

Reflections of Coronavirus Pandemic on Women's Life and Health

Koronavirüs Pandemisinin Kadının Yaşamına ve Sağlığına Yansımaları

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Abstract

The curfews imposed during the coronavirus pandemic days we are in, restrictions applied in many areas, quarantines, social distance rule, changing working style and hours have caused significant changes, especially in the life and health of women. The purpose of this review is; it is the study of the effect of the coronavirus pandemic process on the life and health of women. It was thought that the study would be useful in understanding the physical, mental, social, economic and sexual effects of the pandemic on the life and health of women, predicting the consequences and taking the necessary precautions and the subject was evaluated in the light of the findings in the literature.

Keywords: Women's health, coronavirus, pandemic, outbreak, life

Öz

İçinde bulunduğumuz koronavirüs pandemisi günlerinde uygulanan sokağa çıkma yasakları, birçok alanda uygulanan kısıtlamalar, karantinalar, sosyal mesafe kuralı, değişen çalışma şekli ve saatleri özellikle kadının yaşamında ve sağlığında önemli değişikliklere neden olmuştur. Bu derlemenin amacı; koronavirüs pandemi sürecinin kadının yaşamına ve sağlığına etkisinin araştırılmasıdır. Araştırmanın pandeminin fiziksel, ruhsal, sosyal, ekonomik ve seksüel açılardan kadının yaşamına ve sağlığına etkilerini anlayabilmek ve ortaya çıkabilecek sonuçları öngörebilmek ve gereken önlemleri almak adına yararlı olacağı düşünülmüş, konu literatürdeki bulgular ışığında değerlendirilmiştir.

Anahtar sözcükler: Kadın sağlığı, koronavirüs, pandemi, salgın, yaşam

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THE CORONAVIRUS (COVID-19) infection that emerged in Wuhan, Hubei province of China in December 2019 has affected the whole world and turned into an epidemic. The World Health Organization (WHO) first announced this epidemic as a “public health emergency of international importance” and then declared it as a “COVID-19 pandemic” (WHO 2020a). The first COVID-19 case in our country was detected on March 11, 2020 and since that day, the cases have increased in our country as well as all over the world, and the policies implemented to prevent it because of its spread and death in a very short time have affected the people in physical, mental, social, economic and sexual terms (Bulut and Yıldırım 2020, Liao et al. 2020).

These days, the coronavirus pandemic has ceased to be just a health problem, it has started to have negative effects on our social life. Women, who are predominantly at the center of the fight against the COVID-19 pandemic, experience extraordinary situations, are more exposed to violence and are more affected by economic inequalities due to the pandemic (Işık 2020, Mert 2020). In the report titled “The Impact of COVID-19 on Women” presented by the United Nations, it was emphasized that the burden of care women give to their children or relatives has increased considerably due to the pandemic, the mentioned increase burden increases gender inequality, and women can be considered as one of the high-risk populations (UNFPA 2020a). The difficulties faced by women due to pandemic conditions and restrictions are increasing day by day, they have difficulties in meeting the necessary needs and in implementation, and the gender-based difficulties increase exponentially against women as the number of jobs and care needs increase. The World Health Organization reports that men die more than women (2.8% in women, 4.8% in men) due to COVID-19, but women’s health is affected more negatively than men in this process (WHO 2020a).

United Nations human rights experts state that the solution to the COVID-19 crisis is not only a health-related problem, the problem should also be addressed in terms of human rights, and that every person’s access to protective and therapeutic interventions without discrimination is a responsibility that should be provided by states (UNFPA 2020a). Because the current situations cause the inequalities that exist for vulnerable groups to exacerbate. Women who are socio-economically disadvantaged, forced to bear the burden of care, and face increased risk of gender-based violence are also included in this group (Liao et al. 2020, Zandifar and Badrfam 2020). While climate change, difficulties in participation in the economy and the lack of female representation in politics all over the world in the period before the pandemic affected the advances in gender equality, the COVID-19 pandemic, which created a global shock effect, underlined the dependence of the society on women in the fight against the virus. The curfews applied during the days of the COVID-19 pandemic, restrictions applied in many areas, quarantines, social distance rule, changing working style and hours have led to significant changes, especially in women’s life and health (Liao et al. 2020, Mert 2020). The purpose of this review is; it is the study of the impact of the COVID-19 pandemic process on the life and health of women. It was thought that the study would be useful in understanding the physical, mental, social, economic and sexual

effects of the pandemic on the life and health of women, predicting the consequences and taking the necessary precautions, and the subject was evaluated in the light of the findings in the literature.

