

Obstacles and Challenges in Gaining Access to Family Planning Services in Covid Era: A Cross-Sectional Descriptive Study

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Abstract

Introduction: Although WHO recommended continuing sexual and reproductive health services during COVID-19 pandemic, the services were either stopped completely or limited. Hence our study aims to determine the challenges in the accessibility to family planning services as well as the impact on contraception and safe abortion services during COVID-19 era.

Methods: This is a cross-sectional descriptive study conducted in the department of Obstetrics & Gynaecology, SRM hospital, Chennai from September 2021 to November 2021. Random sampling method was used to enroll participants after considering the inclusion and exclusion criteria.

Results: Almost half of the study population (49.24%) faced difficulty in following any form of contraceptive measure amid pandemic. Non-availability of contraceptive supply (14.72%) was the major hurdle during the pandemic. Among the respondents who had terminated the pregnancy, the majority had done by general medical practitioner (66.67%) while only thirty-three percent terminated under specialist care. While comparing the complications during pregnancy termination, general medical practitioner approach led to more complications than specialist care.

Conclusion: Non-availability of contraceptive supplies, FP services amid COVID-19 pandemic has exerted detrimental impact on the women reproductive health. Continuing FP and safe abortion services are essential during pandemic to sustain the success of high-quality reproductive services.

Keywords: Abortion, Contraception, COVID-19 pandemic, Family planning, Unwanted pregnancy

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Introduction

The Coronavirus disease first started as an epidemic in China became the fastest growing public health pandemic of the century in due short course of time.^[1] Since its onset, the debilitating impacts of coronavirus on health infrastructure have been documented globally which have exerted unequal health burdens among various populaces. As a preventive strategy, social distancing was adopted worldwide in order to control COVID-19 transmission which ultimately led to the implementation of partial or complete lockdown. This has hindered the accessibility to the contraceptive and safe abortion services along with contraceptive usages resulting in 2.7 million unintended pregnancies in the first year.^[2] The upsurge in unwanted pregnancies, unsafe abortions and associated complications^[3] thereby threatened the onerous progress on the contraceptive coverage targets defined by the Sustainable Development Goals (SDGs).^[2]

Although World Health Organizations (WHO) has recommended the continuation of sexual and reproductive health services including family planning amid COVID-19 pandemic,^[4] the routine reproductive health services were hindered due to the shift in the point of health care services towards COVID-19 patient management. Also non-compliance of patients due to COVID-19 fear, lack of clinical resources allocation, transportation as well as economical issues led to the decline in the uptake of reproductive health services contributing in the rise of unintended pregnancies and unsafe abortions. This forms the rationale for the healthcare professionals to actively implement reproductive healthcare services for women. Providing access to the reproductive health services via clinical resource allocation at the community level including contraception provision is the key to mitigate COVID-19 comprehensively along with high-quality family planning services. This will not only reduce the maternal morbidity and mortality, it will also improve newborn and child health.^[5] Continuing safe abortion and family planning services during pandemic has been evidently challenging. Also, there are dearth of studies which specifically investigated the COVID-19 impact as a stress on reproductive health care services. Hence our study aims to determine the challenges in the accessibility to family planning services as well as the impact on contraception and safe abortion services during COVID-19 era.

Methods

This was a cross-sectional descriptive study conducted in the outpatient clinic of Obstetrics & Gynaecology, SRM medical hospital, Chennai for duration of 3 months (September 2021 to November 2021). Random sampling method was used to enroll participants. Every consecutive participant in the reproductive age group (18-45 years), willing to participate and are sexually active visiting outpatient clinic for various medical conditions were included after obtaining written informed consent. Women with psychiatric disorders or who are mentally challenged, those who already underwent permanent sterilization and who are not willing to participate were excluded. The ethical approval has been received from the institutional scientific committee. (Reference number- 2996/IEC/2021)

A semi-structured questionnaire containing questions regarding sociodemographic characteristics, awareness on contraception use, difficulties in gaining family planning and contraception access, reasons for avoiding contraception during COVID-19 pandemic and its outcome was formed after extensive review of literature.^[4, 6, 7] The questionnaire was validated by the Gynecologists and pilot study was conducted prior to the commencement of the study to improve the clarity of the questionnaire.

