

Research Article

Sexual and Reproductive Rights of Women Post COVID 19 – Narrative Review

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ABSTRACT

This paper provides a comprehensive analysis of the impact of COVID-19 on the sexual and reproductive rights of women. It highlights the socioeconomic consequences, lack of access to reproductive healthcare services, increased gender-based violence, and the disproportionate burden on frontline workers. The study emphasises the need for a gender-sensitive approach in policymaking and addresses the intersecting factors influencing women's experiences during the pandemic. The paper emphasises the urgent need for policies that prioritise women's health and rights to mitigate the adverse effects observed during the pandemic.

Keywords: Covid-19, Sexual and reproductive rights, Gender based violence, Healthcare

INTRODUCTION

The COVID-19 pandemic has exacerbated pre-existing inequalities and disproportionately impacted women, particularly in terms of sexual and reproductive rights. The disruption of healthcare systems, economic instability, and social isolation measures have created barriers to accessing essential reproductive health services. Furthermore, the pandemic intensified gender-based violence (GBV) and placed an overwhelming burden on women, especially those on the front lines of healthcare. The literature on the impact of pandemics on women's sexual and reproductive health highlights several critical areas of concern. Studies have shown that women, especially those in low-income and marginalised communities, face greater barriers to healthcare

access during health crises (Cousins, 2020). Historical data from previous pandemics, such as the Ebola and Zika outbreaks, reveal similar trends where women's health services were deprioritised, leading to increased maternal mortality and morbidity (Davies and Bennett, 2016). The lack of social protection and economic security has further widened the gender gap, leading to increased vulnerability (Henriques, 2022). Additionally, the stress and uncertainty brought about by the pandemic have exacerbated mental health issues among women, adding another layer of complexity to their healthcare needs (Usher *et al.*, 2020). In addressing the multifaceted impact of COVID-19 on women's sexual and reproductive health, this article contributes to the ongoing discourse on gender equity and public health by providing insights into how gender-sensitive policies can address these challenges.

METHODOLOGY

This is a narrative review drawing on secondary data from various sources, including reports from international organisations, academic articles, and case studies. The qualitative data were analysed to identify the key challenges and impacts of COVID-19 on women's sexual and reproductive rights. The qualitative analysis includes thematic categorisation of the articles. The themes include; socio-economic consequences, healthcare access, gender-based violence, and the burden on frontline workers. This thematic categorisation allows for a comprehensive understanding of the multifaceted issues faced by women during the pandemic and facilitates the development of targeted recommendations for policy and practice. 25 articles were purposively selected and included in this review, this is because they address pertinent issues regarding sexual and reproductive rights of women post COVID 19.

FINDINGS AND DISCUSSION

Socioeconomic Consequences

The socioeconomic impact of COVID-19 has been severe, particularly for women. The International Labour Organization (ILO) reported that nearly 4 billion people, accounting for 55% of the world's population, lack adequate social protection (ILO, 2017). Women, who are often employed in informal sectors, have been disproportionately affected by job losses and economic instability (Vaswani, 2023). The closure of businesses and lockdown measures have led to significant job losses in sectors where women are predominantly employed, such as hospitality, retail, and domestic work (Alon *et al.*, 2020). This economic downturn has forced many women into poverty, making it difficult to afford basic necessities, including healthcare. Additionally, the lack of childcare support and the closure of schools have increased

the caregiving responsibilities of women, further limiting their economic opportunities and contributing to financial stress (Power, 2020).

Lack of Access to Reproductive Healthcare Services

Access to reproductive healthcare services has been significantly disrupted during the pandemic. The World Health Organization (WHO) advised against closing sexual and reproductive health services, yet many countries did not follow this guidance (WHO, 2020). This led to an increase in unintended pregnancies, unsafe abortions, and a lack of access to essential reproductive health services (Qaderi *et al.*, 2023). The reallocation of healthcare resources to combat COVID-19 has resulted in the suspension of routine reproductive health services, such as contraception, prenatal care, and cancer screenings (Guttmacher Institute, 2020). Additionally, travel restrictions and lockdowns have limited women's ability to seek healthcare, particularly in rural and remote areas. Telehealth services have been proposed as an alternative, but the digital divide and lack of internet access in many regions have hindered their effectiveness (Hall *et al.*, 2020).

