

GENDER, DISASTER AND RESILIENCE: TOWARDS A GENDER EQUAL RECOVERY



FACTSHEET:

>> Sexual and Reproductive Health in the context of COVID-19

During disasters, barriers to accessing Sexual and Reproductive Health (SRH) care increase and the consequences of not receiving timely SRH care can intensify. Financial loss, intimate partner violence, travel restrictions and social distancing measures have all impacted access to SRH care during the COVID response, exacerbating existing inequalities. For women living in rural and regional areas, migrant and refugee women including international students and women on temporary protection visas, Aboriginal and Torres Strait Islander women and those facing financial hardship, the inequities have compounded.

SRH SERVICE PROVIDERS HAVE MADE TREMENDOUS EFFORTS TO ADAPT THEIR SERVICES TO MEET COVID RESTRICTIONS AND ARE CONTINUING TO ENSURE WOMEN CAN ACCESS ESSENTIAL SRH CARE. HOWEVER, COVID-19 CONTINUES TO:

- 1 Increase anxiety around pregnancy and birthing**, including the safety of accessing antenatal care and giving birth in a hospital. There is still limited data about the effects of COVID-19 on pregnant women and their babies, although the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) has advised that:
 - *Pregnant women are not more unwell than the general population if they develop COVID-19.*
 - *There is no evidence to suggest an increased risk of miscarriage with COVID-19.*
 - *While the virus may pass from mother to baby there is no evidence of any harm to babies.*
 - *There is no evidence that the virus is transmitted via breastmilk.*

- 2 Make it more difficult for women in rural and regional areas to access abortion services.** Limited local service availability in regional areas has been exacerbated by travel restrictions and lockdown. The extension of the Medicare Benefits Schedule (MBS) to cover telehealth during COVID-19 has been critical in expanding access to medical abortion and long-acting reversible contraception (LARC).
- 3 Increase risk of reproductive coercion and family violence.** While the expansion of telehealth has been beneficial in ensuring SRH services remain available for women, the ability to access safely from home may be compromised by increased surveillance. Reproductive coercion is a form of violence where one person controls another person's reproductive decision-making and is a particular problem during pandemics.
- 4 An expected increase in unplanned pregnancies**, combined with delays in access to abortion during the COVID response, may lead to an increase in demand for terminations at later gestations during the recovery period, which are more costly and difficult to access.

5 Inhibit capacity of women to access Assisted Reproductive Technology services Many eligible candidates for Assisted Reproductive Technology (ART) are no longer able to afford fertility procedures, which are costly, with greater impact on single women or same sex female couples. State and federal governments initially suspended all non-urgent elective surgeries including those for ART. Although this has since been rescinded and elective surgeries resumed as of April 27, the initial ban impacted many women experiencing infertility or waiting for endometriosis surgery.

6 Impact international students, migrant and refugee women in detrimental ways because they are more likely to be in casual and insecure employment and are not eligible for Medicare or COVID-19 income support payments. There has been a reported increase in international students and migrant women who are unable to afford abortion due to a loss in income.

What women are telling 1800 MY OPTIONS

CALLERS TO WOMEN'S HEALTH VICTORIA'S 1800 MY OPTIONS SERVICE HAVE EXPERIENCED:

Delays in calling, with women presenting at later gestation (12+ weeks)

Inability to pay for SRH services due to job loss and financial difficulties

Family violence, including violence of a more severe nature

Anxiety about the impacts of the virus on their pregnancy and fear of contracting the virus when accessing health services

Innovations in sexual and reproductive healthcare

RESPONDING TO COVID-19 HAS RESULTED IN A NUMBER OF INNOVATIONS IN SEXUAL AND REPRODUCTIVE HEALTH CARE ACROSS VICTORIA.

- **Contraception** is classified as an essential service which means all forms are still available, including LARC and emergency. GP clinics are offering telehealth consultations and can send a prescription to the woman's local pharmacy or directly to their home. Some SRH services, such as Family Planning Victoria, have adapted their service models for LARC to reduce contact with

the patient. Online services such as Kin will deliver a woman's pill to her door after review online by a doctor.

- **Abortion** has remained classified as an essential service during the COVID-19 emergency. This includes all necessary procedures prior to the abortion, including ultra-sounds and blood tests. Medical abortion is safe and effective and available through telehealth services, which has been a more accessible option for many during the COVID response.

