

Impact of COVID 19 on Sexual and Reproductive Health of Women in Bangladesh

Md. Tanvir Mahtab, Abul Kalam Azad

Abstract

This paper explores the impact of COVID 19 on the sexual and reproductive health of women (SRHW) in Bangladesh. The study is exploratory in nature and follows the phenomenological approach. To collect data, the study interviewed 10 pregnant women and 5 doctors. To check the validity of this primary data, the study also adopted secondary sources like content analysis. The study findings revealed the three areas of SRHW as mostly vulnerable due to the COVID 19 pandemic. The major area of risks and vulnerabilities was related to maternal and infant health including the susceptibility of the infants to be infected by their mothers, the lack of healthcare services and the resulting consequences like anemia, miscarriage, premature delivery and the further risk for their fetuses. The *second* major area included the lack of contraceptive care and other family planning services due to the economic crises and the hiking prices of those services and other daily essentials. And the *third* area of the risks and vulnerability of SRHW included the exposure to intimate partner violence (IPV) and its causes such as staying home all day long, substance abuse, family maintenance pressure, parenting pressure, economic tension and IPV. Thus, the study imperative is that the government, the policymakers, civil society, medical practitioners and by and large the mass people all should come in a common platform and take proper and timely measures to fight against the negative impact of COVID 19 pandemic.

Keywords: COVID 19, Sexual and Reproductive Health of Women, Family Planning, Intimate Partner Violence, Socio-Psychological Health

¹ M.S.S. student, Department of Sociology, Faculty of Arts and Social Sciences, Bangladesh University of Professionals, mdtanvirmahtab8@gmail.com

² Assistant Professor, Department of Sociology, Faculty of Arts and Social Sciences, Bangladesh University of Professionals, kalamazad@bup.edu.bd

Introduction

Sound sexual and reproductive health of women (SRHW) is a state of complete physical, mental, and social well-being. It indicates that people are capable of having a satisfying and healthy sex life, having reproductive capacity and the freedom to choose if, when and how often to do so (UNFPA, 2020). Potentially, the most sensitive organ in the human body is the reproductive system. It should be maintained and secured throughout our lives, and everyone should practice sexual self-care. Reproductive care and fertility are very well connected in the preconception period. That is to say, when the opportunity arrives to begin a family, our reproductive anatomy becomes considerably more sound in shape (Longden-Jefferson, 2019). We generally see that the administrations of sexual and reproductive system focus on providing the treatment of sexually transmitted infections (STIs) though this umbrella section also incorporates the family planning services. SRHW care system, indeed, has *five* core components. The *first* is the issue of upgradation of the antenatal, prenatal, postpartum, and infant care services. The *second* is the provision of the standard family planning care and infertility services. The *third* is the elimination of unsafe miscarriage. The *fourth* is the prevention and treatment of STIs (e.g., HIV, reproductive tract infections cervical cancer and morbidities on gynecological issues). The *fifth* is the health promoting sexuality (Glasier et al., 2006). Thus, the SRHW was considered as one of the top priority and an essential part of human rights and sustainable development after the success of action program taken in Cairo ICPD conference in 1994 (Haslegrave, 2013).

In December 2019, the Chinese government confirmed that an unspecified viral disease had caused a large number of cases of pneumonia throughout the Wuhan Region, some of which had resulted in death (Hashem, Abdelnour, Alhimaidi, & Swelum, 2021). Several more such occurrences have since been recorded around the globe, resulting in a large number of deaths. Virologists isolated and characterized the latest causative virus against such a background. The virus has been found to have been a beta Coronavirus and also given the term severe acute Coronavirus syndrome 2 (SARS-CoV-2). This illness was referred to as Coronavirus (COVID 19) (Rodriguez-Morales et al., 2020). The virus had already propagated throughout China from Wuhan province which yet has entered around 210 countries/regions. However, due to the quick dissemination of information as well as the growing scope of events, visitors were quickly quarantined and screened, effectively halting the transmission of the infection (Keni, Alexander, Nayak, Mudgal, & Nandakumar, 2020). According to Worldometer (2021), till March 19 about 122533849 people were affected and 2705812 died by Coronavirus. The swift transmission of the virus prompted the WHO to declare a public health crisis and announce the problem as a worldwide pandemic just three months after its emergence, on March 11, 2020 (Hashem, Abdelnour, Alhimaidi, & Swelum, 2021).

While cooperating with the government in taking drastic steps to resolve the Coronavirus outbreak, the admission of reproductive well-being programs has had a major impact (Romanis, Parsons, & Hodson, 2020). Since March 2020, the potential for frontline service has decreased with the disclosure of a worldwide pandemic. This may lead to the assumption that the SRHW systems are affected mainly by the disease. Stockpiling and arranging of abortion, miscarriage, post-abortion treatment, and broader sexual well-being programs are typically strongly affected by COVID 19, according to a broad variety of assessments from

