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TRENDS IN FAMILY PLANNING SERVICES IN BANGLADESH BEFORE, DURING, AND AFTER COVID-19 LOCKDOWNS

Evidence from National Routine Service Data

Clear and sustained disruptions in family planning service provision are evident from short- and mid-term analyses of district service trends before, during, and after COVID-19 lockdowns.

- Shorter-acting contraceptive methods such as condoms and pills were less severely affected in April and May, and recovered to near pre-lockdown levels by July.
- Provision of contraceptive implants in particular, as well as intrauterine devices to some extent, were severely affected. Implant provision was affected nationwide immediately following the lockdown, with no substantial recovery by July.

Background

Bangladesh instituted a national lockdown to contain community transmission of COVID-19 initially for 10 days, from March 26th to April 4th, 2020, then extended successively through May 30th. During the lockdown, the pandemic and its mitigation measures’ impacts on social, economic, and financial aspects of life in Bangladesh were widely documented.^{i,ii,iii} Disruptions to the health system, however, have received relatively less attention.

This study analyzed the impacts of COVID-19 and its related mitigation measures on family planning (FP) services in Bangladesh, examining national and district trends for distribution and use of short-acting, long-acting and reversible, and permanent contraception, utilizing publicly available service statistics from before, during, and after the lockdowns.

Methods

Monthly service statistics from the Directorate General of Family Planning (DGFP) of the Ministry of Health and Family Welfare (MoHFW) of Bangladesh were examined to determine trends in distribution and provision of short-acting (pill, condom, injectables), long-acting and reversible (intrauterine device and implant), and permanent contraceptive methods from January to July 2020, utilizing service statistics from both public and private sector providers that constitute DGFP data. Comparisons with data from the first seven months of 2019 helped account for seasonal trends.

National Results

Short-Acting Methods: Distribution of pills and condoms had declined somewhat prior to the lockdown, followed by a marked decline in April that coincided with the beginning of the lockdown, which occurred in late March (Figure 1).

Figure 1. Distribution of Pills and Condoms January 2020 to July 2020

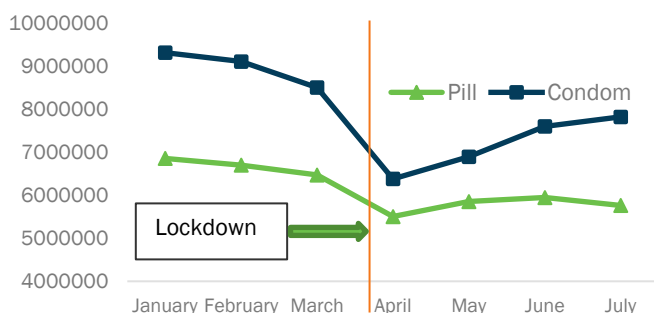
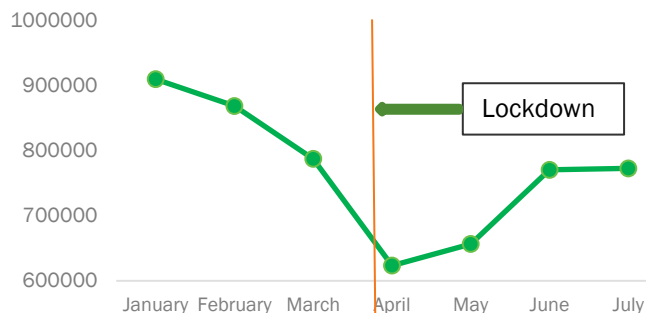


Figure 2. Injectable Acceptors January 2020 to July 2020



Injectable contraception acceptors declined more precipitously at the beginning of the lockdown (Figure 2). Between June and July, all three methods were recovering from their lowest levels of provision in April.

