voted to be established in the UN Conference on International Organisations. By 1948, the WHO Constitution had garnered enough signatories to be in force, with the first World Health Assembly meeting in Geneva in the summer of the same year. It took over the duties of its predecessors, the Health Organisation of the League of Nations and the International Office of Public Hygiene. The WHO's agenda was originally set to focus on maternal and child health, sanitary engineering, nutrition, malaria and tuberculosis. Later on, the Organisation was also engaged in long-term campaigns against endemic syphilis, leprosy, and trachoma.[1]

Some notable achievements of the WHO include the eradication of smallpox, a very near eradication of polio, as well the control of HIV/AIDS.[2]

Today, the WHO is a specialised agency of the United Nations (UN), with 6 regional headquarters—from Africa to Europe and Eastern Mediterranean, and from Southeast Asia and the Western Pacific to the Americas—and works with governments and other international organisations to improve the global healthcare system for all.[3]

As of 2019, the WHO's main priorities are the execution of the three pillars of the organisation's Thirteenth General Programme of Work (GPW 13), also known as the Triple Billion Targets—firstly, to move towards universal health coverage (UHC); secondly, to protect people better against health emergencies; and lastly, to ensure healthy lives and well-being for everyone at all ages.[4]

Mandate of the Committee

The WHO is a specialised agency under the UN, and is responsible for international public health: it meets yearly in May under the World Health Assembly (WHA), which is the legislative and supreme body of the WHO.

---

[1] Bollyky, Thomas J., Erin N. Hulland, Ryan M. Barber, James K. Collins, Samantha Kiernan, Mark Moses, David M. Pigott, et al. "Pandemic Preparedness and COVID-19: An Exploratory Analysis of Infection and Fatality Rates, and Contextual Factors Associated with Preparedness in 177 Countries, from Jan 1, 2020, to Sept 30, 2021." *The Lancet* 399, no. 10334 (April 16, 2022): 1489–1512. https://doi.org/10.1016/S0140-6736(22)00172-6.

[2] Anwar, Shakeel. "World Health Organisation (WHO): Purpose and Achievements." Jagran Josh, April 19, 2016. https://www.jagranjosh.com/general-knowledge/world-health-organisation-who-purpose-and-achievements-1458292078-1.

[3] World Health Organisation. "Regional Offices." World Health Organisation. Accessed September 3, 2022. https://www.who.int/about/who-we-are/regional-offices.

[4] World Health Organisation. "Core Priorities." World Health Organisation. Accessed September 3, 2022. https://www.who.int/europe/about-us/our-work/core-priorities.

The WHO aims to improve the health of people, focused on the well-being of women, children and teenagers, aiding nations recovering from health emergencies, as well as ensuring the access to safe, effective and quality medicine and healthcare.[5] Specifically, under WHO's Constitution, the WHO remains committed to holding governments accountable for the health of their people, which can only be ensured through the accessibility and supply of adequate health and social measures.[6]

[5] World Health Organisation. "Our Work: Life Course." World Health Organisation. Accessed September 3, 2022. https://www.who.int/our-work/life-course.
[6] World Health Organisation. "Constitution of the World Health Organisation." World Health Organisation. Accessed September 3, 2022. https://www.who.int/about/governance/constitution.

WHO

The Issue of Reproductive Healthcare for Low-Income Populations

Topic Introduction

Sexual reproductive healthcare refers to physical and mental well-being, including the capacity to avoid unplanned pregnancy, unsafe abortion, and sexually transmitted illnesses.[7] Many nations remain lacking in reproductive healthcare and, by extension, abortion rights, and many regions around the globe lack the awareness to better such healthcare systems. Therefore, for low- and middle-income countries, it is imperative that sexual and reproductive health services is to be expanded. This will allow unintended pregnancies, unsafe abortions, as well as maternal deaths to be decreased by 68%, 72% and 62% respectively in such nations. Additionally, as poverty remains as a prevalent issue in today's world, it would also provide greater support for women in low- and middle-income nations; including 35 million of them undergoing unsafe abortions, and the 133 million women who do not receive treatment for sexually transmitted infections (STIs).[8]

Recently, around 12 million women across 115 low- to middle-income countries lost access to family planning services due to the COVID-19 pandemic, leading to an estimated 1.4 million unplanned pregnancies.[9] Unintended pregnancies can drive women out of employment and push them towards poverty, the effect of which can last generations.[10] Furthermore, it is estimated that a third of diseases amongst women of reproductive age are reproductive and sexual in nature. This indicates the imperative nature of improving access to sexual and reproductive healthcare across the globe.

As a global health actor committed to international efforts for better health for all,[11] the WHO pushes for universal access to sexual and reproductive healthcare, offering strategies for effective integration of sexual and reproductive healthcare into national primary healthcare. The WHO has also actively engaged stakeholders in the ideation, execution, supervision and accountability of initiatives related to sexual and reproductive healthcare.[12]

---

[7] Abdurahman, Chaltu, et al. "Sexual and Reproductive Health Services Utilization and Associated Factors among Adolescents Attending Secondary Schools - Reproductive Health." BioMed Central, BioMed Central, 15 July 2022, https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-022-01468-w.

[8] Morgan, Nicky. "Investing in Sexual and Reproductive Health in Low- and Middle-Income Countries." Investing in sexual and reproductive health in low- and middle-income countries - Faculty of Sexual and Reproductive Healthcare, 2020. https://www.fsrh.org/blogs/investing-in-sexual-and-reproductive-health-in-low-and-middle/.

[9] Smith, Kate. "Covid-19 Caused Millions to Lose Access to Birth Control, U.N. Estimate Shows." CBS News, March 11, 2021. https://www.cbsnews.com/news/birth-control-access-covid-19-pandemic-limit.

[10] Keenan, Laura. "High Rates of Unintended Pregnancies Linked to Gaps in Family Planning Services: New Who Study." World Health Organisation, October 25, 2019. https://www.who.int/news/item/25-10-2019-high-rates-of-unintended-pregnancies-linked-to-gaps-in-family-planning-services-new-who-study.

[11] World Health Organisation. "Our Work." World Health Organisation. Accessed September 3, 2022. https://www.who.int/our-work.

[12] World Health Organisation. "Universal Access to Sexual and Reproductive Health:" World Health Organisation. Accessed September 3, 2022. https://www.who.int/news/item/19-07-2022-universal-access-to-sexual-and-reproductive-health.

Background

Definitions

Reproductive health: a condition of whole physical, mental, and social well-being in all aspects pertaining to the reproductive system and to its activities and processes. In order to be in good reproductive health, a person must be able to have a fulfilling and safe sexual experience, be able to reproduce, and have the freedom to choose if, when, and how frequently to do so.[13]

Reproductive healthcare: includes access to a variety of high-quality services and information regarding family planning, prenatal care, safe delivery, postpartum care, abortion, reproductive tract infections, STIs, and other conditions related to reproductive health, the prevention of harmful practices, as well as information, education, and counseling regarding human sexuality, reproductive health, and responsible parenthood.[14]

Low-income populations: Populations where incomes are not more than 50% of the area's median income.[15]

Low-income economies: For the current 2023 fiscal year, low-income economies are defined as countries with a Gross National Income (GNI) per capita in 2021 of $1,085 or less, as determined by the World Bank Atlas approach.[16]

[13] World Health Organisation. "Reproductive Health." World Health Organisation. World Health Organisation, 2022. https://www.who.int/westernpacific/health-topics/reproductive-health.

[14] United Nations. "Reproductive Health Policies 2017 - United Nations." United Nations, 2017. https://www.un.org/en/development/desa/population/publications/pdf/policy/reproductive_health_policies_2017_data_booklet.pdf.

[15] Law Cornell. "Definition: Persons of Low Income from 42 USC § 5302(a)(20) | LII / Legal Information Institute." Legal Information Institute. Legal Information Institute. Accessed July 29, 2022. https://www.law.cornell.edu/uscode/text/42/5302#a_20.

[16] World Bank. "World Bank Country and Lending Groups." World Bank Country and Lending Groups – World Bank Data Help Desk, 2022. https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups.

History

Reproductive rights and the importance of providing reproductive healthcare services have started to gain respect on a worldwide scale, with more nations bolstering reproductive rights.

Before the late 20th century, abortion was widely viewed as socially unacceptable, however, since the late 20th century, there was a global shift in people's views on abortion, with more populations starting to support abortion rights. Hence, many countries have legalised abortion, including the United States, Singapore, France and the Netherlands, providing more women with access to safe abortion services. The WHO also published guidelines for abortion care, with the most recent version being updated in 2021. These guidelines containing all WHO recommendations and best practice guidelines for the three areas of law and policy, clinical services, and service delivery that are crucial to the provision of abortion care.[17]

However, even with the increase in policies aimed to address and improve reproductive healthcare globally, there remains insufficient proper reproductive healthcare provided to certain groups of women around the world, especially those in low-income populations. This could be due to various reasons, including costs and the lack of resources. Consequently, around 10% of pregnancies are thought to be terminated by unsafe abortions globally as of 2011. Furthermore, complications from unsafe abortions account for 8% to 18% of all maternal fatalities each year.[18] More remains to be done before socioeconomic status and background are no longer determinants of an individual's access to or quality of adequate healthcare.[19]

Past Solutions

Global Strategy for Women's, Children's and Adolescents Health

The World Health Organisation (WHO) introduced the "Global Strategy for Women's, Children's and Adolescents Health" in 2010, which recommended governments to take action through mobilising resources and enforcing laws and regulations related to reproductive healthcare, in order to promote and secure women's rights to the best possible healthcare.[20] However, even with this global strategy,

---

[17] World Health Organisation. "Abortion." United Nations, November 25, 2021. https://www.who.int/news-room/fact-sheets/detail/abortion.

[18] Kirstein, Marielle. "Abortion." Guttmacher Institute, October 1, 2022. https://www.guttmacher.org/united-states/abortion.

