June 2021

FAMILY PLANNING AND COVID-19

Cross-National Experiences from Burkina Faso, India, Nigeria, and Uganda

Background

COVID-19 has caused major disruptions to family planning information and services globally. A World Health Organisation (WHO) pulse survey on continuity of essential services during the pandemic in 2020 showed that 70 countries of the 102 countries surveyed, reported disruptions in family planning (FP) services[1]. These disruptions have been in the form of breakdowns in contraceptive supply chains, closure of primary healthcare and abortion clinics, diversion of staff from family planning services to COVID-19 response, and non-response to population fears around health-seeking due to the fear of infection.[2]

As a consequence, nearly 12 million women were unable to access contraception during the pandemic leading to 1.4 million unintended pregnancies in low-income and middle-income countries (LMICs) in 2020.[3]

Unfortunately, much of our understanding comes from the health records rather than women's voices, due to difficulties collecting data under the pandemic. However, some data were collected and offer important insights.

Purpose of this Brief

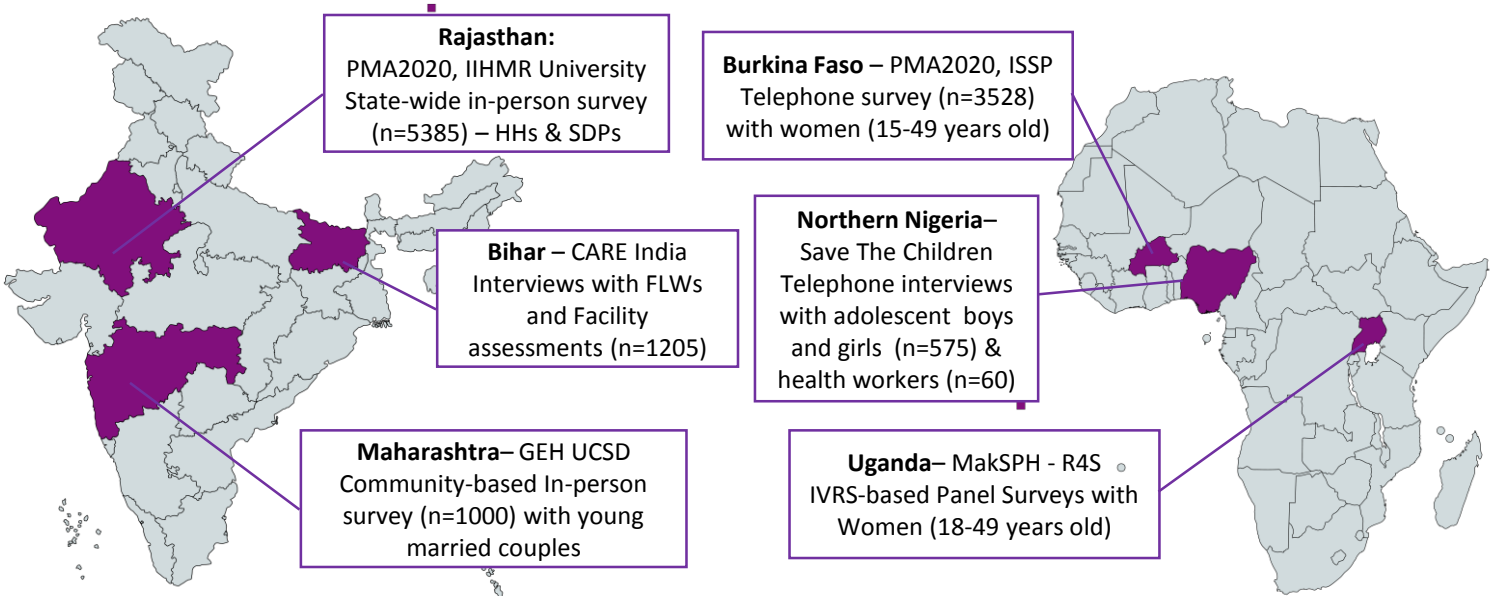
On 23 March 2021, the International Union for the Scientific Study of Population (IUSSP) with the support of the Center on Gender Equity and Health, UC San Diego conducted a webinar to understand whether contraceptive access and utilization have changed under the pandemic across multiple resource-strained contexts.

