

# COVID-19 Impact on SRHR

ASIA REGION

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COLLECTIVE FOR SOCIAL SCIENCE RESEARCH

# Covid-19 & SRHR



- Hospitals refuse care to pregnant women.
- Family planning disrupted; adolescent & youth needs sidelined.
- Safe Abortion Care: Access denied/ delayed.
- SRH Services not deemed essential.
- Lockdown prevents ante-natal service access and provision.
- Social marginalization exacerbates access to care.
- Increased child, early & forced marriage and unions.
- Domestic violence under lockdown increases.

# Women's Experiences



PHILIPPINES: Katherine, 26, dies giving birth at home after hospitals reject her due to fear of Covid-19.

INDIA: Gulshan Khatoon, 22, dies after hospitals deny her due to various reasons: being Muslim, lacking test reports, etc.

# Women's Experiences



NEPAL: Its 1<sup>st</sup> Covid-19 casualty is death of women who gave birth before dying of infection.

PAKISTAN: Woman prevented by abusive husband from seeing her own children – using fear of Covid as excuse.



# Impact on Marginalized Groups

## Pakistan

- Transgender people particularly affected, as many are sex-workers & immunocompromised due to HIV etc.
- Many nurses belong to Christian community, marginalized, communities fear spread.
- Sanitary workers in hospitals lack adequate PPE and SOPs.
- Attacks on religious minority (Hindu funeral) 'justified' by Covid threat.

# PAKISTAN FACT-FINDING:

**No coherent national response, nor community involvement in making one.**

## RECOMMENDATIONS

- 5 million expected births during pandemic
  - Higher birth rate, unintended pregnancies & induced abortions.
  - Lack of access affected 1.5m current users.
  - Shortage of FP supplies.
  - Govt & NGO centers closed.
  - Post-partum and post-abortion FP counseling & services down.
  - CSO debate to reform abortion laws shelved.
- Include FP in essential services as per Sindh Govt guidelines.
  - Ensure commodity security for private sector & allow stockpiling
  - Need disruption data to inform urgent call.
  - Continue community-based services during pandemic
  - Key media messaging must remain: FP as safe practice in time of crisis.

# Obstetric Care

**Low risk women coming to hospital in high morbid states, sepsis, PAC, due to lack of routine/antenatal care & transport closures.**

- Staff shortages due to covid illness.
- Training of midwives accelerating for home deliveries.
- Closing of maternity wards in some major govt hospitals.
- Increasing no. of Covid + pregnant women denied hospital care.
- Expected rise in fistula cases.

## RECOMMENDATIONS

- Screening protocols for high-risk pregnancies on tele-health.
- Enable safe home deliveries via midwives.
- Increase availability of free or low-cost obstetric services and medicines.
- Address fear of taking tests for babies and families.
- Training to community providers on short and smart care.
- Implement High Court fistula order.



# Domestic Violence

## Weak criminal justice response to domestic violence laws.

- As women are locked in, without access to safe homes and protective mechanisms, DBV worsens w/ 200% incr reported
- Early and forced marriages will rise due to increase in poverty, girls out of education.
- Mental health impacts
- Unresponsive helplines
- Rise in unwanted pregnancies expected

## RECOMMENDATIONS

- Expand online counselling services for women seeking medical, psychological & legal support for domestic violence during lockdown & as economic conditions worsen.
- Remove barriers for domestic violence survivors seeking protection services.
- Need rape kits in every OB/GYN department.



# Tele-health services

## Tele-health sector lacks regulation & laws

- Helplines are not allowed to provide guidelines on misoprostol use for medical abortions.
- Laws and regulations around tele-health not in place, despite some providers in place. So if we plan to use digital health platforms we need to clarify regulations going forward.
- Virtual access is needed, but unequal across contexts.



## RECOMMENDATIONS

- Employ women doctors to provide tele-health services from home, such as Sehat Kahani, & enable online prescriptions.
- Expand access to poorer women and rural communities.
- Need docs trained on tele-health for adolescent SRH.
- Trainings & guidelines for providers on how to set up and use these services.

# Advocacy Efforts & Results

## PHILIPPINES

- CSOs call for govt to secure RH services & make essential to covid response
- May 28<sup>th</sup> Intl Day of Action for Women's Health focussed on impact of covid on SRHR.
- Govt health, human rights, and justice depts all launched investigations into Katherine's death.

## PAKISTAN

- SRHR in Sindh govt guidelines to pandemic response.
- CSO, donor & prov govt cooperate to SHRH telehealth line.
- Sindh Commission on Status of Women formulating gender response to covid w/ CSOs

INDIA: Sama resource group filed successful petition in Delhi High Court to ensure pregnant women not denied services.

NEPAL: RHRWG successfully opposed provincial hospital discontinuation of RH services, resumed in Gandaki Province Hospital.