

Risks of the COVID-19 pandemic for the exercise of women's sexual and reproductive rights¹



COVID-19
RESPONSE

The coronavirus disease (COVID-19) pandemic and the effects of the measures taken by governments to control its rapid spread have affected most of the world's population. The United Nations, governments and different civil society organizations, the academic and scientific world and other development actors have warned of the differentiated consequences of the pandemic, which has widened existing gaps between men and women in a number of dimensions. They have accordingly advocated the incorporation of a gender equality perspective into policies, measures and programmes aimed at mitigating and recovering from the crisis. The effects on the sexual and reproductive health of women and girls, which is a key factor in their empowerment, may be particularly severe.

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I. During the COVID-19 pandemic, the exercise of sexual and reproductive rights is being affected by the magnitude of the health and humanitarian crisis and its severe economic and social effects, including difficulties in accessing public services, and this situation is expected to continue in the near future

Both hospitals and primary care centres have had to give priority to preventing the spread of the virus or directly caring for people infected by it with different levels of severity, in a context where health systems were already known to be too weak to respond properly to the needs of the population (ECLAC/

Public health resources focused on containing COVID-19

¹ This document was prepared by the Division for Gender Affairs of the Economic Commission for Latin America and the Caribbean (ECLAC) in collaboration with the Regional Office for Latin America and the Caribbean of the United Nations Population Fund (UNFPA). It was reviewed by the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC.

Diminished resources and an excessive burden of unpaid work

PAHO, 2020). The experience of Latin America and the Caribbean with the Zika virus epidemic shows that, at times of crisis, the resources allocated to health services tend to be concentrated on response measures, which in this case could mean a reduction in resources for sexual and reproductive health care (Care/UN-Women, 2020) and for the preventive programmes and actions that are essential in this field.

Women are particularly vulnerable to the effects of the socioeconomic crisis generated by the pandemic and by the measures taken to contain it. Declining incomes, exit from the labour market and rising unemployment have exacerbated the gender inequality historically affecting them. This can translate into difficulties in travelling to health centres and purchasing the necessary supplies.

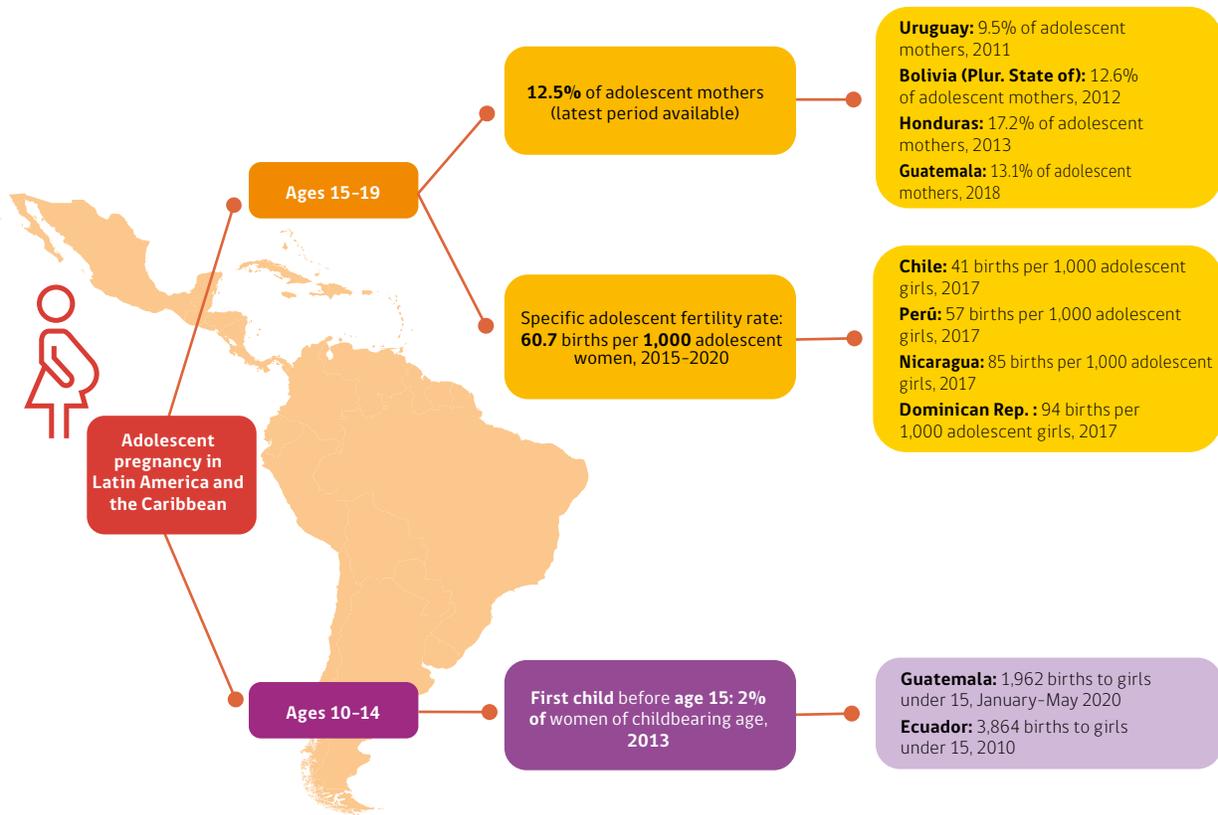
Unpaid care work has been increasing disproportionately for women, since it is they who have mainly taken on the care of children and adolescents in the home since the suspension of educational activities and assumed the central role of reproductive tasks during lockdown, in addition to caring for the elderly and sick in their midst (ECLAC, 2020b). This is exacerbating their time poverty and diminishing their opportunities to access sexual and reproductive health-care services.

