



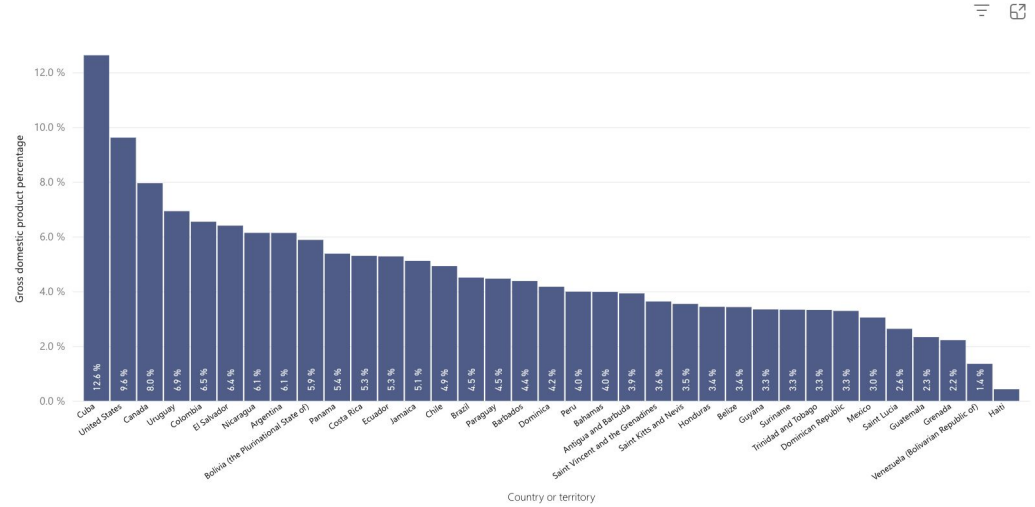
Women's Reproductive Health in Mexico

Olivia Bouts, Marjorie Neeley, Omar Hunt, Miah Bernard

Background

- 46.2% of the Mexican population lives in poverty (Rodrigues-Aguilar, 2018)
- 2% of the population is rich
- High amount of health care is paid out-of-pocket (Ruelas, 2002)
- Issues with quality of care, insufficient resources, and high cost (Ruelas, 2002)
- Public expenditure on health accounted for 3.05% of GDP (PAHO, 2024)

Domestic general government health expenditure as percentage of gross domestic product, 2021



Data source: World Health Organization, Global Health Expenditure Database. Geneva: World Health Organization; 2023. Available at: <https://apps.who.int/nha/database>

What statistics/measures do you think are important to give insight on the status of women's reproductive health?

Current State

21.5% of the population was indigenous in 2015 (Minority Rights Group, 2023)

Contraception



- 11.5% of married women and 28.9% of unmarried women have unmet needs for contraception (Juarez, et al. 2018)
- Only 59.9% of sexually active adolescents use birth control (Servan-Mori et al. 2022)

Teen Pregnancy



- FR = 70.6/1000 adolescents
- If a mom has a child before 15, her child is 84% likely to experience teenage pregnancy
- Primarily a problem in disadvantaged social sectors
- Caused by and causes poor educational attainment
- (Servan-Mori et al., 2022)

Maternal Mortality Rate



- MMR in 2015 = 38/100,000 live births
- Higher among young women; less likely to get prenatal control
- Main causes of death were ectopic pregnancies and hemorrhage
- (Rodriguez-Aguilar, 2018)

Reproductive Health Study

- In-depth interview study in 2012 revealed...
 - Unbalanced gender norms when it comes to bodily autonomy
 - Shortages in medications and staff
 - Construction for women to put children's needs before their own
 - (Espinoza et al., 2014)

"I didn't know that they were going to cut off my [fallopian] tubes... my brother went to the hospital and told them it was better for them to do it."

"Sometimes they just have nothing there [local clinic], and you are prescribed medicines that are not available..."