[19] Pizzarossa, Lucía Berro. "Here to Stay: The Evolution of Sexual and Reproductive Health and ..." MDPI Laws, August 7, 2018. https://res.mdpi.com/d_attachment/laws/laws-07-00029/article_deploy/laws-07-00029.pdf.

[20] World Health Organisation. "THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030)" World Health Organisation. Accessed November 5, 2022. https://www.who.int/docs/default-source/child-health/the-global-strategy-for-women-s-children-s-and-adolescents-health-2016-2030.pdf

as these guidelines are not legally binding, not all countries and governments have taken action to provide proper and affordable reproductive healthcare for their low-income populations.

Efforts to reduce newborn or maternal mortality

From 2012 to 2017, 76% of the world's governments implemented at least one policy or action to reduce the number of infant or maternal fatalities. This includes providing subsidies for women of low-income populations to allow them to receive proper reproductive healthcare to increase the safety of childbirth, as well as increased medical research to allow for the advancement of reproductive healthcare. All women, including those from low-income communities, are intended to benefit from these programs. Additionally, 39% of governments have increased access to safe abortion care, including post-abortion care, while 62% have implemented policies to increase recruitment and training of competent birth attendants.

Improvement of reproductive and sexual health education among adolescents

91% of governments worldwide have implemented at least one policy or program aimed at enhancing adolescents' reproductive and sexual health. The provision of sexuality education in schools was one of the policy measures that were taken into consideration. Sexuality education, which includes information about contraceptives and STIs, has been shown by numerous researchers to be effective at reducing risky sexual behaviour and the spread of STIs including HIV/AIDS.[21] Through teaching adolescents the importance of responsible sexual behaviour, sexual education can also help to delay the age of intercourse and reduce the number of unwanted pregnancies.[22] the United Nations Committee on the Rights of the Child, the Committee on the Elimination of Discrimination Against Women and the Committee on Economic, Social and Cultural Rights has affirmed quality sexual education as a human right.[23] The 1994 Programme of Action of the International Conference on Population and Development similarly pushes for increased adoption of sexual education programmes.[24]

Legalisation of abortions

Many countries have legalised abortion within the past few decades, including Thailand, South Korea and Argentina.[25] With the legalisation of abortion, women are able to get access to professional and

---

[21] Staff Reports. "Benefits of Sexuality Education in the Developing World." Borgen Magazine, August 6, 2015. https://www.borgenmagazine.com/benefits-sexuality-education-developing-world/.

[22] Serenko, Anna. "The Benefits and Barriers of Comprehensive Sex Education." Global Citizen, 2020. https://www.globalcitizen.org/en/content/sex-ed-barriers-and-benefits/.

[23] World Health Organisation. "Sexuality Education." World Health Organisation, 2020. https://www.euro.who.int/__data/assets/pdf_file/0008/379043/Sexuality_education_Policy_brief_No_1.pdf.

[24] World Health Organisation. "Sexuality Education." World Health Organisation, 2020. https://www.euro.who.int/__data/assets/pdf_file/0008/379043/Sexuality_education_Policy_brief_No_1.pdf.

[25] "The Abortion Laws: Which Countries Allow Abortion?" Global Citizen Solutions, July 5, 2022. https://www.globalcitizensolutions.com/the-abortion-laws-which-countries-allow-abortion/.

safe abortion methods, reducing the need for women having to go through unsafe abortion methods such as inflicting direct injury on one's body. However, the limitation of this solution lies in the cost and availability of abortion even in developed countries, especially where access to healthcare is inequitable. Globally, the average cost of abortion services ranges between $350 to $2,000,[26] which is a hefty sum that can effectively obstruct access to low-income populations.

Hence, even with all the progress that has been made, the issue of reproductive healthcare among low-income populations is far from resolved. Firstly, not all countries have acknowledged the need for or taken action in providing reproductive healthcare for women. Secondly, much more can and should be done to ensure that all citizens receive the reproductive healthcare they require, regardless of their socioeconomic situation.

[26] Schantz, Dr. Stimson. "How Much Does an Abortion Cost? (2022)." Spend On Health, August 30, 2019. https://spendonhealth.com/abortion-cost/.

Key Issues

Lack of reproductive healthcare infrastructure and services

While some developed countries have well-established healthcare systems which provide safe and affordable reproductive healthcare services to its people, many developing countries lack a proper reproductive healthcare infrastructure. This could be due to the lack of trained healthcare personnel,[27] funding, as well as healthcare facilities and equipment.[28] For instance, as of 2021, the ratio of doctors to patients in the United States was approximately 1 to 33,[29] while that ratio was 1 to 10,000 in Zambia.[30] Even in African countries where the governments are willing to grant women safe reproductive healthcare and recognise women's reproductive rights, governments have limited funds and resources, thus not allocating sufficient finances to provide adequate healthcare supply and funds for its people.[31] This leads to the continued lack of healthcare infrastructure and services in the country.

Furthermore, the distribution of healthcare facilities within countries is also far from equal. Healthcare facilities are more concentrated around urban areas rather than rural areas, causing those living in rural areas to lack sufficient and convenient professional reproductive healthcare services. For example, in the United States, two-thirds of urban hospitals are within five miles of another hospital, and almost 90% are within a 15-mile drive from another hospital. On the other hand, almost two-thirds of rural hospitals are located more than 20 miles away from the next closest hospital, and one-fourth are 30 miles or more away.[32] This shows the stark contrast in the distribution of healthcare facilities in urban versus rural areas. Additionally, they may face more medicine shortages, encounter medical facilities with substandard equipment, and face manpower shortages from a lack of trained personnel in the area.[33] Even in the US, the richest nation on earth, there has been a net decrease in

---

[27] Chandran, Kavita, and Tan Ee Lyn. "Lack of Medical Workers Causes New Health Crisis in Developing Countries." The New York Times. The New York Times, October 1, 2008. https://www.nytimes.com/2008/10/01/world/asia/01iht-medical.1.16607251.html.

[28] "Healthcare in Developing Countries." Medical Device News Magazine. Medical Device News Magazine, January 6, 2022. https://infomeddnews.com/healthcare-in-developing-countries/.

[29] Laughlin, Lynda. "22 Million Employed in Health Care Fight against COVID-19." Census.gov. United States Census Bureau, October 8, 2021. https://www.census.gov/library/stories/2021/04/who-are-our-health-care-workers.html.

[30] "Health Care Quality in Africa: Uganda, Nigeria, Tanzania, Zambia, Kenya, Zimbabwe and South Africa." Aetna International, 2020. https://www.aetnainternational.com/en/about-us/explore/living-abroad/culture-lifestyle/health-care-quality-in-africa.html.

[31] Zarocostas, John. "African Countries Need to Allocate More of Their Budgets to Health, Says WHO." *BMJ* 342 (March 30, 2011): d1992. https://doi.org/10.1136/bmj.d1992.

[32] "The Importance of Small Rural Hospitals." The importance of rural hospitals, 2018. https://ruralhospitals.chqpr.org/Importance.html.

[33] Espinet, Xavier, Sadig Aliyev, Zuzana Stanton-Geddes, and Veasna Bun. "The Road to Healthier Communities: Rethinking Rural Accessibility amid a Health Crisis." World Bank Blogs. World Bank, June 4, 2020. https://blogs.worldbank.org/transport/road-healthier-communities-rethinking-rural-accessibility-amid-health-crisis.

hospitals since 2011, with two-thirds of the closures coming from rural and poorer areas.[34] Hence, low-income populations suffer from reduced access to reproductive healthcare across the world.

Socio-economic status

Individuals from low-income or impoverished backgrounds are less likely to be able to afford safe reproductive healthcare given the high cost of healthcare. Globally, a woman would have to spend an average of US$15,000 on reproductive healthcare over the course of her adult life, which would cover Human Papillomavirus (HPV) screenings, birth control, and feminine hygiene products.[35] Given the large sum of money required for reproductive healthcare, women of low-income populations are often unable to afford such healthcare, thus being effectively denied access to reproductive healthcare. As such, many underprivileged women resort to unsafe and often unlicensed practitioners for reproductive healthcare services like abortions, which puts their health in jeopardy—an estimated 47,000 women die from unsafe abortions each year.[36]

Additionally, as medical services are more concentrated in cities, women who live in rural areas are more susceptible to unsafe abortions than women living in urban cities.[37] Low-income individuals, with less access to contraception and having fewer opportunities to travel out of state for abortions due to financial and geographical limitations, are hence at a higher risk of being forced into parenthood.

Additionally, those in rural and poorer areas are often less educated than those in urban areas. This is evident from how a study which analysed data from 10,147 respondents participating in the Health Information National Trends Survey 2013–2017, found that (1) adults who lived in rural areas are less likely than adults who lived in urban cities to have heard of HPV and the vaccine, and (2) adults in rural areas also have a lower tendency to understand how HPV is transmitted, and its link to cervical cancer.[38] This proves how environmental conditions affect a person's access to reproductive

---

[34] Kannarkat, Joseph T., Noah Krampe, Lauren S. Hughes, and Diana Silimperi. "Solving Rural US Health Care Challenges With Frugal Innovation: Low-Costs, High Returns." *Health Affairs Forefront*, February 23, 2022. https://doi.org/10.1377/forefront.20220222.972908.

[35] Harvard T.H. Chan School of Public Health. "Calculating the high cost of women's reproductive health care". Harvard T.H. Chan School of Public Health, 2018. https://www.hsph.harvard.edu/news/hsph-in-the-news/calculating-cost-womens-reproductive-health-care/.

[36] Health Research Funding. "24 Incredible Unsafe Abortion Statistics." HRF. Health Research Funding Organisation, October 29, 2014. https://healthresearchfunding.org/24-incredible-unsafe-abortion-statistics/.

