

THE IMPACT OF COVID-19 ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS:

Youth-led Perspectives and Solutions for a Gender-Equal World



EXECUTIVE SUMMARY

The COVID-19 pandemic has had a disproportionate impact on girls and women, in all their intersecting identities, and has deepened existing gender inequalities worldwide. The realization of marginalized girls' and women's sexual and reproductive health and rights (SRHR) has been profoundly affected. This study is one of the first of its kind to directly highlight the first-hand experiences, insights, and perspectives of adolescents and youth on the gendered impact of the COVID-19 pandemic on SRHR. Specifically, this study examines the effects of the pandemic on access to SRHR services, information, and products in low- and

middle-income countries (LMICs), with a particular focus on India, Kenya, and Nigeria.

The insights and perspectives of adolescents and youth are often absent from global evidence reviews. Throughout each phase of this study, Women Deliver intentionally compared the insights and perspectives of adolescent and youth to the global evidence base by gathering qualitative stories from youth advocates in India, Kenya, and Nigeria.

APPROACH AND METHODOLOGY

The study brings together global evidence, data, and critical insights from global and national experts working on gender equality, SRHR, youth, and/or COVID-19 response and recovery, and youth advocates engaged in the Women Deliver Young Leaders Program and other youth networks in LMICs and beyond. This report is catered to gender equality and SRHR advocates, decision-makers in government and the private sector, implementing partners, and policymakers.

This study was carried out through a combination of secondary data analysis and primary qualitative data collection. Specifically, a desk review of literature on SRHR and the COVID-19 pandemic in LMICs informed the development of data collection tools. Subsequently,

interviews were conducted with key informants working at the intersection of gender equality, SRHR, and COVID-19 response and recovery. Interviews and a focus group discussion were also conducted with youth advocates from India, Kenya, and Nigeria. Finally, a validation workshop was held with youth advocates from LMICs in order to validate the study's findings and generate policy recommendations.

Women Deliver Young Leaders were deeply involved in co-creating and co-designing the study, including in co-facilitating the above-mentioned focus group discussion and validation workshop. This further enabled meaningful youth engagement and co-leadership throughout the research process.



KEY FINDINGS

The study generated key findings that highlight challenges and barriers to accessing SRHR. At a structural or systems level, the study explored the impact of COVID-19 on the health sector as well as government and policy responses to address the pandemic’s adverse effects on SRHR. At the community level, the study examined data and evidence on how the pandemic may have impacted social and gender-based norms, the incidence of gender-based violence

(GBV) and other harmful practices, as well as stigma and discrimination experienced when accessing SRHR services, information, and products. At the individual level, the study explored how the pandemic has altered individuals’ access to and demand for SRHR services, information, and products.

The study surfaced seven key findings, presented below.

KEY FINDINGS AT A GLANCE

- 1

The ripple effects of deprioritizing SRHR were felt globally

There were multiple and interrelated SRHR challenges that emerged during COVID-19 due to the deprioritization of SRHR before and during the pandemic. These challenges have been noted globally and have manifested, for example, in the disruption of contraceptive and safe abortion services. Youth advocates reinforced that reproductive health was sidelined and seen as non-essential in many contexts in order to prioritize pandemic response.
- 2

Under-resourced health systems were hard hit

Under-resourced health systems struggled to maintain and provide sexual and reproductive (SRH) services before the pandemic. During the pandemic, critical funds were diverted away from girls’ and women’s health. Girls and women of every age, and particularly youth, struggled to access essential SRHR services, information, and products. While gaps in SRHR policies existed pre-pandemic, insights from youth advocates reinforced how a lack of investment in SRHR and gaps between policies and implementation were compounded during the pandemic.
- 3

Non-state actors stepped up to fill gaps

The pandemic heightened the dependency of governments on non-state actors, who played a critical role in filling new and existing gaps and delivering essential SRH services throughout the pandemic. Youth advocates highlighted that non-governmental organizations (NGOs), especially international NGOs, were essential for upholding SRHR in communities by providing essential SRH services. Youth advocates also noted that local civil society organizations (CSOs) are essential to advocating for SRHR and holding governments accountable because of their deep understanding of local needs and realities.

