**Submission from Rutgers following the call for inputs by the Special Rapporteur on the right to physical and mental health on the current status/level of realization of the right to sexual and reproductive health and the availability, accessibility, acceptability and quality of related services, during the COVID-19 pandemic.**

Rutgers is an international centre of expertise on Sexual and Reproductive Health and Rights (SRHR) founded and based in the Netherlands. Our research and many of our projects are carried out in the Netherlands and most primary and secondary schools in the Netherlands use our sexuality education packages. Our expertise is also applied worldwide. We support our partners internationally (across Europe, and in Africa, and Asia) to improve sexual and reproductive health and the acceptance of sexual rights and gender equality in their countries. Rutgers has consultative status with ECOSOC. We are pleased to provide this submission for the report of the Special Rapporteur on the right to physical and mental health on the current status/level of realization of the right to sexual and reproductive health and the availability, accessibility, acceptability and quality of related services, during the COVID-19 pandemic.

**Context**

The indirect impact of the COVID-19 pandemic, and the measures to curb it, have had a huge impact on all aspects of young people’s lives. This has a detrimental effect on their sexual and reproductive health and rights, a new Rutgers study[[1]](#footnote-1) has found. Research shows that all negative effects are interlinked, laying bare and worsening existing inequalities. The study was held in 2020, after the first initial response to the COVID-19 pandemic. Almost 2,700 young people from ages 18-30 from Ghana, Indonesia, Kenya, Nepal, Uganda and Zimbabwe responded in an online survey. Harder to reach communities, such as young LGBTI people or people with disabilities, participated in focus group discussions, to ensure their perspectives were also taken into account. Rutgers inputs to the first three questions of the questionnaire of the Special Rapporteur are based on the outcomes of this research.

1. **Covid-19 policy and legal measures impacting the right to sexual and reproductive health**

A main conclusion of the study, is that the response to the pandemic, such as lockdowns, curfews and school-closings, hit young people’s lives in many ways, and there was clear interlinkage between the effects. 76% of young people in the study worried more about money, as their income was reduced during lockdown. More than half reported feeling depressed and 40% felt less in control of their lives. Worries about income and mental health issues led to poorer sexual and reproductive health, for example through an increase of child marriages or unintended pregnancies.

Home schooling proved to be an issue for many young people in the researched countries. 58% of young people said they missed school at least temporarily and therefore did not receive adequate sexuality education. Inequalities also played a role here, as young people in rural areas did not have easy access to online education. For young people with disabilities there was a lack of appropriate learning tools, for example books in braille. School closures also led to increase in gender-based violence and teenage pregnancies. In most country settings, pregnant schoolgirls or young mothers were not allowed to continue with their education which led to an increase in school-drop out and associated vulnerability.

On average half of the respondents reported a reduction in their income. Some had resorted to transactional sex to pay for basic items needed to survive. This led to great risks for their sexual and reproductive health as, for example, sometimes young women had intercourse with older, male partners for money thus increasing their chance of HIV infection.

The qualitative findings revealed that the impact of the economic blow delivered by COVID-19 was often highly gendered. In all countries, respondents considered girls to be at increased risk of early marriage during the pandemic. This often appeared to comprise a deliberate economic strategy by parents to relieve themselves of another mouth to feed whilst incurring economic support through the gifts and money received as bride price for their daughter. Many of these marriages appeared to be forced and are thus be likely to cause mental health problems among the young women involved, as well as probably exposing them to the risks associated with early child-bearing.

1. **Effect of (legal) measures during pandemic on sexual and reproductive rights**

Although COVID-19 appeared to have increased vulnerability across all groups of young people, those who were particularly at-risk before the pandemic often had to face additional hardship during it. Young people who identified as LBGTQ frequently suffered great stigma as they were forced, by lockdown and economic hardship, to move back to their home communities and live with relatives who did not approve of their life-style. Support groups and drop-in centres had closed and served to increase their sense of isolation. Similarly, young people living with HIV/AIDS were unable or unwilling to risk being seen taking their medication during lockdown for fear of their status being exposed to their families and communities. This potentially resulted in great stigma and possible harassment.