II. Gaps in the exercise of sexual and reproductive rights in the region are being exacerbated by the pandemic, and the difficulty of accessing relevant, timely, high-quality sexual and reproductive health care has led to concern that the progress of recent years may be reversed

A. Adolescent pregnancies could increase during the period

Pre-pandemic data show that adolescent fertility is a major public health and social problem in Latin America and the Caribbean: the number of adolescent pregnancies is still high (around 60 per 1,000 adolescents, surpassed only by Africa among world regions), and indeed much higher than would be expected from overall fertility, with most of these pregnancies being unwanted. Even now, about 2 out of every 10 adolescents in the region become mothers and, because of the enormous social inequality of early fertility, this proportion is considerably higher among adolescents with lower levels of income and education and those belonging to indigenous or Afrodescendent peoples. Diagram 1 presents regional averages and highlights information for certain countries to show the differences between them.

Diagram 1
Latin America and the Caribbean: adolescent pregnancies, regional averages
(Percentages of adolescents and number of births per 1,000 adolescents)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, 2020 [online] <https://oig.ECLAC.org/en/autonomies/physical-autonomy>; MATERNILAC [online database] <https://www.ECLAC.org/fr/notas/revision-ajuste-actualizacion-ampliacion-maternilac>; United Nations Population Fund (UNFPA), *Socioeconomic consequences of adolescent pregnancy in six Latin American countries: implementation of the Milena Methodology in Argentina, Colombia, Ecuador, Guatemala, Mexico and Paraguay*, New York, 2020; Observatory on Sexual and Reproductive Health (OSAR), "Información y datos", Guatemala City, 2020 [online] <https://osarguatemala.org/embarazo/datos/>; National Institute of Statistics and Censuses.

In Latin America and the Caribbean, pregnancies among girls under the age of 15 are a particularly serious matter, with most being the result of sexual abuse and violence. In El Salvador, for example, the National Women's Hospital "Dr. María Isabel Rodríguez" attended 258 cases of pregnancies among girls aged 10 to 14 between January and June 2020 (IAIP, 2020). Although this figure is 9% lower than in the same period in 2019, it still shows that the rights and safety of girls are being persistently violated. In Guatemala, according to the Ministry of Public Health and Social Assistance, there were 1,962 pregnancies among girls aged 10 to 14 between January and May 2020, and 5,061 in 2019 (OSAR, 2020).

Some countries in the region have seen a decline in adolescent pregnancy in the last ten years, especially among girls aged 15 to 19. This has been due to the development of public policies and programmes aimed particularly at improving

adolescents' access to sexual and reproductive health services, and to initiatives to incorporate comprehensive sex education programmes into education system curricula and strategies implemented by different civil society organizations (ECLAC, 2019a).

