

Family Planning and Reproductive Health Needs and Challenges of Poor Women during the COVID-19 Pandemic

Background: This brief is derived from a study on “Reproductive Healthcare in the Time of COVID-19: Perspectives of Poor Women and Service Providers from Rahim Yar Khan, Punjab,” conducted by the Population Council with the support of the United Nations Population Fund (UNFPA). We conducted 20 in-depth interviews (IDIs); 3 focus group discussions (FGDs), with 18 respondents; and 164 structured interviews telephonically with beneficiaries of the Benazir Income Support Programme (BISP) in Rahim Yar Khan district to understand how much they know about COVID-19, and the effects of the pandemic on their lives, mental health and wellbeing, and access to reproductive health (RH) and family planning (FP) services.

Profile of Respondents: The women’s mean age was 37 years and the mean number of their children was 5. Most women (77%) had no schooling while 15% had completed primary education and only 8% were educated to middle or higher level.

Knowledge of COVID-19 and Protective Measures

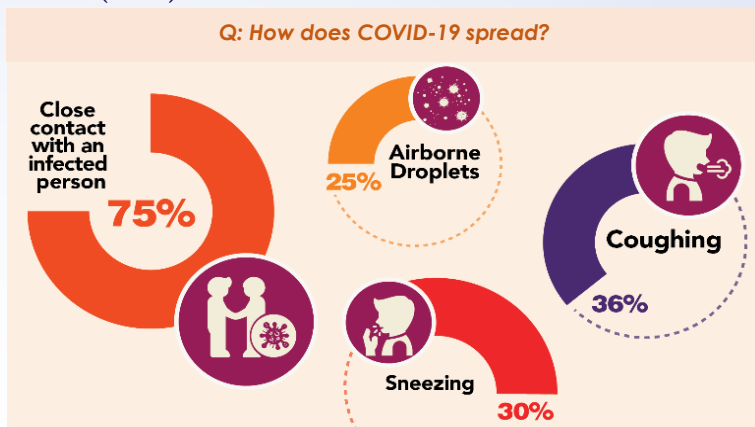
Every woman who participated in this study was aware of the COVID-19 pandemic. The majority, despite being poor and having less or no education, had some idea about the origins of the disease, how it spreads (Figure 1), its symptoms (Figure 2), and preventive measures (Figure 3).

The majority of respondents in structured interviews, IDIs (15/20), and FGDs (18/18) knew that COVID-19 can spread through having close contact with an infected person and droplets from coughing or sneezing. Overall, the women knew relatively more about prevention than about symptoms, high risk groups and transmission of COVID-19.

IDI and FGD participants were aware of the need for social distancing, keeping children indoors, avoiding crowds, and handwashing. They also suggested disinfecting clothes. Responses of survey respondents (Figure 3) indicate the women were following these measures.

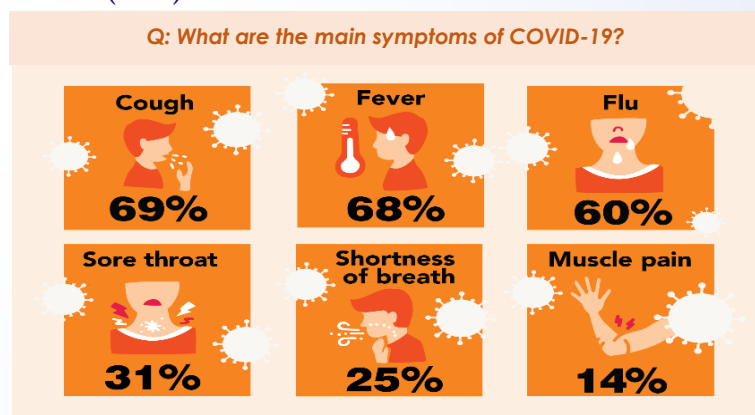
Sit far apart from each other. If you have the money, use Dettol®. If you don't, then use lal (red) soap (an inexpensive brand of soap). Protect your life as much as you can—you only get it once!!” IDI respondent

