



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

### **Limitations on sexual and reproductive health and rights**

**“Girls in quarantine tore up and used their own clothes as they didn’t have access to sanitary pads.”**

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

COVID-19’s impact on SRHR is not always evident because the effects of service interruption and redirected resources are indirect.<sup>[1]</sup> According to WHO, a decline as modest as 10% in the provision of family planning, pregnancy and newborn services could result in an additional 28,000 maternal deaths, 168,000 newborn deaths and millions of unintended pregnancies.<sup>[2]</sup> A report by UNFPA concluded that a six-month interruption of SRH services could prevent 47 million women in 114 low- and middle-income countries from obtaining modern contraceptives, and lead to 7 million unintended pregnancies.<sup>[3]</sup>

**“I have polycystic ovarian syndrome, and I haven’t been able to get any kind of medical appointment, and for some reason I stopped getting my period, and I want to find out what’s going on, but I can’t.”**

— 18-year-old woman, Colombia

The pandemic’s impact on access to SRHR services, products and information was reported by partners.

In Colombia, 16% (141/886) of women aged 18-29 were unable to make appointments for gynaecological check-ups, and 17% (149/886) were unable to obtain contraceptives.

Because of the impact on access to SRHR services, products and information, participants in the Colombian survey felt unable to continue their usual sexual activity due to fear of getting pregnant. In the Latin American regional youth consultation, young people were also concerned about not being able to maintain romantic and sexual relationships due to lockdown. Young people felt a need for open discussions and acknowledgement of the impact of COVID-19 measures on sexual health and rights.

Lockdown and mobility restrictions have also reduced the availability of menstrual hygiene products. For example, adolescent girls in India reported feeling anxious about not being able to obtain sanitary napkins at community centres or medical shops during the initial phase of lockdown. Those who were quarantined were forced to use less hygienic substitutes. Only 10% (5/51) of government teachers in Bihar and 19% (12/62) in Chhattisgarh reported in early April that sanitary napkins were available in their communities. Similar concerns were raised by women and adolescent girls in Colombia.

**“Girls in quarantine tore up and used their own clothes as they didn’t have access to sanitary pads. They were afraid to ask for these things as families used to scream and threaten them, so no one could say anything much.”**

— Adolescent girl, India

Health resources worldwide are being redirected to the pandemic: this is likely to produce a drastic deterioration in other health outcomes, including safe pregnancies and childbirth.<sup>[1]</sup> Provision of essential commodities is also affected, for example most girls who relied on free sanitary pads distributed at schools can no longer access them.<sup>[4]</sup>



**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 limitations on sexual and reproductive health and rights 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 limitations on sexual and reproductive health and rights 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.
- 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.
- Youth networks and CSOs have been active in responding to some of the SRH needs during lockdown. In Kenya, the Youth Act Network has been providing referrals for quality SRH services and distributing menstrual sanitary products to vulnerable girls and women in Kisumu.
- 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 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 Kenya, menstrual health and hygiene practitioners are convened by the Ministry of Health’s Hygiene Technical Working Group for joint advocacy planning and learning.

## 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 limitations on sexual and reproductive health and rights as well as the other challenges experienced by women and adolescents, including related to mental health, livelihoods, education, safety and security and access to essential services.

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 limitations on sexual and reproductive health and rights

- Adopt strategies to ensure the uninterrupted provision of SRH services and products, including for the most vulnerable. These may include outreach campaigns and access sites for free contraceptives.
- Ensure the continuity of health services during the transitioning of transgender and non-binary people, such as endocrine care (hormone replacement therapy).
- Make best use of traditional and digital media channels to spread awareness of SRH and the availability of services.
- Deploy frontline health workers to encourage access to regular services, including prenatal care, institutional deliveries, contraception and family planning and nutrition.
- Ensure availability and affordability of menstrual hygiene products. Free delivery of menstrual hygiene products to individuals living in remote areas or humanitarian settings should be considered.

- Secure and strengthen the supply chain of SRH products and medications to prevent shortages.
- Train health-care personnel, including midwives, on protocols for SRH services during COVID-19, ensuring care and respect for all people's decisions and rights.

## References

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3. UNFPA. Impact of the COVID-19 pandemic on family planning and ending gender-based violence, female genital mutilation and child marriage; 2020 ([https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19\\_impact\\_brief\\_for\\_UNFPA\\_24\\_April\\_2020\\_1.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf), accessed 28 June 2020).
4. Plan International. Helping girls manage their periods during COVID-19; 2020 (<https://plan-international.org/sexual-health/helping-girls-manage-their-periods-during-covid-19>, accessed 5 October 2020).

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More information available at:

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