The COVID-19 pandemic and the measures taken to contain it could lead to an increase in adolescent pregnancies owing to:

- (i) The difficulties and barriers involved in accessing contraceptive methods and sexual and reproductive health services, which could increase pregnancy and maternity rates among the region's adolescents. According to a study by the United Nations Population Fund (UNFPA), adolescent girls could face 20% more limitations in accessing contraceptive methods, and the marginal increase in the number of early pregnancies could represent an increase in the specific adolescent fertility rate of between 6 and 11 percentage points (UNFPA, 2020b).²
- (ii) Confinement measures, which have increased the exposure of girls and adolescents to situations of sexual violence and abuse within the family and which may result in an increase in unwanted pregnancies (UNFPA, 2020b).
- (iii) Postponement of the implementation of comprehensive sexuality education (CSE) programmes, which is a commitment made by the 38 countries that adopted the Montevideo Consensus on Population and Development in 2013, and which is vital for the prevention of adolescent pregnancy.

COVID-19 could result in a five-year setback in the reduction of the specific adolescent fertility rate in Latin America and the Caribbean, which is expected to rise from 61 to 65 live births per 1,000 adolescents aged 15 to 19 (UNFPA, 2020b).

B. Constraints on reproductive health care may increase maternal mortality, especially among indigenous and Afrodescendent women

The maternal mortality ratio in the Latin American and Caribbean countries presented by the Pan American Health Organization (PAHO) in 2015 was 68 maternal deaths per 100,000 live births for the region as a whole, but with large differences between and within countries. Several countries have higher ratios than that set in target 3.1 of the Sustainable Development Goals (SDGs) (less than 70 per 100,000 live births by 2030). This is the case in Central America (96), the Spanish-speaking Caribbean (197), the English-speaking Caribbean (107) and the Andean zone (86). Only in the Southern Cone, with the exception of Paraguay, is the maternal mortality ratio below this target (54) (PAHO, 2019).

The maternal mortality ratio for indigenous women is higher than that for their non-indigenous peers, and the same is true for Afrodescendent women. Although the data do not bring out this situation in all the countries, some statistics show its severity: in the case of Colombia, while the national maternal mortality ratio was 45.3 per 100,000 live births in 2018, the figure rose to 188.7 among indigenous

² The Technical Report on the impact of COVID-19 on access to contraceptives in Latin America and the Caribbean produced by UNFPA in August 2020 details the methodology and sources used to calculate this impact (UNFPA, 2020a).

women and 65.5 among Afrodescendent women (UNFPA, 2020b). A study by the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC found the highest maternal mortality among indigenous women in Honduras, Mexico, Guatemala, Peru and Panama (Del Popolo, 2018). In the case of Ecuador, the maternal mortality ratio for Afrodescendants is four times the overall rate. Although inequalities are less accentuated in Brazil, the maternal mortality ratio for the Afrodescendent population was equivalent to 1.4 times that for the white population in 2011 (ECLAC, 2017).

The coverage of hospital care for childbirth is high at the regional level (92.4% in 2019), but there is great variability among countries: while coverage of 100% has been achieved in many English-speaking Caribbean countries, there are others where it is less than 60%, such as Guatemala, Honduras and Haiti. There is a similar situation with regard to prenatal care by trained personnel, which averaged 85.1% in Latin America and the Caribbean as a whole that same year, while coverage in Central America was 67% (ECLAC, 2020d).

The COVID-19 pandemic could have an impact on maternal mortality because of restrictions on sexual and reproductive health care:

