

Sexual health and rights advocacy among marginalized young women during the COVID-19 pandemic in the Global South

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Background

- Young women and adolescent girls (15-30 years) are disproportionately affected by discrimination, **sexual violence, unplanned pregnancy, and gender-based violence**; even more so when they are at the intersection of multiple stigmatized identities [1]
- Sexual and reproductive health rights (SRH-R) services are often **inaccessible due to costs**, as well as **lack of awareness** and sensitivity by service providers
- This study explored the impact of the COVID-19 pandemic and how civil society organizations and communities adapted to provide SRH-R services to young women across 5 countries in the Global South: **Lebanon, Guatemala, Mozambique, Uganda and Nigeria**

Methodology

- Data was collected electronically by researchers and advocates from 5 different countries between October and December, 2021
- A mixed methods approach with surveys and interviews was used to investigate the lived experiences and perspectives of 227 young women identified primarily from existing networks and through chain-referral sampling
- Targeted populations were **young women and girls living with HIV; identifying as lesbian, bisexual, transgender, and/or intersex (LBTI); affected by displacement; and/or living with disabilities**
- Both in-person and virtual interviews were conducted due to COVID-19 disruptions

Results

35% of respondents were directly involved in **implementing SRHR advocacy actions** in their communities

One-third (33%) described barriers in accessing SRHR services, including **stigmatization for being sexually active**; in particular, young women with disabilities and young LBTI women faced **discriminatory attitudes from health care professionals**

Fear of contracting COVID-19 coupled with lockdown measures (including **lack of transportation and diversion of resources**) kept young women away from seeking SRHR services and left nearly half (46%) feeling the **pandemic worsened accessing healthcare**

Culturally sensitive counselling and cervical cancer screening were among the least accessed SRHR services in all the included countries

Community engagement was present in all studied countries, and provided invaluable SRHR information and services during COVID-19 lockdowns, including **multidisciplinary groups, social activists, peer educators, camp coordinators and community mobilisers**

Conclusion

Our findings show that there is an ongoing need for joint initiatives to address a range of issues surrounding the current advocacy efforts around SRH-R in order to attain high standards of health, and ensure equality, non-discrimination, privacy, and confidentiality for young women and girls.



References

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