

# FERTIL GROU

When the discussion of reproductive health is dominated by the political will to control it, gaps in medical research get overshadowed

**FEMALE REPRODUCTIVE HEALTH** has frequently been wrapped up in politics and patriarchy. In 2019 millions of women globally are still ostracized for menstrual bleeding. American lawmakers are trying to roll back the legal right to abortions and have cut off funding for contraception and sex education. The contraceptive devices known as IUDs are being promoted as a “set it and forget it” solution to poverty. This uneasy dance between science and

society has a long history, as evidenced in a 1933 article in *Scientific American*. In “Birth Control and Bigotry,” C. C. Little embraces “contraceptive clinics” but then explains his motivation: “Unwanted and uncared for children spreading misery and disease have produced a flood of criminals and have disturbed the progressive development of a sane social structure,” he writes. When eugenics gets conflated with reproductive freedom, it is not surprising that the science itself is warped and incomplete.

Today a sustained assault on women’s reproductive agency is still a force in much of the world, and scientists struggle to balance research and public education in the onslaught of political resistance. “Many people in the reproductive health field are exhausted,” says Carolyn Westhoff, editor of the journal *Contraception*. Understanding how we got to this point goes back, in part, to age-old taboos and myths about female menstruation, a number of which still exist.

# END



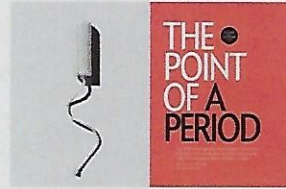
## FEMALE REPRODUCTIVE HEALTH

Having periods is not a disease. But when they go wrong, they offer clues into disorders that require intervention. The medical field has largely done a poor job of identifying and treating them with precision. Clinicians tend to wield synthetic hormones like a hammer, liberally prescribing the birth-control pill for all kinds of pain—which is partly why serious diseases of the female organs such as endometriosis take an average of eight years to be diagnosed. That women's symptoms are often dismissed does not help.

In this special report, *Scientific American* examines the consequences to these gaps in understanding. What might be different if researchers had investigated the evolutionary purpose of periods *before* they developed a pill to shut down a woman's cycle? Why are women expected to shoulder health trade-offs in exchange for avoiding pregnancy? We also illuminate the dangers of giving birth in America—particularly for black women, who die at a rate up to four times higher than the rest of the population. And amid a global fertility crisis affecting both sexes, we ask whether the promises of assisted reproductive technologies are overblown.

Going forward, rigorous, collaborative and innovative research in reproductive health could lead to better birth control, safer clinical protocols and more personalized care. Filling these gaps is vital not just for the well-being of women but for the health of society.

—Clara Moskowitz and Jen Schwartz



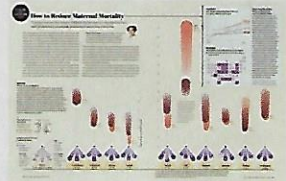
### THE POINT OF A PERIOD

Squeamishness about female menstruation has led to limited research on how periods work and why they go wrong. [pg. 32](#)



### SET IT AND FORGET IT?

There is more to contraceptives than their effectiveness. Why women—and men—need better birth control. [pg. 40](#)



### MATERNAL MORTALITY

Too many U.S. women are dying in pregnancy and childbirth—and then getting blamed for it. [pg. 48](#)



### EGGS ON ICE

Scientific and social forces invite people to pause their fertility. But what will happen when the eggs thaw? [pg. 52](#)