- (i) There has been a decrease in the coverage of sexual and reproductive health services, expressed in a reduction in the number of prenatal check-ups and births in health centres attended by qualified personnel, as well as a reduction in access to counselling and family planning services for various reasons. These include pregnant women's fear of attending health facilities because they might be infected with the virus and, in some cases, the reassignment of health-care staff and infrastructure to patients with COVID-19. In fact, PAHO has warned of a 40% decrease in pregnancy check-ups in 11 countries of the region (PAHO, 2020b). This could lead to complications in pregnancy, childbirth and the health of newborns, and even an increase in maternal and neonatal mortality.
- (ii) According to PAHO, the data available so far suggest that pregnant women are at greater risk of developing a severe form of COVID-19 that, in some cases, could lead to death (PAHO, 2020a). In Mexico, 31 weeks after COVID-19 appeared, maternal mortality from it was 8.1 maternal deaths per 100,000 live births (PAHO, 2020a). In Brazil, 5,174 pregnant women were hospitalized between 1 January and 1 August 2020, representing 0.9% of all hospitalizations for severe acute respiratory infections. It was confirmed that 2,256 (44%) of the pregnant women hospitalized for a severe acute respiratory infection had contracted COVID-19, and 1,354 of them died (PAHO, 2020a).
- (iii) The implementation of measures restricting people's mobility, the closure or repurposing of some health care centres, the pre-eminence of a biomedical approach to containing the spread of the virus and its effects and the overburdening of health care teams have increased the risk that technical guidelines for humanized childbirth will be ignored and that violent obstetric practices will be engaged in, with fewer options for reporting and protection. This situation contravenes the commitments agreed upon by a number of countries, firstly by creating public programmes (Argentina,



the Bolivarian Republic of Venezuela, Chile, Colombia, Cuba, Nicaragua, Peru and Uruguay, among others) and secondly by implementing laws against obstetric violence (Bolivarian Republic of Venezuela (2007), Argentina (2009), Mexico (2014), Brazil (2017) and Uruguay (2017)). Although there is no systematized information on this subject, some testimonies published in the media point to this.³

C. Due to difficulties in accessing contraceptive methods, unmet demand for family planning will very probably rise back to the levels recorded a decade ago

Unmet demand for family planning has declined in most countries in recent decades, with the regional average falling from 17.2% in 1990 to 10.6% in 2013. Haiti tops the list of countries with the greatest unmet demand for family planning, as almost 4 out of 10 women (35.3%) do not have access to contraceptive methods. Other countries that also have high levels of unmet demand are Guyana (28.5%), Guatemala (20.8%), the Plurinational State of Bolivia (20.1%) and Honduras (16.8%). In 2013, only nine countries of the region with data available had rates of unmet demand for family planning of below 10% (ECLAC, 2020d). According to estimates by the United Nations Population Division, if all women are considered, rather than just married women, the proportion of unmet needs in 2020 was an estimated 11.4% (UNFPA, 2020a).

The pandemic and the measures taken to contain it may limit women's access to modern contraceptive methods. The crisis is affecting the supply of contraceptives in both the public and private sector (sale in pharmacies). In the former case, its effects are being seen both in difficulties in maintaining supplies and in service interruptions and a decrease in the number of consultations due to people's fear of contagion. Sales in pharmacies, meanwhile, are declining because of lower household incomes. In this context, it is projected that between 9 and 20 million women will be forced to discontinue using contraceptives in the region. Two thirds of these women will have difficulty obtaining them from public health services and one third will no longer be able to afford them in private pharmacies (UNFPA, 2020a).

It is estimated that, as a result of COVID-19, the percentage of women with unmet family planning needs will rise back to what it was 10 years ago (if confinement lasts three months), 20 years ago (if it lasts six months) and even 30 years ago (if it lasts one year) (UNFPA, 2020a).

D. The progress made in controlling HIV/AIDS in the region in recent years may be reversed because of lack of access to medicines and reduced testing and counselling services

In Latin America and the Caribbean, there has been steady progress towards the targets set for controlling the spread of HIV/AIDS. These targets are for 90% of people living with HIV to know their HIV status, 90% of people diagnosed with HIV to receive antiretroviral treatment, and 90% of people receiving antiretroviral treatment to achieve viral suppression. The situation in 2018 is presented in table 1.

³ See, for example, Morales (2020).

Table 1
 Latin America and the Caribbean: control of the spread of HIV/AIDS by subregion, 2018
 (Percentages)

Subregion	People living with HIV who are aware of their status	People living with HIV who have access to antiretroviral treatment	People living with HIV who are receiving antiretroviral treatment and have achieved viral suppression
Latin America	80	78	89
The Caribbean	72	77	74

Source: Joint United Nations Programme on HIV/AIDS (UNAIDS), "II encuesta sobre el impacto de COVID-19 entre PWVIH: análisis de resultados regionales", Panama City, 2020 [online] <http://onusidalac.org/1/images/infografia2-encuesta-PVV.pdf>.

However, the pandemic could lead to discontinuity in antiretroviral treatments and a setback in meeting targets.