This brief presents findings from this webinar to understand women and girls' experiences with family planning access, fertility pressures, and fertility in in the contexts of Burkina Faso,[5] India (Bihar, Maharashtra and Rajasthan),[6-8] Nigeria, [9] and Uganda[10] under COVID-19 pandemic and restrictions (Figure 1). This work was presented in a recent IUSSP webinar.*

Populations and Areas of Focus

Data were collected from married women and married adolescent girls, as well as from female frontline workers delivering contraceptive care (Full details in **Figure 1**). Due to pandemic-related restrictions, in some sites, data were collected via telephones.

Figure 1: Study sites, sample size and populations of focus in India and Sub-Saharan Africa



Findings from the Field: Impacts of the COVID-19 Pandemic on Family Planning Access and Use

Hesitancy in FP service uptake due to COVID-19 fears: Fear of COVID-19 was biggest deterrent to accessing FP services in clinics in Burkina Faso (**Figure 2**) and similar hesitancy was echoed in India. As a result, women in these contexts employed several strategies to meet their family planning needs and ensure continued access. These included accessing FP services at community pharmacies or medical stores rather than at health care centres (Northern Nigeria) or relying on temporary methods delivered during home visits like male condoms and daily oral contraceptive pills in the interim as they wait for services to resume (Bihar, India). While these strategies are effective in the immediate and short-term, concerns remain over access to the full basket of contraceptive options.

Figure 2, Burkina Faso: Difficulties in accessing health services during COVID-19 restrictions among women 15-49 years old

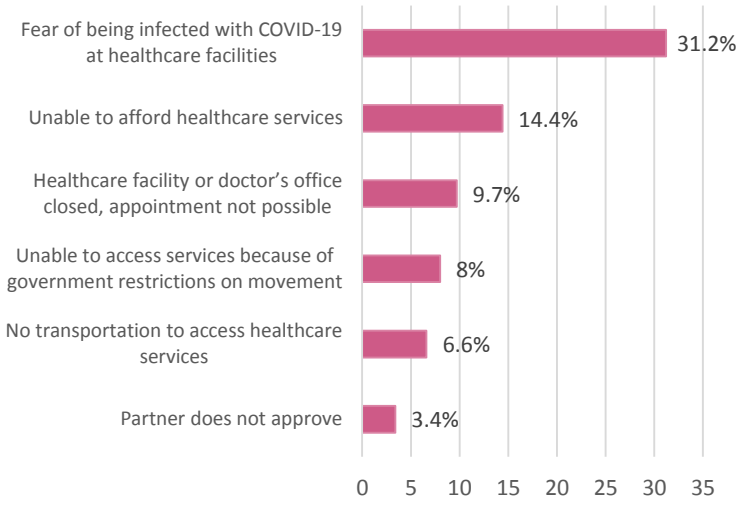
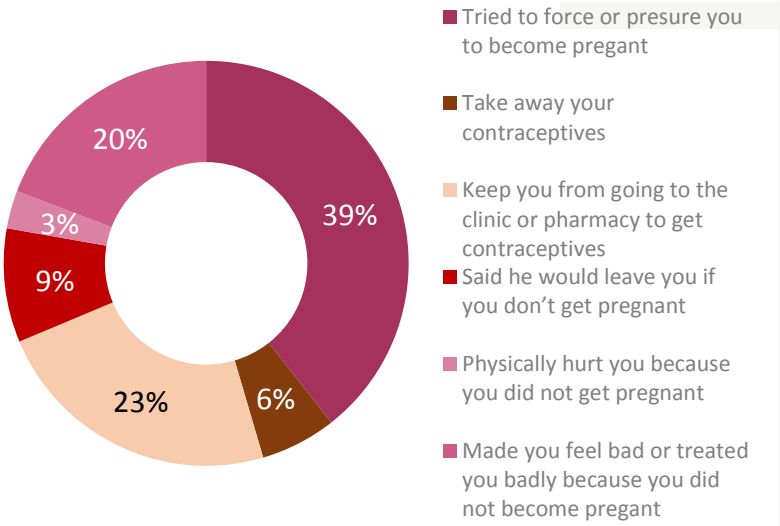