frontline care associations (Church, Gassner, & Elliott, 2020). The COVID 19 pandemic has indeed adversely affected the supply network of contraceptive products by delaying to develop the main drug components or to assemble the actual methods (for example the condoms) and to end the transit of contraceptive products (Purdy, 2020). Additionally, instruments and labor force employed in the field of SRHW can be guided to meet different necessities, hospitals can also be shut down and persons also can't go to SRHW facilities due to lockdown and fear of infection. Many state governments limit the movement of individuals to curb the epidemic. Service providers are compelled to provide sexual and reproductive health care, which are not necessarily considered fundamental such as abortion, which therefore discourage people from providing this time consuming and potentially saving lives (Marie Stopes International, 2020; IPPF, 2020). Concerns have surfaced about females' possibility to be affected by intimate partner violence (IPV) and about lacking to get entry to IPV services at some stage in the pandemic (Fetters & Khazan, 2020; The Economist, 2020). In the past, it has been seen that in the period of massive disruptions, it had shockingly disturbed ladies' reproductive lives. For instance, at some stages in the 2008 Great Recession, young ladies announced troubles bearing the cost of contraception or distinctive SRHW care (Gold, 2010), and family joblessness was connected with an all-inclusive probability of IPV (Schneider, Harknett, & McLanahan, 2016). Information from past convoluted crises shows that a diminish in getting right of entry to family planning impacts in increasing poor results identified with unintended pregnancies and fetus removals (McGinn, 2000). According to the assessment by UNFPA specialized notification, because of measures taken for COVID 19 control, around 47 million females in 114 low-and-middle earning nations, comprising of India, will nowadays do not be in a situation to make use of contraception. It would be eventuality an occurrence of about seven million undesirable pregnancies (UNFPA, Avenir Health, Johns Hopkins University & Victoria University, 2020). The latest mortality document comes at a time when we live on a pandemic that has been most prevalent over a century. Thus, Coronavirus is altering the lives of millions of women and their families, both directly and indirectly (Robertson et al., 2020). The report highlights current global inequalities, which are predicted to be exacerbated by the global pandemic, resulting in increasing stillbirth opportunities. The immediate effect of COVID 19 on mothers and infants is becoming clearer (Khalil et al., 2020). Restrictive measures could fuel the beforehand perceived risks for stillbirth, alongside with deferred births the spot ladies have been dispatched home from the health center by means of a medical care employee and mentioned to come returned later to give birth. Supply-side bottlenecks, for example, the absence of clear hints at some point of COVID 19 and enough personal protective equipment, have additionally influenced care. Redirecting efficient medical service provider employees, comprising of obstetricians, to COVID 19 wards opens them to a bigger possibility of contracting COVID 19, transforming into unwell themselves, and diminishing maternity unit staffing (Dandona et al., 2019). By and large, the COVID 19 pandemic causes a huge impact on sexual and reproductive health and the healthcare system. This study, hence, has an endeavour to understand the impact of COVID 19 on Sexual and Reproductive Health. Researchers, to achieve this broad objective, have explored the impact of COVID 19 on maternal and infant healthcare, contraceptive care and family planning services, which in turn causes the female exposure to intimate partner violence.

Methods and Materials

Research Design

This research is exploratory in nature. As there is no study done before on this topic in the context of Bangladesh, this study attempts to explore how COVID 19 affects the sexual and reproductive health of women. The study used qualitative methods following the phenomenological approach (i.e., the subjective experience of the respondents) to meet the requirements of the study objectives.

Sampling Procedure

Purposive sampling method has been used to conduct this study for considering the very purpose of the study and selecting the relevant respondents who can provide the required information for conducting the study. Accordingly, the data has been collected from doctors and pregnant women. This sample includes those doctors who provided health services during this pandemic and women who were pregnant or gave birth during the pandemic situation. To collect the data, the study has selected Mirpur area of Dhaka City, Bangladesh considering one of the danger zone of COVID 19 infections. Among the 15 respondents, researchers interviewed five doctors and ten women.

Data Collection

In this study, researchers used both primary and secondary sources of data. To collect the primary data, in-depth interview was undertaken to know about the impact of COVID 19 on SRHW. In this regard, a semi-structured interview method was used to explore the issues related to maternal and infant health, family planning services, and reasons behind the exposure to intimate partner violence during this pandemic. Researchers ensured face-to-face oral consent from the respondents before taking the interviews. The collection of data was conducted by researchers between September 2020 and February 2021. The respondents were informed about the purpose of the research, assured confidentiality of their personal information and responses, and asked permission to record the interview. All the interviews were recorded by Smartphone device with the consent of the respondents. Each interview took around 45 minutes to 1 hour. The interview was conducted in Bengali. The secondary sources of data were collected from newspapers, websites and govt. reports to complement the primary data. The women and the doctors were asked about three questions during the interviews: What are the impacts of COVID 19 on maternal and infant health? How did COVID 19 affect contraceptive care and family planning services? And what are the reasons of exposure to high rate of intimate partner violence during COVID 19 pandemic?

Data Analysis

At first, researchers transcribed the interview recordings in Bengali and then translated them into English. Researchers ensured that the transcriptions were accurate compared to the recordings. Translations were then crosschecked and the relevant information was summarized. Based on the responses, the data were coded, categorized and thematic analyses were advanced. Along with the the analysis of primary data, researchers also conducted content analysis. Researchers avoided any sort of bias or judgments about the respondents' experience while collecting and analyzing data. Researchers also ensured all the ethical criteria while conducting this study.

