

Grace Mueller

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Improving Reproductive Health in Honduras

The most significant health issue holding Honduras from accomplishing Sustainable Development Goal 3 (SDG 3), Good health and well-being, is the lack of adequate reproductive healthcare services and sexual education. Under SDG 3, Target 3.7 aims to “ensure universal access to sexual and reproductive healthcare services, including family planning, information and education, and the integration of reproductive health into national strategies and programs” by 2030 (United Nations [UN], 2022). Two of the indicators used to measure progress towards this goal are indicator 3.7.1, the “proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods”, and indicator 3.7.2, the “adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group” (UN, 2022). Honduras is struggling to improve on these measures, and in some areas of the country, conditions are worsening. The lack of sufficient reproductive health is due to several cultural and political factors, as well as high levels of poverty and inequity. Still, improvements can be made by focusing on prevention programs. In this paper, I will detail the strain inadequate reproductive health has had on Honduras and make recommendations for improving the situation.

Pregnancy during adolescence is associated with a wide array of worsened health outcomes, as well as increased socioeconomic struggles. Physically, young mothers are more likely to suffer from maternal mortality, anemia, low birth-weight infants, preterm birth, and neonatal death, among other birth complications (Shakya et al., 2017). Complications from pregnancy are the leading cause of death globally for girls ages 15-19 and are only more

common among adolescents (Médecins Sans Frontières [MSF], 2022). In addition, becoming a mother in adolescence can force young girls to discontinue their education, creating fewer economic opportunities in their futures. Honduras experiences a high adolescent fertility rate, with 88.70 births per 1,000 females aged 15-19, more than twice the global value of 41 births per 1,000 females (Sachs et al., 2022). This value has decreased significantly in recent years but is still far from the SDG long-term objective of 2.5 births per 1,000 females aged 15-19 (Sachs et al., 2022). With such a high rate of adolescent pregnancies, the health system of Honduras is put under an increased level of strain to meet the greater needs of these young mothers.

Access to primary sexual health care and contraceptives is not guaranteed for many women in Honduras, and adolescent girls may have even fewer opportunities to utilize these resources. Often, the only locations where adolescents can be treated for a sexually transmitted infection are heavily influenced by religion and will stigmatize young girls seeking help (Zambrana, 2022). Young women and girls are also more vulnerable to sexual abuse and violence (MSF, 2022). In the last 10 years, a team from Doctors Without Borders in Honduras treated more than 3,500 victims of sexual and gender-based violence (MSF, 2022). Many other survivors likely did not seek medical care due to fear of shame, a lack of knowledge of the available services, or insufficient access to health services. To provide effective reproductive care, women and adolescent girls must feel safe and comfortable seeking care.

Family planning and basic gynecological services are lacking in quantity and quality for Honduran women of reproductive age. Some of the important services necessary for promoting good reproductive health include cervical cytological screening care (done via pap smear), family planning use, prenatal care, location of childbirth, and mammogram rates (Price & Asgary, 2011). In a study by Price and Asgary, 88% of women interviewed had heard of cervical

screening or a pap test, but only 50% had ever had a test throughout their lifetime, and only 20% had a test that year (2011). The pap smear test is a relatively inexpensive service that can help catch and prevent cervical cancer. Similarly, mammograms are a test that screens for breast cancer and are recommended for women over 50 years old. Among the same group of women interviewed, 40% had heard of a mammogram, but only 11% of women over age 50 had ever had one (Price & Asgary, 2011). This shows that there is a gap in knowledge about reproductive care and access to the services themselves.

Equity in healthcare continues to be a large issue in Honduras, particularly regarding women's reproductive health. Rural areas have significantly fewer clinics and providers, which creates problems of accessibility to care for individuals in these areas. The study by Price and Asgary reported that one-third of interview respondents did not give birth in a clinic or hospital for their most recent childbirth. The most common reason given was the distance and cost of transportation. Of the mothers who gave birth outside of the hospital, 60% were from two of the most remote regions of the municipality (2011). Barriers to care exist for any woman in Honduras, but disproportionately so for lower-income, indigenous, or rural populations. In order to reach SDG 3 and improve the reproductive health of Honduran women, these barriers must be dismantled.

If SDG 3 is to be achieved, adolescent pregnancies must be reduced. This can be accomplished through improved sexual health education and access to contraceptives. Sexual health education in Honduras needs to be improved in quality of information, as well as in its reach to the population, especially to rural populations. Evidence shows that quality sexual education has many positive impacts, including a delay in beginning to be sexually active, the use of contraceptives, and fewer sexual partners (Ministry of Health, 2012). It is essential to train

teachers in standardized, science-based sexual health to promote safe sexual behaviors to their students. In addition to educating the young population on sexual health, easy access to contraceptives would also help improve the health and well-being of the Honduran population. In 10 months, the Doctors without Borders team in Honduras has provided contraception to 690 individuals spanning 15 different communities (MSF, 2022). To facilitate access to contraceptives for everyone, options should be provided for low or no cost and be easy to obtain from common locations like grocery stores, pharmacies, and health centers.

Another important recommendation is to utilize mobile health clinics to improve the reach of female reproductive health services. As shown by the aforementioned studies, knowledge of the benefits of reproductive care, such as mammograms and pap smears, does not correspond to partaking in it. Women living in rural areas are less likely to get the care they need due to many barriers, including transportation. By utilizing mobile clinics and bringing the services to the most at-need areas, these women can receive the care they need and experience improved health outcomes.

In conclusion, prioritizing the reproductive health of women in Honduras will not only improve their health and well-being but will reduce the overall strain on the health system and economy. By improving sexual education and increasing access to contraceptives, adolescent and other unplanned pregnancies can be reduced. Adverse reproductive issues, such as cervical cancer and breast cancer, can also be diminished with greater access to basic gynecological services, which can be provided to larger amounts of women with the use of mobile health clinics. If these issues are effectively combatted, health and well-being will benefit, and Honduras will be closer to achieving SDG 3.

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