

Women's sexual and reproductive health during the COVID-19 pandemic in Brazil

This brief presents the partial results from the research “COVID-19 pandemic and women's reproductive practices in Brazil”, conducted by the Research Group RepGen¹ as part of the project “COVID-19, risk, impact and gender response”², which aims to find out how the pandemic affects women's lives, their health, and their access to health care and services, with an emphasis on their sexual and reproductive health. The study includes both quantitative and qualitative approaches. During the quantitative stage, which took place in 2021, an online, self-applied questionnaire was used, which contained questions regarding several topics related to women's health and lives during the pandemic. At the end of the instrument, the following question was presented, open-ended and not compulsory to be answered:

“Would you like to leave a final comment regarding any of the questions above or any other subject that you consider important? Feel free to write about it on the designated field below.”

Women were welcomed to address a wide variety of topics. The results of an analysis of their answers analysis were presented by means of two technical notes: “Women's sexual and reproductive health during the COVID-19 pandemic in Brazil” and “Women's lives in times of crisis in Brazil: The COVID-19 pandemic, social and gender relations”. The notes can be read independently, as they focus on different subjects. The first note focuses on women's comprehension of the sanitary and political crisis, as well as the significant changes to social and gender relations in the pandemic context, while the second note focuses on topics regarding women's health and care³.



Method

An online questionnaire was used, hosted on the RedCap platform, which consisted of 113 closed-ended questions and one open-ended question at the end. The instrument was available from July 15 to October 30, 2021 and was answered by 8,313 women aged 18 or above, of whom 1,838 used the open-ended question field to express themselves. The answers to this question were analyzed with a qualitative approach. The following categories were identified: analyses of the sociopolitical scenario, accounts of life and health experiences during this period, feelings and emotional states, suffering, discoveries, and strategies to face the pandemic context. The respondents also made use of this open-ended field to assess the questionnaire itself, making compliments, suggestions and pointing out its flaws, asking the Research Group for feedback on the results of the study, and even asking for guidance and/or assistance with several issues.

Profile of open ended question respondees

Among the 1,838 women who answered the open-ended question, a little over a half are from the Southeast Region (52.9%, n=974), the most populous in Brazil, 25% (n=460) are from the Northeast Region, followed by the South, Central Western and North Regions. Among them, 53.8% (n=989) declared themselves as white, 41.3% (n=760) as black, and the rest of them were from Asian, indigenous and other ethnical backgrounds. As regards age group, 48.4% (n=886) ranged from 18 to 39 years of age and 51.6% (n=949) were 40 years of age and above. The majority are married or in a marital situation (52.3%, n=962) and the rest referred to other sexual-affective situations. 82.8% (n=1,522) are heterosexual and 58.4% (n=1,074) have children. Three quarters of those women have a major degree (73.9%, n=1,359) and many of them also have post-graduate certification.

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Prominent topics

The main topics related to sexual and reproductive health identified in the analysis of the responses were: access to health services; reproductive health; sexuality and sexual health; reproductive planning; pregnancy; childbirth and puerperium; abortion; emotional repercussions and women's reproductive experiences.

Access to health care services

The majority of countries worldwide were faced with continuous interruptions in their essential services during the COVID-19 pandemic, including sexual and reproductive health care assistance (OPAS, 2022). In Brazil, it was no different. The research participants witnessed the difficulties with accessing health care services during this period, be it in the Unified Public Health System (SUS) or in the private sector, where service hours were reduced, healthcare workers were only attending to COVID-19 cases or were closed. Added to these were difficulties with access, as the fear of contracting COVID-19 was an obstacle to accessing health care assistance, both in public and private health care settings.



Reproductive health

In Brazil, government authorities ignored the WHO guidelines (2020), which determined sexual and reproductive health care services were to be considered essential. Thus, there were additional barriers to accessing preventive examinations for cervical cancer (PAP smear), contraception, abortions provided for by law, and other sexual and reproductive health care services (Gênero e Número, 2020).

Many research participants reported interruptions to treatment/monitoring and obstacles to getting assistance with health problems and complications that emerged during the pandemic, even when they were related to COVID-19. Participants mentioned difficulties in booking appointments to address gynecological problems, to treat endometriosis, to monitor mammary and uterine pathologies, to get access to contraception, to get a tubal ligation, to investigate changes in their menstrual cycle, and to address the symptoms and effects of menopause, among other problems.

