# WED Lab Special COVID-19 Webinar Series

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## COVID-19: Household Structures, Fertility and Sexual and Reproductive Health and Rights in the Global South

The health and economic crisis, combined with non-pharmaceutical interventions such as lockdowns, risk having long lasting effects on family dynamics that may not be fully appreciated six months into the pandemic. It is too early to tell what the impacts of this unprecedented shock will have on household structures, relationships, fertility and sexual and reproductive health and rights. However, we may learn from how households and individuals within households have responded to previous pandemics and economic shocks as well as from what we are observing on the ground in terms of disruptions to services available to women for family planning.

On fertility dynamics, biological pathways (e.g. fecundity) will likely have small effects relative to behavioural pathways, and even these have an ambiguous prediction. While the crisis may lead to a postponement of childbearing, replacement and rebuilding motives may in fact increase fertility in the short run and even lead to early childbearing. Previous pandemics in modern times have been linked to fluctuations over time (e.g. 1918 Flu) and Zika was linked to severe birth defects- neither disease is comparable to COVID-19, especially since the age profile of disease severity and incidence is quite different. In today's Global South, the impacts of the pandemic on fertility will depend on whether the age-profile patterns of COVID-19 related morbidity and mortality that we have seen in the West will be maintained, access to contraception (which was often weak pre-pandemic), and the availability of grandparents as caregivers. Reduced access to sexual and reproductive health and rights (SRHR) is likely to also influence these dynamics.

On intra-household dynamics, the combination of economic shock with prolonged confinement is likely to influence women's decision-making roles. Household bargaining is typically a function of assets, social networks, agency and outside options, and the COVID-19 crisis is impacting all four. We know from previous crises that during bad times, women's assets are the first to be disposed of, which will weaken their household bargaining position. The lockdowns will cut off their access to social networks which, combined with the stress of lost livelihoods or reduced income, will lead to greater mental health concerns and erode away at women's self-esteem and self-efficacy. Finally, outside options often rely on social protection programs, but rapid assessments of initial COVID-19 responses suggest that a small fraction of such programs are gender sensitive. Ultimately, COVID-19 is likely to weaken women's bargaining position within the household, which will have long term deleterious effects on their wellbeing and their children's.

These issues are echoed in women's access to sexual and reproductive health and rights (SRHR). The lockdowns have severely constrained this access though a number of channels. Diminished livelihoods, reduced access to essential social networks for support, and reduced availability of social services that have been redirected to COVID-19 efforts, have contributed to a deterioration of the SRHR support and services that women rely on. In some places, SRHR access was already tenuous before the pandemic, so we are likely to see an escalation of concerns. Indeed, reports are already coming in witnessing an increase in domestic violence, including against children, and a deterioration of mental health issues.

# Research Priorities

### Priority 1:

There is a real challenge in obtaining evidence on these topics as a consequence of the pandemic itself.  Matters around fertility, intra-household dynamics, and SRHR are highly sensitive by nature, and the pandemic has all but stopped face-to-face surveys.  What data collection is feasible involves telecommunications, and phone surveys are far from ideal to address the knowledge gaps in this area: in addition to the difficulties in measuring empowerment, especially by phone, women are less likely to possess a phone, and even if they do have access it is much more difficult to ensure confidentiality.

### Priority 2:

Fertility, intra-household dynamics, and SRHR are likely to have very heterogenous responses to the crisis.  Short-term and long-term impacts are likely to vary considerably, especially drawing any lesson from past pandemics, natural disasters and economic crises. Investigating impacts by age cohort, better understanding the age specific morbidity and mortality profile, will be key.  Finally, given the central role that women's empowerment plays in all three themes, it will be important to understand whether more empowered women are able to better weather the COVID-19 storm.

### Priority 3:

Efforts to understand the implications of COVID-19 on fertility must recognize that the dynamics will likely be very different in rich countries than in low- and middle-income countries.  In addition to different age structures and access to SRHR, the economic shock could have opposing impacts. In rich countries, we may well see delayed fertility, but among the poor in low- and middle-income countries, evidence from other economic shocks suggests we may see significant increases in child marriage.

# Policy Implications

## Implication 1:

During lockdowns, redirection of public resources to the fight against COVID-19, access to formal social support systems is extremely fragile. Women's groups, including self-help groups, could potentially fill an important role in this respect. The key is to come up with solutions that are both practical and feasible during confinement periods.

## Implication 2:

The severity of the economic crisis is detrimental to women's bargaining and access to SRHR support and services.  While many countries have brought in a COVID-19 response in social protection programs, more needs to be done to make them more gender-sensitive.

## Implication 3:

Access to contraception is highly tenuous in many low- and middle-income countries. If the economic problems created by the COVID 19 pandemic and subsequent lockdowns are so severe as to disrupt health care infrastructure and public provision of SRHR services, we can expect to see an immense increase in unmet need for contraception. Women may want to decrease their fertility but without contraception, acting on those preferences will be difficult, with potentially negative consequences for maternal and child health.  In addition to supporting women economically, social protection policy must resist redirecting public health funds to COVID-19 at the expense of SRHR.

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