

EFFECTS OF COVID-19 PANDEMIC ON FERTILITY IN EGYPT

Nahla Abdel Tawab, MD, DrPH

Nesrine Salama, MD

Sally Radwan

Mohamed Ramy

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COVID-19 in Egypt

- First case of coronavirus in Egypt was announced in mid-February 2020.
- Partial lockdown was imposed between mid-March and 27 June 2020.
 - Closure of schools, restaurants and worship homes
 - Work from home and suspension of some economic activities
 - Curfew from 8 PM to 6 AM
- Between January 3, 2020 and May 1, 2021 Egypt has recorded 227,552 confirmed cases and 13,339 COVID 19 deaths.



Fertility and family planning in Egypt (pre COVID-19)

- Egypt's population was estimated at 102 million people in mid 2020.
- Egypt's fertility rate has been undergoing a steady decline since 2014 and was estimated at 3.25 in 2020.
- 57% of ever married women used modern contraception in 2014.
- Ministry of Health facilities were the main source of FP methods accounting for 57% of users while the private sector (private clinics, pharmacies and NGO clinics) accounted for 43%.
- Unintended pregnancies accounted for 15% of all last births (MOHP, El Zanaty and Associates and ICF, 2015).
- The effects of COVID-19 lockdown measures on Egypt's fertility have not been ascertained.

Effects of COVID-19 pandemic on fertility: global evidence

- In low and middle-income country (LMIC) settings where access to family planning services may be limited, an increase in unintended pregnancies in 2020 and 2021 may be expected (UNFPA Asia-Pacific Regional Office, 2020).
- UNFPA estimates indicate that in 2020/2021, 12 million women have experienced contraceptive interruptions leading to 1.4 million unintended pregnancies (UNFPA, 2021).

COVID-19 and access to FP/ RH services: global evidence

- **Disruption in the provision of FP/ RH services may be a result of:**
 - halts in the contraceptive supply chain
 - straining of health services systems
 - drop in demand for FP/RH services
 - reductions in household incomes

(UNFPA Asia-Pacific Regional Office, 2020)

A study of the effects of COVID-19 on women's access to FP services

- As part of a project that aims at expanding the role of the private sector in family planning service delivery in Egypt, the Population Council/Evidence Project with support from USAID conducted an exploratory study to:
 - Explore potential challenges that may have hindered women's access to FP/RH services during the COVID-19 lockdown.
 - Identify effects of the above challenges on women and their families.

A study of the effects of COVID-19 on women's access to FP services

- The study involved semi-structured phone interviews with 30 married women (aged 18–35) who sought to use FP between 15 March and 15 July 2020 in Port Said and Souhag governorates.
- Of 30 women who sought FP services during lockdown months, 17 mentioned challenges in accessing FP services.



Challenges faced by women in accessing FP services

- **Fear of infection**

Fear of COVID-19 transmission caused some women to:

- Delay seeking FP services
- Delegate a family member to obtain FP method for them
- Switch from public to private FP services as the former were perceived as unsafe and as not following protective measures

“My oral pills had been causing me bleeding my health really deteriorated to the extent that my anemia level reached 6. I was unable to carry out my job or even take care of my house chores. I was dying slowly from fear...”

— 34-year-old mother of three children, Port Said

“I used to send my husband to get it (injection) for me because there were many corona cases in our village .. everyone was afraid to go out ... then my neighbor gives me the injection ”

— 31-year-old mother of two children, rural Souhag

Challenges faced by women in accessing FP services

- **FP method stock outs**
- Several public facilities were out of oral pills and 3-month injectables during lockdown months.
- Private pharmacists witnessed stock outs of one-month injectables and some brands of oral pills.

“ The problem is the health unit was not offering FP methods at the time of corona and I was afraid to be even one day late otherwise I could get pregnant .. now I get them at the pharmacy .. I am happy even though I pay LE 25 for a pack of pills”

— 32-year-old mother of three children, rural Souhag

Challenges faced by women in accessing FP services

- **Service inaccessibility**

- Some women were denied IUD insertion because providers were allegedly afraid of catching COVID-19 infection.

“I went to the health unit to insert an IUD, but the doctor said to me we are not inserting IUDs at the time, but I will give you oral pills that are good for you because you are breastfeeding .. as I was walking out the nurse informed me that the doctor was not inserting IUDs because she was afraid of infection (COVID) .. I got scared and decided not insert an IUD until corona go away completely...”

— 26-year-old mother of one child, Port Said

Challenges faced by women in accessing FP services

- **Closure of facilities / diversion of resources towards COVID-19**

- Several health units or even private clinics were closed during COVID-19 lockdown.

- Several hospitals were converted into quarantine centers.

- Long wait lists to receive services at public or private facilities.

“They told me that there were no follow-ups or FP methods available at the center. I was told that if I wanted to get any FP method, I should call the hotline and schedule an appointment, which could be a month later.. ”

— 26-year-old mother of four children, Port Said

Effects of limited access to FP services on women and their families

- Increased financial burdens to pay for FP services at private facilities and pharmacies and cover costs of private transportation.

“Before Corona I used to pay L.E. 2.0 for a packet of pills at the health center but now I need to have L.E. 120 every month to buy two packets of oral pills in case I run out of money the following month, or I cannot find the same brand.... Obviously, this puts a lot of pressure on our limited household budget”.

—28-year-old mother of two children, Port Said

Effects of limited access to FP services on women and their families

- Some women discontinued their method due to increased costs and delays in care.

“They said if you need family planning services you need to schedule an appointment through the call center.... We then had to buy the pills at the pharmacy for L.E 40 per packet...I took them for a few months and then honestly me and my husband could not afford those costs .. they were too high for us.... I stopped taking them until things got better.... I went to a private doctor and inserted an IUD....”

—34-year-old mother of four children, Port Said

Effects of limited access to FP services on women and their families

- Some women experienced unintended pregnancies due to lack of access to affordable FP services.

“After I had my baby there were no public hospitals that were offering FP services .. I could not go to a private doctor because of the high costs especially that my husband had taken a loan and I borrowed money to cover costs of my C-section.... I was planning to insert an IUD at the health unit once I go back to Souhag.... I bought a 3-month injection at the pharmacy...my sister gave it to me because at the pharmacy they refused to give injections during Corona.... unfortunately, I got pregnant.”

—30-year-old mother of four children, rural Souhag

Conclusion

- Women in Egypt faced several challenges in accessing FP services during the COVID-19 lockdown.
- Poorer women and those in remote rural areas were more likely to suffer a disproportionate impact on access to family planning and associated unintended pregnancies.
- Those who could not afford the cost of private services delayed seeking care or ended up receiving sub-optimal care by untrained personnel.
- Limited access to affordable FP services posed a financial burden on women and their families and exposed women to risks of unintended pregnancy.
- Limited access to FP services by several sub-groups of women during lockdown months may have had an impact on national levels of unplanned pregnancy and overall fertility levels.

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ntawab@popcouncil.org

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