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Impact of the COVID-19 Pandemic on Access to SRHR in India: Challenges and Opportunities

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Abstract

This article highlights the impact of COVID-19 on the Sexual and Reproductive Health Rights (SRHR) of women and girls in India. It argues that despite the decline we are seeing globally in the SRHR of women and girls, the pandemic provides an opportunity to push for systemic changes and gender transformative development policies. Agenda 2030 provides a potentially transformative framework for sustainable changes around the world and feminists and women's rights organizations play a critical role in the promotion of gender equality and creating change with and for women and girls in all their diversity. Listening to feminist organizations and their meaningful engagement can play an important role in achieving gender equality and realizing the SDGs.

Keywords: Sexual and reproductive rights, COVID-19, adolescent and young adult women, sustainable development goals

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Impact of the COVID-19 Pandemic on Access to SRHR in India: Challenges and Opportunities

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Introduction

COVID-19 has affected us all, but we were not all affected equally. The pandemic has disproportionately affected women and girls from the global south especially in accessing sexual and reproductive health (SRH) services with disruptions in the regular provision of SRH services such as maternal care, safe abortion, contraception, prevention, and treatment of HIV/AIDS. The pandemic has also led to an increase in domestic violence and incidences of gender-based violence. The data on the impact on sexual and reproductive health and rights (SRHR) is limited, however, experience from past epidemics such as Ebola and Zika demonstrates that attempts to control outbreaks often divert resources from routine health services and exacerbate the often already limited availability of SRH services.

Sexual and reproductive health and rights are central to achieving Sustainable Development Goals (SDGs), particularly Goal 3 which seeks to ensure healthy lives and promote well-being for all at all ages. Target 3.7 of Goal 3 seeks to ensure universal access to sexual and reproductive healthcare services, including family planning, information, and education, and the integration of reproductive health into national strategies and programs.[1] The pandemic has challenged the achievement of these gender and health-related SDGs. In most countries, measures to address COVID-19 continue to disrupt livelihoods, exacerbate socioeconomic and gender inequalities, and add accessibility barriers to SRHR services.

A Guttmacher Institute study projected a decline of 12-15 percent in essential sexual and reproductive health care – including contraceptive services, maternal care, and abortion (Riley et.al 2020) due to COVID-19. Marie Stopes International's study in August 2020 estimated that a staggering 90 percent or 9.2 lakh women in India who required abortion services could not access them between January and June 2020 because of the stringent COVID-19 lockdown (*Firstpost*, August 2020). These women were among the 13 lakh women who could not get any kind of sexual and reproductive health services during this period. The study also reported that the inability to access sexual and reproductive health services in India could lead to as many as 6.5 lakh unintended pregnancies, 10 lakh unsafe abortions, and 2,600 maternal deaths in the country. India accounted for 75 percent of the total disruption in family planning and safe abortion care services across 36 countries cited in the report. (MSI 2020)

Even before COVID-19, access to SRHR services has been restricted and resources supporting the same were meager. With these limited resources being diverted to COVID-19 relief and SRHR services being rendered "non-essential," SRHR has received further pushback. The full

[1] Launching a data revolution for the Sustainable Development Goals **Indicators and a Monitoring Framework**

realization of SRHR is critical to achieving gender equality. Inequalities in access to SRH and denial of services are indicators of gender inequality and the low status of women and girls. SRH access is further complicated by embedded power hierarchies and inequalities based on caste, class, age, and marital status. The consequences of an unmet need for contraception can be disastrous for women, leading to high maternal mortality and unsafe abortions. Sexual and reproductive health outcomes may worsen due to gender-based violence (GBV) which can increase the risk of chronic health conditions, disability, HIV transmission, unwanted pregnancy, and even death. These impacts of low SRH access clearly demonstrate the critical importance of SRH services (Lokot et.al, 2020) and reveal how health emergencies can exacerbate gender inequality and push back the hard-won progress not only on SDG 3 but on all SDGs.

