International Journal of Social Science Research and Review

http://ijssrr.com
editor@ijssrr.com
Volume 6, Issue 6
June, 2023
Pages: 69-75

The Effects of COVID-19 Lockdown Restrictions on Access to Family Planning Services by Women of Childbearing Age in Harare, Zimbabwe

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http://dx.doi.org/10.47814/ijssrr.v6i6.1213

Abstract

Objectives: The research aimed to assess the effects of COVID-19 lockdown restrictions on access to family planning services by women of childbearing age in Harare, Zimbabwe . **Materials** and methods: The study used a cross-sectional explanatory research design to assess the effects of lockdown restrictions on access to family planning services by women of childbearing age in Harare, Zimbabwe. A multi-stage cluster sampling was used to select the study respondents, who were women of childbearing age. The researcher used a structured questionnaire to collect information electronically from a sample of 384 women of childbearing age in Harare between December 2021 and January 2022. Statistical Package for Social Scientists (SPSS) was used to analyse the data. The researcher used descriptive statistics to determine the percentage of women who accessed family planning services during the COVID-19 lockdown period. In addition, inferential statistical analysis was used to assess whether there was any significant difference in the level of satisfaction, comfortability, and accessibility of the family planning services by women of childbearing age before the lockdown and during the lockdown. **Results**: Data analysis revealed that the COVID-19 lockdown greatly affected access to family planning services. The results revealed decreased levels of satisfaction and "comfortability" with the family planning services women were receiving as a result of the COVID-19 pandemic. **Conclusion**: These results revealed that there is a need for the government to offer resources such as equipment to support mobile clinic services and to provide suitable personal protective equipment to the health workers during pandemics.

Keywords: *Health; Lockdown Restrictions; COVID-19; Family Planning; Pandemic*

Introduction

The COVID-19 lockdown restrictive measures were a new phenomenon in many countries, including Zimbabwe. Several scholars postulated that many countries in Africa implemented strict

lockdown measures to contain the spread of the COVID-19 virus (Riley et al, 2020). Zimbabwe recorded the first case of COVID-19 on 21 March 2020. On 30 March 2020, the government imposed a 21-day national lockdown and closed all the borders to try to stop the spread of the coronavirus. It became so difficult for people to walk or travel from one place to another. This could have affected access to family planning services. As such, the effects of the COVID-19 lockdown on family planning services are of much concern among the researchers. The shutdown of non-essential services, physical distancing, mandated lockdowns, and economic downturns are some of the factors that were expected to affect the reproductive health care outcomes of women (Riley et al, 2020). As of March 2021, the United Nations Population Fund (UNFPA) predicted that 12 million women in Low- and Medium-Income Countries (LMICs) faced barriers in accessing family planning services as a result of COVID-19, leading to 1.4 million unintended pregnancies (UNFPA, 2021). While it is expected that such restrictions have affected reproductive health care access globally (Riley et al, 2020; Sharma et al, 2020; Bolarinwa, 2021), there is limited literature on the effects of COVID-19 lockdown restrictions on access to family planning services in Harare, Zimbabwe.

The Total Fertility Rate (TFR) for Zimbabwe is 4.1 children per woman (ZIMSTAT, 2012). It is evidently higher for women who are less educated (4.9), poor (5.3) and living in rural areas (4.8). General fertility has decreased among women above 20 years of age in the past two decades but has increased for those in the 15-19 age group (Zimbabwe National Family Planning Strategy (ZNFPS) 2016 – 2020). In Zimbabwe it has been a challenge for young people to meet their sexual and reproductive health and rights needs. Even though the country's unmet need for family planning of 13% is the lowest in Sub Saharan Africa, it has remained static for the past two decades (Zimbabwe National Family Planning Strategy 2016–2020). This implies that, there are about 13% potential users of contraceptives who are not using either due to non-availability of contraceptives or because of limited access to family planning services. These include potential users of both spacing (7%) and permanent (6%) methods. The unmet need differs with population groups and the geographical area (Zimbabwe National Family Planning Strategy 2016–2020). Since there is limited evidence as to how access to family planning was affected by the COVID-19, this study intended to fill the gap in the current body of knowledge on the effects of COVID-19 lockdown restrictions on access to family planning services in Harare, Zimbabwe.