The data was entered in the Microsoft excel sheet and the statistical analysis was performed by using SPSS version 20 statistical software. Mean as well as standard deviation was used for continuous data. For categorical data percentage was calculated. Chi square test was used to analyze the association of complications during pregnancy termination with age group, parity, method of termination and difficulty in accessing medical facility during covid time for pregnancy termination. The p value less than 0.05 was considered statistically significant.

Result and discussion

A total of 197 women participated in the study within the reproductive age group of 18-45 years. The mean age of the respondents was 26.27 years with predominant age group of 21-30 years (81.7%) (Table 1).

Table 1. Age of the respondents (years)

Age groups (Mean- 26.27, standard deviation- 4.190, Median- 26.00, Standard error of mean- 0.299)	No. (%) of respondents
< 20 years	11 (5.6)
21-30 years	161 (81.7)
> 30 years	25 (12.6)

Among the respondents, twenty-five percent were primi parity and seventy-five percent were multi-parity (Table 2). Majority of the respondents were reported to have contraception knowledge (96.95%) and seventy-five percent respondents were using various contraception methods. Among the contraceptive users, barrier method was the majorly used contraception measure (36.04%). During COVID-19 era, almost half of the study population (49.24%) faced difficulty

in following any form of contraceptive measure. Non-availability of contraceptive supply was the major hurdle in following contraception during COVID-19 era (16.75%). Among the respondents with unplanned pregnancy, thirty-six percent continued the pregnancy and fourteen percent terminated the pregnancy. Non-availability of family planning (FP) services was the predominant reason for continuing pregnancy (70%). Among the respondents who had terminated the pregnancy, majority had done by approaching general medical practitioner (66.67%) while only thirty-three percent terminated under specialist care. The respondents who had approached general medical practitioner, difficulty in consultation with the specialist was the major reason (94.44%). However, only six percent of the respondents reported COVID-19 fear as the most probable reason. Respondents who had terminated their pregnancy, majority faced medical complications during pregnancy termination (55.56%) due to difficulty in accessing medical facility regarding pregnancy termination (55.56%).

Table 2. Contraceptive and family planning services implementation challenges reported by the respondents

Challenges	Sub-group	No. (%) of respondents
Parity	Primi	49 (24.87)
	Multi	148 (75.13)
Contraception knowledge	Yes	191 (96.95)
	No	6 (3.05)
Current contraception	Yes	148 (75.13)
	No	49 (24.87)
Methods used	Natural	34 (17.26)
	Barrier	71 (36.04)
	Hormonal Injection	8 (4.06)
	Hormonal pills	30 (15.23)
	IUCD*	5 (2.54)
	Not applicable	49 (24.87)
Difficulty in contraception	Yes	97 (49.24)
	No	42 (21.32)
	Not applicable	58 (29.44)
Type of difficulty	Consulting specialist	25 (12.69)
	COVID fear	15 (7.61)
	Non availability	33 (16.75)
	Transport	29 (14.72)
	Not applicable	95 (48.22)

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Unplanned pregnancy	Yes	97 (49.24)
	No	100 (50.76)
Pregnancy continuation and termination (n=97)	Continued	70 (35.53)
	Terminated	27 (13.71)
	No pregnancy	100 (50.76)
Reason for continuing pregnancy (n=70)	Diagnostic delay	16 (22.86)
	Family pressure	5 (7.14)
	Non-availability of FP* services	49 (70.00)
Pregnancy termination method (n=27)	Gynecologist	9 (33.33)
	General medical practitioner	18 (66.67)
Reason for General Medical Practitioner (n=18)	Consulting specialist	17 (94.44)
	COVID fear	1 (5.56)
Complication in pregnancy termination (n=27)	Yes	15 (55.56)
	No	12 (44.44)
Difficulty in accessing medical facility for pregnancy termination (n=27)	Yes	15 (55.56)
	No	12 (44.44)

FP- Family planning, IUCD- Intrauterine Contraceptive Device

Table 3: Comparison between pregnancy termination method approached and associated medical complications with Chi-Square test

How pregnancy terminated	Complications in pregnancy termination		Total
	No	Yes	
Gynecologist	8	1	9
General medical practitioner	4	14	18
Total	12	15	27

