



Inequalities In Accessing Sexual and Reproductive Healthcare Services – *an impediment to achieving SDG 3 & 10*

By

Tochuwku Igboanugo, MBBS

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Factors Increasing the Gap



<http://www.unsystemceb.org/>

■ Laws and Policies

- **Global economic policies** restricting markets of some products from developing countries and promoting poverty [1].
- Association between poverty and health (reproductive and sexual inclusive) inequality has been well established [1].
- **Restrictive Abortion Laws**
- In 2018, 1,053 Northern Irish women travelled to England and Wales to have abortion [2] as both the mother and the doctor are at risk of life imprisonment [3].
- Women to pay between £480 - £1810 (exclusive of transportation) in UK for abortion if they do not meet certain requirements [4]

Factors Increasing the Gap

■ Structural Barrier

- **Classified healthcare services [7]** making some services unavailable to certain women. E.g., refusal of some gynaecologist to accept asylum seekers as patients.
- Midwives' services available only on demand, and not part of the standard care.
- Restricted access to female contraceptives to asylum seekers and migrants [8] in contrast to free contraception and abortion services enjoyed by other women in the population.
- **Poor transport network, timing of the healthcare clinics, long waiting hours in clinics [8]**



Cont...

- ***Attitudes of healthcare workers [8,9,10,14]***
- Association between stigma/discrimination and health seeking behaviours among the sexual minorities has been established.
- More than 1 out of every 10 persons living with HIV experience one form of stigma/discrimination from healthcare professionals.
- Only 9% of transwomen has received HPV vaccine compared to majority ciswomen and 63% of transmen.
- 1 out of every 2 transmen have never had pelvic examination nor pap smear in their lifetime.



<https://www.foxnews.com/health/transgender-people-face-discrimination-in-health-care>



Bridging the gap...

I. Review policies that restricts markets of products from the developing nations

II. Repealing restrictive abortion laws

III. Healthcare reforms

- Reducing the legal age of consent from 16 to 13 years for easier teenage access to contraceptive services
- Integrating school HPV vaccine programs into adolescent sexual health clinics
- Siting sexual health clinics in shopping malls - clinic will also offer HPV vaccination
- Longer clinic hours/evening clinics
- Breakthrough sexual health clinics in community centres

Cont...

NOW

- Establishing new clinics for sexual minorities and sex workers manned by health professionals of competent understanding of these minority groups
- Electronic records with details of STIs screenings and vaccinations to be established and made accessible to designated healthcare professionals. Details of these to be protected
- GPs to be equipped with on-the-stop, rapid STI screening facilities
- Sex education should to include awareness of sexual orientations and the need for disclosure.

"Any inequality encountered by any individual in accessing any sexual/reproductive healthcare service is a deprivation of their fundamental right to good health"

Tochukwu Igboanugo



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