[37] Doran, Frances, and Julie Hornibrook. "Barriers around Access to Abortion Experienced by Rural Women in New South Wales, Australia." Rural and Remote Health, March 18, 2016. https://www.rrh.org.au/journal/article/3538.

[38] Reichel, Chloe. "Rural-Urban Health Care Disparities: Research Roundup." The Journalist's Resource. Harvard Kennedy School, December 4, 2020. https://journalistsresource.org/health/rural-urban-health-care-disparities.

healthcare, with those in urban areas having an edge in terms of reproductive healthcare services and education due to its wider availability in cities compared to rural areas.

Lack of education and awareness

In developing countries, there is often a lack of comprehensive sexual education that prepares students for a wide range of reproductive matters. A 2011 study by UNESCO, UNICEF and UNFPA identified that sexual education curricula in 70% of Eastern and Southern African countries were insufficient.[39] Some of the problems include an inappropriate reliance on scare tactics to encourage abstinence without educating students on issues of contraception. The effect is evident as only 40% of young people in the region have a working understanding of HIV/AIDS prevention, resulting in 2.6 million youths from 15 to 24 having HIV, while more than 10 million children have lost parents to AIDS.[40] Conversely, in richer countries with proper sexual education, STI prevalence is much lower—for example, in Australia, only 159,448 people (0.0006% of the population) reported contracting an STI in 2021.[41]

Within countries that *do* have established sexual education programmes, most programmes suffer from a lack of breadth and educators do not feel confident in conveying information on the topic.[42] Even in developed countries like the United States, the rural population, which has a poverty rate of 25%,[43] is similarly deficient in their provision of comprehensive sexual education and have seen reports of teachers feeling "ill-equipped to teach sex education".[44] Additionally, these rural areas skew more religious and conservative, with sex education being perceived as encouraging promiscuity, thereby further stifling any dialogue on the topic.

Moreover, not all countries have the means to use education to greatly impact a wide cohort of adolescents effectively, such as those with low rates of education amongst its youth population. Often they cannot afford school and are also limited by the number of schools available in developing countries. This is evident from how according to UIS data, in 2019, about 60% of African youth

---

[39] Staff Reports. "Benefits of Sexuality Education in the Developing World." BORGEN. Borgen Magazine, August 6, 2015. https://www.borgenmagazine.com/benefits-sexuality-education-developing-world/.
[40] Ibid.
[41] "Infectious and Communicable Diseases." Australian Institute of Health and Welfare, July 7, 2022. https://www.aihw.gov.au/reports/australias-health/infectious-and-communicable-diseases.
[42] United Nations Population Fund. "The Journey towards Comprehensive Sexuality Education - Global Status Report - World." ReliefWeb. OCHA, September 14, 2021. https://reliefweb.int/report/world/journey-towards-comprehensive-sexuality-education-global-status-report.
[43] "Many Rural Americans Are Still 'Left Behind.'" Institute for Research on Poverty, January 2020. https://www.irp.wisc.edu/resource/many-rural-americans-are-still-left-behind/.
[44] "The Decline of Sex Education in Rural America." The Free Library. The Free Library, July 1, 2021. https://www.thefreelibrary.com/The+Decline+of+Sex+Education+in+Rural+America.-a0669889699.

between the ages of 15 and 17 do not attend school.[45] Hence, poorer populations are limited in how they can raise their awareness of sexual healthcare, putting them at higher risks for unplanned pregnancies, STIs, and even child marriages.

Social and Cultural Barriers

Social stigmas surrounding reproductive healthcare can limit access to these services. Oftentimes, this comes in the form of shaming those who seek out such services, creating barriers at the individual and community level.[46] For instance, in Iran, fears of stigma have prevented the utilisation of reproductive healthcare.[47] In India, young people are discouraged to seek out reproductive healthcare, and there is heavy emphasis placed on obtaining consent from parents or guardians, pushing away unmarried young people from raising their health concerns.[48] For example, only 40% of women aged 20 to 24 are allowed to visit medical facilities alone, reducing their lack of autonomy to make decisions regarding their own sexual and reproductive health.[49] In other cases, there is considerable psychological impact on those who seek out reproductive healthcare, such as in Brazil, whereby patients using post-exposure prophylaxis for HIV described the intense fear of being discriminated against.[50] When compounded with the shame of adolescent sexuality, this has an overall negative impact on the state of reproductive healthcare in such regions.

Religious beliefs can play a large part in creating social stigma and in countries where religion is sufficiently influential, it can shape governmental policy such that it restricts the provision of reproductive healthcare and associated information. Reviews have shown that this is often the case in countries that are less economically developed. For instance, in the Dominican Republic where 40.4% of the population live in poverty and more than 10% live in extreme poverty,[51] Article XIX of the Concordat enshrines the teaching of Catholicism in official institutions of education, by extension

---

[45] "Education in Africa." UNESCO UIS. UNESCO, December 2, 2019. http://uis.unesco.org/en/topic/education-africa.

[46] Unaids.org. "Challenge the Stigma, Pursue Your Right to Health." UNAIDS. UNAIDS, January 20, 2021. https://www.unaids.org/en/resources/presscentre/featurestories/2021/january/20210120_Zim_srhr.

[47] Thornicroft, Graham, Diana Rose, Aliya Kassam, and Norman Sartorius. "Stigma: Ignorance, Prejudice or Discrimination?" *British Journal of Psychiatry* 190, no. 3 (2007): 192–93. https://doi.org/10.1192/bjp.bp.106.025791.

[48] Agnani, Ipsa and Shruti Arora. "Don't turn away the young." India Development Review, August 30, 2021. https://idronline.org/dont-turn-away-the-young-health-services/.

[49] Agnani, Ipsa and Shruti Arora. "Don't turn away the young." India Development Review, August 30, 2021. https://idronline.org/dont-turn-away-the-young-health-services/.

[50] Hussein, Julia, and Laura Ferguson. "Eliminating Stigma and Discrimination in Sexual and Reproductive Health Care: A Public Health Imperative." Sexual and reproductive health matters. Taylor & Francis, December 2019. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7887974/.

[51] Staff Reports. "Poverty in the Dominican Republic and Its Connection to Crime." Borgen Magazine, December 3, 2021. https://www.borgenmagazine.com/poverty-in-the-dominican-republic-2.

allowing only for abstinence-only sex education and instating prohibitions on birth control.[5253] This eventually plays out in the Dominican Republic having one of the highest rates of STIs in the Caribbean.[54]

Similarly, in Africa, recent years have seen the rise of religious groups such as Freedom of Religion South Africa and Family Policy Institute that have pushed for a rejection of comprehensive sexual education and advocated instituting an abstinence-only curriculum instead. As religious beliefs tend to be more pronounced in poorer countries and communities,[55] lower-income populations within these countries are particularly affected by the resultant stigma and pressure for a more limited view of reproductive health and healthcare.

[52] "Concordato Entre La Santa Sede y La República Dominicana." Vatican. Vatican. Accessed November 5, 2022. https://www.vatican.va/roman_curia/secretariat_state/archivio/documents/rc_seg-st_19540616_concordato-dominicana_sp.html.

[53] "Sexuality Education - Approaches and Controversies in Other Countries." JRank Articles. Accessed November 5, 2022. https://family.jrank.org/pages/1517/Sexuality-Education-Approaches-Controversies-in-Other-Countries.html.

[54] Richards, Sheyla D., Eva Mendelson, Gabriella Flynn, Luz Messina, Diane Bushley, Mina Halpern, Silvia Amesty, and Samantha Stonbraker. "Evaluation of a Comprehensive Sexuality Education Program in La Romana, Dominican Republic." *International Journal of Adolescent Medicine and Health* 33, no. 5 (June 13, 2019): 10.1515/ijamh-2019–0017. https://doi.org/10.1515/ijamh-2019-0017.

[55] Miller, Merrill, Luciano Gonzalez-Vega, and Emily Newman. "Why Are the Poor More Religious?" TheHumanist. TheHumanist, October 15, 2014. https://thehumanist.com/news/national/why-are-the-poor-more-religious/.

Scope of Debate

Improving Reproductive Healthcare Infrastructure

With low-income populations often lacking access to reproductive healthcare facilities, delegates can consider how to address these infrastructural gaps, which can range from manpower shortages to problems with the quality of the care rendered.[56] Delegates will thus need to deal with the physical barriers to reproductive healthcare,[57] which include availability of essential equipment and supplies and geographical accessibility, as well as limited skilled human resources, inadequate training programmes, and lack of coverage in rural areas due to the reluctance of more qualified personnel to accept deployments to remote locations.[58] Hence, delegates should expand their view to consider how other infrastructural issues may also have an impact on the state of reproductive healthcare - for instance, a lack of public transit infrastructure might hinder physical access to healthcare facilities while inconsistent supply of electricity or water services might disrupt the provision of treatment.[59] Furthermore, delegates should keep in mind the different areas that reproductive healthcare infrastructure encompasses - strong family planning services and contraception provision would also form part of it.[60]

Hence, delegates may consider how they can promote the improvement of reproductive healthcare infrastructure through an evaluation of its current states in areas of low-income and weighing investments that can improve the planning and execution capabilities of these services. Furthermore, they may choose to examine how cooperation on technical fronts and in sharing best practices may further strengthen their infrastructure.

---

[56] Essendi, Hildah, Fiifi Amoako Johnson, Nyovani Madise, Zoe Matthews, Jane Falkingham, Abubakr S. Bahaj, Patrick James, and Luke Blunden. "Infrastructural Challenges to Better Health in Maternity Facilities in Rural Kenya: Community and Healthworker Perceptions." *Reproductive Health* 12, no. 1 (November 9, 2015): 103. https://doi.org/10.1186/s12978-015-0078-8.

[57] Koller, Theadora Swift. "Assessing Barriers to Effective Coverage with Health Services - PAHO." PAHO. PAHO, April 23, 2021. https://www.paho.org/sites/default/files/theadora-koller-assessing-barriers-fesp-april-2021.pdf.