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	10.800 ^a	1	.001		
Continuity Correction ^b	8.269	1	.004		
Likelihood Ratio	11.748	1	.001		
Fisher's Exact Test				.003	.002
N of Valid Cases	27				

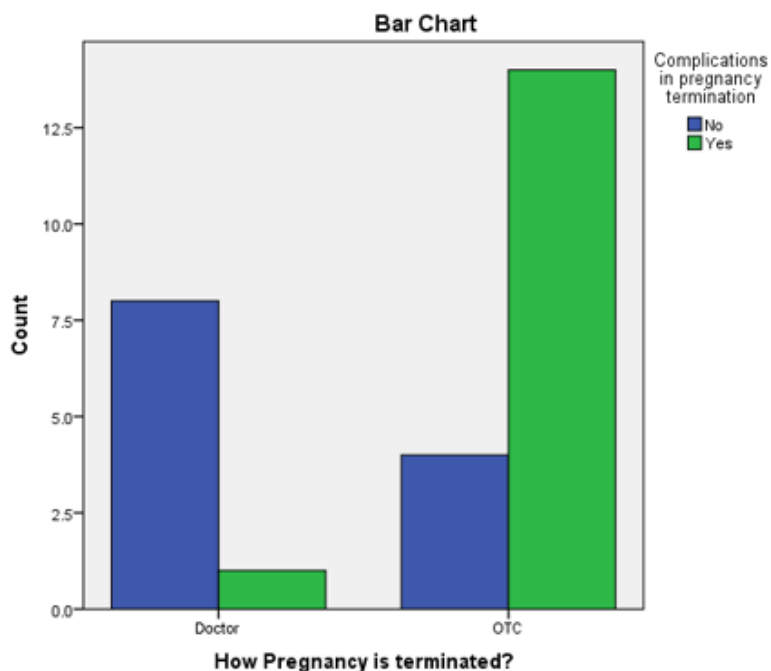


Figure 1. Relationship between pregnancy termination methods used with associated complications

This bar chart illustrates the relationship between pregnancy termination methods approached with the complications faced during pregnancy termination. Out of eighteen respondents who had approached general medical practitioner, fourteen respondents

faced medical complications in pregnancy termination. However, out of nine respondents who had adopted the specialist care, only one faced medical complication during pregnancy termination.

Table 4: Comparison between difficulty in accessing medical facility and medical complications in pregnancy termination

Difficulty in accessing specialist medical facility for pregnancy termination	Complications in pregnancy termination		Total
	No	Yes	
No	10	2	12
Yes	2	13	15
Total	12	15	27

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	13.230 ^a	1	.000		
Continuity Correction ^b	10.547	1	.001		
Likelihood Ratio	14.502	1	.000		
Fisher’s Exact Test				.000	.000
N of Valid Cases	27				

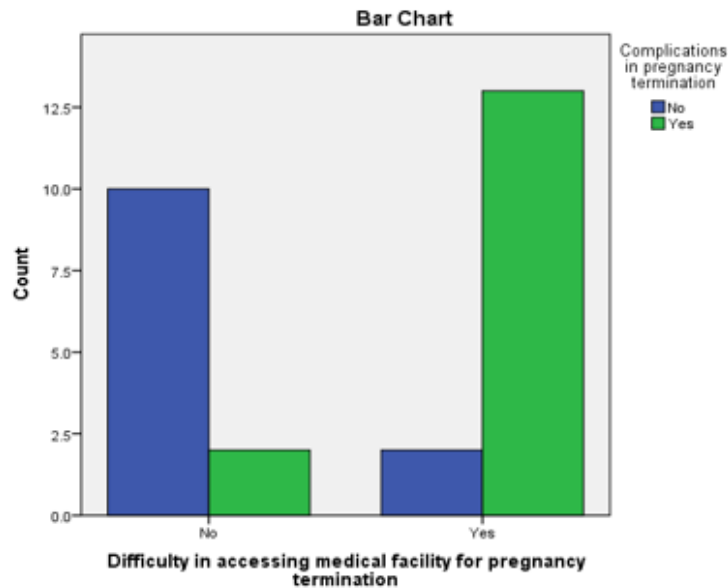


Figure 2. Relationship between difficulties in accessing specialist medical facility for pregnancy termination with complications in pregnancy termination

The bar chart depicts the relationship between difficulties in accessing medical facility for pregnancy termination with the associated medical complications. Among the fifteen respondents who faced difficulties in accessing specialist medical facility for pregnancy termination, thirteen respondents faced complications in pregnancy termination. On the other hand, only two respondents faced complications in pregnancy termination that have accessed specialist medical support for pregnancy termination.