In addition, structural social issues such as gender-based violence and forced marriage, or criminalization of people in vulnerable situations, such as the persecution of the LGBTQ community by the police, reflect broader societal and legal factors which catalyse and increase marginalisation and risk. Lockdown measures and measures to combat the Covid-19 virus were sometimes misused to crack-down on people living in vulnerable situations, such as LGBTI homeless youth living in a shelter in Uganda[[2]](#footnote-2).

LGBTQ individuals, including trans people and those engaged in sex work, have also been subject to physical and psychological abuse during the COVID-19 pandemic. Furthermore, in some settings, transgender individuals and sex workers were routinely harassed by the police. As found in the quantitative survey, most abuse went unreported, especially as victims were more likely to be economically dependent on the perpetrator due to the pandemic. They also feared the reaction of the police and other authorities, who often disclose victims’ identities or demand money to pursue a case.

1. **Sexual and reproductive health care services during the pandemic**
	1. **Changes in service delivery**

In all countries it was found that the direct impact of COVID-19 had often led to health centres being closed or under-staffed. Alternatively, some facilities changed or reduced their opening hours. If they did stay open, young people feared visiting them as they were afraid of catching COVID-19. In addition, they were put off by providers dressed in full Personal Protective Equipment (PPE), which they found alarming. Due to these concerns, some of those wishing to receive STI, including HIV, testing and treatment delayed seeking help. Among survey respondents, between 49% (Ghana) and 63% (Zimbabwe) of reported that the COVID-19 crisis stopped them from accessing STI/HIV testing and/or treatment services. Qualitative data showed that a number of HIV-positive young people who were taking anti-retroviral medications reported stopping or changing their regime because they could not get hold of the drugs.

In the survey, over 30% of women in Ghana, Kenya, Uganda and Zimbabwe reported that the pandemic restricted their access to family planning. Closure of the place where women accessed family planning services was reported by between 25% (Uganda) and 39% (Ghana) as a reason why they were unable to access family planning.

Services were not or hardly accessible for young people. As youth-friendly health services were reduced and drop-in centres or face-to-face support groups put on hold, SRHR information was hard to acquire during the pandemic. STI and HIV testing and clinics, as well as safe abortion care, were also less available. Half of all young people missed reliable information about sex and COVID-19. They resorted to online sources, such as social media groups, which they were uncertain they could trust.

Abortion services had also been reduced in many settings. Over half of the young female survey respondents who reported wanting/needing information on abortion received either no information or insufficient information and young women turned to traditional methods of termination which are likely to have extremely harmful consequences for their health and future fertility. Between 18% (Ghana) and 33% (Kenya) of young women wanted/needed information on (post-)abortion services. Over half of these women reported getting either no information or insufficient information on (post-)abortion (care).

* 1. **Impact on AAAQ of sexual and reproductive health care services**

A number of respondents said that during the pandemic, their usual providers were less available and that there had been stockouts of family planning commodities. Young women’s contraceptive choice was also reduced. Informed young people opted for long-term contraception because of the uncertainties around the distribution of family planning commodities. The qualitative data revealed that Long-Acting or Reversable methods (LARCs) were often favoured as they did not require frequent renewal by a formal provider. Sayana Press (DMPA-SC) was also cited as a preferred method during the pandemic as it could be distributed in the community and self-injected.

The qualitative data also reveal that young women have faced challenges in accessing abortion services, firstly because, due to the COVID-19 restrictions, they have lacked peer group support, and secondly, because the public facilities offering terminations were closed. Some respondents remarked that private facilities had increased their fees for terminations in response to this situation.

