

# The Impact of COVID-19 on Women's Health in Nepal

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## ABSTRACT

COVID-19 has significantly impacted the world and Nepal is no exception. The pandemic has caused a reduction in health service delivery, especially for women's health conditions, resulting in an increase in challenges for an already vulnerable group. Maternity care, reproductive health services, preventive interventions, nutritional advice and mental health care are not being addressed and with an increase in domestic violence, the health and wellbeing of women in Nepal is precarious and needs to be addressed immediately.

## KEY WORDS

*Covid-19, Mental health, Reproductive health*

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## INTRODUCTION

The impact of the current pandemic has had significant global repercussions. In Nepal, a national lockdown was implemented over five months ago even though the number of COVID-19 cases have only recently started to increase. This lockdown has negatively affected the provision of obstetric and gynecological health services, making it even more difficult for women to have their essential sexual and reproductive health care needs met. These additional challenges are even more pronounced amongst women from disadvantaged groups.<sup>1</sup>

Health institutions have responded to the pandemic by modifying and reducing the amount of available obstetric and gynecological services offered. This is the case at Kathmandu Model Hospital, Kathmandu where "obstetric and gynecology services have reduced by 85-90% compared to previous years. Only obstetric emergencies are being dealt with at the center," as reported by

Dr. Aruna Karki, senior gynecologist. Medical facilities have had to implement additional measures due to the recommended COVID-19 guidelines, such as, maintaining physical distance when appropriate, increased infection control protocols and use of personal protective equipment (dependent on availability and need). These changes have resulted in a decrease in the number of women attending facilities for antenatal visits and birthing and are discharged sooner post-delivery, leading to an increase in postpartum complications.

The uncertainty surrounding COVID-19 has caused women to feel confused and anxious leading to decreased health seeking behavior. Women are less likely to attend a health facility for pre conception counselling, contraception and family planning advice. Furthermore, most facilities are not performing non emergency gynecological procedures such as male and female sterilization, low risk abortions

and pelvic organ prolapse surgeries. This reduction in services may lead to an increase in unplanned pregnancies, unsafe abortions and decrease in quality of life for women suffering from gynecological conditions.

Other women's health services not offered during COVID-19 include subfertility treatments and even more alarming gynecological cancer screening services. Essential investigative tests and the national immunization program have also been severely restricted. Unfortunately, the delay in these services may prove fatal for some women.

The introduction of telehealth services by many institutions and health care workers have provided a solution by shifting to online or telephone consultations. However, this is not an effective approach for many obstetric and gynecological conditions where a physical examination is essential practice in providing an accurate diagnosis and treatment plan. Women may also be shy and embarrassed or lack privacy to engage in telehealth for their women's health concerns.

The national lockdown has made it difficult for women to access transportation to purchase food, go to work and attend medical appointments. The inability to travel to health facilities has resulted in an unprecedented increase in stillbirths and maternal and neonatal mortality.<sup>1,2</sup> There has also been an increase in malnutrition for women and children resulting in poor health and increase in associated medical conditions.<sup>3</sup> The burdens associated with COVID-19 have been overwhelming for women, making them more susceptible to depression and other mental

health issues.<sup>4</sup> There has also been an alarming increase in domestic violence where the UN described this as a 'shadow pandemic'.<sup>5</sup> According to the WOREC, 176 cases of domestic violence were recorded in 18 districts in Nepal by May 9, among which 26 were rape cases.<sup>6</sup> Food insecurity, joblessness, domestic violence and the inability to access health services is a devastating situation for many women in Nepal.

Health care facilities are struggling to provide care to the community whilst also ensuring the safety of their health workers. Initially, there was insufficient supply of PPE, disinfectants and cleaning supplies. Additionally, there is often limited space in hospitals, making it impossible to maintain separated areas for patient isolation and quarantine. Some facilities have even faced complaints from landlords and neighbors who have tried to humiliate them from fear of being exposed to the virus. This has caused emotional distress for the health workers as they strive to provide necessary healthcare services.

## CONCLUSION

This global pandemic has created enormous strain on health care providers and systems globally. In resource poor settings like Nepal, women's health needs are not being met putting them at greater risk of preventable morbidity and mortality. Ensuring women's sexual and reproductive health needs are met must be incorporated into the COVID-19 response plan to reduce the burden and suffering of women in Nepal.

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