



The Right to Sexual and Reproductive Health – Challenges and Opportunities During COVID – 19

Submission by the International Federation of Library Associations and Institutions

The International Federation of Library Associations and Institutions (IFLA) would like to thank the Special Rapporteur for the opportunity to offer inputs to the ongoing dialogue on sexual and reproductive health during the COVID-19 pandemic. IFLA is a global organisation for libraries and information professionals; and the following submission draws on the library field's experiences with providing access to SRH information and learning opportunities during the pandemic.

Because IFLA does not focus on a specific country or countries, we would like to limit the submission to part 1 of the questionnaire:

Since the beginning of COVID-19 pandemic, States have adopted new policies, laws and other measures in response to the crisis. Please refer to the relevant measures in your country (or countries in focus) and their impact on the right to sexual and reproductive health. Please share information on opportunities and challenges.

The Impacts of COVID-19 Measures on Access to SRH Information

The impacts of the COVID-19 pandemic on access to sexual and reproductive health (SRH) services in different parts of the world are widely noted: reproductive health clinic closures, reallocation of resources from and/or scaling down SRH services, as well as supply shortages.¹

Information and learning. These have been further exacerbated by a reduced access to (quality) SRH information and learning opportunities. Stakeholders convening ahead of the United Nations Commission on Population and Development noted wide losses in access to both SRH information and services. This includes the impact of school closures, reducing access to SRH information and education, with resulting in unwanted pregnancies and other severe consequences.²

Similarly, in a Rutgers study conducted in 2020 in Zimbabwe, Uganda, Nepal, Kenya, Indonesia and Ghana, many surveyed young respondents indicated that they have missed trustworthy SRH information during the pandemic. The share of respondents who felt they have sufficient information on SRH topics ranged from 63% (Nepal, menstrual hygiene) to 26% (Zimbabwe, after-abortion care). While the internet was highlighted as the biggest source of SRH information during the pandemic, many indicated that they are unsure about the credibility and quality of information online.³

Many libraries and similar community organisations, another trusted source of health information and learning opportunities, including SRH (whether through access to quality publications and materials, targeted outreach initiatives, or partnerships with service providers)⁴ were also closed. While a necessary part of pandemic response, this further reduced access to SRH information and learning.

Crucially, this situation can be particularly detrimental for people facing multiple axes of vulnerability, such as lower income or living with a disability. The Rutgers study pointed out that

¹ <https://iapewec.org/wp-content/uploads/2020/07/IAP-2020-Report-Executive-Summary-English.pdf>

² <https://www.unfpa.org/news/studies-show-severe-toll-covid-19-sexual-and-reproductive-health-rights-around-world>

³ <https://www.rutgers.international/news/news-archive/rutgers-study-covid-19-measures-have-huge-impact-all-aspects-young-peoples-lives>
https://www.rutgers.nl/sites/rutgersnl/files/PDF-Onderzoek/Rutgers%20SRHR%20%26%20COVID%2019%20Report_International%20study.pdf

⁴ See e.g. <https://www.ifla.org/publications/node/93293>; <https://web.afila.net/curbing-teenage-pregnancies-through-access-to-reproductive-health-information-beatrice-adwoa-ampadu/>; <https://www.theguardian.com/healthcare-network/2016/mar/23/libraries-offer-sexual-health-services-cancer-support>; <https://www.qld.gov.au/families/education/sex>; <https://www.ifla.org/files/assets/alp/103-fbradley-alp.pdf>

such inequalities as digital divides or a lack of access to adaptive technologies and learning tools (e.g. books in Braille) have a significant impact on access to remote learning, while the move to digital in itself also impacted the availability of SRH education.

This is echoed in a recent example highlighted by UNFPA. In Kazakhstan, publishing a reproductive health book in Braille and distributing it to specialised libraries and schools was an important achievement for promoting SRH rights of women living with visual disabilities. Feedback indicated that this information is in demand; although, due to lockdown measures, the allocated reading time per user presently can be limited.⁵

Access to SRH through telehealth: challenges and opportunities. Similarly, it is crucial to keep in mind inequalities in access when examining recent adaptations towards remote SRH service, information and consultation delivery. As the pandemic pushed more health providers, where possible, to leverage telehealth solutions to continue serving their communities, inequalities linked to a lack of access to the internet and other key resources (e.g. suitable devices) risk exacerbating the disparities.⁶

As part of the move to address these, there are emerging examples of libraries leveraging their public internet and computer access facilities to help people be in touch with medical professionals.⁷ This highlights the importance of addressing the digital divide through various available measures to build equity in access to digital health information and services, including SRH.

Digital SRH information sources and health literacy. Finally, as people increasingly search for health, including SRH, information online, it is vital to consider the quality, reliability and trustworthiness of sources they access. For example, a 2020 study focused on India, Malawi and Rwanda suggests that the levels of trust in online SRH information varied among girls and young women, with many seeking to verify it with offline sources.⁸

This highlights the importance of building and expanding health literacy initiatives which help people to navigate SRH and other health information online with more confidence, to avoid non-trustworthy and seek reliable sources.⁹

The experiences of libraries and similar community hubs with offering such skills-building opportunities outlines some existing good practices. The focus of such interventions can vary: e.g. broader health literacy initiatives,¹⁰ programs which support users in navigating digital health services,¹¹ curated content linking users with relevant information and health professionals (e.g. on pregnancy and maternity).¹²

Many of these initiatives have been adapted or launched during the COVID-19 pandemic, highlighting the flexibility of such solutions – and the need for equitable learning opportunities for health and SRH literacy, open to all.

⁵ <https://www.unfpa.org/news/publication-reproductive-health-women-disabilities-published-braille>

⁶ <https://www.forbes.com/sites/joyrcaaba/2020/10/06/how-gaps-in-telehealth-access-could-impact-reproductive-health/>

⁷ E.g. <https://www.whsv.com/2020/10/05/libraries-could-be-the-next-hub-for-telehealth-services/>; <https://dailyyonder.com/commentary-rural-public-libraries-as-telehealth-providers-during-covid-19/2020/10/22/>; including SRH: <https://www.ccpl.org/telehealth>

⁸ <https://hivpreventioncoalition.unaids.org/wp-content/uploads/2020/08/Going-Online-for-Sexual-and-Reproductive-Health.pdf>

⁹ <https://www.ifla.org/files/assets/e4gdh/documents/transcript-combating-digital-health-inequalities-webinar.pdf>

¹⁰ E.g. <https://www.globalgiving.org/donate/34101/libraries-without-borders/reports/>

¹¹ E.g. <https://plconnect.slq.qld.gov.au/programs-grants/digital-literacy/digital-health-literacy-program>

¹² E.g. <https://cincinnati.library.org/blogs/post/black-maternity-matters/>