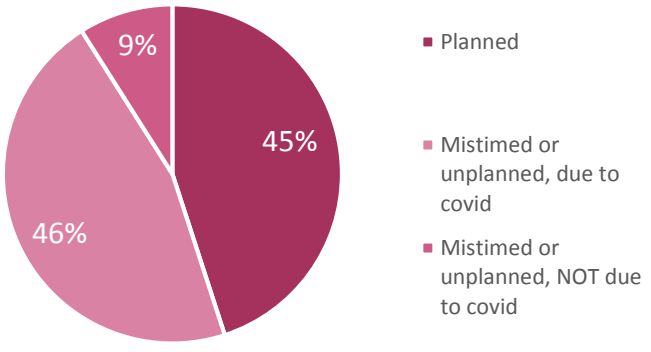
Figure 3, Nigeria: Reproductive Coercion Among Married Adolescents Girls



Pandemic impacted fertility pressures and women's reproductive autonomy: The pandemic, related return-migration of men and restrictions in mobility affected women's autonomy in seeking family planning services and control of contraceptive decision-making and use. In Nigeria, 60% of married adolescents reported complete control by their husbands in health seeking including accessing FP services during the pandemic and reproductive coercion (**Figure 3**). In India, increased male in-migration and limited outdoor mobility led to instances of physical and verbal violence by male family members in case of disagreement on use of contraception. In Bihar, women reported preferences for injectables (MPA) over condoms and oral contraceptive pills, as these could be used without the knowledge and approval of partners or other family members.

Unprecedented increase in unintended pregnancies: Reduced access to family planning services or method of choice due to COVID-19 related disruptions led to an increase in the number of unintended pregnancies. In Uganda, 46% of pregnancies were mistimed or unplanned due to reasons related to the pandemic (**Figure 4**). Similarly, in Maharashtra, over 80% of women who reported an unintended pregnancy provided COVID-19 related reasons as having affected their ability to avoid or delay pregnancy.

Figure 4, Uganda: Distribution of pregnancies by pregnancy intentions



Health care workers report fear of COVID-19 at work, supply chain disruptions and interruptions in services: Experiences of health workers during COVID-19 showed redirection of staff for pandemic prevention and mapping (Maharashtra) and use of innovative hybrid models of outreach and counselling to ensure continuation in family planning services (Bihar).

In Rajasthan, India, 37% of facilities offering FP reported irregular or stopped supply of FP methods, with 80% of facilities disrupted for a month or longer (Figure 5). At the peak of the first lockdown in India in 2020, only 18% of facilities in Bihar organised fixed-day FP services; however, services resumed back to normalcy in about six months (Figure 6).

Figure 5, Rajasthan, India: Impact on FP Services During COVID-19 Restrictions

Among facilities reporting a suspension of FP services during the COVID-19 restrictions, the percentage distribution of the amount of time FP services were suspended (n=128)

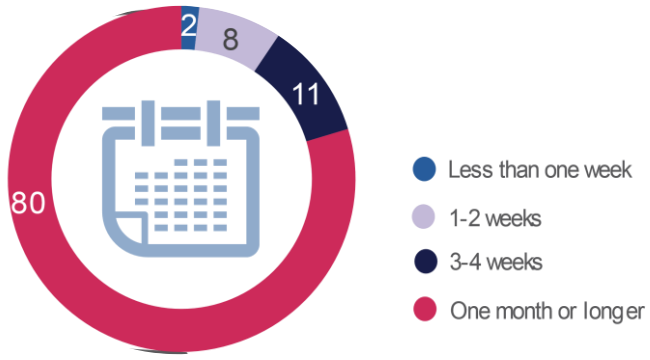
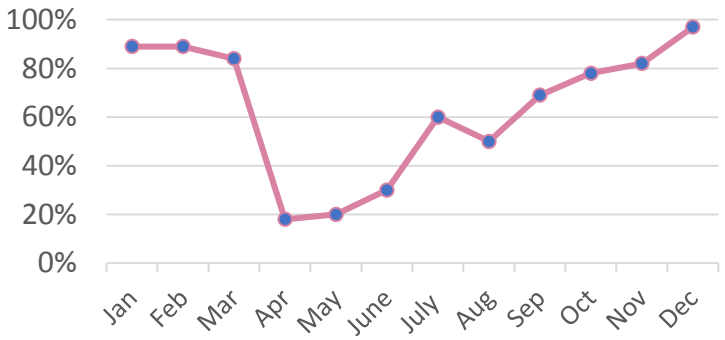
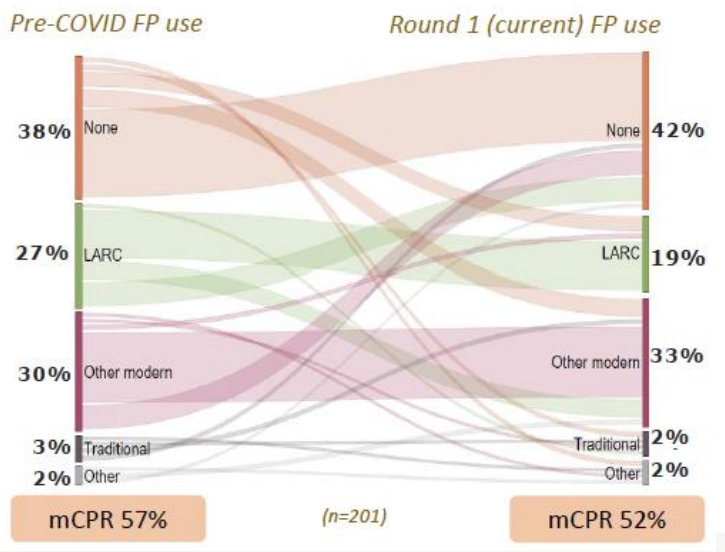


