



**COVID-19:
SRHR AND
GENDER**

PREPARED BY:

Nicole Moran, Share-Net Netherlands Project Officer

Charlotte van Tuijl, Share-Net International Project Officer

RESOURCES ON COVID-19, SRHR AND GENDER

INTRODUCTION

Since the outbreak of the novel coronavirus – COVID-19 – in Wuhan, China, thousands of new cases are being reported every day all over the world. Over recent months, we have seen how the COVID-19 virus has pressured healthcare systems, led to a global economic shutdown, and changed our daily lives. The responses to the virus vary between countries: from denying and downplaying the virus, to social distancing and complete lockdown. Nevertheless, most national responses have one thing in common: they neglect to include a gender lens to the outbreak response¹². This is not unique to the COVID-19 outbreak. Disease outbreaks affect men and women differently, and pandemics worsen existing inequalities and discrimination of marginalised groups². In the following, some critical sexual and reproductive health and rights (SRHR) and gender equality issues impacted by the COVID-19 pandemic will be presented and country-specific highlights for Share-Net International focus countries Bangladesh, Burundi, Jordan and the Netherlands are presented.

RESOURCES SRHR AND COVID-19

MATERNAL AND NEW-BORN HEALTHCARE

Up to this moment, there is no clear evidence of adverse effects on pregnant women and the foetus concerning their physical health and immune system. Previous respiratory syndrome outbreaks, however, including severe acute respiratory syndrome (SARS, 2002/03) and the Middle East respiratory syndrome (MERS, first reported in 2012), caused miscarriages, prematurity, foetal growth restriction and maternal death. Additionally, pregnant women may be affected by the overloaded healthcare system. In low- and middle-income countries, where health systems are likely to be weaker, the pandemic is expected to severely impact maternal and new-born healthcare services and might consequently increase maternal mortality rates. Not only are resources limited, but isolation to prevent the COVID-19 spread might be impossible because the reliance on relatives for food and care.

- [Sexual and Reproductive Health and Rights, Maternal and New-born Health & COVID-19](#)
- [COVID-19: What implications for sexual and reproductive health and rights globally?](#)
- [Safe Motherhood and COVID-19](#)
- [COVID-19 and Pregnancy](#)
- [Coronavirus Threatens an Already Strained Maternal Health System](#)

¹ Wenham, C., Smith, J., & Morgan, R. (2020). COVID-19: the gendered impacts of the outbreak. *The Lancet* 395(10227), 846-848. DOI: [https://doi.org/10.1016/S0140-6736\(20\)30526-2](https://doi.org/10.1016/S0140-6736(20)30526-2)

² UNFPA (2020). COVID-19: A Gender Lens. Protecting Sexual and Reproductive Health and Rights, and Promoting Gender Equality. New York: UNFPA.

GENDER-BASED VIOLENCE

Research and news reports are showing that the COVID-19 crisis is increasing household tensions and domestic violence. The increase in tensions is likely to be caused by the closing of schools and workplaces and the scale-down of social support systems on one side, leading to a decrease in the numbers of safe places for women and girls. On the other hand, domestic violence and intimate partner violence is increasing due to implemented quarantine measures which causes stress but victims are suffering more due to the disruption of social and protective networks, and decreased access to services. At the same time, protection systems for women and girls may weaken or even break down. Human resources are being diverted to manage the increasing number of COVID-19 patients and enforce restrictions, while protection systems are closed to prevent the further spread of the virus.

- [UNFPA Highlights Threats of COVID-19 Pandemic to Women and Girls](#)
- [China's domestic violence epidemic](#)
- [COVID-19 and violence against women What the health sector/system can do](#)
- [Virus drives surge in Australia domestic violence cases](#)
- [Impact of COVID-19 Pandemic on Violence against Women and Girls](#)

SUPPLY CHAIN MANAGEMENT AND PROCUREMENT

Supply chains are being affected by the COVID-19 pandemic, due to the closing of borders, reduced human resources, and constraints in manufacturers' delivery flows. Consequently, in-country availability and accessibility of products is impacted. This is also the case in supply chains of contraceptive commodities and supplies, menstrual health and hygiene items, and medicines, including maternal health medicines, drugs used for medical abortions and antiretroviral drugs, many of which are (partly) manufactured in Asia and Europe. The virus therefore has the potential to reverse the progress towards universal access to sexual and reproductive health that has been made over the last decades.

