



FINDING HOPE: Experiences of women, children and adolescents during the COVID-19 pandemic in their own words

Lack of access to health information and services

“If I go to the emergency room, I know they’ll send me home because this isn’t an emergency for them: I know, I’ve tried.”

Women and adolescents are bearing a disproportionate burden during COVID-19 crisis. Here we look closer at the experiences related to lack of access to health information and services. We also highlight the range of solutions and approaches being implemented in different countries as well as the policy asks to address lack of access to health information and services and other significant challenges facing women and adolescents during and beyond the pandemic.

The spread of COVID-19 has had a profound impact on already constrained health-care systems across the globe. Considerable scale-back of non-COVID-related health care occurred as governments and public health systems focused on containing the spread of the virus.^[1] In addition, people have been reluctant to seek health-care, including immunization services, due to service reduction or fear of contracting the virus at health-care facilities.^[2]

Inadequate knowledge about and awareness of the virus is an ongoing challenge. For example, a survey in the Latin America and Caribbean region examining the knowledge, attitudes and perceptions of COVID-19 among 10,796 participants aged 13 and 29 years revealed that only 33% (2,908/8,811) knew how COVID-19 was transmitted, and 53% (3,882/7,324) did not know the address of their country's official virus information website. Young people also reported not knowing what to do if they needed health services and intended to avoid those services for fear of exposure to the virus.

In the same survey, 41% (3,594/8,767) of participants reported receiving information on COVID-19 from traditional media, while 25% depended on social media for information and 14% sought information online.

Some young people in Colombia advocated self-care in order to stay healthy during lockdown.

“What I have done is taken care of myself. Which means maintaining a good level of health. For example ... in the morning I eat a proper meal, which is essential for health. I take a lot of vitamin C, for the immune system, and that kind of thing.”

— 20-year-old woman, Colombia

For others, even those with information on how to avoid the virus, lack of running water and proper handwashing facilities made it difficult to follow health guidance.

In Colombia, 83% (978/1,172) of young people were very concerned that a family member might have a medical emergency and not receive medical care because of the disruption to health services. Surgeries and appointments were postponed and prevention services and treatment of non-communicable diseases, such as cancer, cardiovascular disease and diabetes, were interrupted or reduced.

“We are supposed to be washing our hands constantly. But because there are more than 100 of us sharing one tap for water it's difficult and we end up putting a dish by the door for handwashing.”

— 40-year-old woman, South Africa

Similarly, 52% (566/1,088) of respondents in IPPFWHR's survey countries were very concerned about not being able to access health-care services (rating their concern at six or more out of a maximum of 10). Forty-six per cent (500/1,088) of the respondents in the same survey said they were unaware of any initiatives in their communities to address barriers related to accessing health-care services.

“I had to take my daughter to the paediatrician to get her surgery authorized. She has an umbilical hernia, and we haven't been able to do any of that because they're only treating emergencies in hospitals.”

— 27-year-old woman, Colombia

Interruption of health services was also reported in Kenya. In May 2020, the Population Council and the Ministry of Health conducted a phone survey with 1,750 people (63% female; 37% male) from five informal settlements (Kibera, Huruma, Kariobangi, Dandora and Mathare) on COVID-19 knowledge, attitudes, practices and needs. One in 10 people (158/1,750) reported they were forgoing medical services (9% of all participants). Of that 9%, the main medical care they were forgoing was for acute illness (21%) and routine health services (20%). Only 17% of people (27/158) said they were scared they will get COVID-19 if they go. Twelve percent (19/158) said the facilities were closed.^[3]

Between March and April 2020, Jacaranda Health, Kenya, conducted a survey of 1,275 pregnant women and new mothers in five Kenyan counties (Bungoma, Kiambu, Makueni, Murang'a and Nairobi). Sixty per cent of respondents reported that COVID-19 had impacted their decision to seek care, either in terms of the location or frequency of care-seeking. Women reported they were confused about how to seek care during times of curfew and were unsure about what services were still available. Women also reported being turned away from facilities.^[4]

“I am worried because I’m not sure if I will find the facility open or if I will find nurses during delivery.”

— Pregnant woman, Bungoma County, Kenya

COVID-19 is also disrupting immunization services around the world. It is estimated that at least 80 million children are at risk of diseases such as diphtheria, measles and polio.^[2] In India, for example, frontline workers reported that all immunization services were suspended in early April 2020 except for BCG vaccinations^a for babies delivered at a facility. In the above-mentioned survey conducted by the Population Council and Kenya’s Ministry of Health, of the 9% of people forgoing medical services, 16% of people (25/158) reported forgoing immunization and nutrition services.