Findings and Discussion

The study findings have been segmented into the major three areas. The *first* section includes the impact of COVID 19 on maternal and infant health. The *second* part includes the impact of COVID 19 on Contraceptive Care and other Family Planning Services. And the *final* section includes the causes of exposure to intimate partner violence (IPV) during COVID 19.

Impact of COVID 19 on Maternal and Infant Health

Difficulty in access to SRHW services

During the COVID 19 period, people have to face many difficulties while taking health care, especially children and pregnant women. The most significant factor that has been observed is the fear of being infected with the Coronavirus. Everyone had thought that as soon as they went to the hospital they will be infected by Coronavirus and so people did not think that they would go to the hospital for health services. A major contributing factor behind this panic was social media. In the initial period of COVID 19, we have seen that various misinformation was being spread on social media. As a result, the level of fear among people increased multiple times. According to a report of the needs assessment working group of Bangladesh which was published in 2020, 25% of medical practitioners observed that women did not come to health care centers. In April 2020, it was observed in a study done by UN Women in Bangladesh, 61% of women had registered incapable, where possible, and to obtain medical treatment and only 1% of females were provided with health insurance (UN Women, 2020a). At the initial period of the pandemic, when there were lockdown and travel restrictions all over the country, women faced the problem of transportation to get access to healthcare services. Many women faced problems going to the hospital in an emergency due to a lack of available vehicles. Another big problem has been observed that when women went to hospitals they found no doctor was present there. The majority of health professionals were busy in the COVID 19 dedicated hospitals. Many have been deprived of services due to a lack of adequate health workers. As a result, many did not go to the hospital and those who did go to the hospital did not get the right treatment at the right time.

Those pregnant women who had cold and cough-related problems were seen by doctors from a distance like a Covid-infected patient and gave treatment like that as much as they could. In these circumstances in most cases, the majority of the patients have been deprived of proper diagnosis of diseases and proper treatment. Another problem woman faced in the beginning when any woman was in an emergency situation and need to get admitted to the hospital, at that time many hospitals didn't admit patients and those hospitals admit patients they ask for the COVID 19 test report. But in the emergency situation, it was not possible to test COVID 19 in a very short time. In the initial period of the pandemic in Bangladesh, it took a long time to get Covid tested and get the report. So, it is clear that in the early stages of COVID 19, healthcare facilities were not accessible to people. From the database of the needs assessment working group of Bangladesh (2020), it has been seen that 45 percent noted that medical facilities had been unavailable during the COVID 19 initial period.

Health Risks of Pregnant Women and Children due to COVID 19

COVID 19 has had a variety of negative effects on pregnant women and newborn's health. Since the advent of COVID 19, some questions have been raised repeatedly, such as whether

the COVID 19 can be transmitted from mother to child. There is no such case found yet. Since Corona's germ spread through the respiratory organs and when a mother breastfeeds her baby, it was not possible to wear a mask all the time. In that case, there is some risk of the child to be infected by COVID 19. Another issue arose whether pregnant/postpartum women are at higher risk of contracting COVID 19. Scientific study on it is yet to be done. Usually, during the pregnancy period women have several health complexities and their immune system become weaker at that time. It has been seen that the COVID 19 infection and death rate is high among those people who have other health complexities and weak immune systems. So, it can be assumed that pregnant women are at high risk. It has been observed in a study done by UW medicine and a doctor of University of Oxford in 2020, the mortality rate is 20 times higher among COVID 19 infected pregnant women than those pregnant women didn't contract with Coronavirus (WION, 2021).

Many people feared that COVID 19 could kill the fetus or have a long-term effect on the baby. So far, no such evidence has been found. But there can be a risk if the mother is infected by COVID 19. A study done by Aris Papageorghiou, a professor of fetal medicine at University of Oxford, showed that the possibility of experience pregnancy complications was 50% higher among COVID 19 infected pregnant women (Dhaka Tribune, 2021). Furthermore, COVID 19 affects the multi-organ system and it causes deficiency of oxygen in the mother's body. So, it can have an adverse impact on a child's health. Some people have expressed doubts and concern that COVID 19 could affect girl's future pregnancies. As one of the doctors put it:

“There has been nothing seen like that, so far. To be honest, COVID 19 has been here for only 1 year. This is being researched and will be in the future. So, there is still a lot to know. We have seen that people who have been infected by COVID 19 are facing some post-COVID 19 syndromes such as kidney and lung infection, memory loss, sleep deprivation, and fell weak for quite a while, etc. But there is nothing to be found that due to COVID 19 it will affect later on future pregnancy”.

Another important aspect is that the pregnant women usually have to do routinely prenatal checkups. During the lockdown period, they could not go to the hospital and do their prenatal routine checkup during COVID 19 for different reasons like fear of infection, travel restrictions, economic crisis, etc. Therefore, it was not possible to check whether they had any fetal-related problems or not. As one of the gynecologists put it:

“We usually used to do Ultrasonography, look closely at the abdomen by hands, and check the baby's heartbeat with a dropper in the normal time. But now this is not possible at the time of COVID 19. Those pregnant women who had cold and cough-related problems were seen by doctors from a distance like a corona patient and gave treatment like that as much as they could. We would tell those who did not have a cold or cough that there is no need to come for a checkup every month. In two or three months you can come once.”

