

Improving access to contraception in underserved communities: Challenges and solutions.

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Introduction

Access to contraception is essential for women and couples to have control over their reproductive health, including the ability to prevent unintended pregnancies, space out their pregnancies, and have fewer children. However, many underserved communities, particularly those in low and middle-income countries, lack access to effective contraception due to various challenges [1].

Limited availability: In many underserved communities, access to contraception is limited or non-existent due to inadequate infrastructure, insufficient healthcare services, and a lack of trained healthcare providers. This makes it difficult for women and couples to obtain contraceptive services, supplies, and information. **Stigma and misinformation:** In some cultures and communities, there is still a stigma associated with the use of contraception. This can result in shame and discrimination for women who use contraceptives, leading them to avoid seeking out these services. In addition, there is often misinformation about contraception that perpetuates myths and misunderstandings, making it difficult for individuals to make informed decisions about their reproductive health [2].

Increase availability: To improve access to contraception in underserved communities, there is a need to increase the availability of healthcare services, supplies, and trained healthcare providers. This can be achieved by expanding the reach of existing healthcare facilities, investing in the training of more healthcare providers, and establishing new clinics and outreach programs that can provide contraceptive services in remote and underserved areas [3].

Address stigma and misinformation: Addressing the stigma associated with contraceptive use requires a multi-pronged approach. This can include community education campaigns that promote accurate information about contraception, and the benefits of family planning. In addition, efforts can be made to engage community leaders, religious leaders, and other influential figures to help destigmatize contraceptive use. **Reduce economic barriers:** To make contraception more accessible to underserved communities, efforts can be made to reduce the cost of contraceptive supplies and services. This can include subsidizing the cost of contraceptives for those who cannot afford them, providing free or low-cost transportation to healthcare facilities, and offering flexible work schedules that allow individuals to access contraceptive services without

losing wages [4].

Use technology: Technology can be an effective tool for improving access to contraception in underserved communities. Telemedicine and mobile health (mHealth) technologies can provide remote access to healthcare services, allowing individuals to consult with healthcare providers and obtain contraceptive services without having to travel long distances. **Collaborate with community organizations:** Partnering with community organizations can help improve access to contraception in underserved communities. These organizations can provide community education and outreach, distribute contraceptive supplies, and provide support and resources for individuals seeking contraceptive services [5].

Conclusion

Improving access to contraception in underserved communities requires a multifaceted approach that addresses the various challenges that individuals and communities face. By increasing the availability of healthcare services, addressing stigma and misinformation, reducing economic barriers, using technology, and collaborating with community organizations, we can help ensure that individuals have the resources they need to make informed decisions about their reproductive health.

References

1. Ylikorkala O, Makila UM. Prostacyclin and thromboxane in gynecology and obstetrics. *Am J Obstet Gynecol.* 1985;152(3):318-29.
2. Chandler PJ, Chandler C, Dabbs ML. Provider gender preference in obstetrics and gynecology: A military population. *Military Med.* 2000;165(12):938-40.
3. Scott JR, Sharp HT, Dodson MK, et al. Subtotal hysterectomy in modern gynecology: A decision analysis. *Am J Obstet Gynecol.* 1997;176(6):1186-92.
4. Burghardt E, Girardi F, Lahousen M, et al. Microinvasive carcinoma of the uterine cervix. *Cancer.* 1991;67(4):1037-45.
5. Clark SL, Horenstein JM, Phelan JP, et al. Experience with the pulmonary artery catheter in obstetrics and gynecology. *Am J Obstet Gynecol.* 1985;152(4):374-8.

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