

Assessment of the Impact of Covid-19 on fertility levels and Trends: a Proposal

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May 10, 2021

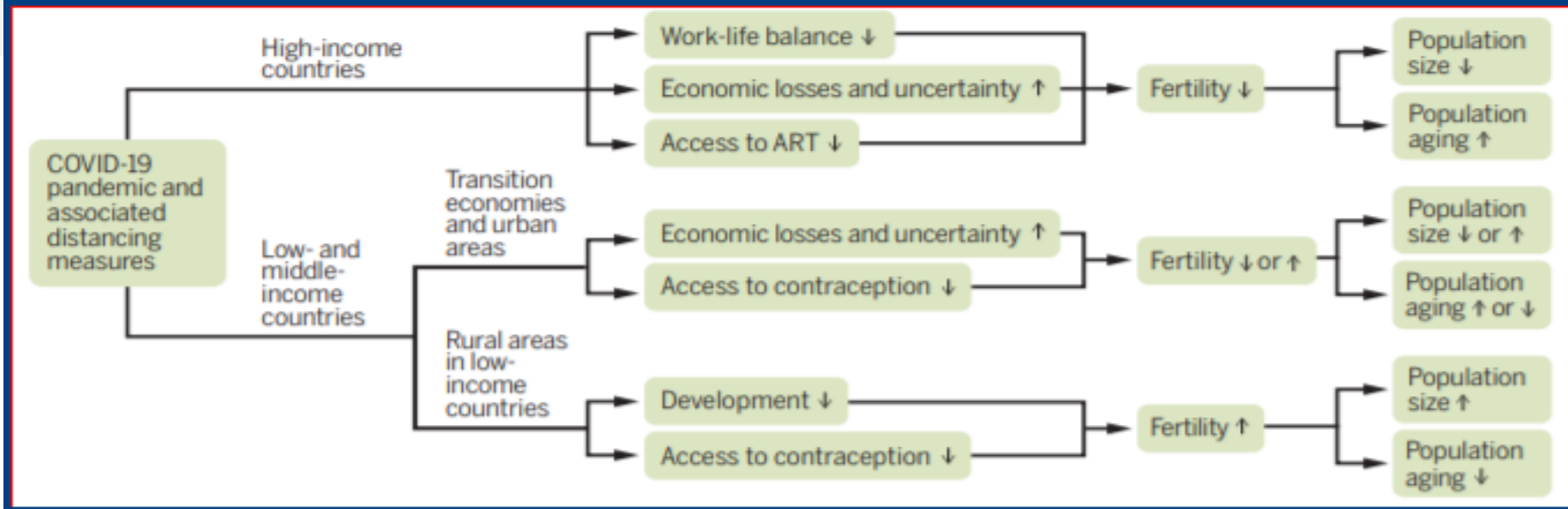
Covid-19 may affect fertility in many ways

- Limited evidence on Covid-19 effects on fertility intentions (Guttmacher)
- Regional evidence on impact of COVID-19 on FP/SRH service disruptions (UNFPA ESA; Guttmacher)
- STFF data on Europe/USA/Asian - COVID associated decline in births
- Our focus is on UNFPA Program countries (LMIC)

HISTORY: *Aassve Science, 2020 / Economist 2020 / APRO (Wilkins):*

- Based on history, pandemic likely to lead to ***fertility decline in high-income countries*** in the short-term;
- But potentially ***increased fertility in developing countries*** where access to contraception services are compromised

Hence, COVID-19 likely affecting birth rates differently, according to socioeconomic conditions, access to contraception (abortion)



The impact of lockdown on FP/SRH access

- Disruption in supply chains / FP stockouts/shortages
- Suspension of long-acting & permanent methods (LAPM) e.g. India
- In Malawi, school closures & limited household economic resources during the COVID-19 period, contributed to an 11 % of teenage pregnancy (UNFPA ESA report)
- Outpatient visits declined in 10 of 12 ESA countries
 - Range of the decline: - 5% in Zambia to - 48% in Zimbabwe
- Use of FP services declined in 6 of 12 ESA
 - Range of the decline for Injectable: - 10% in Tanzania to - 87% in Angola

The proposal : Data collection

- **To understand Covid-19 impact on fertility, data from national registration systems is essential**
 - Collection from start of 2018 (pre-COVID) and onward;
 - Include data on timing of COVID-19 arrival/lockdowns in country
 - The data required: Covid-19 start date, scale of infections, and response policies (lockdowns) differ by country
 - Potential “late reporting” due to COVID-19 - *(for EGM discussion)*