Scope of the Problem – A Regional Overview

The exceptional measures governments and health authorities used during the COVID-19 pandemic, such as lockdowns, quarantines, or reorganizing health services, directly affected the full realization of SRHR. This was particularly the case for women and girls. These impacts were felt at many levels and require a major rethinking of international health development to make this issue a global priority (*The Conversation* 2021). According to Ipas Development Foundation, 1.85 million women in India will be unable to access abortion services as a near-term impact of COVID-19 (*The Economic Times* 2020). The pandemic threatens to reverse the progress made towards the achievement of SDG 3, which aims to ensure healthy lives and well-being for all.

Even before the pandemic, young people's SRH has been stigmatized with restrictions on what SRHR information and services are accessible and available. The disruptive nature of the pandemic has severely affected the SRHR needs of young people. With restrictions on movement and the closure of primary healthcare facilities in urban and rural areas, there has been a disruption in the delivery of critical SRHR services, such as the treatment of sexually transmitted infections (STIs), and the availability of contraception. The delivery of critical SRHR services and information has been de-prioritized during the pandemic (UNFPA, 2020).

The closure of schools and disruption of basic health facilities due to COVID-19 led to further limitations on the access to SRH information and services by girls and young women. Based on evidence from previous crises such as the 2014 Ebola outbreak, and post-COVID-19 projections, the United Nations Population Fund (UNFPA) anticipates long-term repercussions such as an increase in adolescent pregnancies and sexual and gender-based violence (UNFPA 2020).

For young people, the pandemic took place during a critical period in their lives where the quality of life, their well-being, and their overall development into adulthood were determined and dependent on having access to information and health services including sexual and reproductive health-related information and services. The lack of adequate access to education and information also deprived adolescents and young people of the opportunity to benefit from

sex education. A study by Restless Development (2020) found that 27 percent of young people reported having lost access to counseling/ psychiatric services that they were accessing before the pandemic because of the lockdown. Further, the study revealed that women and youth were disproportionately impacted by the pandemic. More females than males reported experiencing the negative impact of the lockdown on their lives and access to mental health care services. Some of the reasons stated by the young people for this loss of access included financial constraints, lack of remote working services, lack of access to the appropriate digital infrastructure, and lack of privacy in their homes.

For countries in the South Asian region, resources and efforts must be put into tackling this gap in knowledge among young people since comprehensive sex education (CSE) forms the basis for equitable social norms and positive sexual behavior. It reinforces among young people change in attitudes and approach and has proven to be an integral tool in the prevention of sexual and gender-based violence, including harmful traditional and cultural practices and discrimination against young people, women, and girls in all their diversities ("Global review finds comprehensive sexuality education key to gender equality and reproductive health" 2021).

While the SDGs do not specifically mention CSE, many of the goals will be hard to achieve for countries in South Asia without a focus on sex education and health for young people. Youth, and girls, in particular, need access to information, resources, and services that are needed to safeguard their health and improve their lives, and the combination of providing sex education along with ensuring unobstructed access to all health services and information will act as a transformative intervention. It will also enable young people to understand the interrelations between gender and power and how it affects the dynamics within the communities and the societies that these young people are part of. A dedicated focus on young people's health and well-being, from a sexual and reproductive health and rights lens, is, therefore, key to achieving gender equality in the region. Such an approach will also ensure inclusiveness in its truest sense that prioritizes young people so as to leave no young people behind even as these countries continue to overcome the challenges from the pandemic and move forward.

However, the current reality is that the pandemic has led to the neglect of the sexual and reproductive rights of young people among others. A bulk of studies and surveys done during the pandemic to shed light on the situation of young people's sexual and reproductive rights also identify the same trend, not just in this region but also globally. This is of particular concern for countries in South Asia because of the increasing discrimination against young people with disabilities, the rising rate of child marriage, and also the increase in all forms of sexual and gender-based violence. (Save the Children, Plan International 2021) This exacerbates existing challenges and gives rise to a 'shadow pandemic' of sexual and gender-based violence throughout the region that had a profound effect on girls and young women and young people in all our diversities including those with disabilities.

Young people reported having faced challenges in accessing SRHR services during the pandemic. Females (11 percent) reported an inability to consult healthcare professionals for experiencing irregularities in their menstrual cycle. Young people have also reported disruption in seeking professional support for SRHR-related concerns, and inability to purchase sanitary products or contraceptives by themselves. With regards to accessing SRHR-related information, males relied on their friends and peers as their primary sources of information on SRGR, whereas females preferred consulting doctors, parents, and friends for seeking information on SRHR (Restless Development, 2020).