A recent survey by the Joint United Nations Programme on HIV/AIDS (UNAIDS) of 2,800 people living with HIV in 28 countries of the region revealed their uncertainty regarding the continuity of their antiretroviral treatment, with 5 out of 10 respondents having difficulty obtaining their medicine during the pandemic, 3 out of 10 having antiretroviral treatment for more than 2 months, almost half (49%) having only one month's worth and 2 out of 10 saying they did not have enough medicines to last the month. Respondents did not feel that service provision had adapted to the conditions imposed by the COVID-19 pandemic, as the option of using telemedicine was offered to only 3 out of 10 patients, and only 2 out of 10 received treatment at home. Furthermore, more than half (56%) of the people surveyed said that they might suffer physical, psychological or verbal violence as a result of living with HIV in the midst of the COVID-19 pandemic (UNAIDS, 2020). This supports the view of various institutions that health emergency situations may lend themselves to increased discriminatory behaviour towards different population groups.

E. Legal services for the voluntary termination of pregnancy have been reduced owing to the reallocation of budgeted resources (infrastructure, personnel and financial resources) to actions linked to the monitoring and care of the population affected by COVID-19

At the XIV Regional Conference on Women in Latin America and the Caribbean, held in Santiago from 27 to 31 January 2020, the member States of the Economic Commission for Latin America and the Caribbean (ECLAC) approved the Santiago Commitment, in which they agree in point 10 to "promote the full exercise of sexual and reproductive rights in relation to: comprehensive sexual education and information; safe, good-quality abortion services, in those cases where abortion is legal or decriminalized under national legislation" (ECLAC, 2020b, p. 33).

Although no official information is available, some civil society organizations have reported difficulties in accessing voluntarily terminations of pregnancy carried out in the countries in situations where termination is legal. In the case of Chile,

for example, a survey carried out by the Miles Corporation in June 2020 on access to sexual and reproductive health services highlighted the lack of mifepristone and misoprostol stocks and women's fear of contracting the COVID-19 virus if they went to a health centre (Miles Corporation, 2020). Limitations on access to primary care and the focus of these services on cases related to the pandemic could be the reasons for the decrease in the number of voluntary terminations of pregnancy in Chile, which fell from 350 in the first half of 2019 to 276 in the same period in 2020 (MINSAL, 2020).

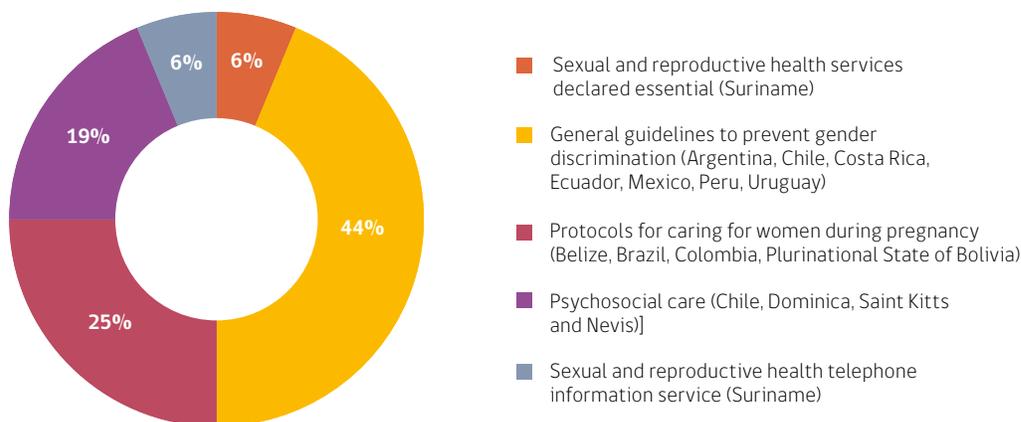
The Marcosur Feminist Articulation (AFM) System of Regional Alerts on sexual and reproductive rights has brought to light a variety of situations that limit women's access to voluntary terminations in the region. In Argentina, it is observed that shipments of misoprostol stopped reaching medical teams, at least in sufficient quantities, in August. In Colombia, some civil society organizations have reported barriers to access to the services provided for in the law that permits abortion on three grounds. These barriers include the fact that health promotion organizations (insurers) are treating voluntary termination of pregnancy as a non-priority health service during the pandemic, with the result that legal administrative deadlines for responding are not being met. They also claim that obstacles predating the pandemic have been getting worse, since authorization serves no purpose if women have no way to get to hospitals or do not have the necessary resources. In addition, many women find themselves confined with family members or partners who do not agree with their decision to abort and put pressure on them not to go through with it (AFM, 2020).

