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Headway and hindrances for sexual and reproductive health and rights



On June 30, the State of World Population 2020 report illustrated the extent of the continuing lack of basic sexual and reproductive rights held by women: 200 million girls and women are affected by female genital mutilation (FGM), often causing severe lifelong physical and psychological harm; 33 000 child marriages occur every day, despite almost universal bans; and 140 million girls and women are considered missing as a result of prenatal or postnatal sex selection associated with son preference.

Such statistics are disturbing, but is the situation improving? In some ways, yes. In a modelling study in *The Lancet Global Health*, Jonathan Bearak and colleagues find that, from 1990–94 to 2015–19, the number of unintended pregnancies decreased by 18 per 1000 women and the proportion of unintended pregnancies ending in abortion increased by 18%. These are positive findings: they indicate improved access to family planning services and an easing of restrictions on abortions globally. This trend is borne out in individual countries: for instance, 50 women serving life sentences in Rwanda for having abortions were released from prison in May, following presidential pardons.

However, a longitudinal study of trends in adolescent marriage and fertility in China in 1995–2015, by Dongmei Luo and colleagues, should caution against an assumed single direction of progress. This study observed an initial decrease in those aged 15–19 years who were ever married, from 4.7% in 1990 to 1.2% in 2000, but a subsequent rebound to 2.4% in 2015. Fertility followed the same pattern. In other words, net progress is broadly one-way, but we cannot assume that rights are permanently won.

This year alone has seen some devastating setbacks in sexual and reproductive health and rights (SRHR). A UN Population Fund (UNFPA) analysis released on April 27 warned of the threats posed by the COVID-19 pandemic to SRHR. UNFPA anticipated a global uptick in FGM and child marriage, driven primarily by disruption to prevention programmes and by economic downturns. A 2-year delay in starting prevention programmes was projected to lead to 2 million FGM cases over the next decade that otherwise would have been averted—a 33% reduction in progress—and an additional 13 million

child marriages. And this projected increase in violence against women is beginning to be observed. On July 6, Kenya's president, Uhuru Kenyatta, ordered an investigation into violence against women and girls following a surge of related calls to national helplines of ten times the number recorded in February. Local reports are also indicating spikes in teenage pregnancies and hundreds of instances of girls being subjected to FGM, enabled by school closures. But these reports probably do not begin to scratch the surface of the problem.

As anticipated, the pandemic is also impacting family planning: health facilities are closing or unable to provide these services, supply chains are disrupted, and women are unable to attend clinics. UNFPA predict 47 million women of the 450 million currently using modern contraceptives in LMICs will be unable to use them, with an additional 2 million women unable to use them for every additional 3 months that the lockdown continues. As a result, they predicted that a 12-month, stringent lockdown could lead to 15 million unintended pregnancies. Together, these effects could prove devastating to the autonomy and economic prosperity of women in these countries and would severely hamper gender equality efforts.

To make matters worse, the US Agency for International Development's acting administrator has called on the UN to remove all mention of sexual and reproductive health services from its COVID-19 humanitarian response plan. Even within the USA, in the ongoing struggle to maintain reproductive rights, the US Supreme Court recently blocked a Louisiana law that stopped facilities from performing abortions unless they had admitting privileges at a local hospital—a move similar to those enacted across several states that was intended to severely impede access to the procedure. This dispute is likely to continue for the foreseeable future. Consequently, we must be mindful that headway in SRHR is often two steps forward and one step back. Time, persistence, and community action will be required, along with a recognition that gains in SRHR can be lost as well as won. ■ *The Lancet Global Health*

For the **State of World Population report** see <https://www.unfpa.org/swop>

For more on unintended pregnancies see **Articles Lancet Glob Health** 2020; published online July 22. [https://doi.org/10.1016/S2214-109X\(20\)30315-6](https://doi.org/10.1016/S2214-109X(20)30315-6)

For more on the **women released from prison in Rwanda** see <https://www.theguardian.com/global-development/2020/may/21/rwanda-to-release-50-women-jailed-for-having-abortions>

For more on adolescent marriage and fertility in China see **Articles Lancet Glob Health** 2020; 8: e954–64

For the **UN Population Fund analysis** see <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>

For more on **the reports on violence in Kenya** see <https://www.reuters.com/article/us-health-coronavirus-kenya-women-trfn/kenya-orders-probe-into-rise-in-violence-against-women-and-girls-during-pandemic-idUSKBN2472ER>

For more on **disruptions to family planning services** see <https://www.hrw.org/news/2020/05/12/protecting-womens-reproductive-health-during-pandemic>

For more on the **US Supreme Court decision** see **World Report Lancet** 2020; 396: 85–86

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