An analysis of data conducted by UNFPA and Avenir Health for 115 low- and middle-income countries in January 2021, revealed that despite some concentrated decreases in access during April and May 2020, most countries were able to restore and maintain access to essential health services, including family planning. However, the impact of COVID-19 on access to health services was different across countries. They further revealed that, about 12 million women may have been unable to access family planning services due to COVID-19 pandemic, with interruption of supplies and services lasting an average of 3.6 months (UNFPA, 2021). This number could be as high as 23 million on the higher end of projections, or as low as 4 million at the lower end of projections. As a result of these disruptions, an estimated 1.4 million unintended pregnancies may have occurred before women were able to continue with the use of family planning services (UNFPA, 2021). The health systems of LMICs which are performing at a sub-standard level as a result of lack of skilled health workers, logistics and organisational level were further weakened by the COVID-19 pandemic (Okereke et al, 2021). The early efforts taken by all the countries to stop the spreading of the pandemic included lockdown within their cities, regions and neighbouring borders (UNFPA, 2021). Health care utilisation was affected by lockdown and suspended transportation (Akseer et al, 2020). The lockdown restrictions also affected the health care supply chain to such an extent that commodities and supplies for family planning were not accessible (Ullah et al, 2020). Family planning services were negatively affected by the pandemic as a result of reduced workforce at primary health facilities (Ullah et al, 2020). The health care workers, personal protective equipment and other essential health facilities were all diverted to the prevention of COVID-19 infection (UNFPA, 2021). In the private sector, facilities were reduced as a result of limited resources and fear of spread of infection (Akseer et al, 2020).

Materials and Methods

The study was carried out in Harare province, in Zimbabwe. The researcher used a cross-sectional explanatory research design to assess the effects of lockdown restrictions on access to family planning services by women of childbearing age in Harare, Zimbabwe. The researcher used a structured questionnaire to collect quantitative data from a sample of 384 women of childbearing age in Harare between December 2021 and January 2022. The data was collected electronically using tablets and phones on the Open Data Kit (ODK) application and it was sent to an excel sheet in the google drive server. We used descriptive statistics to calculate the proportion of women who accessed family planning services during the COVID-19 lockdown period. Furthermore, we used inferential statistical analysis (t-test) to assess the level of satisfaction, comfort and accessibility of the family planning services by women of childbearing age and to test for significant differences between before the lockdown and during the lockdown.

Ethical Considerations

Ethical clearance was sought from the WUA ethics review committee. The ethical clearance was used as a form of letter to conduct the study by the university. The principle of voluntary participation was explained to the respondents, and they were also informed that they have the right to withdraw from the study at any time. The researcher obtained informed consent from all the study respondents before embarking on data collection. Every participant was obliged to sign a consent form indicating that they have understood the objectives of the research and voluntarily agreed to be part of it.

Results

The study revealed that out of the 384 interviewed women, (39%) were unemployed, 31% are self-employed and 30% are employed. The study indicated that 51% of the interviewed women had access to family planning services during the COVID-19 lockdown restrictions. The level of satisfaction with family planning services by the respondents significantly decreased from a mean score of 4.33 before the COVID-19 pandemic to 3.42 during the COVID-19 lockdown (p-value < 0.001). This could be an indication of how family planning service provision was affected by the COVID-19 pandemic as the health care workers relegated it non-essential health services. Though family planning services were available during the lockdown restrictions, the respondents' level of comfort decreased from a mean score of 4.43 before the COVID-19 pandemic to 3.57 during the COVID-19pandemic (p-value < 0.001). This could be attributed to the fear of contracting COVID-19 by the surveyed women. Furthermore, the level of accessibility of the family planning services decreased from a mean score of 4.6 to 2.6 (p-value < 0.001). Table 1 shows the mean scores of each of the dependent variables before the lockdown and during the lockdown.

Table 1: Mean scores on the dependent variables before COVID-19 and during COVID-19

Variable	Before lockdown		During lockdown	
	Mean	Std. deviation	Mean	Std. deviation
Accessibility	4.6	0.885	2.6	0.905
Satisfaction	4.33	0.653	3.42	0.933
Comfortability	4.43	0.601	3.57	0.885

Discussion

This section presents an in-depth discussion of the research findings based on research objectives. The study revealed that of the 384 interviewed women, (39%) were unemployed, 31% were self-employed and 30% were employed. This could be attributed to the economic situation in the country which was also worsened by the emergence of the coronavirus pandemic. More women than men lost their jobs during the early stages of the pandemic (Nieves et al, 2021). In many countries, the hardest hit sectors include sectors that employ an unequal number of women, and these include the tourism, hospitality, and retail industries (Nieves et al, 2021). This implies that most women lost their jobs during the coronavirus pandemic. Hence, some women might have lost their jobs as a result of the coronavirus pandemic, and this explains why most women were unemployed.

In terms of access to family planning services and number of women visiting the clinics during the coronavirus pandemic, some researchers indicated that the numbers decreased because of the coronavirus pandemic. This study revealed that only 51% (about half) of the interviewed women managed to visit the health facilities for family planning services during the coronavirus pandemic. This is in line with the results from a study conducted in Nigeria by Adelekan et al (2021), which indicates that the number of clients who received care halved during the lockdown compared to before the lockdown. About 49% of the women did not visit the health facilities. This might be due to lockdowns and unavailability of services at the health facilities.

