



# Gendered Impact of COVID with implication on fertility: Early Indications

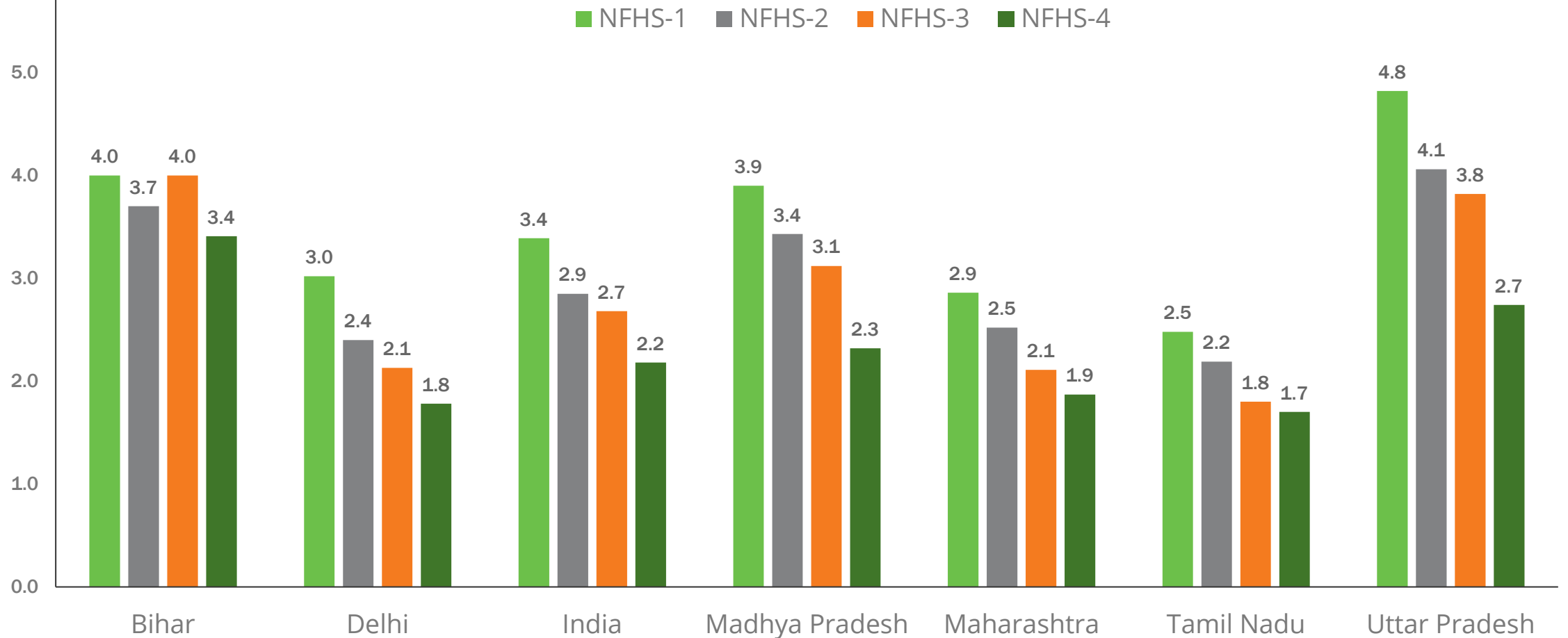
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# Presentation layout

