

The Impact of COVID-19 on Women's Reproductive Health: A Case Study of Bahia, Brazil

reproductive healthcare was being most affected by COVID-19 and what further questions need to be asked to understand the impact. I plan to continue this project through an independent study leading to an Honors Project in Anthropology.

To begin, I started by researching Brazil's universal healthcare system, the Sistema Único de Saúde (SUS). Despite the SUS providing free sexual and reproductive healthcare, I found that the quality of care provided is extremely low and oftentimes demeaning, unreliable, and inefficient. The SUS became highly important to my research as I focused on low-income women of color who were more likely to use the SUS rather than private health insurance. In the next phase of my research, I dove into how Brazil responded to COVID-19. The federal response to COVID-19 in Brazil has been characterized by inaction and the promotion of dangerous responses, such as the use of hydroxychloroquine as treatment, although it does not have supporting evidence. As a result of the uncoordinated federal response, the healthcare system faced shortages resulting in hundreds of thousands of preventable deaths. Finally, I analyzed data on infant and maternal health and women's health disruption from surveys conducted by the Institute for Health Metrics and Evaluation, the Bill and Melinda Gates Foundation, and Premise Data Corporation. In addition to this data, I also calculated the maternal mortality ratio (MMR) for Bahia, Brazil and compared it to the incidence of COVID-19.

I began this project seeking to understand how sexual and reproductive healthcare in Brazil has been impacted by the pandemic. My findings suggest that the pandemic has resulted in an increase in maternal mortality, health facility closure leading to missed prenatal appointments, and difficulties in accessing contraception. Further, low income women of color are seen to be the most vulnerable to these difficulties. I argue that COVID-19 has exacerbated the existing inequality structures in Brazil, causing low-income women of color to bear the brunt of the repercussions of the pandemic's impact on the healthcare system. It can be concluded that COVID-19 has had a great impact on women's reproductive and sexual healthcare, but this information raises various further questions about COVID-19's impact on women in Brazil. What are the long-term impacts of COVID-19 on maternal health? Are maternal deaths during the pandemic a result of institutional racism? Is there a difference in healthcare access for women covered by the SUS in comparison to private healthcare during the pandemic? I hope to continue investigating these questions and refining my research interests further during the rest of my time at Bowdoin.

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