[58] "A Strategic Approach to Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) in India." USAID Advancing Nutrition, January 1, 1970. https://www.advancingnutrition.org/resources/adolescent-resource-bank/strategic-approach-reproductive-maternal-newborn-child-and.

[59] "A Strategic Approach to Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) in India." USAID Advancing Nutrition, January 1, 1970. https://www.advancingnutrition.org/resources/adolescent-resource-bank/strategic-approach-reproductive-maternal-newborn-child-and.

[60] "Reproductive Health in the African Region. What Has Been Done to Improve the Situation?" United Nations. United Nations. Accessed November 5, 2022. https://www.un.org/en/chronicle/article/reproductive-health-african-region-what-has-been-done-improve-situation.

Provision of Abortion Services

The right to abortion is a human right protected under the constitutions and legislations of many nations. However, 41% of women live under restrictive laws, impacting 700 million women of reproductive age.[61] The legal status of abortion reflects more than simply whether women and girls are legally allowed to choose whether or not to carry a pregnancy to term. It also indicates how likely it is for a woman to die as a result of an unsafe abortion, whether girls will complete their education, and the barriers to women's and girls' participation in public and political life.[62] The provision of abortion services is undoubtedly important, but the WHO has to consider how we should ensure the safety of such procedures, as well as the extent to which such services should be provided. The WHO also has to come to a consensus on whether abortions are merely a medical necessity or if it should be a tool for women's bodily autonomy.

Safe, legal abortions

Presently, abortion is legal in about 90% of nations in the world, at least when the woman's life is in danger. Most of these nations also allow abortion for other reasons, such as when the pregnancy poses a health risk to the woman and in situations of rape or incest.[63]

Restrictive abortion laws in conservative states push women to seek such procedures clandestinely. In 2021, close to one in two abortions globally were unsafe.[64] Therefore, unsafe and clandestine abortions and high rates of maternal deaths are tightly linked, showing that restrictive abortion laws do not prevent abortions from taking place, but rather, force women to jeopardise their health and life.[65] These dangerous abortions are commonly performed in the most vulnerable populations in the world, with the WHO reporting that they cluster around low-income countries – 60% of abortion deaths are from Africa.[66]

---

[61] "Anti-Abortion Laws—the Antithesis of the Fundamental Rights of Women." *The Lancet Regional Health – Europe* 3 (April 1, 2021). https://doi.org/10.1016/j.lanepe.2021.100111.

[62] "The World's Abortion Laws." Center for Reproductive Rights, August 19, 2022. https://reproductiverights.org/maps/worlds-abortion-laws/.

[63] "The Abortion Laws: Which Countries Allow Abortion?" Global Citizen Solutions, July 5, 2022. https://www.globalcitizensolutions.com/the-abortion-laws-which-countries-allow-abortion/.

[64] World Health Organisation. "Abortion" United Nations, November 25, 2021. https://www.who.int/news-room/fact-sheets/detail/abortion.

[65] Office of the High Commissioner for Human Rights. "Abortion." Office of the High Commissioner for Human Rights, 2020. https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/SexualHealth/INFO_Abortion_WEB.pdf.

[66] World Health Organisation. "WHO Issues New Guidelines on Abortion to Help Countries Deliver Lifesaving Care." World Health Organisation. Accessed November 5, 2022. https://www.who.int/news/item/09-03-2022-access-to-safe-abortion-critical-for-health-of-women-and-girls.

Conversely, liberal governments in progressive states are able to provide women with the information and capacity to make important reproductive decisions regarding their reproductive health. This includes the ability to determine if they want to continue a pregnancy, and to ensure that women are not subjected to the dangers of unsafe abortion. Such efforts include reducing impediments to one's access to healthcare, such as anti-abortion laws, and providing access to high-quality abortion information and services. Additionally, such governments try to ensure that all, regardless of socio-economic status, receive proper reproductive healthcare, whether it is through the subsidisation of medical services or providing people with additional funding to support their health. For example, in Australia, the government ensures that abortion services are provided to people either for free or at a low and affordable price. This increases the financial ability for women, regardless of socio-economic status, to receive safe and professional abortion services should a woman decide to abort their child.

It is evident that progressive and conservative states have differing views on abortion. Beyond merely the question of decriminalising abortion, delegates may also consider other factors that can hinder effective provision of safe abortion services. Accessibility of abortion services is also a key component, such as through medical abortion pills and provision of accurate information that gives women more autonomy in the process. Other structural issues also add to the problem of delaying abortion which can increase the associated risks of the procedure. For instance, mandatory waiting times and prerequisites for consent and approval from third parties such as spouses or family members.[67] Through a re-evaluation of the current state of abortions in their countries, delegates will have to examine the ways in which safe abortions can be further supported, regardless of one's socio economic status.

Post-abortion medical services

Ideally, all nations should have adequate post-abortion services to ensure that women are in the best physical and mental state after abortion.[68] However, such services are often undermined by long waiting times, confidentiality issues, long travel distances and other factors.[69] Additionally, there tend to be a severe lack of adequate post-abortion care (PAC) in some developing countries. This is due to the fact that medical infrastructures are still unprepared in providing such services.

---

[67] World Health Organisation. "WHO Issues New Guidelines on Abortion to Help Countries Deliver Lifesaving Care." World Health Organisation. Accessed November 5, 2022. https://www.who.int/news/item/09-03-2022-access-to-safe-abortion-critical-for-health-of-women-and-girls.

[68] Pendergraft, James S. "Post Abortion Care: Why It's Critical for Women's Health." Orlando Women's Center. Orlando Women's Center, October 6, 2022. https://www.womenscenter.com/2022/10/post-abortion-care-why-its-critical-for-womens-health/.

[69] Office of the High Commissioner for Human Rights. "Abortion." Office of the High Commissioner for Human Rights, 2020. https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/SexualHealth/INFO_Abortion_WEB.pdf.

In Sub-Saharan Africa where restrictive abortion laws are prevalent, few primary health facilities are able to provide all aspects of basic PAC services. Only a third (26-43%) of referral centres in Burkina Faso, Kenya, and Nigeria could potentially offer comprehensive PAC services. The inability to complete certain PAC services was mostly due to a lack of skilled personnel, a lack of essential equipment, and a shortage of PAC commodities and supplies. Furthermore, a fundamental shortcoming in the provision of post-abortion care services was noted as a lack of ability to refer acute PAC patients to higher-level hospitals.[70]

Due to the limited PAC services, it is usually those of higher-income who have the financial ability to afford medical services that receive proper PAC. This leaves those of low-income with a lower tendency to be able to afford and receive PAC services, potentially jeopardising their recovery after abortion.

The WHO needs to consider how and to what extent more developed countries in terms of reproductive healthcare should provide aid and support for countries which are less developed in this aspect. Aid can come in forms including but not limited to funding, medical personnel, and medical equipment. With this in mind, it is also up to the WHO to decide what kinds of aid is necessary.

Provision of Contraception

The use of contraceptives allows for birth control by way of regulating or preventing ovulation and pregnancy. Access to contraception protects people from unintended pregnancies, thereby mitigating any negative impacts to quality of life that may arise from such pregnancies.

Unfortunately, there have been limitations on the types of contraception made available to people around the world. In developing states, many are avoidant of contraceptives, citing health concerns, limited choices of contraception offered or financial barriers.[71]

Meanwhile, conservative states may be averse to allowing citizens to use contraceptives, thus making contraceptives harder to access.[72] Owing to limited supply, the available contraceptives are usually

---

[70] Juma, Kenneth, Ramatou Ouedraogo, Joshua Amo-Adjei, Ali Sie, Mamadou Ouattara, Nkechi Emma-Echiegu, Joseph Eton, Michael Mutua, and Martin Bangha. "Health Systems' Preparedness to Provide Post-Abortion Care: Assessment of Health Facilities in Burkina Faso, Kenya and Nigeria." *BMC Health Services Research* 22 (April 22, 2022): 536. https://doi.org/10.1186/s12913-022-07873-y.

[71] Montagu, Dominic, Gavin Yamey, Adam Visconti, April Harding, and Joanne Yoong. "Where Do Poor Women in Developing Countries Give Birth? A Multi-Country Analysis of Demographic and Health Survey Data." *PLOS ONE* 6, no. 2 (February 28, 2011): e17155. https://doi.org/10.1371/journal.pone.0017155.

[72] Sedgh, Gilda, Lori S. Ashford, and Rubina Hussain. "Unmet Need for Contraception in Developing Countries: Examining Women's Reasons for Not Using a Method." Guttmacher Institute, June 21, 2016. https://www.guttmacher.org/report/unmet-need-for-contraception-in-developing-countries.

reserved for those of higher income who are able to afford contraceptives.[73] While some progressive states provide contraceptives either for free or at affordable prices,[74] conservative states continue to charge their people for contraceptives, disproportionately disincentivising low-income individuals from purchasing and using contraceptives.

Beyond improving access to different methods of contraception, delegates must also ensure that the public is receptive to contraceptives by mitigating negative or false perceptions of contraceptives; for instance, within Sub-Saharan Africa, condoms are associated with stereotypes of disease while other contraceptives evoke fears of fertility issues.[75] While accounting for differing views on contraceptives, the WHO has to consider the extent to which it should distribute contraceptives to countries around the world, as well as the essential types of contraception that should be made available to people worldwide regardless of their income group.

