

MONTHLY MEMO:

REPRODUCTIVE JUSTICE: BIRTH CONTROL AND THE BURDEN OF CARE



What is the status of birth control methods for men and women?

Since the development of the birth control pill in the twentieth century, ten more contraceptive methods for women have emerged. These include barrier methods, hormonal options, and long-term contraceptives like the IUD or Nexplanon implant. In contrast, men still have only two options: the male condom and vasectomy. This disparity reflects a historical pattern where contraception has been treated as primarily the responsibility of women. Combined with research indicating that most heterosexual couples view contraception as the woman's domain, this has led to an entrenched gendered division in birth control management, reinforcing societal expectations of reproductive labor.

What are the effects of uneven responsibility?

The following facts illustrate how this gendered division of birth control shifts the burden of contraception onto women:

- Female methods are typically more expensive, requiring physician interaction and prescriptions
- Female methods have more serious side effects, as evidenced by research where the majority of women discontinue their birth control due to side effects
- Male methods have fewer health risks than their parallel in female methods
- Contraceptive use involves significant inconvenience and burden, including dedicating time, energy, and money to picking a birth control method, undergoing potentially painful insertion procedures, invasive exams, etc.

What should be done to address this gap?

Scholars commonly advocate two solutions to addressing this gap in responsibility. Firstly, there should be greater investment efforts in developing male contraceptive options that parallel the options developed for women. Secondly, there must be a change in ideology about who is responsible for preventing pregnancy. Namely, both women and men ought to assume shared responsibility for contraception.



What is the culture around condoms?

While there is significant research on condom usage, cultural influences are often overlooked in sexual education. Stigma plays a major role in shaping society's perception of contraceptive methods, and perspectives vary widely between men and women, as well as across cultures. In some areas, the high risk of sexually transmitted diseases encourages consistent condom use. However, in others, stigma surrounding discussions of sexual health can leave people unaware of the risks of unprotected sex. Traditional gender roles also influence condom use, with some men feeling their masculinity is threatened, while women may hesitate to request condom use due to cultural etiquette.

Improving sexual education is key to reducing stigma around condoms. The pressure for sexual abstinence often leads to risky behavior in youth, especially those who lack easy access to contraceptives. Offering free or low-cost condoms through widespread distribution would not only increase accessibility but also encourage greater acceptance and use.

Where can someone get free condoms?

https://endinghivoklahoma.or g/free-condoms-fromhealth-department/

Goddard Health Center

Planned Parenthood

Take Control Initiative

Trust Women Clinic

What different birth controls are available today?

Birth control, also known as contraception, prevents pregnancy through various methods. These include barrier methods, hormonal options, sterilization, and emergency contraceptives. Barrier methods, like condoms, block sperm from reaching the egg. Hormonal options, such as pills or implants, use hormones to stop ovulation or alter the uterus and cervix. Sterilization is a permanent solution, while emergency contraceptives like Plan B are used if other methods fail. When choosing birth control, consider factors like effectiveness, comfort, ease of use, STI protection, side effects, and future pregnancy plans.

Condoms are single-use latex or plastic coverings rolled onto the penis, about 85% effective in preventing pregnancy and offering STI protection without side effects. Spermicides are inserted into the vagina before sex,

but with just 70% effectiveness, they don't protect against STIs. Nexplanon, a birth control implant, is nearly 100% effective and inserted into the upper arm, though it doesn't protect against STIs. Common side effects include irregular bleeding and headaches. IUDs, which are inserted into the cervix, also boast nearly 100% effectiveness, last up to 10 years, and thicken cervical mucus to block sperm. However, they too don't protect against STIs and may cause cramping or irregular periods. The pill prevents ovulation and has about 91% effectiveness due to potential inconsistent use. It doesn't protect against STIs, and side effects can include nausea, cramping, or changes in period flow.

Other Imbalances in Reproductive Care

From conception to birth, the physical burden of reproduction primarily falls on women. While this is a biological reality, societal expectations and legal frameworks often worsen the imbalance. Reproductive health campaigns mainly target women, limiting men's involvement in fertility decisions. As a result, women are expected to shoulder the emotional, physical, and financial burdens of pregnancy, childbirth, and early parenting.

In cases of unintended pregnancy, women typically make immediate decisions about carrying the pregnancy to term or seeking an abortion. Although both partners are responsible for conception, societal norms and legal principles place the weight of the decision on the woman. This focus on a woman's autonomy can lead to her being solely responsible for the outcome. Women may experience coercion from partners or pressure from family, with many reporting that a partner's reluctance influences their decision. The stigma surrounding abortion disproportionately affects women, who often face judgment and shame, while men remain largely unaffected.

After childbirth, parental responsibilities often remain imbalanced. Despite advocacy for equal parenting, women still bear the majority of caregiving duties. Mothers typically spend more time on work, household chores, and childcare than fathers. They are also more likely to take time off work or reduce hours, impacting their long-term financial independence and careers. Men are often expected to continue working while being less involved in daily parenting duties. This divide reinforces outdated gender roles and limits both parents from fully participating in parenting.

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