Estimates by the United Nations Children's Fund projected that an additional 10 million girls globally will be at risk of child marriage over the next decade due to COVID-19 (UNICEF 2020). India is home to the largest number of child brides in the world, accounting for one-third of child marriages globally. According to NFHS-5, every fourth woman surveyed in the age group of 20 to 24 was married before they turned 18. Despite the decline to 23.3 percent from 26.8 percent reported in NFHS-4, the situation remains grim and far from being eradicated. The pandemic has impacted livelihoods and pushed families into poverty, forcing parents to marry off their daughters at an early age to avoid financial burden. From February 2019 to March 2020, the government-run Women's Development and Child Welfare Department averted 977 child marriages in the country. Since the start of the pandemic, the number has increased to 1,355 (Krishnan 2021). Early and child marriages put girls at an increased risk of gender-based violence, impact their autonomy over their bodies, and have devastating effects on their health and being. Recently released data from the National Family Health Survey (NFHS)-5 (2019–2020) highlights that low sex ratio continues to be a major challenge in most Indian states. It also flags gender differentials across several indicators. For example, the proportion of adolescent girls (15–19) who became pregnant before age 18 ranges between 10 and 15 percent with wide rural/urban and interstate variation. Similarly, the experience of gender-based violence (GBV) by youth (18–29) is about 4 percent with minor rural/urban variation. Anemia continues to be alarming among adolescents and young girls in comparison with their male counterparts. Child marriage rates are still high to the tune of almost 30 percent in some states with large interstate and rural/urban differentials.

The pandemic also saw the rise of mental health concerns among younger age groups in countries across the region and revived harmful practices against women and girls and young people (Save the Children, Plan International 2021). Youth organizations reported that some young people had approached them with fears about their intimate relationships, sexual violence, about their future, and had shown symptoms of anxiety and depression and a few had also expressed suicidal thoughts. They talked about the impact of the lack of space at home, isolation from their friends and partners, and the lack of intimacy with their partners. While organizations refer to the mental health and well-being of adolescents and young people, they do not have information on how the lack of access to SRHR services and information is impacting their mental health. The limited data suggest the need to explore further into this aspect. (Kedia et.al). The existing evidence on the effect of COVID-19 on young people in the region also indicates an increase in the level of social stigma and discrimination faced by young people based on disability (Uji and Björkman 2021) and their sexual orientation, gender

identity and expression, and sexual characteristics. The United Nations Independent Expert on Protection Against Violence and Discrimination based on Sexual Orientation and Gender Identity (IE SOGI) report to the UN General Assembly (Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity; A/75/258 2020) also draws attention to how COVID-19 prevention measures that included physical distancing, stay-at-home directives and isolation increased the level of social stigma, hate crime and all forms of abuse, harassment, and neglect against young LGBT persons. The report that extracted data from 1000 individuals from across 100 countries summarized the situation as follows:

> *Information received allows the IE SOGI to conclude that COVID-19 has a disproportionate impact on LGBT persons; that, with few exceptions, the response to the pandemic reproduces and exacerbates the patterns of social exclusion and violence already identified by the IE SOGI; and that urgent measures must be adopted by States and other stakeholders to ensure that pandemic responses are free from violence and discrimination.* (Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity; A/75/258 2020).

Young people are a diverse group, and the pandemic affected their lives in many different ways. However, the adverse effects of the pandemic on their SRH based on the examples mentioned above goes on to show that the current crisis will continue to infringe upon SRH concerns of young people, particularly women and girls and for those with disabilities in the future too. (South Asia Reproductive Justice and Accountability Initiative (SARJAI), Centre for Reproductive Rights 2021).

A survey conducted by the Population Council of India found that while 24 percent of 18–24-year-old women wanted family planning services during the first wave in 2020, only 16 percent reported receiving such services. An eight-state rapid survey conducted by the Population Council among rural young women (aged 18-34) from March 2020 showed that there was drop in institutional deliveries by 43 percent and Caesarean Section by over 46 percent compared to March 2019. The findings indicate that disruptions caused by COVID-19 led to more home births, with a possible long-term impact on maternal and child mortality rates. The survey showed that unintended pregnancies rose significantly, from 11 percent in March 2020, to 21 percent between April–November 2020. Among women who reported unintended pregnancies, more than a quarter (26 percent) cited unprotected sex as the reason, and 10 percent stated they could not access a contraceptive method due to COVID-19 restrictions (Population Council, World Population Day 2021 brief).

