

Challenges in Accessing Family Planning Services During COVID-19 Lockdown by Urban Poor: Evidence from Indore and Agra

Siddharth Agarwal¹, Shabnam Verma², Mayaram Sharma³, C B Sharma³, Neeraj Verma², Kanupriya Kothiwal²

¹Urban Health Resource Centre (UHRC), Delhi- 136A, Humayunpur, Safdarjung Enclave, New Delhi-110029

²Urban Health Resource Centre (UHRC), Indore, J/133A, Kanchan Apartments, MIG Colony, Indore- 452011

³Urban Health Resource Centre (UHRC), Shahganj, Agra- 282010

Background

The COVID-19 pandemic induced lockdown in March 2020 severely impacted family planning (FP) services. As India's not so robust healthcare system tried to deal with the challenge of containment of the Novel Corona Virus and dealing with prevention and management of cases, many essential services like family planning (FP) were neglected.

A UNFPA technical note estimated that owing to diversion of resources and manpower towards measures taken for COVID-19 containment, about 47 million women in 114 low- and middle-income countries, including India, would have not be able to use contraception and this would have resulted in an estimated 7 million unintended pregnancies (UNFPA, 2020).

Our study focuses on the barriers faced by slum women in Agra and Indore, India. The study is timely as urban poor women represent a crucial domain of ever-increasing urban population in India. Urban poor women have been foundationally deprived of accessing FP and associated health services. (Rimal et al., 2015; Calhoun et al., 2013; Speizer et al., 2012). The COVID-19 lockdown is likely to impact them further owing to limited mobility (Krubiner et al, 2021) and prevailing gender norms.

Methods

Individual qualitative interviews were conducted with 30 women in the slums of Indore and Agra, Urban Health Resource Centre (UHRC) program sites. The interviewed women were in the age group of 20-35 years who needed contraceptive services during the COVID-19 lockdown. The purpose was to understand challenges in accessing FP services during COVID-19 lockdown and coping measures adopted. Women in settlements were identified with the help of Urban Health Resource Centre mentored women's group members and Urban Accredited Social Health Activist (ASHA) workers.

Key Informant Interviews were conducted with 12 ASHAs and 3 Auxillary Nurse Midwives (ANMs) to understand supply side challenges in providing FP services.

In-person interviews were conducted with women in during the months of September-December 2020. Interviews were audio recorded with their consent and thematically analysed.

Results

Temporary birth spacing methods:

Oral pills and condoms: In Indore, most women were unable to access oral pills and condoms as they depended mostly on Urban Accredited Social Health Activist or Urban ASHA workers for provision. The ASHA workers were mostly engaged in COVID-19 duty and therefore could not be available for supply of oral pills and condoms. In Agra, ASHA workers could distribute the stock of oral pills which was commissioned before the pandemic among urban women while being on COVID-19 duty to nearly 15% households in the initial two weeks of lockdown. Among couples, where men were aware of the importance of birth spacing measures, they purchased condoms from nearby chemist shops. ASHA workers could subsequently distribute more oral pills when the restrictions were lifted, and they could get fresh stock of oral pills and condoms from ANMs, Primary Health Centres or District Health Department. During the lockdown many women were often not able to step out of their homes to purchase oral pills nor could they convey this need to their husbands as they consumed these pills secretly. ASHA workers could subsequently distribute more oral pills and condoms when the restrictions were lifted, and they could get fresh stock from Primary Health Centres or District Health Department. the words of Neela, a 28-year woman from Agra *“I have also relied on ASHA didi to give me oral pills as she has been routinely visiting my house to counsel me on reproductive health and giving me those pills. During lockdown, she did not visit our house and I only had only few pills left with me. I could not ask my husband to get it as he does not know I consume them. He would have not allowed me to visit the chemist shop.”*

Injectable Contraceptive (Depot-medroxy progesterone acetate (DMPA): Women who had chosen Injectable Contraceptive MPA¹ could not access the injection during lockdown (March 22, 2020 to June 2020) owing to restricted movement in Indore and Agra. The slum women find this FP method more convenient than OCPs owing to its ease of administration and longer (3 month) protection. Ratna, a 30-year-old woman from Indore said *“Getting an injection is more convenient as I do not have to worry about consuming any pill for three months. I was due to get my shot in the first week of April, but due to lockdown I could not go. No ASHA was available to take me. I went to the chemist shop when my husband was away and purchased oral pills to avoid pregnancy.”*

Women started visiting Government health centres and hospitals to avail FP services when restrictions lifted, and non-COVID-19 services resumed from September, 2020.