Figure 1: Knowledge of COVID-19 transmission among respondents (n=164)*



* Multiple responses were allowed

Figure 2: Distribution of COVID-19 symptoms mentioned by respondents (n=164)*



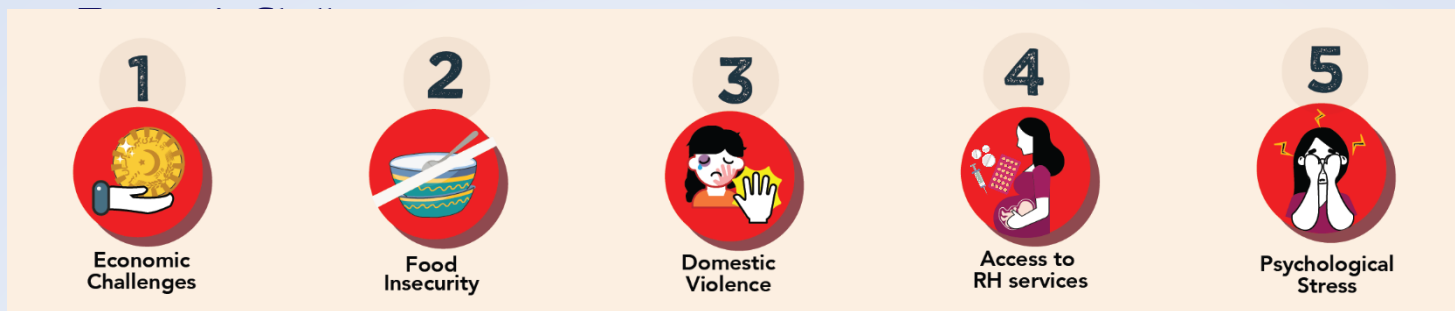
* Multiple responses were allowed

Figure 3: Knowledge of specific protective measures against COVID-19 among respondents (n=164)*



* Multiple responses were allowed

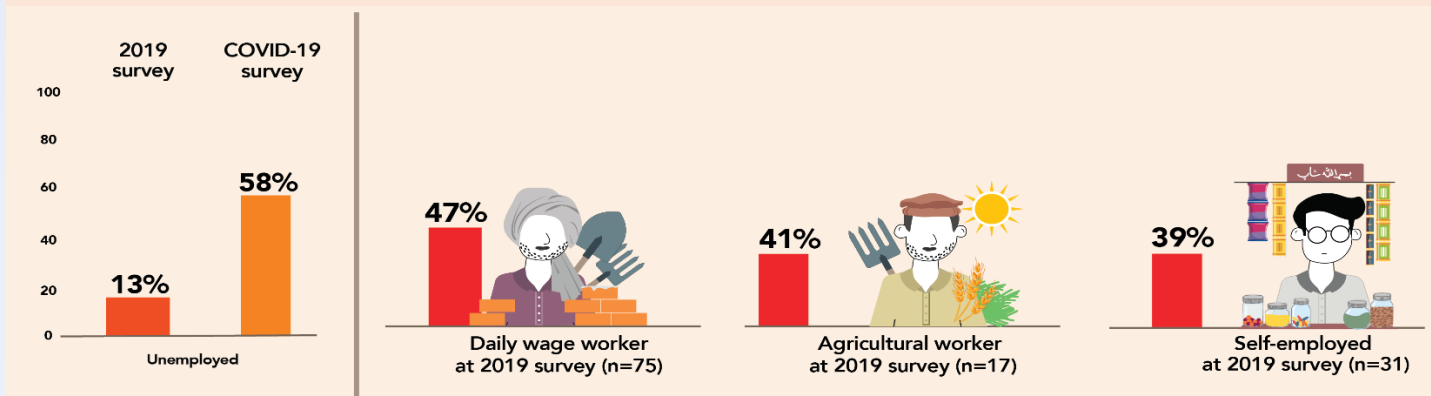
Key adverse effects of COVID-19 on the lives of women



“Due to this lockdown businesses have ended. Those who were laborers cannot earn either. People are stuck at home and it is now hard to survive.” FGD respondent

Figure 4: Occupations preceding the COVID-19 outbreak among respondents’ husbands (n=164)