Combatting Stigma in Reproductive Health

Deeply entrenched stigma within the political and social spheres of a nation can affect the extent of the governments engagement, prioritisation and implementation of sexual reproductive health information and services. Delegates should discuss how they can promote policies that combat such societal stigma in order to ensure the effectiveness and reliability of future governmental policies.[76]

To change attitudes towards sexual and reproductive health, the perspective of different stakeholders ought to be considered.[77] On the individual level, the fear of a positive STI test (and the self-induced shame that it entails) may discourage people from getting screened.[78] Yet this self-stigmatisation has its larger roots in community norms and beliefs, which can include influences from religion and oftentimes individual family values. The early impact of such widespread community stigma can be seen through a study of Kenyan secondary school students, half of whom had stigmatising beliefs on subjects like abortion and contraception, with younger students (13-15 years) being particularly

---

[73] Muhoza, Dieudonne Ndaruhuye, and Charles Mulindabigwi Ruhara. "Closing the Poor-Rich Gap in Contraceptive Use in Rwanda: Understanding the Underlying Mechanisms." *International Perspectives on Sexual and Reproductive Health* 45 (October 4, 2019): 13–23. https://doi.org/10.1363/45e7519.

[74] Brekke, Kira. "All the Countries That Provide Free Contraception." HuffPost, July 3, 2014. https://www.huffpost.com/entry/countries-free-birth-control_n_5553037.

[75] Williamson, Lisa M., Alison Parkes, Daniel Wight, Mark Petticrew, and Graham J. Hart. "Limits to Modern Contraceptive Use among Young Women in Developing Countries: A Systematic Review of Qualitative Research." *Reproductive Health* 6, no. 1 (February 19, 2009): 3. https://doi.org/10.1186/1742-4755-6-3.

[76] Schaaf, Marta, Grady Arnott, Kudzai Meda Chilufya, Renu Khanna, Ram Chandra Khanal, Tanvi Monga, Charles Otema, and Christina Wegs. "Social Accountability as a Strategy to Promote Sexual and Reproductive Health Entitlements for Stigmatized Issues and Populations." *International Journal for Equity in Health* 21, no. 1 (February 10, 2022): 19. https://doi.org/10.1186/s12939-021-01597-x.

[77] Agnani, Ipsa and Shruti Arora. "Don't turn away the young." India Development Review, August 30, 2021. https://idronline.org/dont-turn-away-the-young-health-services/.

[78] Agnani, Ipsa and Shruti Arora. "Don't turn away the young." India Development Review, August 30, 2021. https://idronline.org/dont-turn-away-the-young-health-services/.

predisposed towards holding such beliefs. Hence, it is through addressing the challenge of shifting community stigma as a whole, that delegates might find more success in promoting more open and responsible reproductive healthcare.

At the same time, delegates may wish to consider how social stigma has impacted current institutions, as can be seen in legislation that was formed in response to socio-cultural attitudes that currently form a barrier to quality reproductive healthcare. Importantly, these are often intertwined with religious beliefs, which raises the question of how to best balance religion and provision of reproductive healthcare. Additionally, healthcare institutions still face issues of stigma over reproductive healthcare workers, a factor that could severely impact the efficacy of efforts to bolster the infrastructure. Skilled personnel might be deterred from specialising in this area as a result, thereby exacerbating the lack of manpower. Hence, delegates need to find a way to promote attitudes that, in general, support and promote reproductive healthcare and information related to it.

Potential Solutions

Volunteering reproductive healthcare aid to disadvantaged populations

Acknowledging that many low-income populations presently lack access to reproductive healthcare, the WHO and sovereign nations can invite volunteer organisations such as Doctors without Borders to step in and provide reproductive healthcare to low-income populations. This will increase the number of medical personnel and equipment within the country, and thus the amount of reproductive healthcare services available. This will also ensure that women of low-income populations have access to proper reproductive healthcare without having to worry about cost.

In order to implement such a solution, the WHO has to consider a few factors. Firstly, the WHO has to consider terms required for its success with such volunteer organisations, including but not limited to the number of healthcare personnel needed, the type of healthcare equipment to be provided, and how exactly the reproductive healthcare services will be provided to citizens. The WHO should also consider which countries or areas require this volunteer reproductive healthcare aid.

Research & Development of Reproductive Technology

Technological developments in reproductive healthcare are necessary. Individual governments and/or the working committee chaired by the WHO should invest in reproductive technology research in order to produce cheaper reproductive technology options that are more affordable for lower-income populations to ensure that more people of the low-income populations are able to afford proper reproductive healthcare. Such research may also yield alternative contraceptive methods which are more effective and affordable. With this investment in reproductive technology, more women globally will have access to affordable and advanced reproductive healthcare.

Additionally, there is a need to strengthen the capabilities of individual nations to conduct domestic research into areas of reproductive and sexual health.[79] This is important due to the myriad of sociological, cultural and economic considerations that interact in this area. Support for such objectives can come in the form of greater multilateral collaboration and information sharing to provide support between established and emerging institutions to strengthen their research capabilities. This can be done with specific aims in mind, such as bolstering multipurpose prevention technologies and improved evaluation of intervention.[80]

---

[79] Kabra, Rita, Marco Castillo, Mercedes Melián, Moazzam Ali, Lale Say, and A. Metin Gulmezoglu. "Research Capacity Strengthening for Sexual and Reproductive Health: A Case Study from Latin America." *Reproductive Health* 14, no. 1 (March 7, 2017): 35. https://doi.org/10.1186/s12978-016-0222-0.

[80] Ali, Moazzam, Madeline Farron, Leopold Ouedraogo, Ramez Khairi Mahaini, Kelsey Miller, and Rita Kabra. "Research Gaps and Emerging Priorities in Sexual and Reproductive Health in Africa and the Eastern Mediterranean Regions." *Reproductive Health* 15, no. 1 (March 5, 2018): 39. https://doi.org/10.1186/s12978-018-0484-9.

Sexuality Education

As mentioned earlier, sexuality education has shown to be effective in promoting safer and responsible sex, reducing STIs and unwanted adolescent pregnancies. However, sexuality education can be further enhanced through a stronger curriculum and mitigating its structural limitations.

Currently, most guidelines, including that of the WHO, advocate for comprehensive sexuality education (CSE) which aims to help its audience understand their "health, dignity and well-being" as well as engage in sexual relations responsibly.[81] It also promotes knowledge about their reproductive rights.[82] Still, there remain disagreements about the values and attitudes of CSE programmes, some of which stem from religious beliefs and cultural norms.[83] Delegates should consider the common values that should form the basis of sexuality education, and thus a suitable syllabus to cover these values and key areas of focus.

Additionally, despite the proven benefits of sexual education, in many developing countries a significant number of students are not offered a formal education. As the main medium of sexual education, this immediately hinders its outreach. Furthermore, sexual education suffers from a lack of competent educators, many of whom indicated that they were not entirely assured in their ability to deal with the subject matter adequately.[84] Hence, beyond merely promoting sexual education as a tool for bolstering reproductive health, delegates should find ways to deal with the constraints sexual education currently faces.

---

[81] "International Technical Guidance on Sexuality Education." UNFPA EECA, August 18, 2022. https://eeca.unfpa.org/en/publications/international-technical-guidance-sexuality-education.

[82] "International Technical Guidance on Sexuality Education." UNFPA EECA, August 18, 2022. https://eeca.unfpa.org/en/publications/international-technical-guidance-sexuality-education.

[83] Delorme, Isabel Maria. "CSE Barriers Roadmap." Youth Coalition. Accessed November 5, 2022. https://static1.squarespace.com/static/61e1b12a508a8863b0dded9a/t/630958cc0d842b414de46846/1661556952607/CSE-Barriers-Roadmap+%281%29.pdf.

[84] Press Association. "Teachers 'lack confidence' to give sex education lessons." *The Guardian*, October 28, 2010, sec. Education. https://www.theguardian.com/education/2010/oct/28/teachers-sex-education-survey.

Key Stakeholders

Progressive States

Progressive states strongly support reproductive healthcare rights and have been working towards providing safe and affordable reproductive healthcare products and services for all citizens. Many of these countries have legalised abortion, allowing women to have full bodily autonomy. Women are thus able to receive proper abortion services, decreasing the chances of women having to undergo unsafe, potentially life-threatening procedures to terminate an unintended pregnancy. Education is also seen as an important aspect in promoting reproductive rights amongst the general public in such progressive states, causing many progressive countries to have a well developed sexuality education curriculum where students are taught the importance of reproductive health care and reproductive rights in schools. This helps citizens acknowledge women's reproductive healthcare rights from a young age.

Contraception is also available in many of these progressive states and it is seen as a woman's right to decide if and when she is ready to bear a child. While some states price their contraceptives at affordable prices, other states provide contraception for free, making contraception widely available in progressive states. Many of these progressive states not only strive to provide the best reproductive healthcare possible for women domestically, but are also keen on working with other countries around the world to provide support in terms of monetary aid, volunteers and equipment to be able to push for better reproductive healthcare worldwide.

Developing States

Developing states support reproductive healthcare rights and have the desire to improve its reproductive healthcare system for its people. However, many of such developing states lack the funds and resources to be able to achieve a well-developed reproductive healthcare system. Thus, many women in these developing states are still unable to receive safe and affordable reproductive healthcare services. Developing states will also be keen to promote reproductive healthcare rights amongst its people to ensure that women receive proper treatment in society.

Conservative States

Conservative states may not recognise some reproductive healthcare rights, for example, abortion rights. Thus, conservative states tend to impose strict rules regarding reproductive healthcare such as the criminalisation of abortion. In many of these conservative states, whether it is due to the influence of traditional norms and religious beliefs, or the prevalence of pro-life beliefs, abortion is typically illegal with very few exceptional circumstances.

In most conservative states, sexual education in schools is not mandatory and less effective.[85] Hence, almost no schools in conservative states provide reproductive education to their students, causing citizens to be unaware of the importance of reproductive healthcare and lack understanding of reproduction as a whole. This poses a threat to citizens as they are less able to protect themselves from situations such as unplanned pregnancies. Contraception is either banned completely or not widely available. Hence, in the event of an unplanned pregnancy, women are left with no choice but to turn to illegal and unsafe abortions in countries where abortion is criminalised.

[85] Wanjek, Christopher. "Sex Education Less Effective in Conservative States." Yahoo! News. Yahoo!, February 7, 2012. https://news.yahoo.com/news/sex-education-less-effective-conservative-states-210403539.html.