“In the beginning of the pandemic, I stopped seeking assistance on the public health system (SUS), for fear of catching COVID-19 in the emergency room. But as I had a gynecological problem and that got worse, I had to go for treatment on SUS, but I couldn't get an appointment, because people with COVID-19 had the priority. I made an appointment with a private doctor, but it will be difficult to continue treatment, due to the costs. But both on SUS and at the private clinic, we end up having crowds at the waiting room, so I prefer not to look for medical assistance. I feel that the priority at the moment is not to catch COVID-19, which could be much more harmful, with a death risk.”

Black, 40 years or more, São Paulo

“I follow a lupus treatment at the public workers hospital, I am not going to appointments since the pandemic, I am afraid of losing the right to treatment at the hospital, due to not going to the hospital by fear of catching COVID-19.”

White, 40 years or more, Rio de Janeiro

“The main change I had during the pandemic was the interruption of a follow-up I was doing after an endometriosis surgery done in the public health system. I had the surgery in June/2019 and in the beginning of 2020, there were exams and appointments made with the doctor to check on the interruption of the use of the drug Dienogeste®. However, with the beginning of the pandemic, the hospital was 100% oriented towards assisting COVID-19 cases and I could no longer be assisted.”

Brown, 30-39 years, Paraná

“I have lumps in my breasts – they are not tumors, so it is not breast cancer – that have been monitored for years, but I haven’t had the imaging examinations during this year and a half of pandemic for fear of contamination. I’m going back now, to seek assistance for it and to get a preventive examination done.”

White, 30-39 years, Rio de Janeiro

There were many accounts of the postponement of appointments to insert/monitor an intrauterine device (IUD) due to the pandemic, for personal barriers (the most common being the fear of going to health care services facilities and contracting COVID-19) as well as institutional ones (the facility was closed or only assisting COVID-19 cases). There were also reports of difficulties in accessing tubal ligation and vasectomy procedures.

“With the restrictions to health care, it’s really complicated to find out how to correctly avoid pregnancy. In my case, my Mirena® has expired. I feel lost, because the gynecologist I consulted with was not clear about what measures I should take. The public health system is not attending IUD changes or removals. I don’t know if I can use another contraceptive method.”

White, 30-39 years, São Paulo

“I’m trying to get a PAP smear for a while and also an ultrasound to monitor my IUD, which was inserted less than 3 years ago, but the public family planning clinic says it will only assist those with severe problems”

White, 30-39 years, Rio de Janeiro

Many women reported alterations in their menstrual cycles during this period, and believe it to be a consequence of having contracted COVID-19 or a post-vaccination side effect. Some have also attributed it to life changes imposed by the pandemic.

“I had COVID-19 symptoms twice, but I didn’t seek medical assistance. The second time I had it, the situation was more severe. Since I had it, my period is more intense, I have heavier bleeding and stronger cramping, among many other adverse conditions post COVID-19.”

White, 40 years or more, Amazonas



“I suspect my period got off track after taking the vaccine, which resulted in my pregnancy. I would like to get more information about how viable it is and if this has been observed or not.”

White, 30-39 years, Rio Grande do Sul

[...] the stress caused by the pandemic made my cycle irregular, making it difficult to conceive, for all of my other health conditions are perfectly normal to allow a natural pregnancy.”

White, 40 years of more, São Paulo

Some women reported having begun the menopause during “isolation”, a term widely used to refer to the period covered by social distancing measures. Going through this experience in the pandemic, with all the restrictions on social contact, increased feelings of loneliness.

“I’d like to say that during the pandemic I happened to go into my climacteric period. I didn’t want to undergo hormonal treatment, but I missed being around friends the same age in person, to share experiences about this condition. I missed my women and men friends to share other feelings as well, I missed going to public places, to see and be seen and to flirt. However, having to deal with menopause by myself, without knowing if it were the menopause symptoms or the social isolation symptoms that dropped down my sex drive and my energy for every day issues or a mixture of all of it, it’s been really bad.”

Brown, 40 years or more, Maranhão



“My menstrual cycle had alterations, delays, I felt a decrease of my sex drive. I am 48 years old and I don’t know if this can be the beginning of menopause. My boyfriend has been having erection disfunctions since the beginning of the pandemic and this has also changed the rhythm of our sexual interaction.”