The pandemic has also increased health workers’ workloads and put them at direct risk as countries struggled to provide them with personal protective equipment (PPE).^[5, 6] The burden on health workers is expected to affect women disproportionately because they make up 70% of the health workforce.^[7]

a. Bacillus Calmette–Guérin vaccine is primarily used against tuberculosis.

Frontline workers in India, in addition to their usual tasks, were having to track and trace suspected patients and deliver essential health-care services. In a telesurvey in Chhattisgarh and Jharkhand in late April, 40% (106/264) of responding frontline workers reported being involved in contact tracing: almost 36% were identifying people for quarantine/isolation centres, and 30% were escorting people to health centres.

In the same survey, 80% of frontline workers said they were conducting home visits without full PPE; in Jharkhand and Chhattisgarh, 80% of frontline workers reported having access to masks, but only 40% had gloves.

In India, community-based Anganwadi workers, who work on health and nutrition, became accredited social health activists; auxiliary nurse midwives shared many of the frontline workers’ concerns and also took on increased workloads.



Figure 1.

Summary of solutions to challenges posed experienced by women and adolescents during COVID-19



Strategies and solutions

A range of strategies and approaches are being implemented in different countries to address the significant challenges facing women and adolescents during and beyond the pandemic. The figure below summarizes the most common solutions identified by partner organizations to address lack of access to health information and services as well as the other challenges experienced by women and adolescents. These solutions are not exhaustive but reflect the perceptions and experiences of those who participated in the country-specific activities.

Illustrative examples from partner organizations of solutions and approaches used to address lack of access to health information and services across different countries

- Digital technology, mobile phones and media have been important channels of support, guidance and information during lockdown.
 - a. In India, C3 organized regular telephone meetings about menstrual hygiene, sexually transmitted infections, etc. Elected women representatives had access to information on service availability and raised awareness about antenatal care and the importance of iron and folic acid supplementation for pregnant women.
 - b. Reports from Senegal have shown increased use of mHealth and eHealth platforms for monitoring appointments of women of reproductive age and children aged under 5.
 - c. In Latin America, IPPF WHR has supported partner organizations in Argentina, Chile, Guatemala and Peru in developing platforms to provide online counselling and support to people with unplanned pregnancies.
- Reports have also confirmed the use of traditional media to provide health information and messages.
- The Ugandan Family Planning Consortium worked with Uganda's Ministry of Health to develop and disseminate family planning and SRHR messages on television and radio and in print media.
- In Latin America, messages and information about COVID-19 were disseminated through traditional media channels.
- Ministries of Health in Kenya and Zambia issued protocols to guide continuity of essential maternal and newborn health services at health facilities and in communities during COVID-19. The protocols also aimed to ensure patients' and providers' safety and protection from COVID-19 infection.

- The Indian government released guidelines on “Enabling delivery of essential health services during the COVID-19 outbreak” on 14 April 2020. Its list of essential health services included: pregnancy care and management, newborn care and childhood illness management, immunization services, management of severe acute malnutrition in children, family planning services, comprehensive abortion care services and adolescent health services.
- In April 2020, India’s Ministry of Health and Family Welfare issued guidelines declaring immunization an essential health service and instructing states to resume routine immunization services.
- In May 2020, the Indian government issued additional guidelines on rational use of personal protective equipment (PPE) for health-care workers and others in non-COVID treatment areas and hospitals with COVID blocks.
- In Kenya, Amref Health Africa partnered with the Kenya Health Federation to establish the Wheels for Life initiative, which brings together transport and essential service providers specifically for maternal health to ensure that women in need of maternal care or who are in labour can access services during both curfew and non-curfew hours.
- The Ministry of Health in Kenya developed new guidelines in response to COVID-19, focusing on the use of telemedicine and digital technology to provide medical care to women and girls.