>> Recommendations for gender equal recovery and resilience

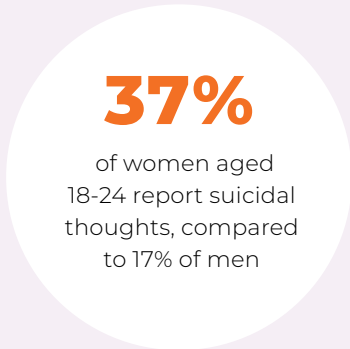
- Endorse the GEN VIC Joint Statement on Gender Equality and COVID-19
- Provide specialist women's health services and academic institutions with adequate resourcing to research and collect data on the impact of COVID-19 on SRH
- Retain classification of abortion and contraception, including LARC, as essential health services during all disaster responses and promote SRH as a priority during recovery
- Plan for a possible increase in demand for surgical abortion and LARC as COVID restrictions begin to lift and ensure that health services are adequately resourced (including staffing) to accommodate an increase in demand, including in rural and regional areas
- Continue to invest in SRH workforce development to safeguard and expand access to the full suite of sexual and reproductive health services across the state
- Retain extension of the MBS to cover telehealth and further expand MBS coverage to include nurse-led telehealth to support better access to MTOP and LARC
- Ensure access to SRH care is affordable by expanding public provision, including bulk billed and subsidised services
- Ensure contraception and abortion are accessible to international students, migrant women and refugees and asylum seekers, who are ineligible for income support payments and may not be eligible for Medicare
- Ensure both family violence services and SRH services understand and can identify reproductive coercion, how to respond and where to refer patients or clients
- Ensure Assisted Reproductive Technology is accessible to those who have been financially impacted by the COVID response, with a focus on single women and women in same sex relationships or those experiencing socioeconomic disadvantage.

Resources

- To find contraception, pregnancy options, abortion services and sexual health services in Victoria, contact [1800 My Options](#).
- If you or someone you know is experiencing violence, contact [1800RESPECT](#).
- For more information about contraception during COVID-19, see [Family Planning Victoria](#).
- For more information about pregnancy during COVID-19, see [RANZCOG](#) and the [Royal Women's Hospital](#).
- [Advice for GPs](#) responding to patients contemplating pregnancy.
- For more information about ART during COVID-19, see the [Victorian Assisted Reproductive Treatment Authority](#).
- For more information about sexual and reproduction health in the context of COVID-19, see [Marie Stopes Australia](#) for the Australian context and UNFPA for the International context [COVID-19: A Gender Lens – Technical Brief Protecting Sexual and Reproductive Health and Rights, and Promoting Gender Equality](#).

COVID-19 IS A GENDERED PROBLEM

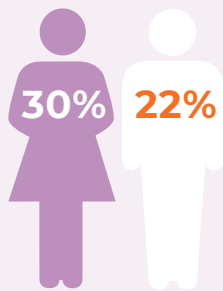
During the COVID-19 crisis, women are experiencing **higher levels** of depression, anxiety and stress than men.



DURING LOCKDOWN, WOMEN ARE SIGNIFICANTLY MORE LIKELY THAN MEN TO HAVE FELT:



NERVOUS



THAT EVERYTHING WAS AN EFFORT

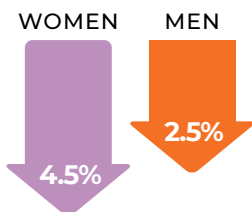


LONELY



TO THE WOMEN'S MENTAL HEALTH CLINIC AT THE ALFRED HOSPITAL IN ONE MONTH.

55% of job losses due to COVID-19 are women.



WOMEN ARE DEPLETING THEIR SUPERANNUATION AT A HIGHER RATE THAN MEN WHEN WITHDRAWING EMERGENCY COVID-19 FUNDS.

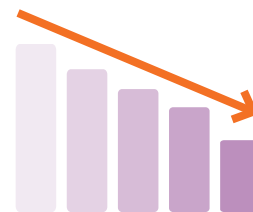


MAJORITY OF THE CASUAL WORKERS UNABLE TO ACCESS JOBKEEPER ARE WOMEN.

\$205 BILLION

VALUE OF UNPAID LABOUR BY VICTORIAN WOMEN

DELOITTE REPORT 2019



THE PAYROLL IMPACT ON WOMEN HAS BEEN GREATER THAN MEN ACROSS MANY INDUSTRIES.

Family Violence stats in lockdown:

200+

CALLS A WEEK TO VICTORIA POLICE

50%

INCREASE TO MAGISTRATES' COURT

94%

INCREASE TO MENS SERVICES

The majority of essential workers have been women and are in the **lowest paid jobs**.



CLEANERS



TEACHERS



EARLY
CHILDCARE



RETAIL
WORKERS

**A GENDER EQUAL RECOVERY
REQUIRES GENDER EQUAL SOLUTIONS**