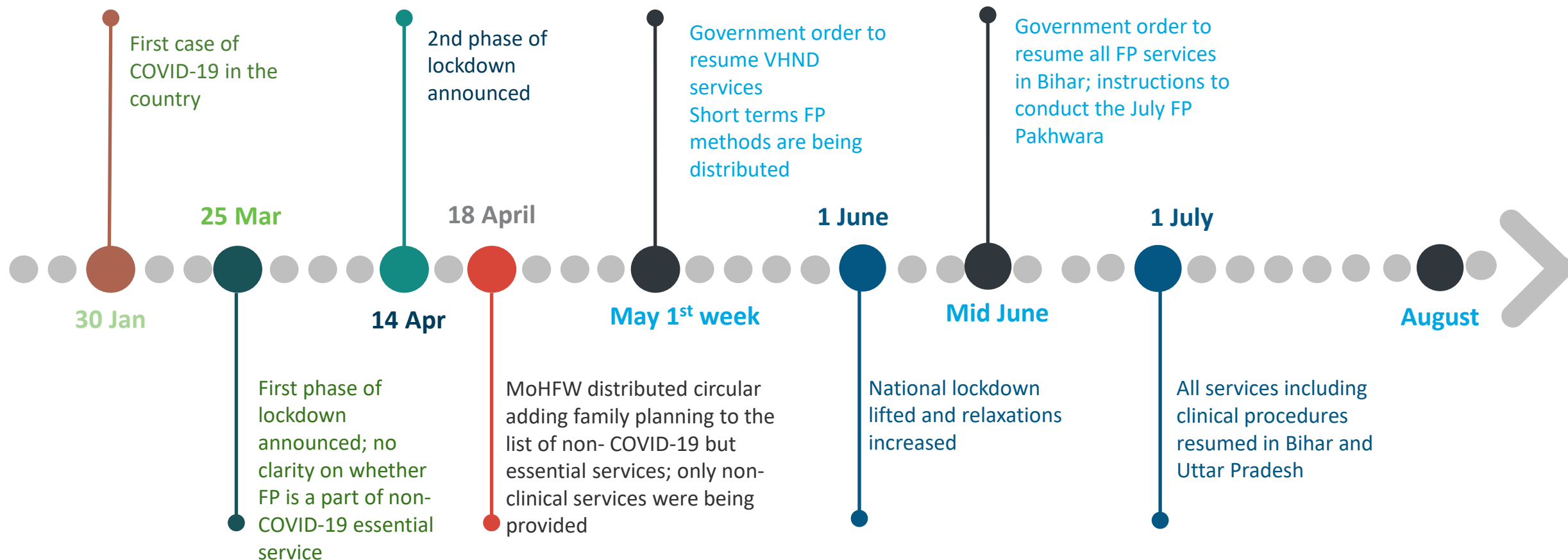
- Fertility trend in India
- Locking and unlocking phases
- Disruption in SRH services
- Effect on household and spousal dynamics
- Demand and access to FP and abortion services
- Conclusion

# Fertility Trends in India

Total Fertility Rate-Selected States, NFHS: Round 1-4



# COVID in India: Locking and Unlocking with Disruption and Resumption of SRH services



# Early predictions on impact of disruption in SRH services

*(assuming services to resume with full capacity by September 2020)*

- 25.6Mn couples unable to access contraceptives
- 2.37Mn unintended pregnancies
- 1.44Mn abortions
- 834,042 unsafe abortion
- 1743 maternal deaths

