

# Addressing access to sexual and reproductive healthcare for women during the COVID-19 pandemic in low-resourced settings

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## ABSTRACT

The delivery and utilization of reproductive health care services has suffered a major setback due to the COVID-19 pandemic and low and middle income countries have been disproportionately affected. This commentary discusses how the provision of reproductive health services has been impacted on by the COVID-19 pandemic and proffers possible recommendations on how to address this growing burden.

## INTRODUCTION

The COVID-19 pandemic has caused widespread disruption to almost all aspects of health service delivery and utilization. As is often the case, low resourced settings bear the greatest brunt of calamities such as COVID-19, with women and other marginalized groups suffering in more than one sphere. One such area where women in most low and middle income countries have been impacted the most centres around the provision of sexual and reproductive health (SRH) services. Maintaining people's sexual and reproductive health needs equires easy access to accurate and reliable information regarding services offered and access to safe effective, affordable, and acceptable contraceptive methods of their choice. The sexual and health rights (SRHR) of these girls and young women are often ignored and neglected when

society is faced with pandemics such as COVID-19.<sup>1,2</sup> Interventions to curb the spread of COVID-19 such as lockdowns and restrictions on movements may result in a lot women not having access to health facilities. As a consequence, an estimated 47 million women may not be in a position to use modern contraception if these lockdowns are maintained.<sup>3</sup>

Taking into consideration that even before the advent of COVID-19, there was a significant proportion of girls and young women who faced considerable barriers in accessing essential sexual and reproductive health information and services according to Marie Stopes International in 2020, the impact of the pandemic has worsened the situation. This challenge not only affects most of the poor countries but also the rich with seemingly robust health care systems. Most societies experienced an increase the rates of teenage pregnancies during lockdown periods and there was also marked increases of intimate partner violence being recorded. In most cases, a number of agencies which traditionally would provide support services to vulnerable girls and women were also not operating and which further compounded the situation. As most governments were battling with the emergency posed by COVID-19, there was very little preparedness in the continued provision of reproductive health services for these girls and young women.

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Another areas which has been impacted heavily on with regards the delivery of SRH services is the supply chain for contraceptive commodities. As businesses shut down and industry closed, the manufacturing and subsequent supply of contraceptives was drastically reduced. In some cases, there were (and still are) considerable delays in the supply of these essential products. In a recent survey of 17 countries in Africa, almost half of them reported reductions in family planning use since the outbreak of COVID-19, with 12 countries reporting reductions in uptake of family planning commodities, and eight countries having had experienced stock-outs.<sup>4</sup>

### RECOMMENDATIONS

In light of the challenges posed by COVID-19 on SRH rights of girls and young women, several approaches in addressing these gaps come to mind. In some sectors, for instance, it has been postulated that perhaps this is the ideal time to embrace telemedicine as it has an imperative role in ensuring continued support during lockdowns especially with regards the provision of SRH information.<sup>5</sup> However, such mitigatory measures may be hampered by lack of necessary resources in much of rural Africa despite having great potential. Other interventions which may be used with school-going girls involve developing online modules on comprehensive sexuality education which can be used by educators through remote learning. The continued use of radio and television media has also proved to be efficacious and in Malawi for instance, the “Timveni” (hear us) radio and TV media programme has promoted key SRHR messages. The programme also has a phone-in aspect where adolescents with various concerns can share their views and get assisted. Where resources permit, governments and development partners can also use social media platforms to disseminate information on SRHR of girls and young women. In order to ensure the continued supply of contraceptive commodities, governments can deploy outreach and mobile clinics to the marginalized and most vulnerable populations.

### CONCLUSION

It is evident that in most settings, the SRHRs of girls and young women were impacted negatively by the COVID-19 pandemic and there is need to timeously consider cost-effective solutions to ensure continuity of services to the affected populations.

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