Women are vulnerable to human rights violations. This includes all who define themselves as women, as well as other birthing and menstruating people. That is particularly true during the COVID-19 Pandemic.

We are concerned about women’s human rights in the following areas:

Access to abortion

Abortion is an essential health service and it must be kept accessible even during this COVID-19 outbreak. Pregnant people in the United States are now 50% more likely to die in childbirth or soon after than they were just 30 years ago, with those deaths more often occurring in states with the most restrictions on abortion access.

During epidemics healthcare resources are often diverted from routine health services and reduces the already limited access of women to sexual and reproductive health services.

Abortion opponents are using the pandemic as an excuse to close as many abortion clinics as possible declaring them non-essential medical providers. Ohio and Texas have ordered all abortion clinics to shutter temporarily and Texas, violators face a $1,000 fine, 180 days in prison, and a revocation of their medical license. Abortion opponents will continue to use the coronavirus pandemic to pass anti-abortion legislation including total abortion bans in the long term.

Pregnancy


Hospitals nationwide are minimizing childbirth visitors, with fears that hospitals will ban women from having a support person in the room while they give birth. Access to Doulas’s and support persons has shown to reduce the risks associated with pregnancy, in some high-risk communities.

The US already has the highest maternal mortality rate of similarly wealthy countries., Black, American Indian, and Alaska Native women are two to three times more likely to die from pregnancy-related causes than white women.

Frontline work

Women make up 76% of all healthcare jobs and informal care roles are disproportionally performed by women. They are also the majority of health facility service-staff – such as cleaners, laundry, catering, making them the most exposed to contracting the coronavirus.
Healthcare Access

Women are overrepresented in jobs that lack health care benefits like part time work, hospitality and sex work.

Black women, women of color, women with low incomes, women who are transgender, and women with disabilities—already face barriers to care. These barriers will likely worsen in the wake of COVID-19.

COVID-19 will disproportionately harm the health of women with low wages. Jobs with low wages—like cashiers, wait staff, and health aides—disproportionately employ women and are often at the highest risk of exposure and women with low wages are less likely to access or afford care.

Gender-based Violence

COVID-19 creates circumstances that foster intimate partner violence, which is most often experienced by women -- specifically low-income women -- and LGBTQ people. “Safer at Home” isn’t always, and social factors that put people more at risk for violence like reduced access to resources, increased stress due to job loss or strained finances, and disconnection from social support systems are heightened now as a result of the virus.

The pandemic and accompanying social distancing orders means that women have fewer options to find safety or help.

Reports of domestic violence increased in March in many cities around the country as the coronavirus pandemic spread and police departments saw an increase in domestic violence calls from February to March.

Recommendations:

● Ensure availability of sex-disaggregated data, including on differing rates of infection, differential economic impacts, differential care burden, and incidence of domestic violence and sexual abuse
● Embed gender dimensions and gender experts within response plans and budget resources to build gender expertise into response teams
● Provide priority support to women on the frontlines including women-friendly personal protective equipment and menstrual hygiene products and flexible working arrangements for women with a burden of care
● Ensure equal voice for women in decision making and long-term impact planning
● Ensure that public health messages properly target women including those most marginalized
● Develop mitigation strategies that specifically target the economic impact on women and build women’s resilience
● Protect essential health services for women and girls, including sexual and reproductive health services and
● Prioritize services for prevention and response to gender-based violence in communities affected by COVID-19

For more information on these issues please contact Denice Labertew @ womenleadchange@gmail.com or go to www.upr2020.org