Meanwhile, it has been observed that many women had health problems because they could not get regular checkups. As a result, it was not possible to diagnose and cure their health complexities in the pregnancy period, which in turn led to a high rate of maternal morbidity and mortality during the COVID 19 pandemic. Anemia has been seen in many women, many

had to be aborted, and miscarriage would have taken place. Many also have had premature deliveries. According to the needs assessment working group of Bangladesh (2020), 43 percent of medical professionals have noticed of mother's death in everyone's region. As one of the respondents shared her pregnancy time experience during lockdown period:

“I got pregnant in January, 2020. Then for two months I had regular checkups and by the grace of God I was fine. When the lockdown started in late March, I could not go to the hospital for two more months for a checkup. First of all, it was very risky to go out during the lockdown and the doctor I was checked by had his chambers closed. After a long time, I went to another government hospital for a checkup. After going there, I was a little surprised that the doctor was not listening to my problem like before. He asked his assistant to write down my problem. I went to the assistant and saw that he was sitting far away from the doctor's in a glass protected room and did not give me much time. Then the doctor didn't actually come to me. Seeing from a distance, he prescribed some medicines. Then further I did not go for checkup. Sometimes I tried to consult over the phone with doctors few times then. Later it was found that I had anemia due to which I had to take extra two bags of blood at the time of delivery”.

Similarly, COVID 19 affects children's health. During the initial period of the pandemic, all vaccination programs were canceled for a long time. Different vaccines are usually given for different diseases. Those who have not been vaccinated during this time will undoubtedly have a weakened immune system. And these kids will be in the risk group because those diseases are more likely to happen to them at any time. For example, the vaccine for Tuberculosis should be given immediately after birth. So, those who did not get this vaccine at that time will have a higher risk of being affected with Tuberculosis. COVID 19 has been shown to harm other aspects of the health sector, especially sexual and reproductive health. The main reasons for these problems are institutional weakness and mismanagement.

COVID 19 and Psychological Health of Pregnant Women

COVID 19 has a very adverse effect on the mental health of pregnant women. It is natural for any pregnant woman to be stressed at such a time. When women get pregnant many complexities of mother and baby can arise at any time. In the COVID 19 period, the pregnant women are worried about many things like how is the baby's health, if she has any disease, whether she will be able to recover if anyhow she got infected by COVID 19, whether she will get proper treatment if she gets sick etc. It has been seen that there is anxiety disorder among pregnant women. The stress of an expectant mother can have an adverse effect on the baby. Additionally, it has been observed that the rate of IPV increases significantly during the pandemic. According to a study of BRAC, during March-April of 2020 compared with the same period of 2019, the rate of violence against women increases about 70% in Bangladesh (Human Rights Watch, 2020). In many cases, various mental traumas have been noticed among pregnant women due to debates, quarrels, physical abuse with their partners.

Economic crisis affects women sexual and reproductive health

During COVID 19, many people have experienced joblessness, cut off wages, closed their businesses, and faced many other economic problems. Approximately 60% of women across

the globe have a low income and lower savings or security net in the informal economy (UN Women, 2020b). These females are at much greater risk of fall into hardship as world economies collapse and millions of jobs are lost. The spread of COVID 19 already has a substantial effect on Bangladeshi small businesses with closed stores, restaurants and beauty shops, and a restricted number of restaurants (UN Women, 2020b). It has an impact on the health of pregnant women and newborns as well. One thing very well noticed is that the rate of patients coming to the hospital was much lower due to financial problems. Since a good amount of money was needed to test COVID 19 in the beginning, many women hide their COVID 19 symptoms from the doctor even after having a cold and fever. Because of the economic crisis, many pregnant women did not come to the hospital despite having many health issues. Many women have been seen in the hospital but are not expressing about all their health issues to the doctor so that the doctor does not ask them to do any kind of tests. They came when the situation was very critical.

Economic problems lead many people to suffer from malnutrition due to a lack of adequate food. The reasons for this food insecurity are disruption of food supply chain management, increasing food prices and income decline, excessive food stock etc. Proper nutrition and food are essential for women during pregnancy. Food calories are usually needed during pregnancy more than the usual time. Food insecurity during the COVID 19 pandemic has had a negative impact on maternal and child health. Lack of nutritious and adequate food can reduce the blood volume of many; the baby may lose weight at birth. According to the needs assessment working group of Bangladesh (2020), 70 percent answered that children between 6 and 23 months were unable to have a varied diet. The same report shows that 49 percent of women and children were unable to receive health and nutrition services (Needs Assessment Working Group (NAWG) Bangladesh, 2020).