Q. Is your husband doing the same work he was doing before the lockdown? If not, how has his work status changed?



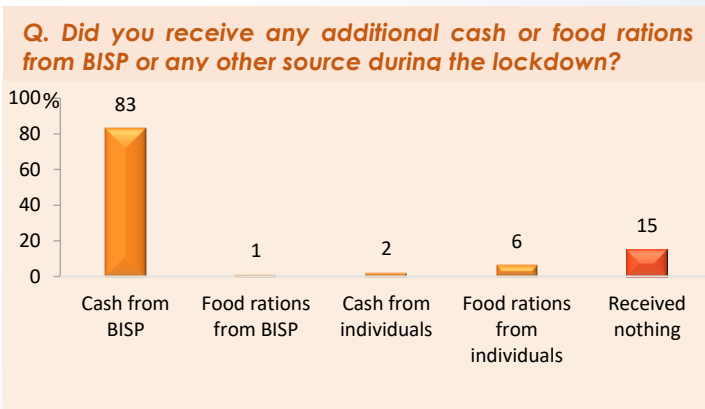
Government support is crucial, but not enough

Most respondents have received emergency cash transfers from the government, which enabled them to buy essentials and return some loans. Recipients of this support are relieved but uncertain whether it represents an advance payment of BISP support, or is a one-time additional support to help them through the lockdown. However, 15% of survey respondents had not received the payment and felt very excluded and helpless.²

“The situation of this country is bad. We don’t know what will happen next. From the 12,000 rupees that the government gave us, we are using as little as possible to save something for later.” IDI respondent

“Widows are getting rations, but where should the ‘safed posh’ (those who do not generally take charity) go? All those who have lost work are poor—do we have to kill our husbands to fill our stomachs?” IDI respondent

Figure 5: Distribution of cash or food rations, by source, among respondents (n=164)*



* Multiple responses were allowed

² These women or their husbands had had passports made to travel for work or *umrab* (pilgrimage), due to which the government declared them to have graduated from BISP.

2. Food Insecurity

“Corona might not kill us, but hunger will.”

Nearly all the women were distressed by the decline in food availability for their families due to loss of work and income. They were worried about the effect on their children’s health, and also about the lack of economic resources for other necessary expenses.

“We used to occasionally buy fruit or milk. Now, we are living on water. Sometimes we cook vegetables, and other times, we just eat roti (bread).” FGD respondent

“The children are becoming weak. When we took them to the doctor he said they are not eating enough, which is causing iron deficiency.” IDI respondent

3. Domestic violence

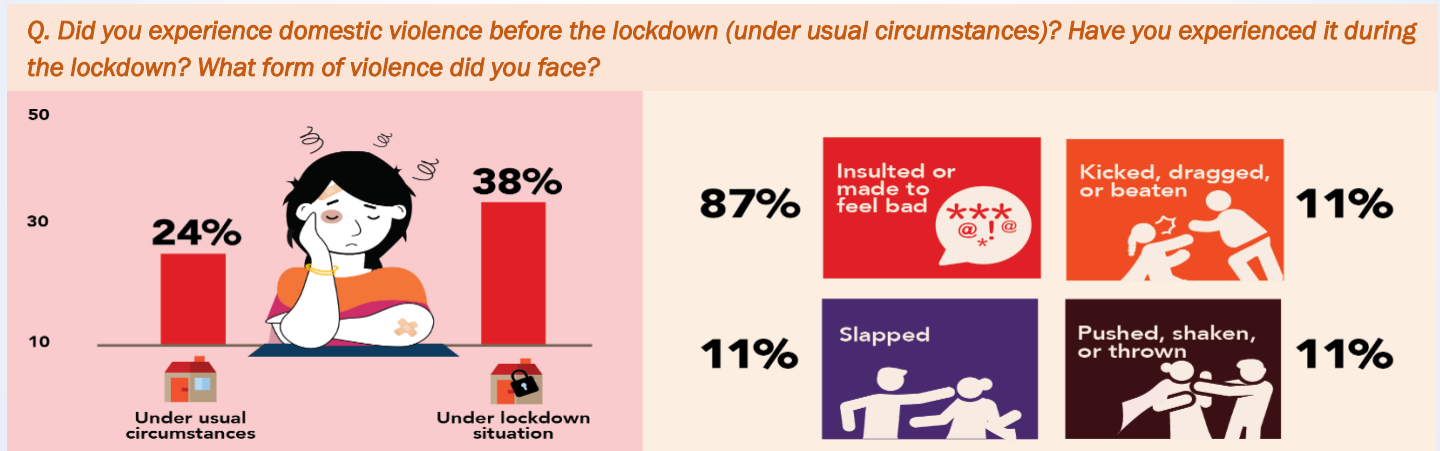
“If this lockdown goes on, these quarrels could become violent.”