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Marginalized girls and women were most affected by the pandemic and related policy responses

Girls’ and women’s rights were restricted during the pandemic, limiting their decision-making power in the household and hindering their ability to realize their SRHR. Adolescent married girls and women living with disabilities faced more violence, discrimination, and barriers to accessing SRHR services, information, and products. Many youth advocates highlighted how during – and even prior to the pandemic – stigma and discrimination around accessing SRH services and information prevented adolescents and youth from seeking the services and information they needed.
- 5

As gender-based violence increased, pandemic restrictions severely limited GBV services

Despite its global prevalence, GBV has been one of the most neglected outcomes of the pandemic. The study highlights a dangerous inverse relationship that emerged during the pandemic: as the global incidence of GBV increased, GBV-related prevention and support services decreased. Youth advocates reinforced that GBV increased during the pandemic, putting adolescents and youth, and particularly young girls and women, at risk owing to an inability to access essential protection services and social networks. They emphasized how pre-existing harmful social norms and gender inequalities, economic and social stress induced by the COVID-19 pandemic, and restricted movement and social isolation measures, led to an increase in GBV.
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COVID-19 had a negative impact on SRHR outcomes for girls and women

The pandemic negatively impacted people’s ability to access SRHR services, information, and products. Additional barriers to accessing SRHR services, information, and products resulted in an increase in maternal deaths and unintended pregnancies. Many youth advocates shared that there was an increase in unintended pregnancies in their community during the pandemic owing to difficulties accessing and purchasing SRH services and contraception, respectively.
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The use of digital technologies to access SRHR increased during the pandemic, but left many excluded due to the digital divide

International and local NGOs increased their reliance on digital technologies to facilitate access to SRHR during the pandemic, and many adolescents and youth accessed online sources to obtain SRHR information and SRH services owing to movement restrictions, school and university closures, and out of fear of contracting COVID-19. Digital technologies were effective in disseminating SRHR information, but did not reach those without access to digital technologies — who are often already experiencing discrimination and marginalization. Youth advocates also revealed that organizations and models based on digital technology were effective in disseminating SRHR information, but were often inaccessible for hard-to-reach and low-income communities.

CONCLUSIONS AND POLICY RECOMMENDATIONS

Worsening SRHR have been both a cause and a consequence of increased gender inequalities. This study analyzes global evidence of the impact of COVID-19 on SRHR and highlights youth’s first-hand experiences and perspectives. The evidence points to multiple and diverse intersecting impacts at the structural, community, and individual level.

As COVID-19 threatens to reverse important gains in SRHR, while also widening existing disparities, it is crucial that stakeholders, including governments, donors, the private sector, and CSOs, recognize the disproportionate impact of the pandemic on girls and women, in all their intersecting

identities. As part of this process, it is important to ensure that adolescents and youth have meaningful roles in shaping program, policy, and research initiatives. Their involvement is crucial to ensuring that SRHR programs and policies are relevant and sustainable.

The study outlines six policy recommendations, co-created by youth advocates, for stakeholders responsible for strengthening and upholding SRHR in emergency and non-emergency contexts, including pandemic response and recovery. The recommendations, below, are intended for diverse stakeholders, including governments, CSOs, and the private sector.

POLICY RECOMMENDATIONS AT A GLANCE

1.

Ensure SRHR as an integral component of universal health coverage and resilient health systems.
2.

Ensure adequate and fully protected budgetary allocation for SRHR, along with the release of funds, to drive the full realization of SRHR. A key mechanism for this is civil society and youth-led budget advocacy.
3.

Increase and maintain strong political and financial support for civil society partners that engage in SRHR service delivery and advocacy.
4.

Ensure the financing and delivery of comprehensive, integrated, and survivor-centered gender-based violence prevention and response services for girls and women, in all their intersecting identities.
5.

Maintain adolescent and youth-friendly SRHR services, particularly in emergency contexts, in order to ensure continued access for those who face multiple barriers.
6.

The use of digital technologies to disseminate and distribute SRHR services, information, and products must be combined with efforts to address the gendered digital divide.