While comparing the medical complication during pregnancy termination, general medical practitioner approach of medical termination led to more complication as compared to the specialist care which was found statistically significant ($p < 0.001$) (Table 3) (Figure 1). Also, difficulty in accessing specialist medical facility for pregnancy termination was significantly associated with complication faced during pregnancy termination ($p < 0.001$) (Table 4) (Figure 2). Our study reported that the majority of women had knowledge regarding contraception (96.95%) which was higher than the studies conducted in Nigeria (82%) and Pakistan (68.5%).^[8,9] However, a study conducted among women in rural area of Nagpur (India) had comparable knowledge regarding contraception (100%).^[10] These variations might be due to the differences in the sample size as well as socio-demographic profile of the respondents

based on the geographical location with varied socio-cultural norms and customs.

Majority of the respondents in our study faced difficulty in following contraceptive method (49%) among which non-availability of the contraceptive supplies amid pandemic was the most probable reason (16.75%). According to the WHO survey done across 105 countries, 90% of the respondents have experienced health services disruptions during pandemic among which FP services were hindered the most (68%).^[11] A study conducted in Uttar-Pradesh (India) reported the decline in the use of contraception up to sixty percent and also there was reduction in safe abortion care.^[6] Almost half of the respondents in our study had unplanned or unintended pregnancy (49.24%) with the major reason being non-availability of family planning services (70%). Guttmacher Institute in its recent analysis reported a 10% decline in the Sexual and Reproductive Health (SRH) services in low and middle income countries (LMICs) owing to COVID-19 would lead to an additional 15.4 million unintended pregnancies, unsafe abortions over 3.3 million and 28000 maternal mortalities. This will also result in the spike of 3,325,000 more unsafe abortions and 1,000 additional maternal mortalities.^[12, 13]

COVID-19 has impacted women's ability to use contraceptive measure in numerous ways. Supply chain of contraceptive commodities got disrupted

which limited its production, distribution as well as availability resulting in market stock-outs.^[14] Some health care facilities reduced the services and health care providers have been redirected from providing family planning service to COVID-19 management.^[15-17] Also, lockdown and fear of getting exposed to COVID-19 prevented women from visiting health care facilities.^[18] This is supported by the findings of our study where only 33% of the women underwent pregnancy termination under specialist care. Our study also showed a significant association between pregnancy termination methods used as well as difficulty in accessing specialist medical facility for pregnancy termination with the pregnancy termination related complications. This clearly highlights the difficulties faced by the women in accessing medical facilities for pregnancy termination during pandemic.

The COVID-19 pandemic has made the goal of achieving universal access to SRH services by 2030 more challenging. Most importantly for women who have experienced unintended pregnancies owing to lack of access to contraceptive measures amid COVID-19 pandemic, the impacts are chronic. This necessitates the countries to incorporate FP services as well as reproductive health services in the package of fundamental health services as well as to strategize the data collection process via health management information systems in order to understand the COVID-19 impact on contraceptive services and its usage. Our study has certain limitations. The small sample size might not be able to infer the gravity of challenges faced by the women in accessing FP services during COVID-era in the country. The reason might be the decreased patient flow in the outpatient clinic of the tertiary health care centre amid lockdown imposed by the governmental law due to upsurge in COVID-19 cases. Also, more longitudinal studies are required to analyze the patterns of challenges over time in accessing FP services during COVID-19 era.

Conclusion

The non-availability of contraceptive supplies, FP services amid COVID-19 pandemic have exerted detrimental impact on the women reproductive health as a whole. Health care professionals should proactively engage to ensure the continuation of

reproductive health care services to women via clinical resource allocation at the community level. Continuing medical health services including contraception and safe abortion services are essential during pandemic to sustain the success of high-quality reproductive services which will significantly decrease maternal morbidity as well as mortality thereby improving newborn and child health.

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