III. In 30% of countries, measures of varying scope have been taken to mitigate any deterioration in women's sexual and reproductive health care

It is important to note that, although women represent 72.8% of those employed in the region's health sector, public measures to address the pandemic have been established in decision-making bodies where they have a very limited presence. This is reflected in the fact that only 5 of the 20 health ministers in Latin America and 7 of the 22 in the Caribbean are women. Women make up no more than 23% of the membership of the scientific councils that advise governments on how to deal with the crisis (ECLAC, 2020d). This low participation may affect opportunities to put important gender issues on the agenda.

The measures taken by the governments of 14 countries include categorizing sexual and reproductive health services as essential, issuing general guidelines to health workers for preventing discrimination or a worsening of gender gaps during this period, and establishing guidelines or protocols to ensure proper care for women during pregnancy and childbirth. However, as can be seen in figure 1, most of the measures consist of general guidelines for the teams responsible, and only one country categorized sexual and reproductive health services as essential, ensuring that they would function normally during the period in which public health action was focused on containing the pandemic.

Figure 1
Latin America and the Caribbean (14 countries): measures taken by governments to safeguard women's health during the COVID-19 pandemic, April–July 2020
(Percentages)



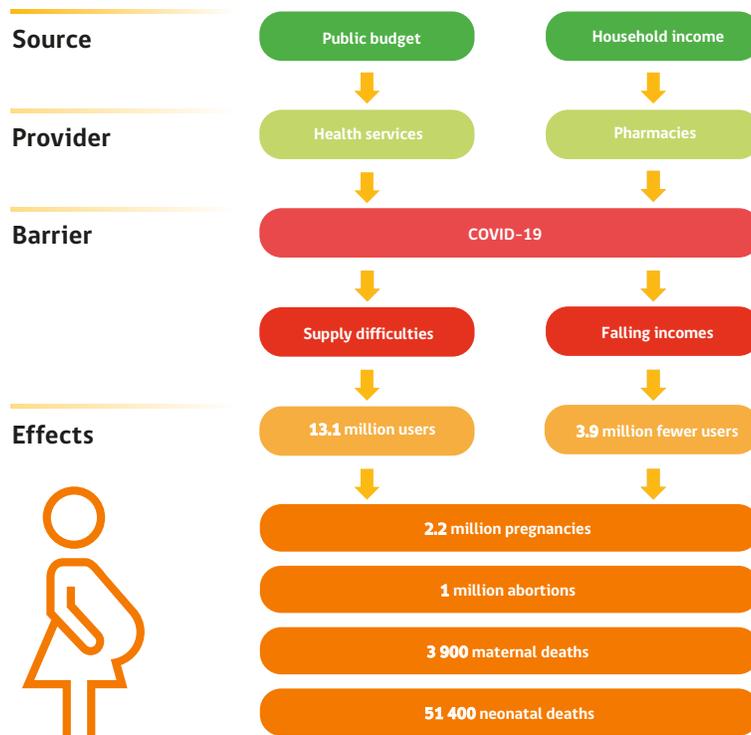
Source: Economic Commission for Latin America and the Caribbean (ECLAC), COVID-19 Observatory in Latin America and the Caribbean [online] <https://www.ECLAC.org/en/topics/covid-19>.

These measures do not seem to be sufficient to counteract the concentration of resources on the health crisis caused by COVID-19. In a number of countries, six months on from the declaration of a state of emergency or crisis, the extent to which the usual distribution of medicines for the treatment of chronic diseases and their effects has declined is beginning to come to light.

Various studies (UNFPA, 2020a; Riley and others, 2020) have warned of the risk that some of the progress made in recent years in the area of sexual and reproductive health in the region, as measured by the two indicators that make up target 3.7. of the Sustainable Development Goals (SDGs), could be reversed.⁴ According to UNFPA estimates, the lack of corrective measures to prevent sexual and reproductive health services from being neglected because of the COVID-19 pandemic and to ensure timely access to contraceptive methods will result in 2.2 million unwanted pregnancies, more than 1 million abortions, 3,900 maternal deaths and 51,400 child deaths by the end of the year (see diagram 2) (UNFPA, 2020a).