A study published by Marie Stopes in August 2020 found that India's stringent lockdown measures led to 1.3 million women losing access to contraceptives and abortion procedures. Abortion in India is legal and was listed as an essential service during lockdowns, however, access remained a huge challenge. The pandemic revealed how difficult it already was to access abortion services, especially for young women and the poor. COVID-19 and the lockdown have had an unprecedented impact on women and girls' access to medical abortion.

International Pregnancy Advisory Services (IPAS) estimates that in India, access to medical abortions, which is what most women and girls rely on, must have become very challenging during the lockdown and the COVID-19 pandemic, due to lack of availability, lack of information, and lack of privacy and confidentiality (IPAS 2020). Abortion being time sensitive, the delays in seeking care led to higher abortion costs and denial of services due to higher gestational time. A study conducted by the Foundation for Reproductive Health Services India found that disruptions in supply chains led to a shortage of medical abortion pills. "Only one percent of pharmacies in northern states like Haryana and Punjab had them, two percent in the southern state of Tamil Nadu, and 6.5 percent in the central state of Madhya Pradesh. In Delhi, it was 34 percent (*Firstpost* 2020). As per IPAS report, 1.5 million medical abortions may have been compromised in the first three months of the lockdown period. This could be due to the closure of outlets, disruption of the supply chain, and restriction in transport services since adolescent and young adult (AYA) women or their partners generally avoid their neighborhood chemist shops and prefer a more distant outlet for buying medical abortion drugs due to the attached stigma (IPAS 2020). Furthermore, accessing abortion at an approved facility is challenging to begin with, particularly for abortion beyond 12 weeks. However, given the impact of COVID, as per IPAS, facility-based first or second-trimester abortion may be the only option for a majority of the 1.85 million women, including adolescent girls and young adult women needing abortion services.

Most of the countries in South Asia, including India, have already been struggling with poor health infrastructure that overburdened health service provision and affected the availability of quality and affordable healthcare. When the pandemic hit, the situation put a strain on the overall situation surrounding healthcare and service provision (South Asia Reproductive Justice and Accountability Initiative (SARJAI), Centre for Reproductive Rights 2021), and the world witnessed countries like India reaching a tipping point in 2021 when news of oxygen shortages faced by critical COVID-19 patients and images of mass cremations spread across the world through social media and news portals (*BBC* 2021). Under these circumstances, prioritization of COVID-19 by governments of countries in the region over every other health concern led to the neglect of sexual and reproductive health. Not surprisingly, the worst impacted were young women and girls (UNFPA 2020). Civil society, activists, advocates, and other actors working in the area of sexual and reproductive health and rights have repeatedly voiced their concerns at national, regional, and global levels to remind governments to take stock of their commitments and obligations that they have on the realization of sexual and reproductive health and rights for all as stated under crucial documents such as the International Conference on Population and Development Programme of Action (ICPD 1994).

The Link between SRHR and Gender Equality

Denial of SRHR and SRH services needs to be understood from a lens of gender equality and intersectionality and the differential impact on access based on an individual's caste, class, age, gender, geographical location, marital status, and disabilities. These inequalities were not created by the pandemic; however, it exposed and exacerbated the fault lines and magnitude of

social and economic inequalities. It made more visible the disadvantages that are based on social and economic location in society.

The backslide of SRHR is multipronged and needs to be seen as an overall decline in the gender equality agenda within the SDGs. Lokot and Ayakyan (2020) argue that the disruptions caused by COVID-19 can be better understood by understanding the multiple dimensions of power, historical structural inequalities, and the role of the underlying social context and complexity of lived experiences that are critical in informing policy and action and equalizing access to SRH.