White, 40 years or more, Paraná

Sexuality and sexual health

During periods of social distancing, women’s sexual life was affected. There were frequent reports of a decrease in sex drive during the pandemic, which was attributed to the larger context of the pandemic. Exhaustion due to work overload and hyper socialization with partners were some of the reasons given by the women.

“I have a relationship that involves a lot of dialog and partnership with my husband. Until the pandemic, we had a very high sex drive, with a lot of moments of sex and desire. This has come to an end, for we are both without libido and enthusiasm. We are together 24 hours a day inside the same house, where we work and get all other tasks done. There is no time for longing and anticipation, the normal distancing of the work day and individual activities, that are an important part of any love relationship.”

White, 30-39 years, Rio de Janeiro

“I felt that during the pandemic my sex drive decreased. Though I have got into a serious relationship, which increased the quantity of sexual intercourse, compared to what I had before the pandemic, my desire has dropped, and I feel this is an effect of the pandemic.”

Brown, 30-39 years, Bahia

Emotional and psychological suffering as well as body and self-dissatisfaction were additional reasons identified for a reduced sex life.

“About my sex life during the pandemic... In the first months I kept up the usual “rhythm/frequency”, but as studies advanced about the virus and with all the mental discomfort associated with it, I was blocked. I was months in therapy, because I felt guilty to want to go out and kiss. I felt I was way too selfish! I put on 7 kilos, my anxiety was present in each and every one of them. My self-esteem is still very fragile...”

Black, 25-29 years, Pernambuco

“The pandemic made me question a lot if nowadays I don’t have any libido due to the situation of complete social chaos, because I got back on the pill, or because of the complete dissatisfaction with my new body or because of all the difficulty that is involved in breaking the isolation to have sex with new people, which is even worse when you still live with your parents. I ask myself if it is normal for a 22-year-old woman not to have any sex drive? And worst of all: I wonder if it will go back to normal one day.”

White, 18-24 years, Ceará

There were also reports of discomfort during sexual intercourse, and concern regarding the decline in sexual activity.

“There is a lot of loving and care, but very little sex and, when there is sex, it’s not as good as before: I don’t self-lubricate, I don’t stretch, at some given point I’ll be in pain – even though I easily orgasm. He rarely gets to orgasm. I am really scared this will never get back to normal.”

White, 30-39 years, Rio de Janeiro

At times, women blamed themselves for a lack of energy for sexual intercourse, for not managing “to keep the flame alight” – in the midst of so many “demands”. Testimonies of open pressure to have sex have also come up.





“I feel that, as a woman, I am expected to keep up my academic and professional productivity, to be a dedicated mother with no schooling possibilities for my older child, without any support network in post-partum for my youngest and also to keep ‘the flame’ alight with my partner. Although he is a dedicated companion, my lack of sex drive is an issue between us. I am exhausted.”

White, 30-39 years, Goiás

Online sex and masturbation were other experiences mentioned by women, as a way to get around the difficulties of physical contact during the pandemic.

“I just want to make it clear that my isolation period was long, I took care of myself against the virus, but I had a long relationship with someone remotely, we’ve been really happy, we had a lot of online sex, there was a lot of love, even though there was no sex in the conventional way.”

White, 40 years of more, Federal District

“I tried to have online sex with a guy I know, but it was not good and I felt bad, a feeling of emptiness and worthlessness. I developed a disgust for him and he is always trying to get me to do it again, but I feel this is very low, soulless. And after this experience, I only use my sex toys – dildos, balls, creams etc. I masturbated many times.”

White, 40 years of more, Minas Gerais

Reproductive plans

During the pandemic, women were discouraged to get pregnant, even through government messaging. Women felt they needed information and support, and in this atmosphere of uncertainty, many of them decided to postpone their pregnancy plans. Others did not delay, but reported anxiety about their decision. ‘Time’ is a key consideration for women who intend to conceive. How long would the pandemic last? How much longer would they be fertile? And when might they feel they could try to conceive?



“I had plan to get pregnant within around 5 years – I am 35 now. Of course, this ‘interval in life’ will postpone even more this plan – and I am afraid that it may be too late.”

White, 30-39 years, São Paulo

In order to manage this “interval in life”, occasioned by the pandemic, some women decided to freeze their eggs. This option however tends to be restricted to economically affluent women, given the high cost of the procedure.

“During the pandemic, I chose the oocyte cryopreservation procedure, due to the fact that time is going by, age is advancing and I don’t have a relationship. Social isolation would make the possibility of this relationship something even more difficult.”