Barriers to Menstrual Health

- Menstrual Health, in Mexico, is affected by poverty, cultural beliefs, and lack of education.
 - One of the most complicated barriers in accessing menstrual products in Mexico is the high prices, especially for those of local or low-income communities. 4 out of every 10 women cannot access menstrual products. It was only recently (2022) that a 16% tax law on menstrual products was rescinded, but that has not fixed all the issues with young women being able to access needed menstrual products.
 - Menstruation can often be seen as taboo, leaving young women unable to mention their reproductive health with others out of fear.
 - There is not enough education given to young women in Mexico about their reproductive health. There is also a lack of education provided to schools and other businesses, leaving these young women to often be dismissed when they complain about excessive cramping and/or heavy bleeding, so they are not given the help they need.

(ProMujer, 2023)

**Are there any barriers affecting
Menstrual Health in the United
States that you can think of?**


- Words from Youth Activist, Maria J.P., growing up in Southern Mexico:
 - “In Mexico, the subject of menstruation is seen as a “problem” that most women, primarily young girls, have to deal with in silence. Having to take out a sanitary pad, or bleeding on yourself during class was seen as something people could ridicule and shame you for. In schools, teachers and students said that young women in Mexico must “adapt” to an established system, even if it was not designed for us. That meant participating in physical education activities even if those young women were experiencing their periods.”

(Zubair, 2024)



Cultural Perspectives on Reproductive Health

- Indigenous communities in Mexico rely on traditional knowledge and practices for reproductive health, which is often passed down through generations (Villalobos et al., 2023).
 - Modern healthcare systems has sometimes conflicted with these traditional practices
- Cultural expectations and gender roles prevent many women from making decisions about their own reproductive health
 - Indigenous women often do not seek reproductive health services until after childbirth (Espinoza et al., 2014)
 - Decisions about contraception and medical care are often controlled by male partners or family members
- Women fear judgment from their community, which discourages them from seeking reproductive healthcare services
- Many indigenous women utilize traditional medicines for reproductive health issues, such as fertility and menstruation



How can modern healthcare systems better integrate traditional knowledge and cultural beliefs to improve reproductive health outcomes for indigenous women in Mexico?

185 species of plants were used for a wide range of reproductive health issues (Cabada-Aguirre et al., 2023)

Has anyone ever used a natural remedy for medical purposes
(think herbal tea, essential oils)?



Cinnamon	Chamomile	Ginger	Fennel	Garlic
regulate menstrual cycle, abortive, oxytocic	treatment of dysmenorrhea and excessive menstrual bleeding	manage nausea and vomiting in pregnancy	increase breastmilk production and libido	induce labor, speed up birth

Diversity and Inclusion in Reproductive Health for Indigenous Women

Advantages

- **Community Involvement** – *Promotores de Salud* (health promoters) are community healthcare workers that link communities to Western health centers (Cabada-Aguirre et al., 2023)
- **Culturally Component Care** – Incorporating indigenous practices into care could improve trust and patients outcomes for more women

Disadvantages

- **Limited access to services** – Many indigenous communities are in rural areas that often do not have the resources to have proper health centers
- **Legal barriers** – educational institutions are not required to include traditional medicine in their medicinal education (Guzmán-Rosas et al., 2015)

Strategies for Better Diversity and Inclusion

- **Expand education and training** – train practitioners in Indigenous languages and traditional medical practices to reduce discrimination and improve patient communication

Reproductive Health Education

- Indigenous women's education on reproductive health faces many challenges in Mexico as they encounter cultural, linguistic and systemic barriers.
- Limited access to culturally appropriate information can lead to misconceptions, restrictive contraceptive use, and delayed healthcare seeking behaviors

Barriers and Disparities in Reproductive Health Education

- **Language and educational barriers**
 - Lower levels of formal education
- **Cultural stigma and taboos**
 - Menstruation is considered private
 - Indigenous communities view menstruation as impure
 - Contributes to misinformation and shame (Zubair, 2024).
- **Male dominated decision making**
 - Approval from male family members (Espinoza et al., 2014).
 - Traditional gender roles
- **Lack of healthcare trust and access**
 - Distrust of healthcare system because of discrimination
 - Clinics in rural areas don't have the necessary resources

Current Efforts to Improve Reproductive Health Education

- Programs like *Oportunidades*- reproductive health education and services for low-income families
- **Bayer to the Community Project (Tamayo, 2023)**
 - Education on reproductive health in 10 indigenous languages
- **Experiences Our Sexual Rights in the Community (Tamayo, 2023).**
 - Project by Simone de Beauvoir Leadership Institute creating short stories in radio capsules or podcasts in nine indigenous languages
 - Targets young audiences
- **Initiatives work with community leaders to normalize discussions about reproductive health (Tamayo, 2023).**
- **Healthcare Training and Human Rights Awareness**



Although these efforts have helped improve reproductive health education for indigenous women, significant barriers still exist. What additional strategies or policy changes could help improve these challenges?