Impact on women's lives

Social and family life

Coronavirus pandemic has deeply affected all social and familial life in the world and Turkey. With the introduction of the pandemic into our lives, the way of working has gained a different dimension, the way of working from home has entered our lives, and the time spent at home has also increased (Işık 2020). Women have undertaken important responsibilities such as doing housework, following the distance education processes of their children attending school, meeting the care and needs of family members, and adapting to changing working hours and forms. At the same time, women had to spend a lot of time in situations such as caring for the elderly and patients in the family, shopping, providing hygiene, and managing quarantine processes (Mert 2020). In order to cope with all these experiences, the fact that women mostly have to quit their job is presented as the main reasons for the increase in work and care burden in women's family and social lives (Eghbali et al. 2020, Liao et al. 2020).

In various countries, the effects of the pandemic on women have begun to be analyzed and a large literature on the subject has already begun to form. For example, Del Boca et al. (2020), in Italy, which was severely affected by the pandemic, during the pandemic period, especially during the quarantine days, the support of grandmothers was interrupted and it became quite difficult for mothers working in any job to provide care for their children and elderly relatives at home (Del Boca et al. 2020). In Spain, where the negative effects of the epidemic were felt intensely, Farre et al. (2020) stated in their study that gender inequality has increased due to the epidemic, and emphasized that although men are also partially responsible for child care and housework, the biggest burden in these jobs is on women's shoulders (Farre et al. 2020). In another study conducted in Spain, it was found that women spent an average of 28 hours per week for childcare and childcare was carried out at home 25% more than before the epidemic due to the curfew, as a result, the epidemic further deepened the disadvantaged position of women in the home, and women had a social life outside the home. In a study conducted in the United States of America (USA), it was stated that the burden of mothers living alone increased more due to the epidemic (Odriozola-González et al. 2020). In the Vietnam example of a study carried out by four academic women from four different countries, a news that the biggest dreams of women come true was included, and women had better meals, more detailed cleaning and more intensive care to satisfy their spouses who spend more time at home due to the epidemic. their provision of service is ironically cited (McLaren et al. 2020).

Working life

It is stated that the coronavirus pandemic has a major negative impact on service sectors such as restaurants and hotels where female employment rates are high, increasing the pressure on working mothers who are economically disadvantaged (McLaren et al. 2020). It was determined that unpaid leave practices and layoffs were experienced during pandemic days, mostly women were forced to leave their jobs, and those with children had trouble finding someone to take care of their children, sent their children to their family elders and had to live separately from their children (Yağmur 2020). In addition, most of the sectors affected by the fight against the COVID-19 pandemic (travel, tourism, restaurants, food production) are sectors with high female labor force participation. This situation endangers the social position and economic independence of women entrepreneurs and women employees (Işık 2020, Özvarış and Başpınar 2020).

Coronavirüs pandemic had a particularly great impact on female healthcare workers. Female health workers constitute three quarters of the workforce in the health sector in the world. This situation causes women healthcare workers to face a higher risk of pandemics and to worry more about infecting their immediate surroundings (Özvarış and Başpınar 2020). In addition, healthcare professionals may experience problems such as being excluded by their immediate surroundings or neighbors, seen as a source of infection (WHO 2020a). It has been stated that women working in the health sector in Sri Lanka are exposed to discrimination (seeing the healthcare worker as the source of the virus, etc.) in supermarkets, public transportation areas, by their relatives and home owners due to the risk of disease transmission (McLaren et al. 2020). Studies examining the effects of outbreaks on healthcare workers emphasize some risk factors, emphasizing that healthcare workers who have to stay away from their families, who are constantly faced with the risk of disease because they have to work with people who have been diagnosed and who have to bear a burden heavier than their usual workload are adversely affected. (Li et al. 2020). In addition, similar studies show that healthcare workers struggling in every field in the COVID-19 pandemic are in the risk group both in medical and psychological terms (Del Boca et al. 2020, Light 2020).