Case Studies

Access to Reproductive Healthcare in India

India has committed itself to more progressive reproductive healthcare policies, shifting their focus from family planning to the broader field of reproductive and sexual health, as well as individual rights.[86] However, despite the headway made, infant and maternal fatalities remain high, while postpartum care is unavailable to many women. Sterilisation is still the main method of contraception, with temporary contraceptive options available only through private facilities that cannot be accessed by those of lower-income backgrounds. Furthermore, many abortions take place illegally, showing a lack of availability for legal channels to access reproductive health services.

These obstacles prove particularly challenging for the 65% of India's population living in rural areas, where there is less access to mainstream media and other forms of information infrastructure.[87] Rural populations are deprived of a comprehensive understanding on matters of reproductive health like abortion and contraception, which may perpetuate falsehoods that distort perceptions on these issues. As such, women in rural areas may lack awareness on the use of contraceptives and, therefore, how to use or access them. Though community health workers are supposed to be present in every village in India to advise on family planning, knowledge of contraception remains limited, with some women claiming that they "didn't know about having [fewer] children".[88]

The aforementioned lack of awareness exacerbates the taboo surrounding contraceptives. This leads to women having limited agency in reproductive healthcare when it comes to the use of contraception. A study conducted in rural Rajasthan found that for young women, the taboo around contraception and sex for non-reproductive reasons is essentially impossible to overcome.[89]

These issues also extend to abortion services, especially since the infrastructure for abortion services remains weak in rural areas. Without access to or knowledge of certified abortion centres, women who wish to terminate their pregnancy risk unsafe abortions.[90] Within indigenous communities, as many as

---

[86] Jejeebhoy, Shireen, K. G. Santhya, and A. J. Francis Zavier. "Sexual and Reproductive Health in India." Oxford Research Encyclopedia of Global Public Health, June 30, 2020. https://oxfordre.com/publichealth/view/10.1093/acrefore/9780190632366.001.0001/acrefore-9780190632366-e-225#acrefore-9780190632366-e-225-div1-2

[87] World Bank. "Rural Population (% of Total Population) - India." World Bank, 2021. https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?locations=IN.

[88] "Country Case-Study: Sexual and Reproductive Rights in India." Privacy International. Accessed September 3, 2022. https://privacyinternational.org/long-read/3863/country-case-study-sexual-and-reproductive-rights-india.

[89] D'Souza, Vania. "Family Planning and Contraceptives in Rural Rajasthan." India Fellow, September 2, 2022. https://www.indiafellow.org/blog/2022/03/family-planning-and-contraceptives-in-rural-rajasthan/.

[90] "Country Case-Study: Sexual and Reproductive Rights in India." Privacy International. Accessed September 3, 2022. https://privacyinternational.org/long-read/3863/country-case-study-sexual-and-reproductive-rights-india.

84% of women may lack access to any form of contraception, increasing the risk of unwanted pregnancies and, in turn, unsafe abortions.[91]

Even where abortion services may be readily available, the lack of transparency in costs for abortions means that costs can vary from woman to woman based on factors from the type of procedure performed to the medical condition of the individual woman; even her motivation for requesting an abortion may be taken into account. Although the creation of a pricing grade attempts to improve the financial accessibility of an abortion, these price points are set through subjective assessments, making the payment process difficult for many women.[92]

[91] Sanneving, Linda, Nadja Trygg, Deepak Saxena, Dileep Mavalankar, and Sarah Thomsen. "Inequity in India: The Case of Maternal and Reproductive Health." *Global Health Action* 6 (April 3, 2013): 10.3402/gha.v6i0.19145. https://doi.org/10.3402/gha.v6i0.19145.

[92] "Country Case-Study: Sexual and Reproductive Rights in India." Privacy International. Accessed September 3, 2022. https://privacyinternational.org/long-read/3863/country-case-study-sexual-and-reproductive-rights-india.

Reproductive Healthcare in the Netherlands

Europe is known for its progressive attitude and overall high performance in terms of promotion and provision of sexual and reproductive healthcare. Infant mortality in the area has been consistently low, with 23 member states reporting 3.4 deaths per 1000 live births in 2021.[93] Furthermore, within 10 years from 2008 to 2018, the infant mortality rate in Europe dropped from 4.2 deaths per 1000 live births to 3.4 deaths per 1000 live births, showing European nations' commitment towards a strong sexual and reproductive health system.[94]

Strong sexual and reproductive health policies that provide individuals control over their reproductive health have been extensively embraced by many European governments. Countries in Europe also underline the necessity of regional collaboration on such issues, notably in the areas of sustainable development, practice-sharing, and health data management. Across the region, steps have been done to expand the range of services available, as well as to assure quality and universal accessibility.[95]

In particular, Netherlands performs exceptionally well in terms of sexual and reproductive healthcare. In 2015, the Netherlands reported the lowest rate of teenage pregnancies (3.2 per 1000 women of reproductive age) in the European Union. STI transmissions in the Netherlands are also among the world's lowest.[96]

Family planning is completely incorporated into the main Dutch healthcare package, while emergency contraception is available over the counter, as are many other popular forms of contraceptives. Contraceptives are also subsidised, with combined oral contraceptives and IUDs immediately made reimbursable for women under the age of 21; this also applies to any services related to sexual dysfunction, handicap, identity, or chronic illness.[97] Most contraception, first-line infertility treatments, STI testing and treatment, and abortions are readily available and can be obtained from general practitioners.

---

[93] "Infant Mortality Halved between 1998 and 2018." Infant mortality halved between 1998 and 2018 - Products Eurostat News - Eurostat, March 9, 2022. https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20200309-1.

[94] "Infant Mortality Halved between 1998 and 2018." Infant mortality halved between 1998 and 2018 - Products Eurostat News - Eurostat, March 9, 2022. https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20200309-1.

[95] UNFPA. "Developing a Comprehensive Sexual and Reproductive Health Policy Framework: A Case-Study Review." UNFPA China, December 16, 2017. https://china.unfpa.org/en/publications/developing-comprehensive-sexual-and-reproductive-health-policy-framework-case-study.

[96] "Relatively Few Teenage Mothers in the Netherlands." Statistics Netherlands. Centraal Bureau voor de Statistiek, December 12, 2017. https://www.cbs.nl/en-gb/news/2017/50/relatively-few-teenage-mothers-in-the-netherlands.

[97] "European Standards on Subsidizing Contraceptives." CENTER FOR REPRODUCTIVE RIGHTS , 2010. https://reproductiverights.org/wp-content/uploads/2020/12/pub_fac_slovak_european-standards_9-08_WEB.pdf .

Maternal healthcare is largely covered by the highly developed and efficient Dutch midwifery services, which include robust consultation processes, national clinical guidelines categorising high, medium, and low risk pregnancies, and a strong promotion of home delivery to demedicalise pregnancy.[98]

The Netherlands sees a decentralised healthcare system in which health service administration is entrusted to the lowest level of governance, yet the national government still oversees cost control. This is coupled with a carefully controlled blend of commercial and public resource service provided, whether subsidised or covered by universal mandatory healthcare coverage.[99] With an all-rounded and well-developed reproductive healthcare system, people in the Netherlands have access to all sorts of reproductive healthcare services and products at affordable rates. Delegates can take reference to the reproductive healthcare system and structure in the Netherlands when working towards improving the reproductive healthcare system for all countries.

[98] UNFPA. "Developing a Comprehensive Sexual and Reproductive Health Policy Framework: A Case-Study Review." UNFPA China, December 16, 2017. https://china.unfpa.org/en/publications/developing-comprehensive-sexual-and-reproductive-health-policy-framework-case-study.

[99] UNFPA. "Developing a Comprehensive Sexual and Reproductive Health Policy Framework: A Case-Study Review." UNFPA China, December 16, 2017. https://china.unfpa.org/en/publications/developing-comprehensive-sexual-and-reproductive-health-policy-framework-case-study.

Questions a Resolution Must Answer (QARMA)

1. How can the WHO deal with restrictive policies and laws regarding reproductive healthcare in certain countries?
2. How can the WHO tackle the lack of access to reproductive healthcare with reference to international frameworks and national healthcare systems?
3. In what ways can the WHO tackle the uneven distribution of reproductive healthcare facilities and services between rural and urban areas?
4. How can the WHO tackle the lack of awareness and stigma that revolves around reproductive healthcare?
5. In what ways should the WHO ensure that low-income individuals have access to affordable reproductive healthcare services?

Conclusion

The issue of reproductive healthcare among low-income populations is far from resolved. While some countries have made progress in terms of recognising women's rights for reproductive healthcare, taking action and implementing policies to provide reproductive healthcare for more women, there are still various factors including but not limited to the lack of medical personnel, religious beliefs, and lack of funds that prevent Governments from providing all women with safe and affordable reproductive healthcare. While the WHO has put in place the 'Global Strategy for Women's, Children's and Adolescents Health', it is ultimately up to each state to take action with reference to the Global Strategy to ensure the provision of proper reproductive healthcare for all women, including those of low-income populations. Reproductive healthcare is a human right which all women should have access to, and it is thus important for the world to work towards providing all women with affordable and safe reproductive healthcare.

Bibliography

Abdurahman, Chaltu, et al. "Sexual and Reproductive Health Services Utilization and Associated Factors among Adolescents Attending Secondary Schools - Reproductive Health." BioMed Central, BioMed Central, 15 July 2022. https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-022-01468-w.

Agnani, Ipsa and Shruti Arora. "Don't turn away the young." India Development Review, August 30, 2021. https://idronline.org/dont-turn-away-the-young-health-services/.

Ali, Moazzam, Madeline Farron, Leopold Ouedraogo, Ramez Khairi Mahaini, Kelsey Miller, and Rita Kabra. "Research Gaps and Emerging Priorities in Sexual and Reproductive Health in Africa and the Eastern Mediterranean Regions." *Reproductive Health* 15, no. 1 (March 5, 2018): 39. https://doi.org/10.1186/s12978-018-0484-9.