Intra-Uterine Contraceptive Device (IUCD)- IUD services were nearly non-functional in both cities during the last week of March to June, 2020. In Agra, a few women reported availing IUD services at private nurse clinics or at Marie Stopes, Surya Clinics or Parivar Sewa clinics during the lockdown. When restrictions were lifted, women could avail IUD services albeit in smaller numbers because the fear of contracting COVID-19 persisted. Meenakshi, a 27-year-old woman from Indore said *“The ASHA from my neighbourhood yesterday suggested that I should go for IUD in the nearest PHC. I thought What if I contract COVID?”*

¹ Injectable contraceptive is an effective method of contraception that can be injected subcutaneously or in the muscles (usually buttock or upper arm). It prevents pregnancy from taking place by releasing progestogen in the body. Each dose of injectable contraceptive prevents pregnancy for three months. Currently intramuscular variety of Injectable contraceptive is available at government facilities, free of cost and at subsidized cost at Marie Stopes and similar social marketing centres.

Permanent spacing methods

Sterilization

In Indore, many women feared availing tubal ligation (sterilisation) owing to fear of contracting COVID-19. Also, most Government hospitals in Indore were not offering sterilisation as they were occupied in catering to COVID-19 patients.

In Agra, A few women in the age group of 28-32 years could avail abortion services at Marie Stopes and Surya Clinics. They decided and also sought sterilization during the same visit. Few women underwent sterilisation in nearby rural Community Health Centres when they were able to go.. Mala, a 35-year woman from Agra said *“I already have 3 children and we earn barely to support them. I wanted to undergo sterilisation but the lockdown made it difficult. When in June they were allowing some movement, my husband and I went to the health centre, but they were only taking COVID patients and told us to come after a few days. We knew the ANM of the nearest functional Block PHC where there was lesser COVID-19 case load and it was about 15 minutes away by motor-cycle. We went there and I could undergo sterilisation”*.

Supply Side Challenges: ASHAs and ANMs were placed in COVID-19 duty. Consequently, they were unable to perform their routine functions optimally during the lockdown. Restricted supply chain during lockdown resulted in less efficient and slower movement of oral pills and condoms, which left many excluded from receiving this essential service.

Discussion

Research assembled thus far has suggested the long-term health implications of restricted access to FP during COVID-19 lockdown on women. (UNICEF, 2020; Vora et al., 2020). An analysis done by Foundation for Reproductive Health Services (FRHS) echoes the similar findings on FP access and reduced usage even after restrictions are lifted. Our study provides a first-hand account of the challenges faced by women in slums and the difficulties from the perspective of service providers.

Recommendations: Our study also points out to some measures for 2021 and beyond:

Expediently appoint active slum women, previously trained under any programme, as depot holders in slums in addition to Urban ASHAs, who should store oral contraceptive pills (OCPs) and condoms, provide to couples and coordinate with ASHAs/ANMs for more supplies.

Appoint more Urban ASHAs as they are far short of the need in the rapidly increasing population of slums. National Urban Health Mission mandates an ASHA for every 200-500 households in slum communities to provide FP counselling, facilitating women's access to ANC and postpartum care, and accompanying them to a health facility for delivery, and be depot holders for OCP and condom. (National Urban Health Mission, 2013).

Expand availability of OCPs, condoms and other health supplies by making these available with Anganwadi worker and Angawadi Helper who stay in same slum.

Mobile Health clinics providing OCPs, condoms, injectable contraceptives and other essential health supplies should be expeditiously deployed in a pandemic like situation.

Expand urban primary health care coverage with energetic implementation of the National Urban Health Mission.

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