Increased Gender-based Violence

The pandemic has also seen a rise in gender-based violence. With lockdowns and social restrictions, many women were trapped in abusive households without access to support services (Mukherjee *et al.*, 2021). The UNFPA described this as a 'pandemic within a pandemic', highlighting the urgent need for effective interventions to protect women and girls (Kanem, 2020). The stress and economic strain caused by the pandemic have exacerbated domestic violence, and the isolation measures have made it difficult for women to seek help or escape abusive situations (Mittal and Singh, 2020). Shelters and support services have faced challenges in operating under COVID-19 restrictions, leading to reduced capacity and availability of assistance (Mahdawi, 2020). Moreover, the fear of contracting the virus has deterred many women from seeking help, further isolating them from necessary support.

Disproportionate Burden on Frontline Workers

Women, particularly those in frontline healthcare roles, have borne the brunt of the pandemic's impact. They faced increased workloads, exposure to the virus, and inadequate support, exacerbating the challenges they already faced in balancing professional and domestic responsibilities (Brady *et al.*, 2021). Women constitute a significant proportion of the healthcare workforce, including nurses, midwives, and community health workers, who have been at the forefront of the COVID-19 response (Boniol *et al.*, 2019). The high demand for healthcare services during the pandemic

has led to extended working hours, physical and mental exhaustion, and increased risk of infection (Lancet, 2020). Additionally, the lack of personal protective equipment (PPE) and insufficient workplace protections have heightened the vulnerability of women healthcare workers, further straining their capacity to provide care (Rimmer, 2020).

RECOMMENDATIONS

- 1. Gender-sensitive policymaking:** It is crucial to incorporate a gender-sensitive approach in all policy decisions, ensuring that the unique needs and challenges of women are addressed. Policymakers should conduct gender impact assessments to understand how policies will affect women differently and design interventions that promote gender equality (Smith, 2020).
- 2. Strengthening social protection:** Expanding social protection measures to cover informal workers and marginalised communities can help mitigate the economic impact on women. This includes providing unemployment benefits, childcare support, and financial assistance to those most affected by the pandemic (ILO, 2020).
- 3. Ensuring access to reproductive healthcare:** Governments should prioritise the continuity of sexual and reproductive health services, even during crises. This can be achieved by designating these services as essential, ensuring adequate funding, and leveraging telehealth to reach underserved populations (UNFPA, 2020).
- 4. Combating gender-based violence:** Enhanced support systems, including hotlines and shelters, are needed to protect women from violence and abuse. Governments and NGOs should collaborate to provide safe spaces, legal assistance, and mental health support for survivors of gender-based violence (UN Women, 2020).
- 5. Support for frontline workers:** Providing adequate resources, protection, and recognition for women in frontline roles is essential. This includes ensuring access to PPE, mental health support, and fair compensation for their work (WHO, 2021).

CONCLUSION

The COVID-19 pandemic highlighted significant gaps in the protection and support of women's sexual and reproductive rights. Addressing these challenges face by women requires a concerted effort from policymakers, healthcare providers, and society at large. Therefore, adopting a gender-sensitive approach can ensure that women's health and rights are prioritised and women receive the support and protection they need, both during and after the pandemic to ensure equitable and inclusive recovery.

LIMITATION OF THIS STUDY

This study is a narrative review rather than a systematic review, making it subject to the author's judgment in the selection and interpretation of sources. Despite this limitation, the article provides valuable insights into the Sexual and Reproductive Rights of Women post-COVID-19 and can serve as a foundation for future reviews or research in this area.

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