* 1. **Obstacles to accessing services**

Especially those at-risk before the crisis, have been hit hard. Stigma and harassment has increased for young LGBTI people and sex workers. Young people with disabilities or living with HIV experienced more marginalisation. For example young people who were hearing or visually impaired were unable to access online learning or to visit health services because they could not use public transport. Transgender people faced difficulty in accessing hormone supplements during the COVID-19 crisis and

School closures had a significant impact on menstrual hygiene. Female pupils often received sanitary protection for free in school or relied on Comprehensive Sexuality Education classes for information about how to manage their periods. Whilst out of school, they had difficulty sourcing protection as their parents were often unwilling or unable to pay for it.

Among young survey respondents that were unable to access family planning or (post-) abortion services during the pandemic, the most commonly cited reason among young women was being afraid of COVID-19, a lack of transport or curfews or because they were unable to travel the long distances needed to obtain them.

* 1. **Good practices and opportunities**

In settings where health service accessibility has been compromised, and where there is a reliable and affordable internet connection, it was suggested that telemedicine could possibly be used for the syndromic management of STIs during the COVID-19 pandemic, and even beyond. In certain countries such as Kenya and Zimbabwe, telephone hotlines with assigned counsellors, which have continued to run during the pandemic, were seen as very useful sources of information about SRHR and services. Online or telephone ordering of condoms, particularly by members of key populations such as sex workers, appeared to comprise an effective way for individuals to protect themselves from pregnancy and/or STIs and HIV.

Telephone hotlines such as ‘Aunty Jane’ in Kenya were said to work well as trained health professionals provided accurate, confidential replies to callers’ questions. Besides, it is likely that medical abortions (for example, using mifepristone and misoprostol) can still safely be carried out at home during COVID-19.

Some NGOs have carried out their sensitisation sessions and held their meetings on Zoom instead of in person. Not only has this reduced the likelihood of infection with COVID-19, but it has also addressed the problem of young people being afraid to seek information from health facilities where staff are in full PPE. However, the cost of having a computer or smartphone and of an internet connection has prevented some young people from taking part.

**Recommendations**

The below mentioned recommendations on policies, policy implementation and services were included in the Rutgers research and for the most part, the recommendations were suggested by the young people themselves. If implemented, would thus facilitate their ownership of the crisis and the solutions to it. We urge the Special Rapporteur to consider these recommendations in her report and in her call to action towards UN member states, UN institutions and service-providers:

**Health**

1. **Improve community-based SRHR information channels and support:** Community-based initiatives such as (online) peer education would improve access to information by young people, also under COVID-19 restrictions. Information and support groups are particularly important for those living with HIV and appear to improve adherence to ARV regimens.
2. **Ensure contraceptive availability**: During the pandemic, those needing contraceptives should be able to make a free and fair choice from among a range of methods. Stockouts need to be addressed by ensuring functioning supply chains and the availability of trained providers so that those needing to prevent a pregnancy can do so. Sayana Press (DMPA-SC), an injectable contraceptive which can be self-administered, may be suitable for community distribution. Online or telephone ordering of condoms for home delivery has also appeared to work well in some settings during the pandemic and serves to provide double protection for those who wish to avoid pregnancy and/or STIs.
3. **Initiate and strengthen telemedicine in settings with adequate and affordable connections for providers and clients:** Telemedicine may be an efficient way for providers to diagnose relatively simple health problems and advise on treatment (for example, the syndromic management of STIs). Clients who fear coming into the health centre because of COVID-19 may prefer this method of consultation.
4. **Make health facilities COVID-19-secure:** Many young people are reticent to visit health facilities out of fear of catching COVID-19. Health services should make sure they are COVID-19-secure by ensuring providers have proper protection and that prevention measures such as social distancing, the wearing of masks and the disinfecting of surfaces are in place. Delays in seeking treatment, for example for an incomplete abortion or an STI, may be more dangerous in some cases than the risk of infection with COVID-19.
5. **Address stockouts, distribution and adherence issues around ARVs:** Young people who are living with HIV and are unable to access their medication or whose providers have experienced stockouts need to be supported. It may be possible to initiate door-to-door service delivery of ARVs and other commodities (including condoms and lubricant) by peers. However, care must be taken to maximise discretion in order not to expose such individuals’ HIV status, which could lead to significant stigmatisation by their families and communities.
6. **Hormone supplements for transgender young people:** Transgender people have faced difficulties in accessing hormone supplements during the COVID-19 crisis. Local organisations can work with government supply chains to ensure their availability.
7. **Ensure access to pre-exposure prophylaxis (PrEP):** Access to PrEP appears to have been compromised during the pandemic. Providers must ensure that PrEP is available either at their facility or via community distribution channels.
8. **Prioritise menstrual hygiene:** In all country settings, access to sanitary towels has been highly problematic for vulnerable girls and young women during the pandemic. It may be that local NGOs can coordinate the distribution of information and dignity kits, particularly to those who no longer receive sanitary protection at school.
9. **Include comprehensive sexuality education in online learning:** To date, online classes have largely included only academic subjects. Young people expressed the need for comprehensive sexuality education sessions. However, it should be noted that necessary internet safety protocols must be put in place to ensure confidentiality and discretion.