White, 30-39 years, Espírito Santo

Women’s uncertainties are not restricted to when they will be able to get pregnant, but extend to the question of how the pandemic could affect their fertility and the health of their future offspring.

“I am afraid that COVID-19 will affect my fertility and my eggs, and as a consequence my future children will be born with some adversity caused by COVID-19, I am really worried about it. Getting pregnant and the baby having problems.”

White, 25-29 years, Rio de Janeiro



For the women who have experienced or been diagnosed with infertility, the pandemic increased their barriers to access possible treatment.

“I think the pandemic delayed my fertility treatment... it took a while until I went after assistance, because the guidelines said to only look for assistance in life-threatening cases. At the moment I am diagnosed with infertility and I still don't know if it is possible to revert it. I would like to find a place where I could get my obstructed tubes analyzed.”

Brown, 30-39 years, Rio de Janeiro

Pregnancy, childbirth and puerperium

There were many testimonies regarding pregnancy, childbirth, and puerperium. Women who conceived and went through pregnancy during the pandemic also reported fear, when faced with so many uncertainties. Loneliness was also a recurring topic.

“In a general way, it was scary to be pregnant during the pandemic. Women in general were especially affected... it would be really nice if we have access to psychological treatment post/ during the pandemic.”

White, 30-39 years, São Paulo

“I went to less appointments and exams in the public health system in the pre-natal period, because I was really afraid that I would catch COVID-19 at the clinic. I am not going to all the appointments assigned for my baby's routine for the same reason.”

White, 30-39 years, Rio de Janeiro

The pandemic confirms that in critical moments women's rights are frequently threatened. There have been accounts of obstetric violence and non-compliance with the right to a companion during childbirth, as provided for by the Law 11,108/2005:

“My husband could not go in the surgical center to watch my cesarean section. I think that the hospital ignored the companion law. I think this topic should be approached, so that it won't happen to other pregnant women. It's violent and aggressive.”

White, 40 years or more, São Paulo

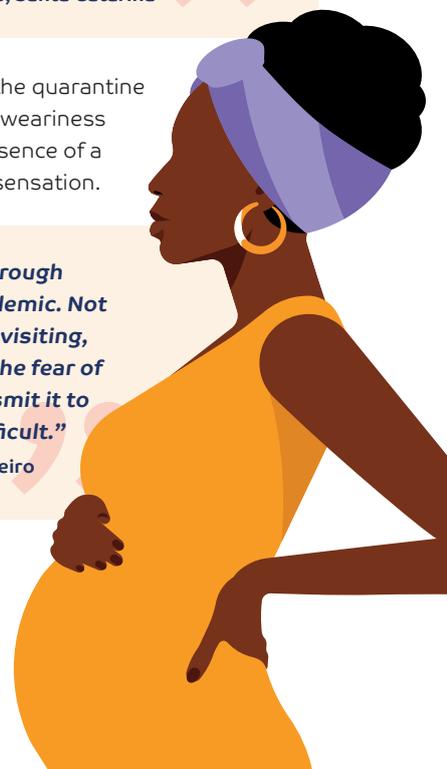
“Regarding my labor at a public maternity hospital, it was terrible, I was a victim of obstetric violence, without being able to say anything, they hurt me, didn't let my husband get in and stay with me, they hid my bag and my phone so I wouldn't get in touch with virtually anyone. I was blanking, my baby was blanking. It was terrible, I remember it as it had been yesterday. I wake and sleep thinking about it.”

White, 18-24 years, Santa Catarina

Accounts of puerperium during the quarantine were concerned with loneliness, weariness various other difficulties. The absence of a support network increased this sensation.

“It was difficult to go through puerperium during the pandemic. Not being able to have people visiting, having very little help and the fear of catching COVID-19 and transmit it to the newborn baby. It was difficult.”

White, 30-39 years, Rio de Janeiro



Abortion

There were many reports of miscarriages. Some women associated fetal loss with having fallen ill with COVID-19 and, in some cases it was suspected that miscarriage may have been related to the vaccine. Several descriptions of personal experiences were made, emphasizing awe and wonder regarding the possibility of the correlation.

“I had COVID-19 with mild symptoms, three months later I got pregnant and suffered a miscarriage, with no apparent causes, without any previous health conditions. I believe in this relation of COVID-19 to fetal loss, even though it was in the post COVID period.”