Impact of COVID 19 on Contraceptive Care and Other Family Planning Services

Lack of Contraception Availability during COVID 19

The rate of human sexual activity has increased more than usual due to staying at home all the time during the lockdown of COVID 19. It has been observed that the availability of contraceptives was low due to closure of contraceptive production, supply-chain disruption, inability to go out during lockdown, closure of pharmacy etc. According to a report of UNFPA, it has been observed that compared with the database of first five months of 2019 and 2020, the rate using the oral contraceptive pill, condom and injectables decreased in a significant number which are 20%, 34%, and 23% respectively. Use of long-term contraceptive methods such as IUD (intrauterine contraceptive device), implants, NSV (Scalpel Vasectomy), and Tubectomy also decreased significantly which is about 24 to 64% (The Daily Star, 2020). Because of the shortage and inaccessibility of contraceptives during the pandemic, the pregnancy rate, especially the rate of unwanted pregnancy, has increased in a significant number. In a report of UNICEF (2020), it is expected that in the next 9 months after the declaration of the pandemic on 11th march globally about 116 million and in Bangladesh 2.4 million (9th highest rate in the world) children will be born during this pandemic. In this regard, the sex workers are in a high risk of contracting diseases due to lack of contraception availability. Sexual intercourse with sex workers is always risky. However,

the risk of contracting all types of STDs, including HIV, is much higher if sex workers do not use the appropriate contraceptives.

Disruption of Family Planning Services during COVID 19

During COVID 19 we have seen there is a lack of access to fertility test and consultation services. This will usually affect those who are taking various treatments to have a baby, especially those couples who are very old but do not have children. Since these facilities were closed at the time of COVID 19, this will disrupt their treatment process as well as increase the possibility of not having children. It has been seen before several awareness programs and counseling related to family planning but in the COVID 19 period, all these programs were disrupted. Awareness programs are very important, especially in rural areas. Although the family planning program has been going on for a long time, there are still many places in Bangladesh where people are unaware of family planning. People still have the idea that "**Mukh Diyechen Jini, Khawaben Tini (who gives mouth, he will feed)**". People are still indifferent about how many children one has to take, how many family members he can support by his financial condition. Still, there are a good number of people who preferred sons to daughters. As per the Bangladesh Demographic and Health Survey 2014 report, the rate of biased son preference is 9.6% (The Daily Star, 2020). Child marriage is also prevalent in Bangladesh. Many changes have been made in all these matters through family planning awareness programs. Health workers went to people's houses and explained all these things. During this pandemic, all these programs stopped and the progress in population and family planning was disrupted. For example, it is seen that the rate of child marriage increases in a significant number in Bangladesh. The rate of child marriage is one of the highest in the world which is about 51 percent (The Daily Star, 2020).

Exposure to Intimate Partner Violence (IPV) and Its Causes during COVID 19

Socio-psychological causes of IPV during COVID 19

Having been busy with work or professional work for a long time, people could not spend time with their families that much. But when there was a complete lockdown in the beginning due to COVID 19, suddenly the couple started spending a lot of time together. Spending more time together, small quarrels regarding different issues have been seen between partners and violence emerges from the talk argument. In this circumstance, it has been seen that many people have been subjected to various physical and mental harassment by their partners because spending more time together. Murder-like incidents have also been reported from minor harassment. The mindset of spending more time together with financial well-being is essential for maintaining good relationships between partners. Otherwise many small issues between partners can lead to big incidents. As one of the informants put it:

“Husbands who have never beaten their wives before ("Gaye Hat Tuleni") have also beaten their wives this time. Usually boys are not accustomed to being in the house for such a long time. So all the time when they are at home, a kind of psychological distress is being created among them. Due to which many small problems are transformed in big issues between close partners. A patient came to me a few days ago. She and her husband argued and fight over the "Jhal" (Spice level) of the food.”

During the lockdown, people were unable to get counseling, share problems with friends and other relatives. Usually, when there is a problem with family or relationship, we share it with

friends and relatives and take various suggestions. But being stuck at home in the lockdown has caused a kind of frustration with not being able to share with anyone. Because of that intimate partner violence has increased. It is observed that most callers to the Bangladesh Legal Aid and Services Trust (BLAST) hotline said that they were stuck in the home and unable to flee domestic abuse. Because they couldn't move to a friend's or relative's house during the lockdown, and there were no available government shelters as an alternative (Human Rights Watch, 2020).

Many women do not choose to go to law enforcement agencies regarding small family issues which also contribute to increasing of IPV during the pandemic. Excessive social media use in lockdowns has also led to an increase in IPV among partners. It has been seen that during the lockdown, they are using social media excessively and sharing various posts where many people choose to post many family personal things which may not be liked by the other partner. The most significant thing observed that most couples are complaining that their partners spending too much time on social media. Because of the excessive use of social media, in many cases, there is suspicion, jealousy, and mistrust among the partners. In many cases, it has been seen that many people are also involved in extra-marital affairs online. As a result, IPV has increased significantly during the pandemic.

