



Letter to the Editor

The effect of COVID-19 on the sexual and reproductive health of women

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The novel coronavirus disease 2019 (COVID-19) outbreak emerged in Wuhan city, China, during the autumn of 2019 [1]. Since then, COVID-19 infection has spread rapidly throughout many countries, with the number of confirmed cases spiralling [2]. The increasing rate of COVID-19 infection necessitated the implementation of containment measures, such as border closures, physical distancing, hand hygiene and lockdown measures, to reduce infection transmission. Lockdown measures have resulted in the closure of educational institutions, restriction of movements and increased home stays [3]. These changes have resulted in a new normal, which is associated with the challenges of deprivation of contact with peers, loneliness and boredom. In addition, the sexual and reproductive health rights (SRHRs) of women have been violated.

The SRHRs of women are concepts of human rights that focus primarily on women's sexuality and reproduction. The rights state that women should have the right to live freely without coercion, violence or discrimination, and that women should have control of their own SRHRs. According to the Beijing Conference on women held in 1995, women should have the right to be free from torture, inhuman or degrading treatment, the right to be free from all forms of violence and the right to privacy. In addition, the right to pleasurable, satisfying and safe sexual experiences, the autonomy to enter or dissolve marriage, and the freedom to participate in public and political life in the light of justice, remedies and redress have also been listed as SRHRs of women [4].

Intimate partner violence (IPV), one of the most prevalent violations of women's SRHRs, has been shown to be prevalent in both developed and developing countries. Estimates from sub-Saharan Africa on violence against women have been worrisome and remain persistent among women of reproductive age [5]. Globally, one in four women experience IPV, which can take many forms, including physical, emotional, sexual and psychological [5]. The health impacts of IPV include injuries and serious reproductive health problems, such as sexually transmitted infections (e.g. HIV) and unplanned pregnancies [5]. Several factors have contributed to the violation of the SRHRs of women, especially in the developing regions of the world; these include tradition, religious beliefs and patriarchal norms, amongst others [6].

An increase in IPV has been shown during the recent COVID-19 pandemic [7]. This has been attributed to restricted movement during

the lockdown, with limited opportunities for women to escape their abusive partners. In addition, social factors, such as financial deprivation and spousal over-dependence, have led to frustration during the COVID-19 pandemic, which has resulted in an escalation in IPV. Also, stress and lack of access to reproductive health services have been indicated as factors that have further compounded the experience of many women during the COVID-19 pandemic [8,9]. Reports from the UK, the US and other countries suggest an increase in IPV since the onset of the COVID-19 pandemic.

Evidence suggests other SRHRs have also been violated in the course of the COVID-19 pandemic. The World Health Organisation states that women's choices and rights with regards to sexual and reproductive health care should be respected, regardless of the COVID-19 pandemic. Anecdotal evidence shows an increase in unplanned pregnancies during the COVID-19 pandemic, a consequence of prolonged home stays, lack of access to contraceptive services and financial difficulties in purchasing condoms or contraceptive pills [10,11]. Some women were not able to access necessary antenatal care, or get their choice of childbirth, post-partum or newborn care, primarily due to distance, transportation and financial constraints [12,13]. In some countries, governments have unfavourable policies and structural barriers, which have led to inadequate financial support for SRHRs services during the COVID-19 pandemic.

It is therefore essential to implement improved healthcare structures to support women, such as innovating models of care, prior to a second wave of the COVID-19 pandemic. Public campaigns need to be organised across various media platforms to increase awareness that violation of women's reproductive and health rights is a crime, which is liable to punishment [14]. It is also necessary to develop policies to ensure the implementation of laws that are consistent with the Constitution on sexual rights' violation. Justice should be served to individuals who violate women's SRHRs, regardless of their social class. Also, provision of telephone health services, strict infection control practices and improved transportation services would help increase access to care in the event of future pandemics. Furthermore, social safety nets, such as palliatives, should be provided by the government to help alleviate stress and deprivation in families. Private and civil-based organisations should also

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be encouraged to improve social protection through the supply of financial and material resources. Provision of security and social services during an epidemic would help to reduce the surge of violation of SRHRs of women within the community. In addition, support systems for counselling and psychotherapy should be made available to all victims of sexual and reproductive rights' violation, and overseen by the Ministry of Women Affairs of each country.

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