COVID-19, GENDER, AND HEALTH

How the pandemic is affecting the health of women and girls

COVID-19, like other emergencies, has a disproportionate impact on the health of women/girls and marginalized populations. As under-resourced, fragile, and overwhelmed health systems must now focus on responding to the pandemic, other services are being de-prioritized and even put on hold. We know that in many places, routine vaccine provision has been significantly reduced, reproductive and maternal health facilities have cut back on services or shut down entirely, and strained supply chains have made it difficult for individuals to access contraceptives and essential medicines (including anti-retroviral drugs taken by people living with HIV). At the same time, many governments are using COVID-19 as an excuse to tighten restrictions on stigmatized services like safe abortion, even as rates of gender-based violence and unplanned pregnancy are increasing. The longer the crisis goes on, the more catastrophic its impact will be.

Trends from the Rapid Gender Analyses

CARE has researched and drafted several regional and country-specific rapid gender analysis reports (RGAs), and many of the findings related to health have been similar across them all. The most frequently reported challenges are:

- Transportation/mobility restrictions are making it difficult or impossible for women/children to access health services – even when they face a life-threatening medical condition.
- Health workers (disproportionately women) may have trouble getting to work because of the same restrictions, which has led to facilities/health posts being understaffed and, in some cases, unable to open or offer quality care.
- Health workers do not have adequate personal protective equipment, and what is available may not fit women properly, increasing their vulnerability to infection.
- Violence and harassment of health workers is increasing, as people fear they are bringing COVID to their communities.
- Primary health and sexual/reproductive health services (including family planning) are suffering as resources are being diverted from there toward COVID response.
- People are afraid to go to health facilities because of the risk of exposure to COVID, so they may delay or avoid seeking services or choose to go to traditional healers.
- Women/girls generally have less access to information and technology than men, thus accurate COVID prevention messages transmitted over mass media channels or text message may not be reaching them. Rumors and misinformation are rampant.
- Despite increased stress and anxiety due to the pandemic, mental health services are in short supply.