**Rights**

1. **Combat stigma**: Many young people, particularly those living with HIV or who are LGBTQ, reported that the stigmatisation of their communities has been very problematic during the pandemic. It is vital that sensitisation programmes and support systems are established for these vulnerable groups, during and beyond the pandemic, to ensure that they have recourse to vital assistance.
2. **Allow pregnant schoolgirls and those with young babies to continue their studies:** It is essential that schools support pregnant pupils and young mothers and enable them to continue their lessons. It is vital that pregnant schoolgirls and young mothers continue their learning and have the same educational opportunities as their peers, rather than being disadvantaged and stigmatised.
3. (**Re)create youth-friendly facilities:** Youth-friendly centres and services provide a vital lifeline to many young people, especially those in potentially marginalised groups. They can offer psychosocial support to LGBTQ youth facing stigma and violence. Such facilities could still open in a COVID-19-secure manner or move their support and counselling online for those who need it.
4. **Prevent early marriage:** Despite early marriage being against the law in many countries, it appears to have increased during the pandemic. This is often due to the financial hardship experienced by parents. Both traditional and state authorities need to be mobilised to prevent early and non-consensual marriage and to provide parents and young women with the economic means to support themselves both during and beyond the COVID-19 crisis.
5. **Ensure disability-friendly spaces:** Many young people with disabilities have been hampered during the pandemic from physically accessing services because, for example, public transport or drop-in centres are not accessible. In addition, young people with hearing or vision loss have difficulty accessing online learning and have therefore fallen behind with their schooling. It is therefore a priority that both physical and virtual spaces are accessible to all.
6. **Stop police violence and harassment**: In a number of settings, key populations such as LGBTQ communities and sex workers have reported increased harassment from the police during the COVID-19 crisis. Raids and excessive provocation, which have been carried out under the guise of enforcing COVID-19 restrictions, rather serve to breach individuals’ rights and civil liberties.

*We are grateful for this opportunity to input in the Special Rapporteur’s report. Should the mandate need any additional information, please do not hesitate to reach out to Evi van den Dungen, Senior Advisor Advocacy, at* *e.vandendungen@rutgers.nl* *and Rosalijn Both, PMEL and Research advisor, at* *r.both@rutgers.nl*

1. Both, R., Castle, S., Hensen, B. (2021). ‘I feel that things are out of my hands’. *How COVID-19 prevention measures have affected young people’s sexual and reproductive health in Ghana, Indonesia, Kenya, Nepal, Uganda and Zimbabwe.* Rutgers: Utrecht, The Netherlands retrieved from: <https://rutgers.international/news/news-archive/rutgers-studycovid-19-measures-have-huge-impact-all-aspects-young-peoples-lives> [↑](#footnote-ref-1)
2. [Uganda LGBT Shelter Residents Arrested on COVID-19 Pretext | Human Rights Watch (hrw.org)](https://www.hrw.org/news/2020/04/03/uganda-lgbt-shelter-residents-arrested-covid-19-pretext) [↑](#footnote-ref-2)