The level of accessibility of family planning services decreased during the COVID-19 pandemic. This is in line with Leight et al, (2021), whose results indicated that pandemic related lockdowns contributed to a 20% decrease in contraceptive uptake in rural Mozambique. Leight et al, (2021) further postulated that once the lockdown was lifted, the contraceptive referrals by community health workers increased by 18%. These results clearly indicate that there were so many changes in terms of sexual and reproductive health needs during and after lockdowns. This implies that since lockdowns were imposed as a measure to stop the spread of the coronavirus pandemic, it reduced the uptake of contraceptives. Their results also indicated that there was also an increase in uptake among women who were not using contraceptives, and this implies that there was more need for sexual and reproductive health care needs after the lockdowns. This implies that the demand for family planning services increased during the coronavirus pandemic. Hence the coronavirus pandemic affected the family planning needs of women. There are few quantitative studies on access to family planning services (Bolarinwa, 2021) and one of the studies revealed that 20% of the survey participants in Burkina Faso, Ethiopia, and Nigeria indicated that there was difficulty in accessing family planning services as a result of COVID-19 (Assefa et al, 2021). A study by Sileo et al, (2023) revealed that the COVID-19 pandemic significantly disrupted delivery of family planning services. The effects were mainly caused by the introduction of COVID-19 containment measures. Health workers and community members indicated that the direct effect of COVID-19 on use of health service in the community was fear of infection (Sileo et al, 2023).

The level of satisfaction when accessing the family planning services decreased during the COVID-19 pandemic. These results contradict with the results from a study conducted by International Rescue Committee on access to sexual and reproductive health services during the COVID-19 pandemic. The study revealed that participants expressed overall satisfaction with provision of services and the services quickly rebounded back to normal after each COVID-19 wave (International Rescue Committee, 2022) .This implies that, level of satisfaction decreased in some areas or countries, whilst in other countries clients were satisfied with the family planning services, they were given during the COVID-19 pandemic.

A study by Awan et al, (2021) revealed that participants were satisfied about the waiting time at the facility, its opening hours, counselling services, respectful treatment of clients, and were satisfied with

the price, both before and during COVID-19. At the same time, the overall client satisfaction remained above 90% before and during the pandemic. In remote rural areas where outreaches were conducted, most clients were satisfied with the waiting time at the outreach facility, its opening hours, counselling of clients, respectful treatment of clients, and satisfaction with price. Percentages for most of the indicators were reported to be about 89% and above, before and during COVID-19. The overall satisfaction remained above 90% before and during the pandemic. This result contradicts with the results from this study and there is need for further research on the impact of COVID-19 on client's level of satisfaction with the family planning services.

The level of comfortability when accessing family planning services decreased during the COVID-19 pandemic. With the easing of lockdown and less stringent mitigation measures, we have outreaches resuming even at the community level. There are more health workers at the facilities and village health teams can move from home to home. Family planning clients are more comfortable with village health teams visits hence an increase in contraceptive distribution (Kabagenyi et al, 2021). This can be attributed to the fear of contracting the coronavirus pandemic and the fear of getting tested and sent to the quarantine centres if the test comes out positive for coronavirus. According to Dupuis et al, (2021), movement restrictions, social distancing and the closure of many services, incited a reasonable level of fear for possible exposure to COVID-19 for many people. Therefore, fear of contracting the coronavirus pandemic has affected the ability for people to safely reach out to health care providers to receive their sexual and reproductive health care needs. Therefore, women were not comfortable with visiting the health care facilities for sexual and reproductive health services due to fear of contracting the coronavirus. This implies that the coronavirus pandemic has emotionally affected women in terms of access to sexual and reproductive health services.

Limitations

Data collection for this study was carried out between December 2021 and January 2022 and the questions were based on the first two lockdowns which were introduced in Zimbabwe. This could have affected the results of this study. Also, the study looked at women of childbearing age and the study did not take into account the fact that women are not homogenous, hence it did not take into account the views of women with disabilities, and it did not take into account the socio-economic differences among women. It also left out the views of women and all these areas can be included in the areas for further studies. Cultural and religious beliefs can also be a major hindrance towards access to family planning methods.

Conclusion

The study established the extent to which the COVID-19 pandemic affected access to family planning services by women of childbearing age. The knowledge achieved from the results of this study confirms that movement restrictions imposed during COVID-19 pandemic have a negative impact on access to family planning services. The results could be beneficial to the government and other partner organisations in formulating policies and regulations that will ensure access to family planning services is not disturbed during pandemics. It will also help family planning service providers mainly the Ministry of Health and Child Care to implement appropriate strategies such as outreaches that would ense uninterrupted availability and access to family planning products and services during pandemics. Furthermore, the results could be a source of reference by other researchers and the study can be used as a basis for future studies on the effects of restrictions on other essential health services.

Acknowledgment

The authors would like to thank all the respondents who participated in the study which led to the findings presented in this study.

Declaration of Interest Statement

No potential conflict of interest was reported by the author(s).

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