

Reproductive and sexual health in the COVID era: A developing country's perspective

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The World Health Organization in 2005 declared an imperative for universal access to reproductive health: “Sexual and reproductive health is fundamental to the social and economic development of communities and nations and a key component of an equitable society.” Reproductive health defined as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity,” in all matters relating to the reproductive system and to its functions and processes as “had become not just a measure of population control, but also a human right” [1, 2].

For effective implementation of reproductive and sexual health rights, various reproductive health indicators have been developed by the United Nations Populations Funds (UNFPA). These indicators are 17 in total and include among others, maternal mortality ratio, fertility rate, contraceptive prevalence, antenatal care coverage, skilled birth attendance at delivery, availability of basic and essential obstetric care, perinatal mortality rate, prevalence of infertility in women, etc. [3]. These indicators when calculated for a particular country are markers of progress toward an improved reproductive and sexual health status.

The Nigeria Demographic and Health Survey of 2018 revealed the following statistics—total fertility rate for the 3 years preceding the study 5.3 children per woman, 19% of women between 15 and 19 years had begun child bearing, contraceptive prevalence was 17%. Unmet need for family planning for sexually active unmarried women 48%, and among currently married women 19%. Infant mortality was 67 deaths/1000 live births, 43% of births assisted by a skilled provider, maternal mortality ratio

for the 7 year period preceding the survey 512 maternal deaths per 100,000 live births [4].

These indicators, even though still poor, have shown a steady incremental improvement from previous values. These improvements have been made despite the presence of known barriers that prevent the access to sexual and reproductive health services. These barriers include but are not limited to:

1. Inadequate funding: Here political will and commitment to reproductive and sexual health is generally poor. Therefore, there is an inadequacy of resources to provide for these services. For instance, in 2019, the budget for Health in Nigeria was 7.5% of the total budget, as against the recommended 15% by the Abuja Declaration of 2001. Further, there is a lack of will to accord sexual health information primarily because of the taboo that surrounds it.
2. Lack of good infrastructure: This includes roads and transport services, the lack of which prevents access to health facilities.
3. Social taboos: Matters regarding sex are considered taboo in the Nigerian society.
4. Gender roles which make men more experimental in sexual matters with the increased risk of acquiring sexually transmitted infections as well as human immunodeficiency virus infection (HIV). Also, women have limited control in sexual matters because of their dependence on men.
5. The attitude of health care workers maybe unfriendly and may limit access to reproductive and sexual health information.
6. Inadequacy of trained health care providers.
7. Religious fears: An ultra-conservative religious country like Nigeria which harbors attitudes that hinder information of and access to sexual and reproductive health [5].

In most instances, these barriers still exist and the ravages of the novel coronavirus may worsen and reverse the gains made in improving reproductive and sexual health. There is evidence that even first world health systems were overwhelmed by the COVID-19 pandemic. This is also more likely to occur in countries like Nigeria with weak health systems. It is also known

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that reproductive health indicators are known to be worse affected in emergencies. This is not only because of the infection of health care workers, leading to their incapacitation and death. There is also a diversion of scarce resources to combat emergencies like this pandemic even as first world countries limit donations and concentrate in controlling the novel coronavirus in their own countries [6]. Quarantines and isolations, restrictions of movement and insufficiency of staff, and materials will contribute to the delays that lead to maternal death. The availability of essential and comprehensive obstetric care as well as antenatal attendance and the presence of a skilled birth attendant at birth may all decrease due to the pandemic. Human immunodeficiency virus infection prevalence may also increase due to unavailability of drugs and services. School closures and isolation may exacerbate the family stressors and lead to gender violence, unwanted pregnancy, and sexually transmitted diseases.

The effects of the COVID-19 pandemic are not yet known in Nigeria, but it is known that emergencies worsen sexual and reproductive health indices. This is the lesson of the Ebola outbreak in Sierra Leon where reproductive health indicators plummeted after the outbreak, including maternal mortality, number of women attending prenatal care, number of children out of school, increase in gender violence, etc. [6].

Therefore, to limit adverse effects of the COVID-19 pandemic, the United Nations fund in 2020 came up with global response plan to the coronavirus disease (COVID-19) [7]. In summary, it includes a watchful attitude for the effect of the pandemic on reproductive and sexual health, continuity of sexual and reproductive health services, and intervention for all women and girls, rigorously addressing gender-based violence and harmful practices as well as ensuring adequate supply of modern contraceptives and reproductive health commodities. Communities and stakeholders should also continue to be engaged and information continuously provided about the importance of sexual and reproductive health. It is only with vigilance that we can prevent the stagnation or indeed reversal in the hard-won gains that we have made in improving reproductive and sexual health.

Keywords: COVID-19, Nigeria, Sexual and reproductive health

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Author Contributions

Ntiense M Utuk – Conception of the work, Design of the work, Acquisition of data, Analysis of data, Interpretation of data, Drafting the work, Revising the work critically for important intellectual content, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

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Authors declare no conflict of interest.

Data Availability

All relevant data are within the paper and its Supporting Information files.

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