There are many people especially the males who were addicted to various drugs before the lockdown. In the lockdown period, many people become very aggressive and violent because they cannot go out of the house to take drugs. Having more time at home has created a kind of monotony that has driven many to look for alternatives and eventually this led many to choose drugs. While other law enforcement agencies, including the police in lockdown, were busy keeping people at home, there was very little social control over the illegal drug dealings that were taken place at the time. And even though everyone is stuck at home in the lockdown, it has been seen that these drug deals are being done through various social media and drugs are being exchanged. While many are taking drugs at home, IPV is on the rise after quarrels and arguments with family members and partners over the issue. IPV has also occurred in many cases due to parenting pressure. Caring for boys and girls during the lockdown was a challenging affair for parents. It has been seen that during the pandemic, online classes have been frequently shifted. And with this online class, one of the parents has to stay with the child all the time and show him everything. Consequently, parents have created the uncertainty of their job. As well as devices for online classes, the cost of the internet, explaining to children and teaching them, these all have put extra pressure on parents. Due to which different arguments, debates, and IPV-like incidents have taken place between the parents at different times. Previously, it is seen that many people get involved in extra-marital affairs due to the lack of good relationships between husband and wife. But it has become difficult to maintain such relationships in lockdown. In many cases, this extra-marital affair has led to quarrels between husband and wife and sometimes it results in physical violence also. According to the needs assessment working group of Bangladesh (2020), IPV of 20-24 years of age is 28% among unmarried women. Bangladesh Bureau of Statistics estimates that 54.2 percent of married females are exposed to IPV, both sexual and physical (Hasan, 2020). In Bangladesh from January to March of 2020, 42 women were killed, according to Ain o Salish Kendra (ASK) (Hasan, 2020). The Foundation “Manusher

Jonno” states that there are more than 300 domestic and 36 rape incidents occurred in March alone in three districts of Bangladesh: Bogura, Jamalpur, and Cox's Bazar (Hasan, 2020).

Economic Causes of IPV during COVID 19

The economic crisis has been felt by all, except the government employees, who work in the private sector or as daily earners. As people have lost their jobs in the lockdown, wages have fallen and many have almost no income, this has had an impact on personal relationships as well. And in today's capitalist society, everything from sustenance to human happiness is determined entirely by money. Due to the economic downturn, there has been subsequent violence between the partners over various issues. As a housemaid of Mirpr Mamtaz Begum puts it:

Her Husband is a rickshaw puller. Last year, she had to stay at home because of her pregnancy. Her husband also had no job from March due to a lockdown during the initial period of COVID 19. Earlier, there were occasional problems in the family, but this time there have been problems between the husband and wife almost every day. The main reason for the trouble is that one time her husband is able to bring all the necessary items while another time he is not able to bring. Because there are “Choto Baccha” (childrens) in the family, they cry for food (i.e., “Vaater Jonno Kande”). As a result, it has been seen that almost every day there was some argument or quarrel, which leads to her to be a victim of physical torture.

As the income of many people decreased, some people even lost their jobs and businesses and many people are forcing their wives for dowry. As one of the respondents put it:

I got pregnant in January last year. MY husband is an expatriate worker. He lives in Malaysia. Suddenly in April last year, my mother-in-law and sister-in-law started pressuring me for "Joutak" (dowry). My mother-in-law used to taunt ("Khota") me about this. Later one day when there was an argument about this, my mother-in-law and sister-in-law beat me for "joutak" and locked me inside the room and I became senseless. After this incident I moved to my mother's house in Mirpur. It's been more than six months, I've given birth of a son, and they haven't come to see me and my baby yet.

Whenever they fail to bring it, they are subjected to various forms of physical and mental pressure. Because of that, the rate of IPV increases during the COVID 19 economic crisis.

Conclusion, Recommendations and Applications

In this paper, researchers have explored the impact of COVID 19 on the sexual and reproductive health of women. According to the study findings, COVID 19 causes some serious impacts on SRHW and in the health sector. Due to the emergence of COVID 19, women have to face different health hazards. The most striking finding is that of inaccessibility to SRHW services. Women face lots of difficulties to get access to healthcare. Due to disruption of regular healthcare services pregnant women had to face many difficulties during pregnancy and in the postpartum period such as anemia, miscarriage, Eclampsia etc. COVID 19 also has a great threat on the psychological health of expectant mothers which further affected the infant's health. Majority of the pregnant women are

suffering from different psychological disorders. Because of different economic hardships, many people can't get health facilities. The lack of contraception and other family planning services during COVID 19 increases the rate of unintended pregnancy, birth rate, risky abortions, and the possibility to be infected by different STDs. The rate of IPV increases rapidly during COVID 19 especially in the first three months of lockdown. Different socio-economic and psychological factors are responsible for it. Economic tensions, substance abuse, psychological distress, different family problems, parenting pressure, dowry, lack of social and legal support are mostly responsible for the increasing rate of IPV during COVID 19.

So, the study recommends to take necessary measures to ensure the universal access to SRHW services and a good inclusive health system. *First* of all, the funding for public health should be increased. As a result, the vulnerable peoples will be better resilient to health threats; and the poverty stricken and destitute peoples will be able to improve their health condition especially during such plight like COVID 19. *Secondly*, the government and the policymakers should think about the significance of reserve and resilience equipping healthcare systems to meet up the needs during the emergency and contingency. *Thirdly*, it is very important to introduce the tele-health services in a widespread manner and need to ensure that especially during any crisis situation people can easily get healthcare facilities. Consequently, the peoples from remote areas will get advantage of sound health care facilities within staying home during the period of lockdown. In this regard, the availability of the digital technology and health informatics should be ensured. *Fourthly*, contraception methods should be available and accessible to people to avoid unexpected STIs/STDs. *Fifthly*, family planning services should be continued especially in the rural areas. *Sixthly*, counseling program should be available for the pregnant women in order to support mentally during the pandemic. As a result, healthy babies will be born. *Seventhly*, law enforcing agencies should provide more supports to the victim in the case of Intimate Partner Violence. *Finally*, the government should provide economic support to the poor people during the lockdown period considering the plight of the disadvantaged and destitute peoples and thus ensure the sound SRHW.