Sexual and reproductive health and rights are linked to the overall well-being of an individual. Every woman has the recognized human right to decide freely and responsibly without coercion and violence the number, spacing, and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health (ICPD 1994). Weak health systems and a lack of equitable access to affordable health services and information undermine states' ability to uphold the right to the highest attainable standard of health. Even in countries with established public health surveillance systems, the lack of a gender and human rights lens can lead to overlooking the differentiated impacts of outbreaks, which often run like fractures along the lines of pre-existing inequities. (Clark and Gruending, 2020)

The Lancet-Guttmacher Report (2018) goes beyond the ICPD definition and provides a more comprehensive approach to SRHR. According to the recommendations made in this report, "progress in SRHR requires confrontation of the barriers embedded in laws, policies, the economy, and in social norms and values—especially gender inequality— that prevent people from achieving sexual and reproductive health. Improvement of people's wellbeing depends on individuals' being able to make decisions about their sexual and reproductive lives and respecting the decisions of others." (Stars et.al, Lancet-Guttmacher Report 2018)

The above discussion highlights the grave consequences that the pandemic has had on gender equality and SRHR. Agenda 2030 and its indicators provide a robust framework to build accountability against this pushback and accelerate progress on the SDG goals. Another framework that countries have in ensuring people's health and well-being is through Universal Health Coverage (UHC), which the World Health Organisation (WHO) describes to mean that "all people have access to the health services they need, when and where they need them, without financial hardship. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care." (WHO, no date)

Achieving Gender Equality through SRHR for All – Regional Overview of SRHR Advocacy

Across countries in South Asia, feminist organizations have put forward several solidarity statements and statements calling for action for governments to fulfill their obligations around gender equality and ensuring access to health for all and recommendations have extended to

include sexual and reproductive health services and information as part of public health emergencies that ensures access to quality, respectful maternal health care, ensure timely and affordable access to contraception, abortion and post-abortion and access to services (helplines and shelters) for women and girls who are vulnerable in emergencies so that they are protected from all forms of sexual and gender-based violence (South Asia Reproductive Justice and Accountability Initiative (SARJAI).

The world is witnessing a pandemic, but this global health crisis also provides an opportune moment to build back better. It offers an opportunity for advocates and activists to put health and SRHR on top of global and national agendas and to invest in building back more resilient health systems. For this, universal healthcare must be prioritized "with an emphasis on reducing inequities and confronting discrimination, and to enshrine SRHR at the center of these efforts." (Clark and Gruending, 2020). Universal healthcare is a critical component of sustainable development and poverty reduction strategy. It is key to reducing social inequalities and inequities and is embedded in the SDGs under target 3.8 of SDG 3: 'Ensure healthy lives and promote well-being for all at all ages' and an expression of the right to health. (Countdown 2030 Europe, 2018)

Unlike the Millennium Development Goals, which was focused on low- and middle-income countries, the SDGs are universal. Agenda 2030 is therefore being seen as an opportunity to achieve transformative gender equality by activists and organizations worldwide. "(The) … 2030 agenda is people-centered, universal, and transformative…its goals and targets are integrated and indivisible and balance three dimensions of sustainable development—economic, social, and environmental. (TK Sundari Ravindran, n.d.)

In addition to the set of 17 SDGs, human rights principles should be integrated with gender equality at its core. This is based on the recognition that empowering women and promoting gender equality is crucial to accelerating sustainable development. Gender equality and women's empowerment are also addressed as a priority as a stand-alone goal under Goal 5. The commitment of the SDGs to 'leaving no one behind' and mainstreaming gender equality across SDGs further provides an opportunity to hold governments accountable and prevent the backsliding of the gender agenda by adopting a rigorous monitoring framework that is embedded in the principles of feminism and human rights.

Achieving bodily autonomy for women and girls depends above all on achieving gender equality. "Being able to make meaningful decisions depends on empowered individuals, who have information and agency, and on an enabling environment, from families to legal systems, that fully upholds and respects individual choices. These twin notions sit at the core of the Programme of Action of the International Conference on Population and Development (ICPD) and the Beijing Declaration and Platform for Action. These notions are reflected in the 2030 Agenda for Sustainable Development and the 2019 Nairobi Statement on ICPD25, which called for protecting and ensuring "all individuals' right to bodily integrity, autonomy, and reproductive rights, and to provide access to essential services in support of these rights". (UNFPA, Status of World Population Report 2021).

Conclusion

The inclusion of SRHR and gender equality in Agenda 2030, its goals and targets is a hard-won achievement, which needs to be defended through regular monitoring and ongoing pressure and advocacy at all levels.