- [Sexual and Reproductive Health and Rights: Modern Contraceptives and Other Medical Supply Needs, Including for COVID-19 Prevention, Protection and Response](#)
- [Opinion: How will COVID-19 affect global access to contraceptives — and what can we do about it?](#)
- [Two month's supply: Global shortage of condoms as COVID-19 pandemic hits world's biggest producer](#)
- [Canada experiencing shortage of abortion pill amid COVID-19 outbreak](#)
- [We must not forget clean procurement in response to COVID-19](#)

CONTRACEPTION AND ABORTION

In many countries, healthcare staff have been diverted to deal with the crisis and the pressure on healthcare services has increased. This is likely to delay access to abortion services. Additionally, some countries (e.g. England and Canada) are promoting medical home abortions instead of contact abortions. Especially in countries where abortion services were already largely restricted, women

are left with almost no chances of an abortion due to COVID-19. Similarly, advocacy projects to legalise abortion services are being affected by the worldwide bans on public gatherings. In the US, anti-abortion movements are using the pandemic as an opportunity to restrict abortion care.

- [Coronavirus: Home abortions approved during outbreak](#)
- [Anti-abortion Groups Are Making COVID-19 an Even Greater Public Health Threat](#)
- [How will the coronavirus affect access to safe abortion?](#)
- [COVID-19 and abortion care: why we need remote access to reproductive health services](#)
- [Contraception in the time of COVID-19](#)
- [Coronavirus crisis may deny 9.5 million women access to family planning](#)

ADOLESCENT SRHR

The COVID-19 pandemic has severely impacted young people's formal education. Worldwide, 107 countries have implemented nationwide school closures, affecting more than 860 million children and youth. Not only is their formal education affected, but also the comprehensive sexuality education and access to SRHR information that is provided in this context is impaired. Additionally, the closures of schools may lead to emotional unrest and anxiety in children and youth. Similarly, as mentioned before, domestic violence against children might increase.

- [Adolescents and Young People & Coronavirus Disease \(COVID-19\)](#)
- [COVID –19 Youth Guide](#)

SRHR IN HUMANITARIAN SETTINGS

COVID-19 can spread easily in humanitarian settings, such as refugee settlements, due to a lack of water, hygiene equipment, malnutrition, housing and healthcare services, and the overcrowding. Globally, around 168 million people live in humanitarian settings. Pandemics further reduce access to the basic and already limited healthcare services. Displacement, in general, puts women and children at an increased risk of violation of their sexual and reproductive health and rights. Essential SRHR services should therefore include clear SRHR information, contraception and safe abortion care.

- [SRH in humanitarian settings during COVID-19](#)
- [Responding to the COVID-19 pandemic in complex humanitarian crises](#)
- [Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings](#)

HIV

Elderly people and people having heart or lung problems are more likely to become affected by the COVID-19 virus. This is also the case among people living with HIV. Additionally, people living with AIDS are at higher risk of catching respiratory diseases, infections and related complications in general. To our knowledge, no research has been done yet on the extent to which COVID-19 affects

people living with AIDS. Furthermore, due to breakdown of certain supply chains, it is important that, especially people living with HIV, are prepared for shortages in medical supplies.

- [What people living with HIV need to know about HIV and COVID-19](#)
- [What people living with HIV need to know about HIV and COVID-19 \(infographic\)](#)
- [Rights in the time of COVID-19 — Lessons from HIV for an effective, community-led response](#)
- [Isolation and HIV memories hit LGBT+ elderly hard in lockdowns](#)
- [Q&A on COVID-19, HIV and antiretrovirals](#)

OTHER SRHR TOPICS

- [Sexual and Reproductive Health during the COVID-19 Crisis](#)
- [Fertility Treatment and COVID-19](#)

RESOURCES ON GENDER AND COVID-19

Sex and gender both play a role in the impact and response to the COVID-19 pandemic. Attention has been particularly given to women, but also men and gender minorities are differently affected by the virus. The male sex has been associated with worse clinical outcomes in previous respiratory syndromes (e.g. SARS, MERS). This has been linked to gendered behaviours, such as smoking and drinking. However, it has also been argued that it could be caused by chronic diseases which are more prevalent among men than women and that differences in hormones could play a role as well. Disaggregated data are needed to better understand the varying impact between the male and female sex and ensure transparency on the sex differences.