Thus, this study has some important applications considering from several aspects. *First*, the policy makers and health governors will understand how to handle the emergent pandemic like COVID 19 to fulfill the needs of SRHW. *Secondly*, the issue of SRHW is also a very important aspect of Sustainable Development Goals (SDGs) which believes in inclusive development where no one will left behind. So, without establishing women rights and improving their sexual and reproductive health, it is not possible to achieve sustainability. The study will also lead the way of understanding the challenges of SDGs in relation to SRHW. *Finally*, this study will help make the further policies and budget implementation on sustainable SRHW in order to ease the way of achieving the SDGs.

Abbreviations

BRAC- Building Resources Across Communities; HIV –Human Immunodeficiency Virus; IPV- Intimate Partner Violence; IUD -Intrauterine Contraceptive Device; NSV -No Scalpel Vasectomy; SRHW- Sexual and Reproductive Health of Women; STDs- Sexually

Transmitted Diseases; STIs-Sexually Transmitted Infections; UN- United Nations; UNFPA- United Nations Population Fund; UNICEF-United Nations Children’s Fund; WHO- World Health Organization

Funding Sources

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Statements of ethics and declaration of Competing Interest

“I, as the Corresponding Author, declare and undertake that in the study titled as **Impact of COVID 19 on Sexual and Reproductive Health of Women in Bangladesh**, scientific, ethical and citation rules were followed; Turkish Online Journal of Qualitative Inquiry Journal Editorial Board has no responsibility for all ethical violations to be encountered, that all responsibility belongs to the author/s and that this study has not been sent to any other academic publication platform for evaluation.” There has been no significant financial support for this work that could have influenced its outcomes.

Acknowledgements

We would like to thank the women and doctors involved in this study who were willing to give their time and share their experiences.

References

- Church, K., Gassner, J., & Elliott, M. (2020). Reproductive health under COVID-19 – challenges of responding in a global crisis. *Sexual and Reproductive Health Matters*, 28(1), 522–523. <https://doi.org/10.1080/26410397.2020.1773163>
- Dandona, R., Kumar, G. A., Akbar, Md., Bhattacharya, D., Nanda, P., & Dandona, L. (2019). Deferred and referred deliveries contribute to stillbirths in the Indian state of Bihar: Results from a population-based survey of all births. *BMC Medicine*, 17(1), 28. <https://doi.org/10.1186/s12916-019-1265-1>
- Dhaka Tribune. (2021, April 23). Study: More risks to pregnant women, their newborns from Covid-19 than known before. Retrieved from <https://www.dhakatribune.com/world/2021/04/23/study-more-risks-to-pregnant-women-their-newborns-from-covid-19-than-known-before>
- Fetters, A., & Khazan, O. (2020, May 8). The worst situation imaginable for family violence. Retrieved May 20, 2021, from *The Atlantic* website: <https://www.theatlantic.com/family/archive/2020/05/challenge-helping-abuse-victims-during-quarantine/611272/>
- Glazier, A., Gülmezoglu, A. M., Schmid, G. P., Moreno, C. G., Fa, P., & Look, V. (2006). Sexual and reproductive health: A matter of life and death. *The Lancet*, 368(9547), 1595–1597. [https://doi.org/10.1016/S0140-6736\(06\)69478-6](https://doi.org/10.1016/S0140-6736(06)69478-6)
- Gold, R. B. (2010). Recession Taking Its Toll: Family planning safety net stretched thin as service demand increases. *Guttmacher Institute*, 13(1), 8–10.
- Hasan, F. (2020, April 20). Addressing the rise in domestic violence during lockdown. *The Daily Star*. Retrieved from <https://www.thedailystar.net/opinion/news/addressing-the->

