



COVID 19 - Endangering Women's Mental and Reproductive Health

Pallavi Sharma, Deepika Jamwal, Anil Mehta, Jitewshwar Singh Pannu¹

Abstract

With spikes in domestic violence, sexual harassment and limited access to health care globally, the health authorities are battling hard to prevent serious consequences on women health. Older women and women with disabilities along with pregnant women form a special group of women as they lose access to vital health services and social support. COVID is having a huge impact on women health. The COVID-19 pandemic is showing a negative effect on the production and transportation of contraceptive commodities. Medical societies are asking to defer pregnancy till we have a more clear insight on the effect on pregnancy. Cancer screening and cancer treatment has also taken a backlog.

Key Words

COVID 19, Domestic violence, Sexual harassment, Reproductive health

COVID 19, declared as a pandemic by the World Health Organization on the 11th of March 2020, needs no introduction by now (1). If previous epidemics have been a reflection of how women health needs have been largely unmet during such times, causing great mental and physical anguish, COVID 19 too has caused huge implications on the overall health of females. With spikes in domestic violence, sexual harassment and limited access to health care globally, the health authorities are battling hard to prevent serious consequences on women health. Older women and women with disabilities along with pregnant women form a special group of women as they lose access to vital health services and social support.

Increase in Violence against Women

Violence against women and girls (VAWG) is a human

Department of Obstetrics and Gynecology, Govt. Medical College, Kathua (J&K), and 'Kasturba Medical College, Manipal, Karnataka- India

Correspondence to : Dr. Anil Mehta, Professor and Head, Department of Obstetrics and Gynecology, GMC, Kathua (J&K)

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rights violation and remains a major threat during health emergencies and epidemics. The previous outbreaks of Ebola and Zika have witnessed spikes in domestic violence and gender bias. The COVID pandemic has caused a remarkable increase in cases of violence against women with China, United Kingdom, United States, and other countries reporting an increase in domestic violence cases since the outbreak began (2,3) Jingzhou, a city in Hubei Province, has reported tripled increase in domestic violence cases in February 2020, compared with the same period the previous year (4). France too claimed that such cases have increased by 30 per cent since the lockdown on March 17.

Helplines in Cyprus and Singapore have registered an increase in calls by 30 per cent and 33 per cent, respectively (5). In Argentina, emergency calls for

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domestic violence cases have increased by 25 per cent since the lockdown started (6). The latest data released by the National Commission for Women (NCW) shows a two-fold increase in gender-based violence from 116 (March 2-8) to 257 (March 23-April 1); domestic violence cases are up to from 30 to 69. The analysis of NCW showed that there was a 48.23% rise in the number of complaints related to gender-based violence it received during the lockdown till April 16 compared to 25 days prior to March 23 (7).

The Factor attributable to this rise in domestic violence could be the day long stay and failure to escape an abusive partner, social isolation, the absence of coordination between health, social and judicial services and lack of support care for crisis management. Loss of income for unknown period, already existing debts and meeting the demands, expectations and workload of the home bound family members further escalates the issue. The life of normalcy seems to be a distant dream for such women and lack of emotional and domestic support will cause lot of psychological implications. Sadly, there have been reports of sexual exploitation, where the landlords are exploiting women physically in exchange of cheaper accommodations. A national shelter survey in Scotland reported 22,000 women confirming this fact, has also been reported from Hawaii and the united states (8).

There is a global concern that in the aftermath of the crisis violence against females will escalate and exacerbate the existing financial inequality between men and women. Single mothers, home-makers, women on contractual employments and those with an abusive partner are predicted to be hit hard. When the unemployment rates escalate and finances drain the number of abusive cases will rise because of stress. The fear of poverty, disease, misery and helplessness will have its effect on with children and women being the front-line victims.

Impact on Reproductive Rights

Reproduction is a basic human right and so is the access to contraception. The COVID-19 pandemic is showing a negative effect on the production and transportation of contraceptive commodities (9). A report from Guttmacher institute New York has claimed that a 10% proportional decline in use of short- and long-acting reversible contraceptive methods in low and middle income countries due to reduced access would result in an additional 49 million women with an unmet need for modern contraceptives and an additional 15 million

unintended pregnancies over the course of a year (10).

Apart from this many women with unwanted pregnancy are being denied medical and surgical options of abortion since there is a debate if abortion should be considered as an essential health service. Abortions are already restricted in many parts of the world. Although, a report has stated that many states in the USA are also contesting on the right to abortions, an order released on April 22, 2020, has allowed abortion facilities in Texas to resume both medical and surgical abortions in return for preserving a certain number of beds for COVID-19 patients (11).