Economic problems

Due to the coronavirus pandemic we are experiencing these days, production activities have slowed down worldwide, and many sectors have been severely damaged. As a global level that Turkey's economy has been affected in a negative way the epidemic. The financial burden of women/families has also increased due to the increase in the care needs of children, the elderly and patients, restrictions in access to consumer goods and services provided from the market, and rising prices of consumer goods (McLaren et al. 2020). The problems faced by women due to financial insufficiency have increased due to the increasing domestic needs and put pressure on women. In addition, within the scope of "stay at home" measures, serious job losses were experienced due to reasons such as dismissal, leaving paid or unpaid leave, leaving the job due to the risk of illness, child, elderly and sick care and leaving work due to the cessation of work activities, women suffered economic heavy blows from the

mentioned losses. (Işık 2020, McLaren et al. 2020, Özvarış and Başpınar 2020). In many sources, it was stated that the COVID-19 pandemic deepened the existing inequalities in the labor market and the epidemic had negative effects on women's incomes, especially in the April 2020 data, and as a result, it was stated that women experienced 1.1 million job losses and economic difficulties as a result. Although fewer women seem to have lost their jobs, considering that the participation rate of women in the labor force is low compared to men, it is seen that women experience a serious job loss and economic problems (TÜSİAD 2021).

Violence against women

As the pandemic continues, it is reported that violence against women and girls has increased in many countries, and an increasing number of calls for help for domestic violence hotline and shelter requests are reported. For example; in many countries, government officials, women's rights activists and non-governmental organizations report in their reports that domestic violence and the demand for aid for emergency shelter increased during the crisis (Viveiros and Bonomi 2020). Worldwide, in the last 12 months, 243 million women and girls between the ages of 15-49 have been reported to have been subjected to sexual or physical violence by their husbands or the men they live with. In the pre-pandemic period, it was known that the detection, reporting and reporting of violence against women was problematic, less than 40% of women subjected to violence sought or reported help, and only 10% of women called the police to seek help (UN Women 2020). In the current pandemic conditions, problems in these areas, including restrictions on women's and girls' access to telephone and emergency hotlines and disruption of public services such as law enforcement, justice and social services, exacerbate these negative situations. These disruptions can also endanger those who are attacked to receive the care and support they need such as mental health and psychosocial support (Mert 2020, UN Women 2020).

All over the world deeply affected coronavirus pandemic and the long-term quarantine process in Turkey brought about in the world of the pandemic and the fact that women are more deeply. Violence against women continues to threaten women's health in situations of extreme events, including pandemics (WHO 2020b). Increasing stress during the pandemic process, economic difficulties, spending too much time with family members, not knowing the future, and the anxiety experienced due to the current uncertainty increase the risk of violence against women, and it is also difficult for women to get the necessary assistance because they are in the same house with the people exposed to violence during and after the violence (Rasmussen 2020). In the studies conducted, it was determined that men resorted to more violence during this pandemic period, and it was emphasized that if the curfews were prolonged, it was expected that 31 million violence against women would occur (UNFPA 2020a). In addition, it is stated that during the pandemic period, women had to do everything they wanted to avoid further trouble due to quarantine, and the number of women's shelters and sexual assault centers increased (Jacob et al. 2020, Mert 2020).

Refugee women

During the pandemic process, the situation of refugee women who migrated to other countries for various reasons and had to live here is also of particular importance. It is known that most of the refugee women do not even have a home to live in hygienic conditions, and even experience accommodation problems (Church et al. 2020, Farre et al. 2020). These women, who live in bad conditions in camps, tents and slums, do not have access to the most basic hygiene products and personal protective measures. During the process of staying on the street and staying at home, they are more likely to be subjected to violence by both their spouses and strangers at home. It is also known that refugee women, due to language problems and xenophobia, cannot receive the necessary services from security, judicial institutions and health institutions for fear of deportation when they report their violent spouses (Del Boca et al. 2020, Yağmur 2020). In this context, special efforts should be made for refugee women to benefit from these services, and interpreter support should be provided for access to services and information for women and girls when necessary.

Impact on women's health

Reproductive health

Pandemics can affect reproductive health in different ways, emergency interventions applied during the pandemic process may cause the resources and efforts allocated for reproductive health services to be directed to fight the epidemic and the demands for birth control methods from reproductive health services, especially, may not be met. As a result, there may be an increase in maternal and infant deaths, unsafe abortions and sexually transmitted diseases, depression, suicide and violence (Viveiros and Bonomi 2020). The World Health Organization declared that people's sexual and reproductive health needs continue during the pandemic process and that these services are a high priority and basic health service (WHO 2020b).