rise-domestic-violence-during-lockdown-1894618

- Hashem, N. M., Abdelnour, S. A., Alhimaidi, A. R., & Swelum, A. A. (2021). Potential impacts of COVID-19 on reproductive health: Scientific findings and social dimension. *Saudi Journal of Biological Sciences*, 28(3), 1702–1712. <https://doi.org/10.1016/j.sjbs.2020.12.012>
- Haslegrave, M. (2013). Ensuring the inclusion of sexual and reproductive health and rights under a sustainable development goal on health in the post-2015 human rights framework for development. *Reproductive Health Matters*, 21(42), 61–73. [https://doi.org/10.1016/S0968-8080\(13\)42742-8](https://doi.org/10.1016/S0968-8080(13)42742-8)
- Human Rights Watch. (2020). *“I sleep in my own deathbed”*: Violence against women and girls in Bangladesh: Barriers to legal recourse and support. (pp. 1–11). Retrieved from <https://www.justice.gov/eoir/page/file/1333811/download>
- IPPF. (2020, April 9). COVID-19 pandemic cuts access to sexual and reproductive healthcare for women around the world. Retrieved May 20, 2021, from <https://www.ippf.org/news/covid-19-pandemic-cuts-access-sexual-and-reproductive-healthcare-women-around-world>
- Keni, R., Alexander, A., Nayak, P. G., Mudgal, J., & Nandakumar, K. (2020). COVID-19: Emergence, spread, possible treatments, and global burden. *Frontiers in Public Health*, 8, 216. <https://doi.org/10.3389/fpubh.2020.00216>
- Khalil, A., Kalafat, E., Benlioglu, C., O’Brien, P., Morris, E., Draycott, T., Magee, L. A. (2020). SARS-CoV-2 infection in pregnancy: A systematic review and meta-analysis of clinical features and pregnancy outcomes. *EClinicalMedicine*, 25, 100446. <https://doi.org/10.1016/j.eclinm.2020.100446>
- Longden-Jefferson, C. (2019, August 26). The importance of sexual and reproductive health. Retrieved May 20, 2021, from Parla website: <https://myparla.com/sexual-and-reproductive-health/>
- Marie Stopes International. (2020). Stories from the frontline: MSI reproductive choices. Retrieved May 20, 2021, from <https://www.msichoices.org/covid-19/stories-from-the-frontline/>
- McGinn, T. (2000). Reproductive health of war-affected populations: What do we know? *International Family Planning Perspectives*, 26(4), 174–180. <https://doi.org/10.2307/2648255>
- Needs Assessment Working Group (NAWG) Bangladesh. (2020). *COVID-19: Bangladesh-multi-sectoral anticipatory impact and needs analysis: HumanitarianResponse*. Retrieved from <https://www.humanitarianresponse.info/en/operations/bangladesh/assessment/202003-25-covid19nawg-sitrep-and-anticipatory-impact-updates01>
- Purdy, C. (2020, March 11). Opinion: How will COVID-19 affect global access to contraceptives — and what can we do about it? *Devex*. Retrieved from <https://www.devex.com/news/sponsored/opinion-how-will-covid-19-affect-global-access-to-contraceptives-and-what-can-we-do-about-it-96745>
- Roberton, T., Carter, E. D., Chou, V. B., Stegmuller, A. R., Jackson, B. D., Tam, Y., ... Walker, N. (2020). Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: A

- modelling study. *The Lancet Global Health*, 8(7), e901–e908. [https://doi.org/10.1016/S2214-109X\(20\)30229-1](https://doi.org/10.1016/S2214-109X(20)30229-1)
- Rodriguez-Morales, A. J., Bonilla-Aldana, D. K., Tiwari, R., Sah, R., Rabaan, A. A., & Dhama, K. (2020). COVID-19, an Emerging Coronavirus infection: Current scenario and recent developments – An overview. *Journal of Pure and Applied Microbiology*, 14(1), 05–12. <https://doi.org/10.22207/JPAM.14.1.02>
- Romanis, E. C., Parsons, J. A., & Hodson, N. (2020). COVID-19 and reproductive justice in Great Britain and the United States: Ensuring access to abortion care during a global pandemic. *Journal of Law and the Biosciences*, 7(1), Isaa027. <https://doi.org/10.1093/jlb/Isaa027>
- Schneider, D., Harknett, K., & McLanahan, S. (2016). Intimate Partner Violence in the Great Recession. *Demography*, 53(2), 471–505. <https://doi.org/10.1007/s13524-016-0462-1>.
- The Daily Star.(2020, June 30). Bangladesh may see a rise in unwanted pregnancy and abortions amid coronavirus: UNFPA. Retrieved from <https://www.thedailystar.net/bangladesh-may-see-rise-unwanted-pregnancy-and-abortions-amid-coronavirus-1922945>
- The Economist. (2020, April 22). Domestic violence has increased during coronavirus lockdowns. Retrieved from <https://www.economist.com/graphic-detail/2020/04/22/domestic-violence-has-increased-during-coronavirus-lockdowns>
- UN Women. (2020a). Surveys show that COVID-19 has gendered effects in Asia and the Pacific. Retrieved May 20, 2021, from <https://data.unwomen.org/resources/surveys-show-covid-19-has-gendered-effects-asia-and-pacific>
- UN Women. (2020b, April 27). Far from the spotlight, women workers are among the hardest hit by COVID-19 in Bangladesh. Retrieved May 20, 2021, from <https://www.unwomen.org/news/stories/2020/4/feature-women-workers-hardest-hit-by-covid-19-in-bangladesh>
- UNFPA. (2020). Sexual & reproductive health. Retrieved May 20, 2021, from [/sexual-reproductive-health](#)
- UNFPA, Avenir Health, Johns Hopkins University, & Victoria University. (2020). *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage*. UNFPA. Retrieved from UNFPA website: [/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital](#)
- UNICEF. (2020). Pregnant mothers and babies born during COVID-19 pandemic threatened by strained health systems and disruptions in services. Retrieved May 20, 2021, from <https://www.unicef.org/bangladesh/en/press-releases/pregnant-mothers-and-babies-born-during-covid-19-pandemic-threatened-strained-health>
- WION. (2021, April 23). Pregnant women with COVID-19 face high mortality rate: Study. Retrieved May 20, 2021, from <https://www.wionews.com/world/pregnant-women-with-covid-19-face-high-mortality-rate-study-379462>
- Worldometer. (2021). COVID-19 Coronavirus pandemic. Retrieved May 20, 2021, from <https://www.worldometers.info/coronavirus/>