White, 25-29 years, Paraná

“I took the first shot of the vaccine, found out I was pregnant a few days later and had a missed abortion with 8 weeks of pregnancy... I wonder if the vaccine may have influenced my fetal loss.”

White, 40 years or more, São Paulo



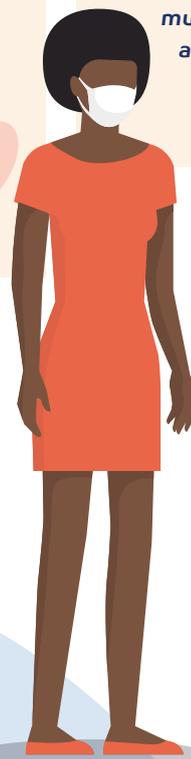
“I was planning to get pregnant and I found out about the pregnancy the same week that the pandemic ‘burst out’ in Brazil. The following week, everyone from my department at the company I work for was fired, including me, and so I had to say I was pregnant in order for them to revert my dismissal. I spent my whole pregnancy completely isolated and with a lot of fear, for very little was known about the effects of COVID-19 in expectant women and babies. The isolation continued in the post-partum period and it goes on even now – the baby is almost eight months old, and almost no one from my family and friends has met my son in person. Unfortunately, I still don’t know how to measure the long-term effect of so much isolation – and loneliness – on my baby and me. I still dream of being able to have a more ‘normal’ pregnancy.”

White, 30-39 years, Federal District

As regards intentional abortion, only one woman related her own experience during the pandemic. Others approached the topic, positioning themselves for or against decriminalization.

“Answering this questionnaire was enough to activate triggers regarding the abortion. This was for sure the worst moment I’ve been through in life and in the pandemic. It is a very lonely situation and each time it gets more difficult for those who have no condition to go to a clinic. I hope this situation changes!”

White, 25-29 years, Pernambuco



Emotional repercussion and women’s reproductive experiences

There were a few reports that highlighted positive feelings that emerged during the pandemic. In general, various kinds of psychological and emotional suffering, with an emphasis on fear and anxiety overlaid women’s lives, and their health and reproduction experiences in the context of the #pandemic. The emotional repercussions of these events – financial and professional insecurity, lack of a family-affective support network, loneliness, fear of falling ill, lack of knowledge of the effects of COVID-19, frustration – are summarized in the image right.

monotony
tiredness
uncertainty
restlessness
boredom
fear
disorientation
abandonment
fault
loneliness
frustration
sadness
apathy
anguish
longing
insecurity
hopelessness

Final considerations

The women who filled in the open-ended question field in the research form turned it into a channel for expressing themselves and presenting their testimonies regarding the varied effects of the COVID-19 pandemic in their lives and in their sexual and reproductive health. Issues regarding gender, race and ethnic background, class, generation and other categories came across in the experiences reported. As in other sanitary crises, women’s rights were violated, resulting in harm to their reproductive and sexual health, their autonomy and their physical and psychic integrity.

Access to health care services and assistance during this pandemic period were explored in the experiences narrated by the women who replied. Moreover, they pointed to inequalities in access to health care in different sectors, both public and private. The quality of public service healthcare was threatened when legal warranties such as the presence of a companion for women in labor and at childbirth were ignored. Institutionalized problems such as sexism and institutional racism, already very well documented, were intensified, having as example the young woman who suffered obstetric violence at a public hospital.

Every day changes caused a profound impact in the domestic, affective and sexual lives of many of the respondents, with repercussions for their mental health. Women felt compelled to call the researchers’ attention to these impacts, even though there were questions within the main questionnaire which addressed this topic. They felt the need to say more. Many of them wanted to address specific difficulties experienced as a direct consequence of the pandemic. Equally, regarding reproductive life, many participants of the research, who went through various experiences – infertility, miscarriage, pregnancy, childbirth etc. – made contributions which helped to shed light on the range and extent of the difficulties faced by women during the pandemic.

The participants established an environment of dialog with the researchers and brought up various subjects, including



Picture credit: Midia NINJA

criticism towards the production of scientific knowledge. In this sense, they gave more than feedback, positioning themselves as co-protagonists of the study by means of their comments and suggestions. They wrote with the certainty that they would be read, and thus maintained a dialog. The material gathered in this open-ended question, besides instating important reflections as to the situation of Brazilian women during the pandemic, also informs scientific practice in online environments, mainly in the Collective Health fields.

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