In order not to increase the burden of unwanted pregnancies on the health system, family planning consultancy services should continue to be provided as much as possible during the pandemic (Jacob 2020). The World Health Organization has stated that in the early stages of the pandemic process, the termination (removal) of long-acting methods such as intrauterine device will not be prioritized, and it has recommended that birth control methods such as non-prescription condom, diaphragm, spermicide be a priority worldwide. The need for facilitating access to these methods (online purchasing, pharmacies, sales points) has been emphasized (WHO 2020b). At the same time, it was emphasized that the emergency contraceptive method offered after unprotected sexual intercourse and the termination of unwanted pregnancies, which are a basic women's health service, or where the continuation of pregnancy is potentially risky, should continue. The United Nations Population Fund (UNFPA) states that during the current pandemic period, more than 47 million women may not be able to access modern family planning methods and therefore

significant unwanted pregnancies may occur (UNFPA 2020b). It has been determined that previous outbreaks have negatively affected women's reproductive health, such as miscarriage in unhealthy environments, premature birth, anomaly in the baby, unwanted pregnancies and an increase in sexually transmitted diseases (Baral et al. 2020). In addition, studies have determined that the thought that the risk of infection may be high in health institutions reduces applications to family planning service, there is a great decrease in the use of modern family planning during the pandemic process, and there is more disruption in family planning counseling in the public sector compared to the private sector (Favre et al. 2020, Şahin and Güngör Satılmış 2020, Vora et al. 2020).

Sexual health

Due to the coronavirus pandemic and the progress of the pandemic in a very short period of time, the freedom of people was restricted, material and moral damage was damaged, and this sudden change caused fear, panic, anxiety and depression, fear of the future and not predicting what will happen in people, despair and emotional fluctuations. We know that negative emotions directly affect sexual life negatively. For a healthy sexual life, physical, emotional, mental and social life should also be good (Bulut and Yıldırım 2020). In the current situation, it is an undeniable fact that the coronavirus pandemic affects sexual life negatively.

During the pandemic, people are expected to keep a social distance from everyone around them in order to reduce the risk of contamination, but since these social distance and contact restrictions affect both interpersonal and partner relationships, they also negatively affect people's sexual activities, in this period when people are distanced from each other in every sense due to social distance. Along with reluctance, there was a decrease in the frequency of sexual activity (Hussein 2020). In the studies conducted on the subject, two-thirds of the participants in the research were not sexually active during social distancing, a quarter experienced a decrease in sexual desire, nearly half had a decrease in the number of sexual partners and men had a lower number of sexual partners compared to women, approximately one third of men and women had sexual intercourse. It was determined that he experienced a decrease in satisfaction (Grabovac et al. 2020, Todd-Gher and Shah 2020). On the other hand, in some studies, it was reported that the time spent by couples for sexual intercourse increased and access to birth control methods became difficult due to curfew and quarantine during the pandemic process (Church et al. 2020, Ferreira-Filho et al. 2020, Hussein 2020).

Mental health

Due to the changes in family order, relationships and roles during the pandemic process, family members may face various mental problems, family relationships and roles may be negatively affected, and psychological problems and symptoms of illness can be frequently observed (Bao et al. 2020). Studies have shown that more than half of the participants were psychologically affected by the COVID-19 pandemic as moderate/severe, one third

showed moderate/severe anxiety symptoms, and some showed moderate/severe depressive symptoms. In addition, it was reported that the participants experienced severe feelings of guilt, anxiety, hopelessness, and burnout along with sleep and adjustment disorders, increased alcohol and substance use, and mental problems (Bao et al. 2020, Yıldız et al. 2020, Wang 2020). Studies on the subject have shown that the emotional and psychological negative effects of the COVID-19 pandemic are higher for women than men, mental disorders cause an increase in divorce rates, and emphasized the need to implement support programs for women to reduce the negative impact of the epidemic on mental health (Prasso 2019, Zandifar and Badrfam 2020).