Concerning gender, women play a big role in health and social care services and are therefore at a larger risk of becoming infected than men. At the same time, women are largely underrepresented in decision-making and disease outbreak management bodies. Additionally, home-schooling of children after global school closures and unpaid care work for family members generally fall on the shoulders of women.

Gender minorities face the COVID-19 crisis in addition to the social exclusion and stigmatisation they already face daily. Next to high levels of discrimination and stigmatisation within healthcare settings, simple handwashing practices might be impaired by highly stigmatising public washroom facilities. Additionally, gender affirming surgeries are being postponed to relieve healthcare providers. This could impair the mental health of many gender diverse people.

- [The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific](#)
- [Sex, gender and COVID-19: Disaggregated data and health disparities](#)
- [Why gender matters in the impact and recovery from Covid-19](#)
- [The Coronavirus \(COVID-19\): What Trans People Need to Know](#)
- [The Impact of COVID-19 on Gender Minorities](#)
- [Trans and Gender Diverse People and COVID-19](#)
- [Men's Biological Risk from COVID-19](#)

- [COVID-19 Outbreak: Emerging Issues for Women and Girls and Gender- Sensitive Recommendations by UN Women & UNFPA](#)
- [What the Covid-19 lockdown tells us about the gender gap in house-work](#)
- [COVID-19 and Girls' Rights: A Series](#)
- [COVID-19 and Gender Resources \(Includes a vast amount of resources\)](#)

SHARE-NET INTERNATIONAL COUNTRY HUBS

Bangladesh

The Bangladeshi government has implemented a nationwide lockdown until April 11th 2020. There are concerns about how the lockdown will impact Rohingya refugees who are living in camps in which services have been suspended. There is also a concern about whether sex workers will earn an income during the lockdown.

- [COVID-19: Human Rights or Public Health](#)
- [Bangladesh: Sex worker appeal for funds amidst coronavirus crisis](#)
- [Bangladesh sends food aid to brothels as women fight to survive lockdown](#)

Burundi

The Burundian government announced their first cases of COVID-19 on the March 31st 2020 and so there are currently limited resources available.

The Jordanian government have introduced severe measurements to prevent the outbreak of COVID-19 in the country. These restrictions include a complete shutdown of the country's borders and a strict curfew. The restrictions have resulted in concern about the accessibility of healthcare services, including SRHR service, to refugees.

- [UN Refugee Agency Prepares for Covid-19 in Jordan](#)
- [Syrian Refugees Adapt to Life Under Coronavirus Lockdown in Jordan Camps](#)

Jordan

The Netherlands

In the Netherlands, most non-essentail businesses have closed, including brothels in the Red Light District. This has put pressure on undocumented sex workers who cannot avail of emergency financial aid. Pressure on the health system has also resulted in the conversion of hotels into hospital suites.

- [Dutch Sex Workers Risk Trafficking and Abuse as Coronavirus Bites](#)
- [Van der Valk Hotel in Uden turns rooms into delivery rooms because of crowded Bernhoven hospital](#)

CONCLUSION

The above resources are some of many which give a global snapshot of the far reaching implications of the COVID-19 outbreak on SRHR and gender equality. It is evident that the coronavirus pandemic will have a severe impact on the sexual and reproductive health and rights of people globally, specifically on women and girls and people in humanitarian settings. However, it is imperative that the pressure which is being put on health systems globally does not prevent access to and provision of crucial SRHR services and care. Furthermore, the COVID-19 outbreak is also underlining and exasperating existing inequalities in society, specifically with regards to gender inequity. However, there continues to be a clear disregard for the inclusion of a gender perspective in response and recovery planning and so, it is crucial that women, girls and people of gender diverse identities are at the forefront of emergency responses and recovery efforts to ensure that their specific needs are incorporated and that efforts are inclusionary.

Join Share-Net

and become part of the knowledge platform on SRHR as either a member or a sponsor. When joining Share-Net, you will not only be contributing to our mission and vision, but you will also be able to enjoy specific member benefits:

- Have free access to all the meetings that we organise. (Non-members participate at cost-price)
- Participate in our working groups or CoPs, which is exclusive for members. These groups are crucial for agenda setting, organizing meetings and executing small research projects. For more information on the Share-Net Netherlands working groups and thematic groups please visit www.share-net.nl/working-groups.
- Be elected in one of our governing bodies, the Steering Committee of the Netherlands or the Board of Share-Net International. All members are invited to our annual business meeting.
- Be eligible for our yearly call for proposals for the Share-Net International Small Grants facility.