Impact of COVID on Pregnant Women

The influence of COVID 19 on pregnancy is under research. Owing to the responsibilities in the workforce, being caregivers of children and other family members, frequent requirements for maternity services and clinical settings where risk of exposure to infection is higher, pregnant women form a special group of concern (12,13). There are currently no data on perinatal outcome when the infection is acquired in the first and early second trimester of pregnancy, and these pregnancies should be monitored carefully after recovery. Getting affected in first trimester doesn't need termination of pregnancy and no spontaneous losses have been reported either.

There is no placental transmission of the virus and no proven teratogenicity. Given the current evidence, it is considered unlikely that it has effect on fetal development. The transmission from mother to child has not been reported in a study of 38 women from China. The study claimed that virus was not identified in the amniotic fluid, placenta, breast milk or in the nasal secretions of neonates (14). According to the Indian Council of Medical Research (ICMR), there is a possibility of transmission of coronavirus from a pregnant mother to the neonate (15). However, the proportion of pregnancies affected and the significance to the newborn is yet to be determined.

The care of antenatal period doesn't differ in affected and non-affected pregnancies. Pregnant women with confirmed COVID-19 infection should be managed by designated tertiary hospitals with great precautions because of high infectivity, and they should be informed of the risk of adverse pregnancy outcome. Suspected/probable cases should be treated in isolation and confirmed cases should be managed in a negative-pressure isolation room. Pregnant women with suspected/probable COVID-19 infection, or those with confirmed infection

who are asymptomatic or recovering from mild illness, should be monitored with 2–4-weekly ultrasound assessment of fetal growth and amniotic fluid volume, with umbilical artery Doppler if necessary (16). Mode of delivery is individualized and there is no evidence that one mode of delivery is superior to the other. The decision for vaginal or cesarean delivery depends on various fetal/maternal parameters and is the obstetrician's decision in the best of patient wellbeing.

As with all confirmed or suspected COVID-19 cases, mothers with any symptoms who are breastfeeding or practicing skin-to-skin contact should take precautions respiratory hygiene should be practiced by the nursing mothers. To provide optimum care to the pregnant woman guidelines have been released on 1st April 2020 by the Federation of Obstetric and Gynecological Societies of India (FOGSI), National Neonatology Forum of India (NNF), and Indian Academy of Pediatrics (IAP). These guidelines are about the prevention of transmission, diagnosis of infection and providing clinical care during labor, resuscitation and postnatal period (17).

Fertility Issues during COVID

Many countries have women who are pregnant and those planning pregnancies are worried because of the influence it will have on their child bearing and child birth. The Indian fertility society had released guidelines on the COVID 19 and fertility which emphasized that safeguard patient health and to have elaborate information of COVID on IVF cycles, initiation of the new IVF and IUI cycles have been suspended till further notification (13). Research suggests that it would be advisable to defer pregnancy till we have a more clear insight on the effect on pregnancy.

Impact on Cancer Screening and treatment

Cancer screening in women including cervical and breast cancer screening has taken a backlog and is not going to improve in times to come. With decrease in cancer screening, there is high likelihood of increased number of cancer cases in advanced stages may be reported in future. This is a major concern relating to women health. Timely address of this issue is need of the hour.

Cancer treatment is suffering as most cancer centers are asking the patients to avoid travel to hospital. Newly diagnosed cases are not getting treatment and this is going to produce a huge backlog of women who need cancer

treatment in form of surgery and other therapies. The women undergoing treatment are already at an increased risk of COVID infection as most of the cancer therapy is immune compromising in nature. Most of the international society guidelines have given modified version of treatment for gynecological cancers during the pandemic.

Conclusion

We need strong reforms and policies to counter the coming social disturbances related to women health. Firm laws, ensuring employment, increasing awareness about women health through social sites, support groups and organizations along with care and compassion, should be given a serious thought. The policy of improving the health care in tackling epidemics and societal reforms and stabilization should be a new area of research.

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Conflicts of Interest

There are no conflicts of interest.