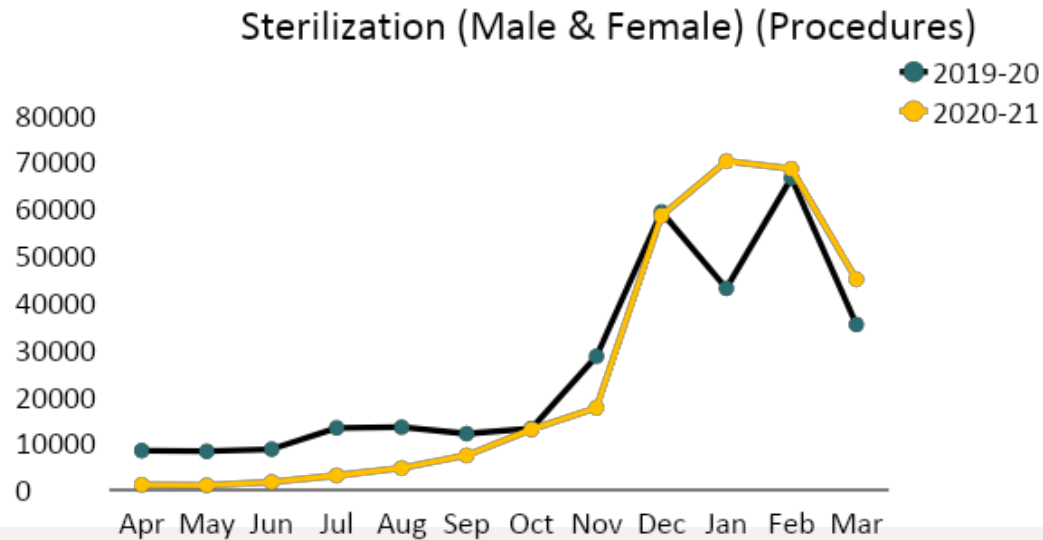
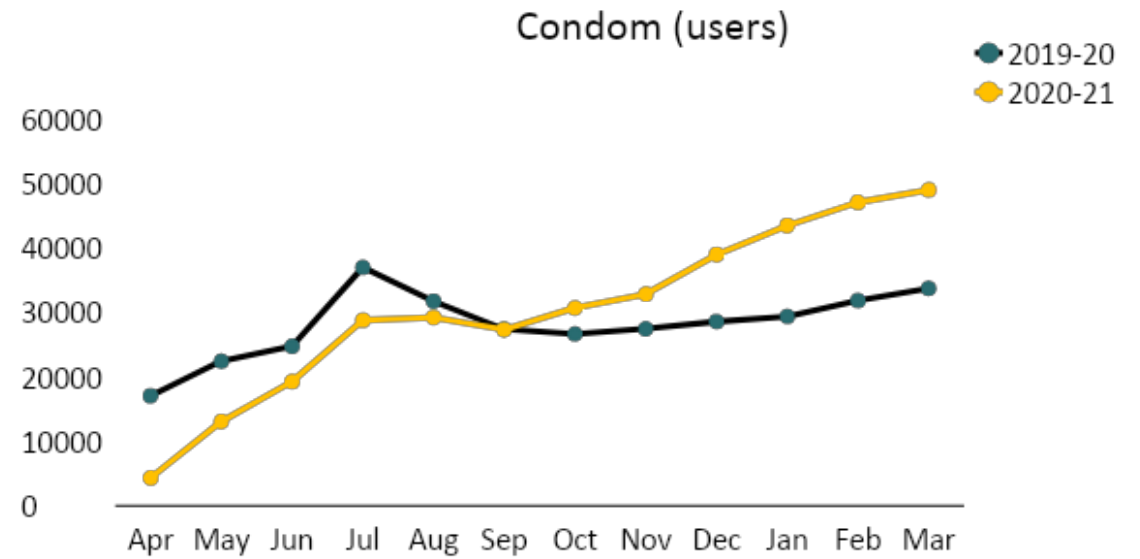
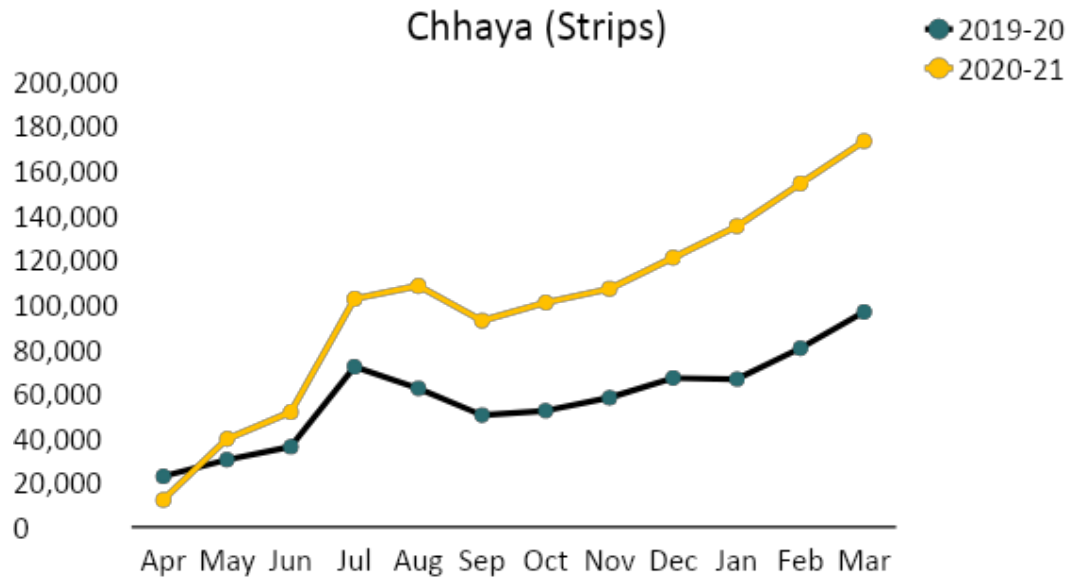
# Service resumption slow, access even slower

## Evidence from Bihar

- Availability of
  - spacing method – all facilities
  - Counseling services – 3/4<sup>th</sup> facilities
  - Limiting methods – half of the facilities
- OPD was closed but FP services were available as emergency services
- 3/4<sup>th</sup> MOICs/ANMs reported some difficulties in delivering FP services (during lockdown) at the facility
- Shortage of health staff with increased workload
- Irregular follow-up services
- Decrease in footfall of FP clients (Increase in demand for condom)