⁴ The two indicators are: 3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods; 3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group.

Diagram 2
Latin America and the Caribbean: impact of the COVID-19 pandemic on access to contraception and its consequences



Source: United Nations Population Fund (UNFPA), "Impact of COVID-19 on access to contraceptives in the LAC region", *Technical Report*, New York, 2020.

The determination to “leave no one behind” expressed by the countries of the region in the framework of the 2030 Agenda for Sustainable Development means paying particular attention to the situation of women and girls who suffer multiple forms of discrimination, including those belonging to indigenous or Afrodescendent peoples, migrants and those with disabilities. Sexual and reproductive health is no exception.

The severe impact that COVID-19 has had on indigenous and Afrodescendent populations is a reflection of the multiplicity of social, economic, cultural and institutional factors that make them particularly vulnerable to infection, to the worst consequences of the disease and to the effects of the measures taken by the authorities to contain the spread of the virus.

Young people are also being particularly affected by the consequences of the pandemic, which are restricting their access to information, services and inputs and to the guidance and counselling facilities that have been progressively developed in various countries of the region.

The already difficult situation of migrant women in the region translates into a greater impact from COVID-19, both in terms of health (because of their lower levels of health-care coverage and worse living conditions) and in economic and social terms (given the loss of income resulting from their poor conditions of employment). Their limited access to social security puts them at high risk of losing their livelihoods, contracting the virus and suffering violations of their rights (IOM/ECLAC, 2020).

In Latin America and the Caribbean, it is still difficult to address the scale of gender inequalities with the State resources and capacities deployed through public policies and sustaining these policies is even more challenging in an adverse context such as the present one. The health and socioeconomic emergency caused by the rapid spread of the pandemic and initial lack of knowledge about the behaviour and consequences of the virus gave rise to standardized responses aimed above all at preventing its spread, without necessarily taking into account the diversity of the population, its conditions and its situations. This may mean a loss of ground in efforts to apply a rights-based approach to the design and implementation of public programmes and policies, and thus reproduce gender discrimination and inequality, as has been seen in the increase in care tasks taken on by women and the impact of the COVID-19 pandemic on the exercise of their sexual and reproductive rights.

The severity of the pandemic and the many dimensions of life it affects require a multi-stakeholder mitigation and response strategy. Civil society organizations play a very important role both in bringing to light the diversity of situations that the spread of the virus and the measures to contain it are producing, and in connecting people to the strategies designed by governments. In this context, they have proposed different measures at local, national and regional level (ECMIA, 2020; ARF, 2020). They have sounded warnings about barriers to access to sexual and reproductive health services and, in particular, services related to voluntary termination of pregnancy in countries where these are legal. A good measure for implementing effective actions and programmes that produce sustainable results is to establish intersectoral working groups, with the participation of women's organizations and mechanisms for the advancement of women.

To generate a robust public response that prevents a reversal of progress in the exercise of sexual and reproductive rights, it is also essential to improve the quality of information on this issue. Normal standards regarding the updating and dissemination of information, disaggregation with intersectional criteria and the quality of care records are poor as it is, and these weaknesses are accentuated in periods of crisis, reducing the capacity for evidence-based decision-making.

More than 40 years ago, the governments of Latin America and the Caribbean agreed on a broad gender agenda, and this operates in conjunction with the commitments made internationally and as a common platform to exercise influence at the global level, as well as with other global and regional agendas, such as the population and development agenda, most particularly the Montevideo Consensus on Population and Development. Thus, the successive sessions of the Regional Conference on Women in Latin America and the Caribbean and various multilateral forums for coordination, debate and exchange of good practices, with the participation of civil society, have consolidated a roadmap that is now fully operational. Compliance with the gender agenda, and in particular with the agreements of the Santiago Commitment (signed at the XIV Regional Conference on Women in Latin America and the Caribbean and covering universal access to comprehensive health services, including sexual and reproductive health services, and the full exercise of sexual and reproductive rights) becomes even more imperative.



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