Feminist and women's rights organizations have effected big changes in the social, economic, and political positions of women and girls. While the SDGs are comprehensive, it is important to ensure critically important elements of gender equality continue to stay in the SDG agenda and are monitored for progress on a regular basis. Effective monitoring is instrumental in holding governments accountable. Contextualizing the SDG framework to monitor progress is critical and crucial for addressing the power imbalances that inhibit progress and is critical in strengthening the understanding of the barriers to access and the realization of goals. The SDGs vision of 'leave no one behind' can only be truly achieved when the issues impacting access of the most vulnerable and marginalized are addressed.

The pandemic has taught us to be more resilient and the shift in our approach creates the opportunity to harness the benefits offered by technological advancements[2] that are currently enabling interactive solutions to relay information related to health. This provides the scope to integrate information on sexual and reproductive health and rights into the digital health tools to strengthen the overall health system, its response mechanism during the time of the COVID-19 crisis and beyond, and improve the accessibility at the community level for those seeking to avail such services. Whatever the approaches are, the key is to ensure that SRHR does not take a backseat during the time of the pandemic and the post-pandemic setting. India is on the pathway to being a growth leader for the region and globally but the current achievements can be seriously challenged if the sustainability of progress is not ensured. The absence of gender parity that is pervasive at all levels of public and private life can only be tackled through the implementation of learnings from the pandemic. Equally, learnings are possible from best practices in neighboring countries in South Asia with regards to how each country tackled their challenges in achieving gender equality and thereby be on track in achieving the SDG 2030 agenda as we move through the pandemic and beyond. Gender equality is not an isolated goal and the discussion above shows the extent to which gender equality is interconnected with quality, accessible and affordable healthcare and information that is inclusive of sexual and reproductive health and rights. While India continues to grow on the economic and social fronts, it cannot overlook the implications of SRHR on individual empowerment. The right to be able to make decisions about one's own life and health is integral to being empowered and this is even more so for the women and girls of India who incessantly face an infringement of such rights. It is detrimental to overall development that key sectors like the health sector are left behind due to oversight with regard to ensuring sexual and reproductive health rights for all (Clarke and Gruending 2020). In the post-COVID 19 world, this can have serious ramifications for a country, particularly given that India has the scope to benefit from its young

[2] For instance, the Maya App in Bangladesh is one of the examples in relation to technological advancements playing a role in making healthcare and SRHR information: https://techcrunch.com/2021/02/08/bangladesh-based-maya-a-startup-focused-on-accessible-healthcare-raises-2-2-million-seed-round/

demography. A concerted effort from all actors is, therefore, necessary to change the narrative for the better and improve the lives of those who are the most disadvantaged and marginalized.

India is also part of the International Covenant on Economic, Social, and Cultural Rights. The concerns raised by the Expert Committee on ICESCR when General Comment No 22 (General Comment No 22 2016) was published in 2016 still hold true. The commentary highlighted the "numerous legal, procedural, practical and social barriers people face in accessing sexual and reproductive health care and information, and the resulting human rights violations." Further, it highlights that "lack of emergency obstetric care services or denial of abortion often leads to maternal mortality and morbidity, which in turn constitutes a violation of the right to life or security, and in certain circumstances, can amount to torture, or cruel, inhuman or degrading treatment" (General Comment No 22 2016). The General Comment details the obligations of States regarding sexual and reproductive health, which India is falling behind in its implementation. The obligation included the following:

- An obligation to repeal, eliminate laws, policies, and practices that criminalize, obstruct or undermine an individual's or a particular group's access to health facilities, services, goods, and information;
- An obligation to ensure universal access to quality sexual and reproductive health care, including maternal health care, contraceptive information and services, safe abortion care; prevention, diagnosis, and treatment of infertility, reproductive cancers, sexually transmitted infections, and HIV/AIDS. (General Comment No 22 2016)[3]
- An obligation to ensure all have access to comprehensive education and information that is non-discriminatory, evidence-based, and takes into account the evolving capacities of children and adolescents.

[3] General Comment No 22. 2016, United Nations Office of the High Commissioner Committee on Economic, Social and Cultural Rights (CESCR).

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