- In Ethiopia, Amref has supported the implementation of the essential health services package set out in Ethiopia’s national health guidelines.
- In Zambia, health facilities have a handwashing facility at each entrance. In some facilities visitors’ temperature is taken, and social distancing is encouraged by health-care providers.
- In Kenya, menstrual health and hygiene practitioners are convened by the Ministry of Health’s Hygiene Technical Working Group for joint advocacy planning and learning.
- Senegal is using innovative strategies to continue outreach activities. Health workers use technological platforms for monitoring appointments of women of reproductive age and children aged under 5. This is complemented by the creation and distribution of digital content by media and social networks.
- In Uganda, some organizations provide PPE, including face masks, on credit, enabling women to obtain face masks for their household members with a small deposit.

Policy asks

Supporting the [PMNCH Call to Action on COVID-19](#), and based on the lived experiences of women and adolescents, seven policy asks are put forward. These asks seek to respond to the consequences of COVID-19 in both the medium and long term and will require a collaborative approach by governments and all stakeholders. The action required will need to address lack of access to health information and services as well as the other challenges experienced by women and adolescents, including related to mental health, education, livelihoods and safety and security.

1. Maintain essential SRMNCAH+N services, products and information, including for contraception, safe abortion, immunization, safe delivery, stillbirth prevention and mental health.
2. Address gender inequality, including gender-based violence, and ensure the safety and security of women and adolescent girls in integrated response and recovery plans.
3. Increase attention to the mental health needs of those, especially women and adolescents, who have been severely affected by the pandemic.
4. Adopt and scale up social and economic relief measures that are gender-responsive and reduce inequities.
5. Address adolescents' needs for education and vocational training.

6. Address the digital divide within countries and between genders.
7. Collect and report disaggregated data (by age, sex, income, disability, geography) and gender statistics.

Illustrative actions and asks from partner organizations to address lack of access to health information and services

- Ensure the uninterrupted provision of high-quality health services and supplies, and maintain access to health care for women, children, adolescents and other vulnerable groups.
- Promote the dissemination of public health information through digital and traditional communication channels.
- Increase investment in digital platforms and telemedicine tools to provide medical support and guidance outside of health facilities.
- Facilitate administrative procedures and establish channels for swift enrolment, generation of travel permits, medication approval and appointment scheduling.
- Ensure the safety and well-being of frontline health workers, including psychological support to help them cope with work-related stress, stigma and increased workloads.
- Provide PPE to vulnerable households with infected members, to protect their health and prevent virus transmission.
- Scale up training of health providers and community health workers, including training on prevention and control of COVID-19. Digital platforms could be utilized to reach greater numbers of health workers.

More information available at:
<https://www.who.int/pmnch/knowledge/publications/lived-experiences-covid19/>

References

1. World Health Organization. COVID-19 significantly impacts health services for noncommunicable diseases; 2020 (<https://www.who.int/news/item/01-06-2020-covid-19-significantly-impacts-health-services-for-noncommunicable-diseases>, accessed 29 June 2020).
2. World Health Organization. At least 80 million children under one at risk of diseases such as diphtheria, measles and polio as COVID-19 disrupts routine vaccination efforts, warn Gavi, WHO and UNICEF. (<https://www.who.int/news/item/22-05-2020-at-least-80-million-children-under-one-at-risk-of-diseases-such-as-diphtheria-measles-and-polio-as-covid-19-disrupts-routine-vaccination-efforts-warn-gavi-who-and-unicef>, accessed 25 June 2020).
3. Population Council and Ministry of Health, Kenya. Kenya: COVID-19 Perceptions, Prevention Practices, and Impact. Responses from third round of data collection in five Nairobi informal settlements (Kibera, Huruma, Kariobangi, Dandora, and Mathare) May 10-11, 2020 (https://www.popcouncil.org/uploads/pdfs/2020PGY_CovidKenyaKAPStudyBriefRound3.pdf, accessed 26 March 2021).
4. Sathy R. COVID-19 in Kenya: Maternal and Newborn Health Insights from five Kenyan Counties. Nairobi: Jacaranda Health; 2020. Unpublished.
5. World Health Organization. Shortage of personal protective equipment endangering health workers worldwide; 2020 (<https://www.who.int/news/item/03-03-2020-shortage-of-personal-protective-equipment-endangering-health-workers-worldwide>, accessed 25 June 2020).
6. World Health Organization. WHO Director-General's opening remarks at the media briefing on COVID-19- 30 March 2020; 2020 (<https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---30-march-2020>, accessed 25 June 2020).
7. ILOSTAT. COVID-19: Are there enough health workers? Geneva: International Labour Organization; 2020 (<https://ilostat.ilo.org/covid-19-are-there-enough-health-workers/>, accessed 25 June 2020).