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

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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)
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?

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<th>UNFPA Regions</th>
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<td>Arab States</td>
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Countries opting-in
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)
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Thank You!