Figure 6, Bihar, India: % of Facilities where FDS were organized in 2020



Gaps in access to contraception: In Uganda, the use of long-acting reversible contraceptive (LARC) methods decreased from 27% to 19% and female non-users increased from 38% to 42% (**Figure 7**). Married adolescents and young women in Nigeria reported halts in their access to contraception, with only 34% of married girls from Northern Nigeria reporting continued access to contraception during COVID restrictions.

Figure 7, Uganda: Changes in modern contraceptive use during COVID-19 amongst women 18-49 years old



Way Forward: How do we address FP needs and access in times of COVID?

There is increasing global evidence of short-, medium- and long-term impacts of the disruptions in health services during the COVID-19 pandemic on family planning access, contraceptive choice and women's reproductive agency, with disproportionate impacts for the most marginalized women and girls. To understand these impacts better in order to ensure continued and safe access to family planning services for women, we need the following:

1. Investing in evidence and analyses of comparable and high-quality data that can inform future planning and service delivery of health services. Effects of the pandemic on women's contraceptive behaviours, unmet family planning needs, and unintended pregnancy risk, are not fully understood. Ground reports from the studies in the brief provide an understanding but it is imperative to fill this gap.
2. Assessing and prioritising based on this evidence how family planning programs and services use outreach and digital technology, but with an eye on ensuring choice and agency of women and girls.
3. Strengthening Regional and global coalitions between family planning programs and researchers to identify innovative strategies for delivering family planning services and evaluation their reach and effectiveness in meeting community needs.
4. Ensuring that the family planning needs of the most vulnerable among populations are met, including adolescents, low-income and marginalised social groups who face the greatest barriers in accessing contraception at this time.