"Anti-Abortion Laws—the Antithesis of the Fundamental Rights of Women." *The Lancet Regional Health – Europe* 3 (April 1, 2021). https://doi.org/10.1016/j.lanepe.2021.100111.

Anwar, Shakeel. "World Health Organisation (WHO): Purpose and Achievements." Jagran Josh, April 19, 2016. https://www.jagranjosh.com/general-knowledge/world-health-organisation-who-purpose-and-achievements-1458292078-1.

"A Strategic Approach to Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) in India." USAID Advancing Nutrition, January 1, 1970. https://www.advancingnutrition.org/resources/adolescent-resource-bank/strategic-approach-reproductive-maternal-newborn-child-and.

Bollyky, Thomas J., Erin N. Hulland, Ryan M. Barber, James K. Collins, Samantha Kiernan, Mark Moses, David M. Pigott, et al. "Pandemic Preparedness and COVID-19: An Exploratory Analysis of Infection and Fatality Rates, and Contextual Factors Associated with Preparedness in 177 Countries, from Jan 1, 2020, to Sept 30, 2021." *The Lancet* 399, no. 10334 (April 16, 2022): 1489–1512. https://doi.org/10.1016/S0140-6736(22)00172-6.

Brekke, Kira. "All the Countries That Provide Free Contraception." HuffPost, July 3, 2014. https://www.huffpost.com/entry/countries-free-birth-control_n_5553037.

Chandran, Kavita, and Tan Ee Lyn. “Lack of Medical Workers Causes New Health Crisis in Developing Countries.” The New York Times. The New York Times, October 1, 2008. https://www.nytimes.com/2008/10/01/world/asia/01iht-medical.1.16607251.html.

“Concordato Entre La Santa Sede y La República Dominicana.” Vatican. Vatican. Accessed November 5, 2022. https://www.vatican.va/roman_curia/secretariat_state/archivio/documents/rc_seg-st_19540616_concordato-dominicana_sp.html.

“Country Case-Study: Sexual and Reproductive Rights in India.” Privacy International. Accessed September 3, 2022. https://privacyinternational.org/long-read/3863/country-case-study-sexual-and-reproductive-rights-india.

Delorme, Isabel Maria. “CSE Barriers Roadmap.” Youth Coalition. Accessed November 5, 2022. https://static1.squarespace.com/static/61e1b12a508a8863b0dded9a/t/630958cc0d842b414de46846/1661556952607/CSE-Barriers-Roadmap+%281%29.pdf.

Doran, Frances, and Julie Hornibrook. “Barriers around Access to Abortion Experienced by Rural Women in New South Wales, Australia.” Rural and Remote Health, March 18, 2016. https://www.rrh.org.au/journal/article/3538.

D'Souza, Vania. “Family Planning and Contraceptives in Rural Rajasthan.” India Fellow, September 2, 2022. https://www.indiafellow.org/blog/2022/03/family-planning-and-contraceptives-in-rural-rajasthan/d/3863/country-case-study-sexual-and-reproductive-rights-india.

“Education in Africa.” UNESCO UIS. UNESCO, December 2, 2019. http://uis.unesco.org/en/topic/education-africa.

Espinet, Xavier, Sadig Aliyev, Zuzana Stanton-Geddes, and Veasna Bun. “The Road to Healthier Communities: Rethinking Rural Accessibility amid a Health Crisis.” World Bank Blogs. World Bank, June 4, 2020. https://blogs.worldbank.org/transport/road-healthier-communities-rethinking-rural-accessibility-amid-health-crisis.

Essendi, Hildah, Fiifi Amoako Johnson, Nyovani Madise, Zoe Matthews, Jane Falkingham, Abubakr S. Bahaj, Patrick James, and Luke Blunden. “Infrastructural Challenges to Better Health in Maternity Facilities in Rural Kenya: Community and Healthworker Perceptions.” *Reproductive Health* 12, no. 1 (November 9, 2015): 103. https://doi.org/10.1186/s12978-015-0078-8.

“European Standards on Subsidizing Contraceptives.” CENTER FOR REPRODUCTIVE RIGHTS, 2010. https://reproductiverights.org/wp-content/uploads/2020/12/pub_fac_slovak_european-standards_9-08_WEB.pdf.

Harvard T.H. Chan School of Public Health. “Calculating the high cost of women’s reproductive health care.” Harvard T.H. Chan School of Public Health, 2018. https://www.hsph.harvard.edu/news/hsph-in-the-news/calculating-cost-womens-reproductive-health-care/.

“Healthcare in Developing Countries.” Medical Device News Magazine. Medical Device News Magazine, January 6, 2022. https://infomeddnews.com/healthcare-in-developing-countries/.

“Health Care Quality in Africa: Uganda, Nigeria, Tanzania, Zambia, Kenya, Zimbabwe and South Africa.” Aetna International, 2020. https://www.aetnainternational.com/en/about-us/explore/living-abroad/culture-lifestyle/health-care-quality-in-africa.html.

Health Research Funding. “24 Incredible Unsafe Abortion Statistics.” Health Research Funding Organisation, October 29, 2014. https://healthresearchfunding.org/24-incredible-unsafe-abortion-statistics/.

Hussein, Julia, and Laura Ferguson. “Eliminating Stigma and Discrimination in Sexual and Reproductive Health Care: A Public Health Imperative.” Sexual and reproductive health matters. Taylor & Francis, December 2019. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7887974/.

"Infant Mortality Halved between 1998 and 2018." Infant mortality halved between 1998 and 2018 - Products Eurostat News - Eurostat, March 9, 2022. https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20200309-1.

"Infectious and Communicable Diseases." Australian Institute of Health and Welfare, July 7, 2022. https://www.aihw.gov.au/reports/australias-health/infectious-and-communicable-diseases.

"International Technical Guidance on Sexuality Education." UNFPA EECA, August 18, 2022. https://eeca.unfpa.org/en/publications/international-technical-guidance-sexuality-education.

Jejeebhoy, Shireen, K. G. Santhya, and A. J. Francis Zavier. "Sexual and Reproductive Health in India." Oxford Research Encyclopedia of Global Public Health, June 30, 2020. https://oxfordre.com/publichealth/view/10.1093/acrefore/9780190632366.001.0001/acrefore-9780190632366-e-225#acrefore-9780190632366-e-225-div1-2.

Juma, Kenneth, Ramatou Ouedraogo, Joshua Amo-Adjei, Ali Sie, Mamadou Ouattara, Nkechi Emma-Echiegu, Joseph Eton, Michael Mutua, and Martin Bangha. "Health Systems' Preparedness to Provide Post-Abortion Care: Assessment of Health Facilities in Burkina Faso, Kenya and Nigeria." *BMC Health Services Research* 22 (April 22, 2022): 536. https://doi.org/10.1186/s12913-022-07873-y.

Kabra, Rita, Marco Castillo, Mercedes Melián, Moazzam Ali, Lale Say, and A. Metin Gulmezoglu. "Research Capacity Strengthening for Sexual and Reproductive Health: A Case Study from Latin America." *Reproductive Health* 14, no. 1 (March 7, 2017): 35. https://doi.org/10.1186/s12978-016-0222-0.

Kannarkat, Joseph T., Noah Krampe, Lauren S. Hughes, and Diana Silimperi. "Solving Rural US Health Care Challenges With Frugal Innovation: Low-Costs, High Returns." *Health Affairs Forefront*, February 23, 2022. https://doi.org/10.1377/forefront.20220222.972908.

Keenan, Laura. "High Rates of Unintended Pregnancies Linked to Gaps in Family Planning Services: New Who Study." World Health Organisation, October 25, 2019. https://www.who.int/news/item/25-10-2019-high-rates-of-unintended-pregnancies-linked-to-gaps-in-family-planning-services-new-who-study.

Kirstein, Marielle. "Abortion." Guttmacher Institute, October 1, 2022. https://www.guttmacher.org/united-states/abortion.

Koller, Theadora Swift. “Assessing Barriers to Effective Coverage with Health Services.” PAHO, April 23, 2021. https://www.paho.org/sites/default/files/theadora-koller-assessing-barriers-fesp-april-2021.pdf.

Laughlin, Lynda. “22 Million Employed in Health Care Fight against COVID-19.” United States Census Bureau, October 8, 2021. https://www.census.gov/library/stories/2021/04/who-are-our-health-care-workers.html.

Law Cornell. “Definition: Persons of Low Income from 42 USC § 5302(a)(20) | LII / Legal Information Institute.” Legal Information Institute. Legal Information Institute. Accessed July 29, 2022. https://www.law.cornell.edu/uscode/text/42/5302#a_20.

“Many Rural Americans Are Still ‘Left Behind.’” Institute for Research on Poverty, January 2020. https://www.irp.wisc.edu/resource/many-rural-americans-are-still-left-behind/.

Miller, Merrill, Luciano Gonzalez-Vega, and Emily Newman. “Why Are the Poor More Religious?”. TheHumanist, October 15, 2014. https://thehumanist.com/news/national/why-are-the-poor-more-religious/.

Montagu, Dominic, Gavin Yamey, Adam Visconti, April Harding, and Joanne Yoong. “Where Do Poor Women in Developing Countries Give Birth? A Multi-Country Analysis of Demographic and Health Survey Data.” *PLOS ONE* 6, no. 2 (February 28, 2011): e17155. https://doi.org/10.1371/journal.pone.0017155.

Morgan, Nicky. “Investing in Sexual and Reproductive Health in Low- and Middle-Income Countries.” Investing in sexual and reproductive health in low- and middle-income countries - Faculty of Sexual and Reproductive Healthcare, 2020. https://www.fsrh.org/blogs/investing-in-sexual-and-reproductive-health-in-low-and-middle/.