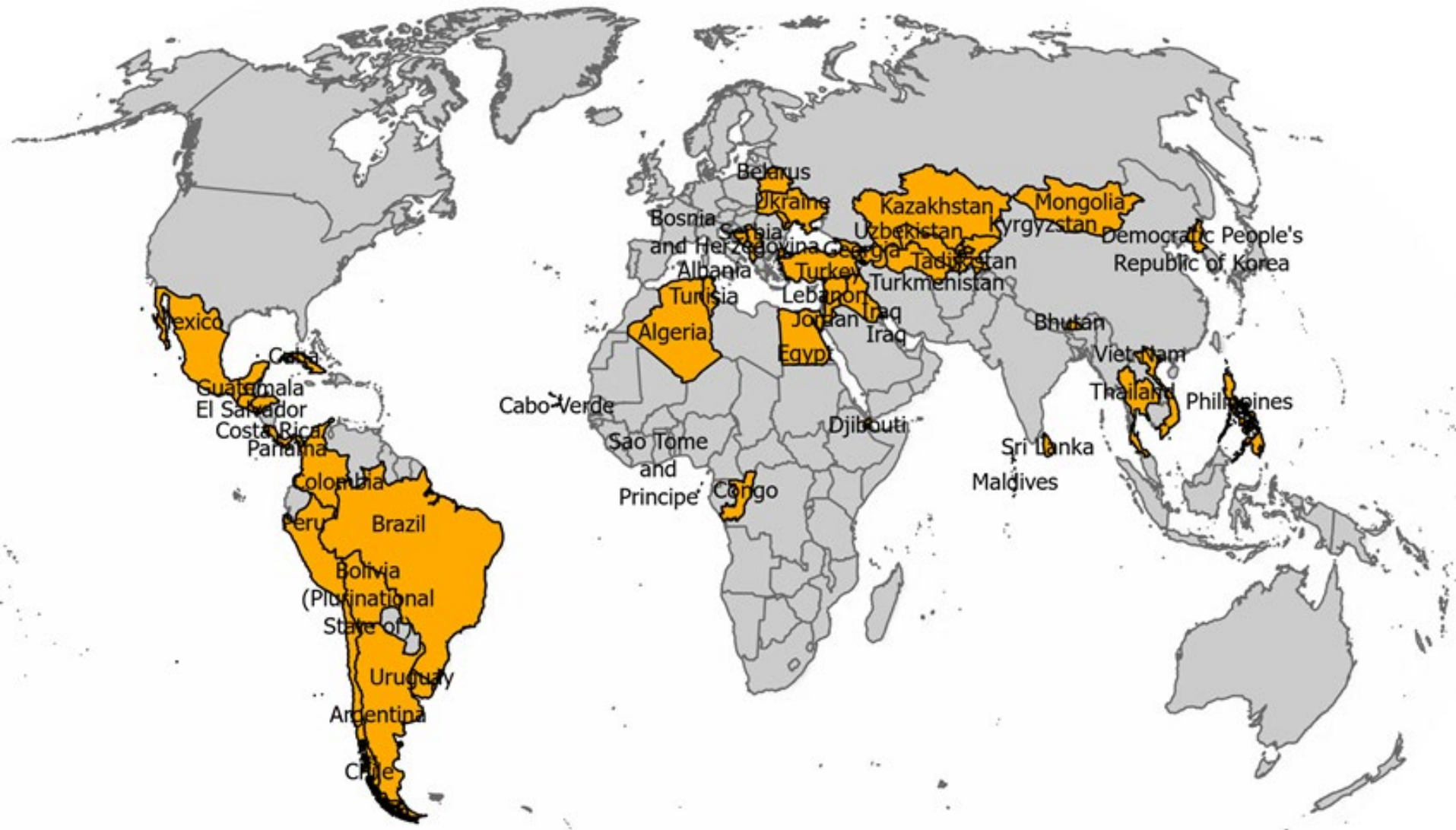
⇒ **Currently setting up the research structure, engagement with COs**

The proposal : Data collection

- Focus on UNFPA program countries
- Invite to COs based on:
 - Completeness - (SDG indicator 16.9.1 used to identify countries with **completeness >90%** - 53 UNFPA COs met this criteria
- Further attributes being queried now:
 - Is it digitized/electronic CRVS system?
 - Was CR an essential service during COVID?

UNFPA Regions	# countries
Arab States	15
Asia & the Pacific	9
Latin America & the Caribbean	16
West & Central Africa	3
Eastern Europe & Central Asia	10

Countries opting-in



The proposal : Data collection

Data sources

- Birth count data obtained from CRVS
- Secure monthly (or quarterly) birth registration data for 2018, 2019, 2020, 2021 onwards
- Dates of Occurrence and of Registration (detecting changes in delays due to COVID-19)
- Data quality assessment?: Plans are to assess consistency (CV%) by earlier annual national reports by provinces / states / by season for unaffected years 2018-2020 - see if that holds for 2021 data

The proposal : Data analysis

- Assess patterns in birth occurrences in pre-COVID and since COVID-19 in countries, and identify any alignments with the pandemic in-country, and national responses/lock-downs
 - Relative (percentage) changes in the number of births compared with the same month/same quarter in the preceding 2 year(s) - for a given country
- Need to carefully explore potential for registration **delays** during the pandemic (e.g. where data available, tracking the delta between occurrence and registration in prior and COVID years)

Acknowledgement

Seoyoung Kim

Romesh Silva

Tapiwa Jhama

Rachel Snow

UNFPA Country Office Teams

Thank You!