Unemployment and inability to feed the children has increased friction between spouses and violence at home. A third of the women reported violence in lockdown situation (Figure 7).

“When the food in the house runs out and there is nothing left to eat, the children turn to me for money and I ask my husband. This leads to quarrels. If this lockdown goes on, we might come to blows.” FGD respondent

Most women who have experienced domestic violence report humiliation and insults, but in a few cases, there is also physical violence, and the perpetrators are almost always husbands.

Figure 7: Percentage of women who reported experiencing domestic violence under usual circumstances and lockdown (n=164), and distribution of types of violence experienced during lockdown reported by women (n=62)



4. Access to RH services

“We don’t go near each other because there is no source of condoms.”

Women are concerned about their reproductive health needs during the lockdown. At the time of the 2019 survey 63 percent of the same 164 women were using contraceptives and, in this survey, 68 percent are current users. (Figure 8). During the qualitative discussions, women expressed a desire to avoid pregnancy due to the current circumstances. At the same time, contraceptive use of current users by method at 2019 survey and current survey show that the lockdown has forced some women to switch from short term modern to less reliable traditional methods (Figure 9). Qualitative findings suggest the main reasons are financial constraints and cessation of doorstep services by Lady Health Workers (LHWs).

“We are avoiding each other during this lockdown....We don’t go near each other because there is no source of condoms since the LHW is not visiting us and we are short of money too.” IDI respondent

Figure 6: Distribution of effects of lockdown on respondents’ lives (n=164)*

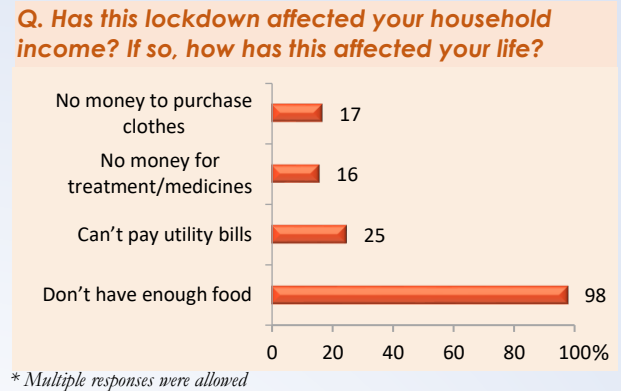


Figure 8: Percentages of FP use—current, past, never—in 2019 and 2020 after COVID-19 outbreak reported by women (n=164)

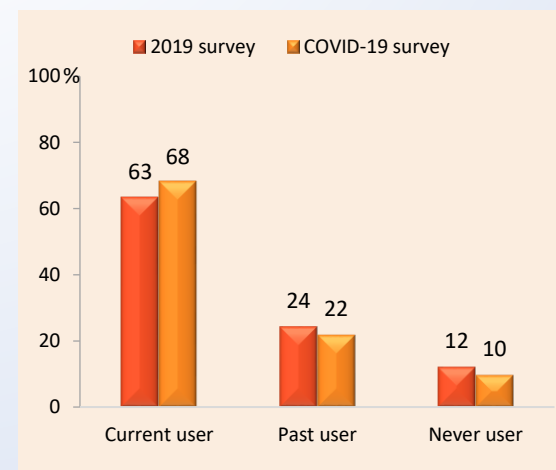
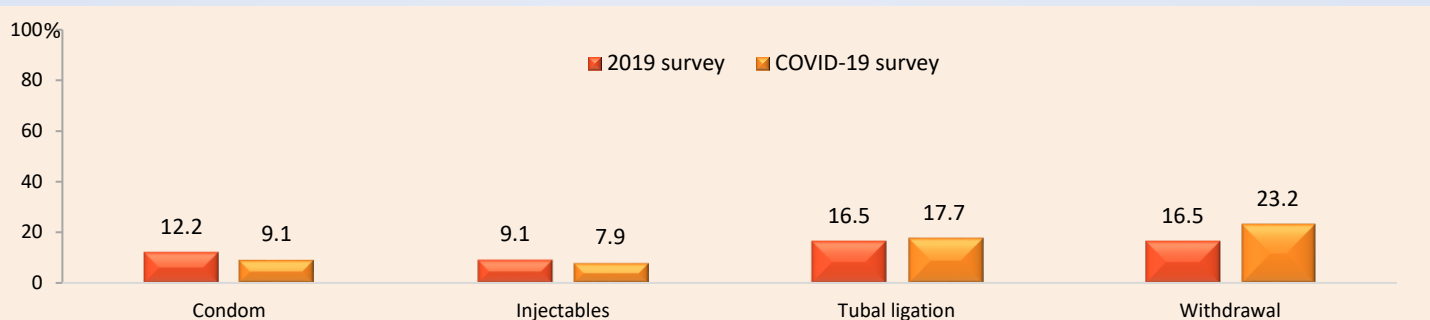