References

1. World Health Organization. What is a pandemic? *World Health Organization* [Internet]. 2010 [cited 2020 May 3]. Available from: https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/en/
2. Godin N. As cities around the world go on lockdown, victims of domestic violence look for a way out. *Time* [newspaper on the Internet]. 2020 Mar 18 [cited 2020 May 3]. Available from: <https://time.com/5803887/coronavirus-domestic-violence-victims/>.
3. Angharad. The Impact of COVID-19 on Women and Children Experiencing Domestic Abuse, and the Life-Saving Services that Support Them. *Women's Aid Federation of England* [Internet]. 2020 Mar 17 [cited 2020 May 3]. Available from: <https://www.womensaid.org.uk/the-impact-of-covid-19-on-women-and-children-experiencing-domestic-abuse-and-the-life-saving-services-that-support-them/>
4. Allen-Ebrahimian B. China's domestic violence epidemic. *Axios* [newspaper on the Internet]. 2020 Mar 7 [cited 2020 May 3]. Available from: <https://www.axios.com/china-domestic-violence-coronavirus-quarantine-7b00c3ba-35bc-4d16-afdd-b76ecfb28882.html>



5. Graham-Harrison E, Angela Giuffrida A, Smith H, Ford L. Lockdowns around the world bring rise in domestic violence. *The Guardian* [newspaper on the Internet]. 2020 Mar 28 [cited 2020 May 3]. Available from: <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>
6. During the quarantine, calls to 144 for gender violence increased by 25%. *Diario21.tv* [news on the Internet]. 2020 Mar 22 [cited 2020 May 3]. Available from: http://www.diario21.tv/notix2/movil2/?seccion=desarrollo_notia&id_notia=132124
7. Joy S. Domestic violence on rise in lockdown period: NCW. *Deccan Herald* [newspaper on the Internet]. 2020 Apr 17 [cited 2020 May 3]. Available from: <https://www.deccanherald.com/national/domestic-violence-on-rise-in-lockdown-period-ncw-826498.html>
8. Murphy N. Landlords 'asking for sex instead of rent' during coronavirus crisis. *Mirror* [newspaper on the Internet]. 2020 Apr 11 [cited 2020 May 3]. Available from: <https://www.mirror.co.uk/news/uk-news/landlords-asking-sex-instead-rent-21851062>
9. Purdy C. Opinion: How will COVID-19 affect global access to contraceptives - and what can we do about it? *Devex* [newspaper on the Internet]. 2020 Mar 11 [cited 2020 May 3]. Available from: <https://www.devex.com/news/opinion-how-will-covid-19-affect-global-access-to-contraceptives-and-what-can-we-do-about-it-96745>
10. Riley T, Sully E, Ahmed Z, Biddlecom A. Estimates of the potential impact of the COVID-19 pandemic on sexual and reproductive health in low- and middle-income countries. *Int Perspect Sex Reprod Health* 2020;46:73-76.
11. Sandoiu A. How COVID-19 affects women's sexual and reproductive health. *MedicalNewsToday* [newsletter on the Internet]. 2020 Apr 26 [cited 2020 May 3]. Available from: <https://www.medicalnewstoday.com/articles/how-covid-19-affects-womens-sexual-and-reproductive-health>
12. Rasmussen SA, Jamieson DJ, Bresee JS. Pandemic influenza and pregnant women. *Emerg Infect Dis* 2008;14(1):95-100.
13. Indian Fertility Society. COVID-19 & Fertility. Recommendations for Clinics & Patients. *Indian Fertility Society* [Internet]. 2020 Apr 14 [cited 2020 May 3]. Available from: <https://www.indianfertilitysociety.org/ifs-guidelines-covid-19/>
14. Yang H, Wang C, Poon LC. Novel coronavirus infection and pregnancy. *Ultrasound Obstet Gynecol* 2020;55(4):435-37.
15. ICMR - NIRRH. Guidance for management of pregnant women in COVID-19 pandemic. *ICMR - National Institute for Research in Reproductive Health* [Internet]. 2020 [cited 2020 May 3]. Available from: [https://www.icmr.gov.in/pdf/covid/techdoc/Guidance for Management of Pregnant Women in COVID19 Pandemic 12042020.pdf](https://www.icmr.gov.in/pdf/covid/techdoc/Guidance%20for%20Management%20of%20Pregnant%20Women%20in%20COVID19%20Pandemic%2012042020.pdf)
16. Favre G, Pomar L, Qi X, Nielsen-Saines K, Musso D, Baud D. Guidelines for pregnant women with suspected SARS-CoV-2 infection. *Lancet Infect Dis* 2020;20(6):652-53.
17. Top of FormBottom of FormChawla D, Chirla D, Dalwai S, Deorari AK, Ganatra A, Gandhi A, et al. Perinatal-Neonatal Management of COVID-19 Infection - Guidelines of the Federation of Obstetric and Gynaecological Societies of India (FOGSI), National Neonatology Forum of India (NNF), and Indian Academy of Pediatrics (IAP). *Indian Pediatr* 2020;57(6):536-48.