REFERENCES

1. WHO. (2020, August). Pulse survey on continuity of essential health services during the COVID-19 pandemic. World Health Organisation. https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2020.1
2. Riley, T., Sully, E., Ahmed, Z., & Biddlecom, A. (2020). Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health In Low- and Middle-Income Countries. International Perspectives on Sexual and Reproductive Health, 46, 73–76. https://doi.org/10.1363/46e9020
3. UNFPA. (2021, March). Impact of COVID-19 on Family Planning: What we know one year into the pandemic. United Nations Population Fund. https://www.unfpa.org/sites/default/files/resource-pdf/COVID_Impact_FP_V5.pdf
4. Kumar, M., Daly, M., Plecker, E. D., Jamet, C., McRae, M., Markham, A., & Batista, C. (2020). Now is the time: a call for increased access to contraception and safe abortion care during the COVID-19 pandemic. BMJ Global Health, 5(7), 1–4. https://gh.bmj.com/content/bmjgh/5/7/e003175.full.pdf
5. Guiella, G. (2021, March 23). Impact of COVID 19 on RH Care-seeking among women in Burkina Faso: Evidence from a phone survey [Presentation]. Family Planning Research under the COVID-19 Pandemic: How is it going and what are we finding? https://youtu.be/uspSQcdp6Xw
6. Mahapatra, T. (2021, March 23). Family Planning Services during COVID-19 pandemic in Bihar, India: A synthesis as part of a state-wide ongoing monitoring of public health system strengthening in Bihar, India [Presentation]. Family Planning Research under the COVID-19 Pandemic: How is it going and what are we finding?. https://youtu.be/uspSQcdp6Xw
7. Ghule, M. (2021, March 23). Understanding Family Planning Under the COVID-19 Pandemic: Findings from a study with young married couples in rural Maharashtra, India [Presentation]. Family Planning Research under the COVID-19 Pandemic: How is it going and what are we finding?. https://youtu.be/uspSQcdp6Xw
8. Khanna, A. and Ahmad, D (2021, March 23). Large-scale Community-based Data Collection on Family Planning During the Pandemic: Reflections from PMA Rajasthan, India [Presentation]. Family Planning Research under the COVID-19 Pandemic: How is it going and what are we finding?,. https://youtu.be/uspSQcdp6Xw
9. Taiwo, M. (2021, March 23). Assessment of impact of Covid-19 pandemic on Adolescent sexual and reproductive health services in Northern Nigeria [Presentation]. Family Planning Research under the COVID-19 Pandemic: How is it going and what are we finding?. https://youtu.be/uspSQcdp6Xw
10. Amongin, D. (2021, March 23). Rapid assessment of COVID-19 impact on FP access and use [Presentation]. Family Planning Research under the COVID-19 Pandemic: How is it going and what are we finding?. https://youtu.be/uspSQcdp6Xw

Abbreviations: COVID-19 = Coronavirus disease of 2019; FLW = frontline worker; HH = Household; HMIS = Health Management Information System; IIHMR = International Institute of Health Management Research; ISSP = Institut Supérieur des Sciences de la Population; IVRS = Interactive Voice Response System; MakSPH = Makerere University School of Public Health; MPA = Medroxy Progesterone Acetate; PMA = Performance Monitoring for Action; R4S = Research for Scalable Solutions; SDP = service delivery point; SGBV = sexual and gender-based violence;

Acknowledgements

GEH Team: Anita Raj, Edwin Elizabeth Thomas, Nandita Bhan, Scott Blair, Swetha Sridhar
IUSSP Team: Mary Ellen Zuppan, Paul Monet

Webinar Moderator and Presenters: Priya Nanda - Bill and Melinda Gates Foundation; Anoop Khanna and Danish Ahmad – IIHMR, PMA Rajasthan; Dinah Amongin – MakSPH; Georges Guiella – PMA Burkina Faso; Modupe Taiwo – Save The Children; Mohan Ghule – GEH UCSD**;** Tanmay Mahapatra – CARE India

Funding support from the Bill and Melinda Gates Foundation Grant Nos. INV-002967 (EMERGE-FP) and OPP1162682 (EMERGE).

emerge
EVIDENCE-BASED MEASURES OF EMPOWERMENT FOR RESEARCH ON GENDER EQUALITY

Material used with permission from CARE India, IIHMR University, Institut Supérieur des Sciences de la Population, Makerere University School of Public Health (MakSPH), PMA2020 (Rajasthan, Burkina Faso) and Save The Children. The full webinar can be accessed here: https://www.youtube.com/watch?v=uspSQcdp6Xw.

Resources

For resources on measurement of demand for FP during COVID and agency and norms in FP: https://emerge.ucsd.edu/gem-fp/

To view IUSSP's ongoing webinar series: https://www.iussp.org/en/iussp-webinar-series

GEH, Division of Infectious Diseases and Global Public Health
University of California San Diego, Department of Medicine
9500 Gilman Drive, MC 0507, La Jolla, CA 92093-0507

geh@ucsd.edu @GEH_UCSD

IUSSP, 9, cours des Humanités, CS50004, 93322 Aubervilliers Cedex, France

contact@iussp.org @IUSSP

Suggested Citation: Center on Gender Equity and Health (GEH) - UC San Diego & International Union for the Scientific Study of Population. (2021, June). Family Planning and COVID-19: Cross-National Experiences from Burkina Faso, India, Nigeria, and Uganda. Center on Gender Equity and Health - UC San Diego. https://iussp.org/en/iussp-webinar-family-planning-research-under-covid-19-pandemic-how-it-going-and-what-are-we-0