Access to healthcare

Access to healthcare can be difficult with restrictions during the epidemic process (WHO 2020a). The COVID-19 pandemic we are in has also caused difficulties in women's access to routine health checks, prenatal and postnatal checks, family planning, sexual and reproductive health services (Hussein 2020, Özvarış and Başpınar 2020). In addition, waiting for a long time in crowded areas to access health services such as treatment, care and counseling has led to the emergence of health threats and the progression of existing diseases in many women who do not apply to and cannot access a health institution due to the thought that it will increase the risk of infection (Hussein 2020).

As a result of the burden of the pandemic on the health system, directing all resources to treatment services has a negative impact on women's health. This may disrupt basic medical services. Therefore, in this period, the continuity of health and health-enhancing consultancy services should be ensured. Women also conceive during the pandemic process, they continue in the flow of deliveries and need support and care, and factors that prevent women from receiving care during the pandemic process appear (Church et al. 2020, Eghbali et al. 2020). One of these factors is that women avoid going to health institutions in order to reduce the risk of infection and provide social isolation during the pandemic process (Sklaveniti 2020). Today, midwifery services are more important than ever for improving the health of women and newborn babies. Emerging evidence of changes in healthcare delivery during the COVID-19 pandemic supports continuing to strengthen community services to achieve social distancing and minimize prevalence, it is recommended to centralize healthcare and promote community-based services (Sklaveniti 2020, Vora et al. 2020).

Conclusion

It is seen that the negative effects of the COVID-19 pandemic process on the life and health of women are quite high, and this process needs to be addressed globally with international cooperation. The effects of the COVID-19 pandemic process on women's life and health on social, familial, working life, economic, psychological, etc. Its negative effects in many ways have caused women to be at greater risk in many ways and to lack the support they need.

The development of women's health means the development of the family and then the public health. Therefore, it is very important to evaluate the impact of the COVID-19

pandemic on the lives and health of women, to determine the negative effects of the pandemic process on the lives and health of women and to take measures that can serve the efforts to improve these effects. In this direction;

- In terms of COVID-19 pandemic and social and family life; information on combating the pandemic for parents and children, activities to support families socially and psychologically, and various suggestions (online shows, trips) for families to spend quality time at home should be provided. Families should be supported to have this process in the healthiest way and to minimize their stress, anxiety and fears, programs that will increase sociality or watching entertaining movies and documentaries online or in mass media such as television, activities and games that will increase family communication can be recommended.

- In terms of COVID-19 pandemic and working life; solutions should be developed for the difficulties experienced by health professionals in the process of planning the care of their families or people in need of care in their homes to protect their safety in hospitals. Psychosocial support for healthcare workers, economic incentives, and leave support should be provided especially to female employees with children and dependent family members. In addition, it is very important to provide state support to women who are unemployed in cases of unpaid leave and dismissal, and to adjust the working hours of working women.

- In terms of COVID-19 pandemic and economic problems; governments should take steps to solve the pandemic-specific economic problems of women, such as economic incentives, unemployment benefits, child benefits to meet the increasing care and needs of women.

- In terms of COVID-19 pandemic and violence against women; during the pandemic process, women should be prevented from being subjected to violence and they should be provided with the emergency support they need, safe shelter should be provided for women and children exposed to violence and medical, psychological and economic support should be provided.

- In terms of COVID-19 pandemic and sexual and reproductive health; continuity of sexual and reproductive health services should be ensured during the pandemic process, special attention should be given to high-risk or disadvantaged women (migrant, elderly, disabled, pregnant and breastfeeding women) and reproductive and sexual health rights of people should be respected.

- In terms of COVID-19 pandemic and mental health; psychosocial support should be provided to individuals, families, communities and healthcare professionals affected by the pandemic by local and national institutions and organizations, and this support should be maintained. In order to prevent mental deterioration, people should exercise regularly, continue to connect with others online, frequently share their feelings with their family and loved ones, take care of their sleep, rest and nutrition, take one or more hobbies that will make them happy, stay away from the subject from time to time. We might suggest that he thinks, talks, and watches programs.

- In terms of COVID-19 pandemic and access to health services; particular attention

should be paid to women's health in health research on COVID-19 (effect, symptom, treatment, vaccine). All health services, especially sexual and reproductive health, should be free, reliable and accessible for all women, safe pregnancy and birth services, primary and emergency health services should be provided and maintained 24/7. The continuity of other health services should be ensured. Women and girls, especially women and girls who are exposed to violence or are at risk of being subjected to violence in quarantine, should have access to services, including psychosocial support services.

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