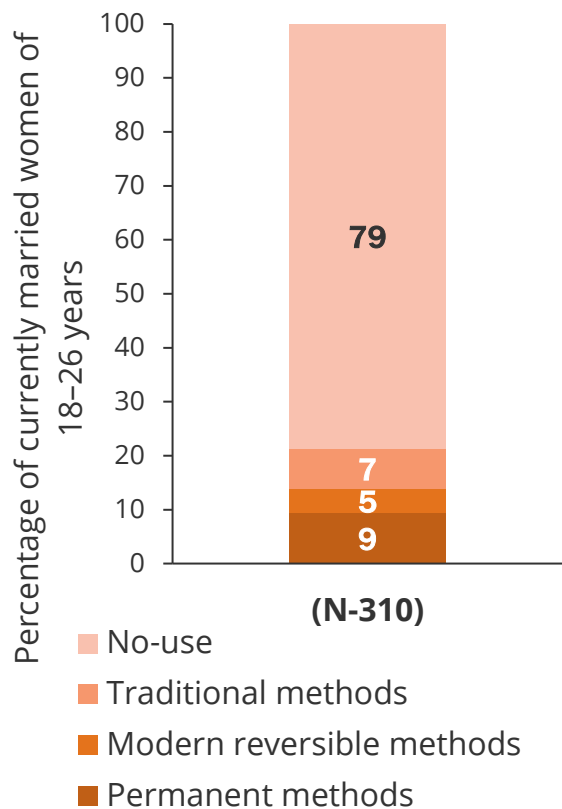


# FP Service Uptake in UP during FY'19-20 & FY'20-21



# Contraceptive Uptake: Low among young couples and declined further during COVID

**Bihar**



For example, modern contraceptive use among married women (19-24 years)

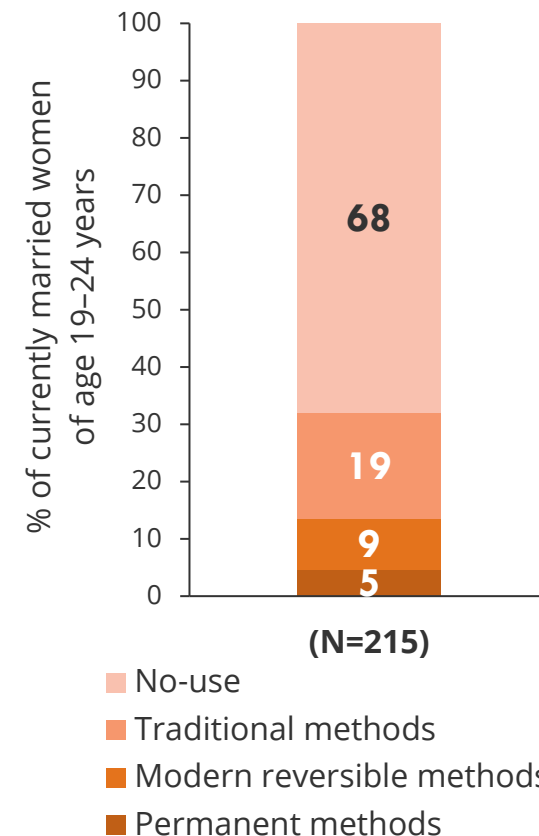
**18%** (Oct 2019 - Feb 2020 survey in UP)



**13.5%** (June 2020 survey in UP)

Among non-modern method users, 11% expressed the need for modern methods and an additional 19% reported their inability to access FP services from health facilities due to lockdown.

**Uttar Pradesh**





## Household & spousal dynamics during COVID

- Lockdown confined couples and other household members
- Fear and loss of livelihood
- Gendered division of household labor increased the unpaid burden of work on women and girls
- Increased violence within households
- School closure heightened risk of drop-out and early marriage

## Demand and access to FP services

- Increased demand for sex - sex as a release from the psychological distress for men; frustration with the increased sexual activity among women
- Restricted mobility and fear of infection limited access to facility
- Heightened aspirations of young people to achieve economic stability provides an opportunity to position FP to achieve those aspirations
- Condoms came out to be most preferred and accessible method.
- Pharmacists and RMPs emerged as the de-facto focal point for purchase of contraceptives

## Increased demand with restricted access to abortion services

- Increased unplanned pregnancies
  - Reduced access to contraceptives
  - Increased domestic violence
  - Change in cohabitation pattern with return of migrants
- Reduced availability and access of services
  - Lack of clarity about abortion as an essential service and as a service permitted by telemedicine,
  - Shortages in raw material, limited inter- and intra- state transport of drugs,
  - Reduced mobility
  - Increased burden of child/elderly care

## Deepening Inequalities

- Demand higher among women from socially disadvantaged castes and tribes
- Contraceptive need was higher among women living in areas with perceived risk of COVID-19 with poor access
- Access to family planning services was limited among marginalized communities than 'others' during the lockdown
- Low preparedness in areas with high male out-migration may have affected access and use of contraceptives when large number of male migrant returned during lockdown

# Conclusion

- SRH as essential services – Initial confusion with low priority had prolonged consequences
- High unmet need for FP and abortion coupled with restricted access likely to increase unplanned pregnancy, unsafe abortion and untimed births, particularly among marginalized population
- With pronounced gender role during COVID crisis, women's ability to negotiate bodily autonomy and safe sex has diminished. In this situation, not only health system deprioritize SRH services, but women are also accepting it as an altered reality
- Need to undertake qualitative studies to build nuanced and contextual understanding of COVID impact and centerstage gender in fertility estimates.

# Thank you!