Figure 9: Distribution of contraceptive method in 2019 survey and after COVID-19



Pregnant women are also facing serious problems in accessing reproductive health services at public hospitals. Reportedly, doctors are declining to admit or properly check patients.

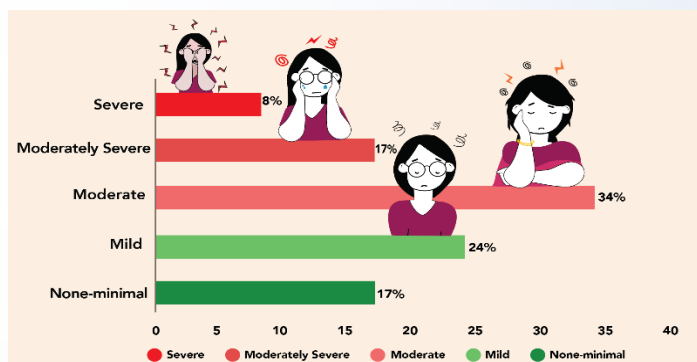
5. Psychological Stress

“I feel like I’ve lost all my tears.”

The above challenges naturally imply psychological stress for the women. To assess stress levels, we used a universally tested assessment tool, PHQ-9,³ consisting of nine statements indicating stress. We asked the women whether each of these statements was applicable to their routine or behavior in the past two weeks. For every statement, at least one third of women responded affirmatively, with much higher proportions for some indicators, especially feeling tired or down and sleep disturbance (Table 1). Measuring individual psychological scores, we found that only 17 percent respondents had none or minimal stress whereas 34% had moderate and 17 percent had moderately severe stress levels.

Stress Indicator	% of women responding affirmatively
Little interest or pleasure in doing things	68%
Feeling down, depressed, or hopeless	84%
Trouble falling or staying asleep, or sleeping too much	71%
Feeling tired or having little energy	82%
Poor appetite or overeating	59%
Feeling bad about self, or like a failure, or having let self or family down	59%
Trouble concentrating on normal routine activities	57%
Moving or speaking noticeably slowly, or being unusually fidgety or restless	35%
Thoughts of being better off dead, or hurting self	39%

Figure 10 Distribution of psychological stress levels among respondents (n=164)



Recommendations

1. Air public service media messages on TV to provide accurate information and dispel misconceptions and myths among households for RH and child health issues. Publicize helplines established to support families, and educate viewers on how to connect with trained doctors by telephone and obtain advice for RH issues. Provide information about health facilities that are open and can be visited by women and couples for RH services.
2. Urgently provide additional income support and nutrition packages to all eligible beneficiaries, for helping to meet poor families’ basic food needs. Support can be in the form of ration packages or vouchers. In addition to helping address food insecurity, it will help reduce child malnutrition.
3. Provide parents an emergency educational subsidy for school dues to keep children enrolled, or for community or home tuition fees, so children can attend lessons at or close to home. School management should liaise with the postal system to arrange home delivery and exchange of study materials and homework lessons between students and teachers.
4. To restore access to RH and general health services, reopen Population Welfare Department facilities and resume community-based health services: This is crucial for not only addressing couples’ unmet FP needs but to contribute to efforts to raise awareness of COVID-19. Inclusion of RH and maternal health in essential services in case of any emergency situation should be part of intense advocacy efforts with the government and relevant decision-makers
5. Use mHealth or telemedicine to minimize access issues for patients. Toll-free telephone numbers for service providers should be provided by community health workers to patients so they can contact doctors for advice on RH and general health needs.

³ The depression module of the Patient Health Questionnaire-9 (PHQ-9) is a widely used depression screening instrument in nonpsychiatric settings. (Manea, L., Gilbody, S. and McMillan, D., 2015. A diagnostic meta-analysis of the Patient Health Questionnaire-9 (PHQ-9) algorithm scoring method as a screen for depression. General hospital psychiatry, 37(1), pp.67-75.)