Muhoza, Dieudonne Ndaruhuye, and Charles Mulindabigwi Ruhara. “Closing the Poor-Rich Gap in Contraceptive Use in Rwanda: Understanding the Underlying Mechanisms.” *International Perspectives on Sexual and Reproductive Health* 45 (October 4, 2019): 13–23. https://doi.org/10.1363/45e7519.

Office of the High Commissioner for Human Rights. “Abortion.” Office of the High Commissioner for Human Rights, 2020.

https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/SexualHealth/INFO_Abortion_WEB.pdf.

Pendergraft, James S. “Post Abortion Care: Why It's Critical for Women's Health.” Orlando Women's Center. Orlando Women's Center, October 6, 2022. https://www.womenscenter.com/2022/10/post-abortion-care-why-its-critical-for-womens-health/.

Pizzarossa, Lucía Berro. “Here to Stay: The Evolution of Sexual and Reproductive Health and ...” MDPI Laws, August 7, 2018. https://res.mdpi.com/d_attachment/laws/laws-07-00029/article_deploy/laws-07-00029.pdf.

Press Association. “Teachers ‘lack confidence’ to give sex education lessons.” *The Guardian*, October 28, 2010, sec. Education. https://www.theguardian.com/education/2010/oct/28/teachers-sex-education-survey.

“Relatively Few Teenage Mothers in the Netherlands.” Statistics Netherlands. Centraal Bureau voor de Statistiek, December 12, 2017. https://www.cbs.nl/en-gb/news/2017/50/relatively-few-teenage-mothers-in-the-netherlands.

“Reproductive Health in the African Region. What Has Been Done to Improve the Situation?” United Nations. United Nations. Accessed November 5, 2022. https://www.un.org/en/chronicle/article/reproductive-health-african-region-what-has-been-done-improve-situation.

Reichel, Chloe. “Rural-Urban Health Care Disparities: Research Roundup.” The Journalist’s Resource. Harvard Kennedy School, December 4, 2020. https://journalistsresource.org/health/rural-urban-health-care-disparities.

Richards, Sheyla D., Eva Mendelson, Gabriella Flynn, Luz Messina, Diane Bushley, Mina Halpern, Silvia Amesty, and Samantha Stonbraker. “Evaluation of a Comprehensive Sexuality Education Program in La Romana, Dominican Republic.” *International Journal of Adolescent Medicine and Health* 33, no. 5 (June 13, 2019): 10.1515/ijamh-2019–0017. https://doi.org/10.1515/ijamh-2019-0017.

Sanneving, Linda, Nadja Trygg, Deepak Saxena, Dileep Mavalankar, and Sarah Thomsen. “Inequity in India: The Case of Maternal and Reproductive Health.” *Global Health Action* 6 (April 3, 2013): 10.3402/gha.v6i0.19145. https://doi.org/10.3402/gha.v6i0.19145.

Schaaf, Marta, Grady Arnott, Kudzai Meda Chilufya, Renu Khanna, Ram Chandra Khanal, Tanvi Monga, Charles Otema, and Christina Wegs. “Social Accountability as a Strategy to Promote Sexual and Reproductive Health Entitlements for Stigmatized Issues and Populations.” *International Journal for Equity in Health* 21, no. 1 (February 10, 2022): 19. https://doi.org/10.1186/s12939-021-01597-x.

Schantz, Dr. Stimson. “How Much Does an Abortion Cost? (2022).” Spend On Health, August 30, 2019. https://spendonhealth.com/abortion-cost/.

Sedgh, Gilda, Lori S. Ashford, and Rubina Hussain. “Unmet Need for Contraception in Developing Countries: Examining Women’s Reasons for Not Using a Method.” Guttmacher Institute, June 21, 2016. https://www.guttmacher.org/report/unmet-need-for-contraception-in-developing-countries.

Serenko, Anna. “The Benefits and Barriers of Comprehensive Sex Education.” Global Citizen, 2020. https://www.globalcitizen.org/en/content/sex-ed-barriers-and-benefits/sexuality-education-developing-world/.

“Sexuality Education - Approaches and Controversies in Other Countries.” JRank Articles. Accessed November 5, 2022. https://family.jrank.org/pages/1517/Sexuality-Education-Approaches-Controversies-in-Other-Countries.html.

Smith, Kate. “Covid-19 Caused Millions to Lose Access to Birth Control, U.N. Estimate Shows.” CBS News, March 11, 2021. https://www.cbsnews.com/news/birth-control-access-covid-19-pandemic-limit/.

Staff Reports. “Poverty in the Dominican Republic and Its Connection to Crime.” Borgen Magazine, December 3, 2021. https://www.borgenmagazine.com/poverty-in-the-dominican-republic-2.

Staff Reports. “Benefits of Sexuality Education in the Developing World.” Borgen Magazine, August 6, 2015. https://www.borgenmagazine.com/benefits-sexuality-education-developing-world/.

"The Abortion Laws: Which Countries Allow Abortion?" Global Citizen Solutions, July 5, 2022. https://www.globalcitizensolutions.com/the-abortion-laws-which-countries-allow-abortion/.

"The Decline of Sex Education in Rural America." The Free Library. The Free Library, July 1, 2021. https://www.thefreelibrary.com/The+Decline+of+Sex+Education+in+Rural+America.-a066988 9699.

"The Importance of Small Rural Hospitals." The importance of rural hospitals, 2018. https://ruralhospitals.chqpr.org/Importance.html.

"The World's Abortion Laws." Center for Reproductive Rights, August 19, 2022. https://reproductiverights.org/maps/worlds-abortion-laws/.

Thornicroft, Graham, Diana Rose, Aliya Kassam, and Norman Sartorius. "Stigma: Ignorance, Prejudice or Discrimination?" *British Journal of Psychiatry* 190, no. 3 (2007): 192–93. https://doi.org/10.1192/bjp.bp.106.025791.

UNAIDS. "Challenge the Stigma, Pursue Your Right to Health." UNAIDS, January 20, 2021. https://www.unaids.org/en/resources/presscentre/featurestories/2021/january/20210120_Zim_srhr.

United Nations Population Fund. "Developing a Comprehensive Sexual and Reproductive Health Policy Framework: A Case-Study Review." UNFPA China, December 16, 2017. https://china.unfpa.org/en/publications/developing-comprehensive-sexual-and-reproductive-health-policy-framework-case-study.

United Nations Population Fund. "The Journey towards Comprehensive Sexuality Education - Global Status Report - World." ReliefWeb, September 14, 2021. https://reliefweb.int/report/world/journey-towards-comprehensive-sexuality-education-global-status-report.

United Nations. "Reproductive Health Policies 2017." United Nations, 2017. https://www.un.org/en/development/desa/population/publications/pdf/policy/reproductive_health_policies_2017_data_booklet.pdf.

Wanjek, Christopher. "Sex Education Less Effective in Conservative States." Yahoo! News. Yahoo!, February 7, 2012.

https://news.yahoo.com/news/sex-education-less-effective-conservative-states-210403539.html?fr=sycsrp_catchall.

Williamson, Lisa M., Alison Parkes, Daniel Wight, Mark Petticrew, and Graham J. Hart. "Limits to Modern Contraceptive Use among Young Women in Developing Countries: A Systematic Review of Qualitative Research." *Reproductive Health* 6, no. 1 (February 19, 2009): 3. https://doi.org/10.1186/1742-4755-6-3.

World Bank. "Rural Population (% of Total Population) - India." World Bank, 2021. https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?locations=IN.

World Bank. "World Bank Country and Lending Groups." World Bank Country and Lending Groups – World Bank Data Help Desk, 2022. https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups.

World Health Organisation. "Abortion." World Health Organisation, November 25, 2021. https://www.who.int/news-room/fact-sheets/detail/abortion.

World Health Organisation. "Constitution of the World Health Organisation." World Health Organisation. Accessed September 3, 2022. https://www.who.int/about/governance/constitution.

World Health Organisation. "Core Priorities." World Health Organisation. Accessed September 3, 2022. https://www.who.int/europe/about-us/our-work/core-priorities.

World Health Organisation. "Our Work." World Health Organisation. Accessed September 3, 2022. https://www.who.int/our-work.

World Health Organisation. "Our Work: Life Course." World Health Organisation. Accessed September 3, 2022. https://www.who.int/our-work/life-course.

World Health Organisation. "Reproductive Health." World Health Organisation. World Health Organisation, 2022. https://www.who.int/westernpacific/health-topics/reproductive-health.

World Health Organisation. "Regional Offices." World Health Organisation. Accessed September 3, 2022. https://www.who.int/about/who-we-are/regional-offices.

World Health Organisation. “Sexuality Education.” World Health Organisation, 2020. https://www.euro.who.int/__data/assets/pdf_file/0008/379043/Sexuality_education_Policy_brief_No_1.pdf.

World Health Organisation. “THE GLOBAL STRATEGY FOR WOMEN’S, CHILDREN’S AND ADOLESCENTS’ HEALTH (2016-2030)” World Health Organisation. Accessed November 5, 2022. https://www.who.int/docs/default-source/child-health/the-global-strategy-for-women-s-children-s-and-adolescents-health-2016-2030.pdf.

World Health Organisation. “Universal Access to Sexual and Reproductive Health.” World Health Organisation. Accessed September 3, 2022. https://www.who.int/news/item/19-07-2022-universal-access-to-sexual-and-reproductive-health.

World Health Organisation. “WHO Issues New Guidelines on Abortion to Help Countries Deliver Lifesaving Care.” World Health Organisation. Accessed November 5, 2022. https://www.who.int/news/item/09-03-2022-access-to-safe-abortion-critical-for-health-of-women-and-girls.

Zarocostas, John. “African Countries Need to Allocate More of Their Budgets to Health, Says WHO.” *BMJ* 342 (March 30, 2011): d1992. https://doi.org/10.1136/bmj.d1992.