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WATCHDOG

**Access to sexual and
reproductive health and rights for
young people during Covid-19**

The global pandemic COVID-19 has had serious consequences on women and girls all over the world. A global spike in domestic violence, disruption in sexual and reproductive health services like contraceptives, abortions, no access to abuse intervention facilities, increased unpaid care work – all of these contribute to significantly exacerbate existing structural inequalities faced by women and girls worldwide.



“Violence is not confined to the battlefield. For many women and girls, this threat looms largest, where they should be safest – their own homes... I urge all governments to make the prevention and redress of violence against women a key part of their national response plans for COVID-19.”

Antonio Guterres, UN Secretary General

REDUCED ACCESS TO SEXUAL & REPRODUCTIVE HEALTHCARE (SRH)

Lockdown measures over the globe are disrupting access to sexual and reproductive healthcare (SRH) services like contraception, abortion and menstrual hygiene products. This is occurring on multiple levels. **One**, major **contraceptives manufacturers have had to halt production** or operate at a reduced capacity. For example, the world's largest condom producer – Malaysia's Karex Bhd – was forced to close for a week in March and only given permission to reopen at 50% capacity. **Two**, as healthcare workers are being diverted to handle the COVID crisis, many **SRH centres are understaffed, underfunded or closed**. **Three**, **mobility restrictions** during the lockdown are further limiting access to SRH. These mobility restrictions are amplified for young people living with parents, as they can't access confidential care due to increased surveillance in this period. In India, sanitary pads were initially not included in the list of essential goods that was made available to the public during lockdown, making it difficult for people who menstruate to access them.



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Unless action is taken now, we estimate that up to **9.5 million vulnerable women and girls risk losing access to our contraception and safe abortion services in 2020** due to the COVID-19 pandemic.

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Marie Stopes International

Four, COVID-19 has imposed heavy **financial burdens** on much of the world and these financial restrictions further restrict young people's access to contraception, abortion and other SRH services. **Five**, the pandemic has proven to be fertile ground for anti-choice lawmakers to **tighten restrictions on abortion services**, citing them as "non-essential". In USA, several states declared abortion services as non-essential. In Poland, a draft bill was raised to further limit abortion within the country, taking advantage of a period where there could be no large scale protests. However, this bill has currently been deferred by the government.

As of now, civil society organizations in most countries are attempting to fill this gap in SRH services. However, unless there is a concerted effort by governments to declare access to sexual and reproductive healthcare such as essential services during this period, the consequences will be devastating for young people.

TELEMEDICINE ABORTION

Telemedicine abortion is a feasible alternative in the face of abortion clinics shutting down during the crisis. Telemedicine abortion combines medication abortion – which uses pills to end a pregnancy, and telemedicine – which allows health providers to supervise the use of abortion pills via videoconferencing or telephone consultations. **It is imperative that states incorporate SRH alternative services like telemedicine abortion during a public health crisis like COVID-19 to ensure uninterrupted access to these services.**

IMPACT ON MENTAL HEALTH OF YOUNG PEOPLE

As of April 8, 2020, schools have been suspended nationwide in 188 countries, according to [UNESCO](#). Over **90% of enrolled learners (1.5 billion young people) worldwide are now out of learning institutions**. This disruption to daily routines has repercussions on youth mental health, with schools routines being important coping mechanisms for young people with mental health issues. The lack of school also means young people are cut off from resources that they usually have in schools, including access to nutritious food, peer support groups, and mental health services.

Half of all mental illnesses begin by age 14, making it essential for mental health to be prioritized during this stage of life. COVID-19 may worsen existing mental illnesses and lead to more cases among young people. **With girls and women taking on much larger responsibilities of unpaid care work, as well as facing the brunt of domestic violence, the social isolation can have grave outcomes on their mental health.**

DOMESTIC VIOLENCE IN COVID-19: FACT SHEET

The likelihood that women in abusive relationships and their children are exposed to violence is significantly increased, as family members spend more time in close contact and families cope with stress and potential economic or job losses. ([WHO](#)) One-third of girls are married before the age of 18 in the developing world, and domestic violence is a major concern for young people's safety during COVID-19.

- The number of domestic violence cases reported to a police station in Jingzhou, a city in China, tripled in February 2020, compared with the same period last year.
- Lebanon and Malaysia have seen the number of calls to domestic violence helplines double, compared with the same month last year.
- In [Malaysia](#), the government launched a sexist campaign, advising women to wear make-up, speak softly, and not nag husbands to help during the lockdown.
- In Turkey, activists say the killing of women has risen sharply since a stay-at-home order was issued on March 11 2020.
- In Australia, Google reports a 75% increase in online searches for help with domestic violence.
- In South Africa, authorities said there were nearly 90,000 reports of violence against women in the first week of a lockdown.

IMPACT ON LGBTQIA+ YOUTH

The LGBTQIA+ community experiences disparities in **access to healthcare** in regular times, which are exacerbated during the pandemic. Gender-affirming treatments for transgender people like hormone replacement therapy, as well as HIV treatment and testing has taken a backseat due to overloaded health systems. Decisions about scaling back services should be medically-based and data-driven, and should not reflect bias against LGBTQIA+ people. *(UN)*

As in the case of anti-choice laws, policymakers are using the pandemic as a convenient time to pass **homophobic and transphobic legislature** – for example, Hungary, whose government submitted a bill to the parliament on March 31, 2020, that would make it impossible for transgender people to legally change their gender.

LGBTQIA+ people are more likely to experience **domestic abuse and violence**. This is amplified during a lockdown, where young people might be quarantined with unsupportive or abusive families without access to private and confidential support services. This has an obvious detrimental impact on the **mental health** of young LGBTQIA+ people, who already are at increased risk for depression, anxiety, substance use and suicidal thoughts. *(The Trevor Project)*

Further, the **isolation** brought on by the lockdown might serve to separate LGBTQIA+ youth from their support systems or peers that protect them from suicidal thoughts. It might also increase gender dysphoria or the anxiety associated with hiding their sexual orientation or gender identity to an unsupportive household. To counter this, it is imperative that LGBTQIA+ youth are made aware of alternative ways of forging social connections during lockdown, including online LGBTQIA+ communities, as well as video calls with their regular support systems.

As young people, we at Youth Coalition exhort decision makers to keep in mind the impact of the pandemic on the sexual and reproductive health and rights (SRHR) of young people all over the world. In all emergency situations, women and girls face increased risk of sexual violence and barriers to healthcare, and COVID-19 is no different. We urge governments to incorporate a gender-just lens to policies as they work to contain the global pandemic.