References

*** ChatGPT was used to create an outline for this presentation***

- Cabada-Aguirre, P., López, A. M. L., Mendoza, K. C. O., Buenrostro, K. D. G., Luna-Vital, D. A., & Mahady, G. B. (2023). Mexican traditional medicines for women's reproductive health. *Scientific Reports*, 13(1). <https://doi.org/10.1038/s41598-023-29921-1>
- Espinoza, R., Martinez, I., Levin, M., & et al. Cultural Perceptions and Negotiations Surrounding Sexual and Reproductive Health Among Migrant and Non-migrant Indigenous Mexican Women from Yucatan, Mexico. *Journal of Immigrant and Minority Health*, 16, 356–364. <https://doi.org/10.1007/s10903-013-9904-7>
- Guzmán-Rosas, S. C., Kleiche-Dray, M., Zolla, C., & Suaste-Gómez, E. (2015). The exclusion of Indigenous traditional knowledge in the higher education: the case of traditional medicine and the Mexican medical education. *Creative Education*, 06(09), 867–879. <https://doi.org/10.4236/ce.2015.69089>
- Juarez, F., Gayet, C., & Majia-Pailles Gabriela. (2018). Factors associated with unmet need for contraception in Mexico: evidence from the National Survey of Demographic Dynamics 2014. *BMC Public Health*, 18(546) <https://doi.org/10.1186/s12889-018-5439-0>
- Mexico Country Profile. (2024, September). Pan American Health Organization. <https://hia.paho.org/en/country-profiles/mexico#situation>
- Pro Mujer. (2023, September 5). *Pro mujer distributes more than 300 menstrual health products to rural women in Mexico – pro mujer: Invest in a woman, transform a family.* <https://promujer.org/portal/2023/08/25/pro-mujer-distributes-more-than-300-menstrual-health-products-to-rural-women-in-mexico/>
- Rodriguez-Aguilar, R. (2018). Maternal mortality in Mexico, beyond millennial development objectives: An age-period-cohort model. *PLoS One*, 13(3) <https://doi.org/10.1371/journal.pone.0194607>
- Ruelas, E. (2002). Health care quality improvement in Mexico: challenges, opportunities, and progress. *Proceedings*, 15(3), 319–322. <https://doi.org/10.1080/08998280.2002.11927856>
- Servan-Mori, E., Quezada-Sanchez, A. D., Sosa-Rubi, S. G., Heredia-Pi, I., & Lozano, R. (2022). Intergenerational Replication of Teenage Pregnancy and Educational Attainment in Mexico. *Archives of Sexual Behavior*, 51 <https://doi.org/10.1007/s10508-022-02309-4>
- Tamayo, L. (2023, November 7). *Advancing toward equitable sexual, reproductive health in Mexico.* Mexico Business. <https://mexicobusiness.news/health/news/advancing-toward-equitable-sexual-reproductive-health-mexico>
- Villalobos, A., Estrada, F., Hubert, C., Torres-Ibarra, L., Rodríguez, A., Romero, I., Schiavon, R., & Campero, L. (2023). Sexual and reproductive health among adolescents in vulnerable contexts in Mexico: Needs, knowledge, and rights. *PLOS global public health*, 3(11), e0002396. <https://doi.org/10.1371/journal.pgph.0002396>
- Zubair, Z. (2024, March 6). *How the Regional Leaders of Girl up are combating period stigma*. Aunt Flow. <https://goauntflow.com/blog/how-the-regional-leaders-of-girl-up-are-combating-period-stigma/#:-:text=Maria%20J.P.%2C%20Girl%20Up%20Mexico&text=Menstruation%20was%20seen%20as%20a,cause%20for%20ridicule%20and%20shame>
- Minority Rights Group. (2023). *Indigenous Peoples in Mexico*. Minority Rights Group. <https://minorityrights.org/communities/indigenous-peoples-4/>