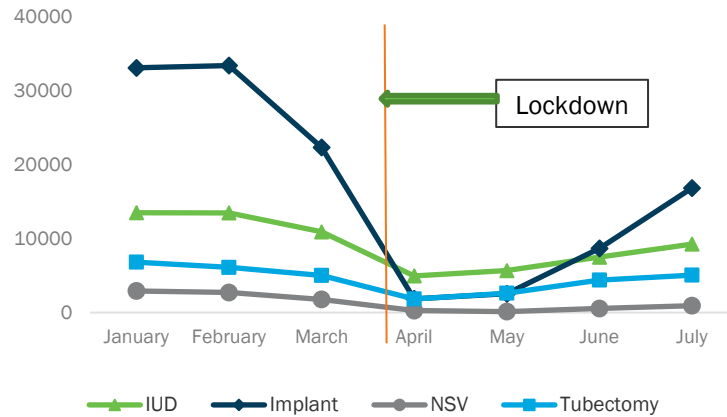
ⁱ PPRC & BIGD, May 2020. PPRC-BIGD rapid response research. Livelihoods, coping and support during COVID-19 crisis. <https://bigd.bracu.ac.bd/wp-content/uploads/2020/05/PPRC-BIGD-Final-April-Survey-Report.pdf>

ⁱⁱ Hamadani et al. 2020. Immediate impact of stay-at-home orders to control COVID-19 transmission on socioeconomic conditions, food insecurity, mental health, and intimate partner violence in Bangladeshi women and their families: an interrupted time series. *The Lancet Global Health*.

ⁱⁱⁱ Population Council. 2020. Bangladesh: COVID-19 Knowledge, Attitudes, Practices & Needs: Responses from the first round of data collection among adolescent girls in five districts.

Long-Acting and Reversible Methods: Long-acting and reversible contraceptives (LARCs) such as intrauterine devices (IUDs) and implants, along with permanent methods such as non-scalpel vasectomy (NSV) and tubectomy, were all clearly disrupted in April, at the beginning of lockdowns. Implants were particularly affected, although their distribution prior to the pandemic was substantially greater than other methods. Perhaps expectedly, from May to July the positive trend in implant provision was starker than for other LARCs, yet IUDs, NSV, and tubectomy had managed recovery near to their pre-lockdown levels of provision (Figure 3).

Figure 3. Trend of LARC (IUD, Implant) and Permanent Methods (NSV, Tubectomy) January 2020 to July 2020

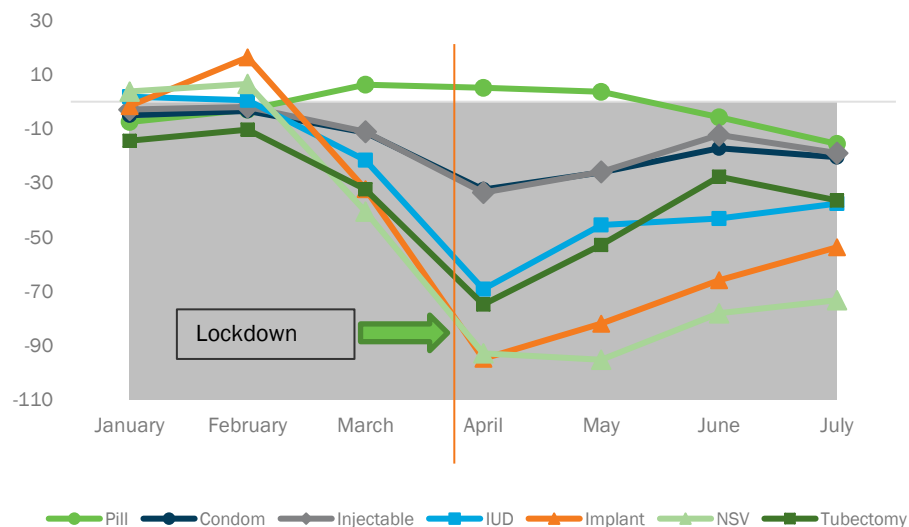


Comparing 2020 with 2019

To ensure the clear declines in contraceptive methods observed in April were not a result of a seasonal trend, data from each month of 2020 were compared with the same months in 2019, with differences expressed as relative percentage differences. Relative percentage differences between 2020 and 2019 reveal marked declines in FP method distribution and use in April and May 2020, following the lockdown, compared to figures from 2019—except for the oral contraceptive pill, which remained relatively constant initially.

Comparing monthly statistics for 2020 to the same month in 2019, all FP methods but the pill showed decreases of 30% to 100% in April, indicating disruptions immediately after the lockdown started. Trends improved in May and June, indicating recovery towards pre-lockdown levels that plateaued in July (Figure 4).

Figure 4. Percentage Differences in FP Methods for 2020 by Month Compared to 2019



District Results

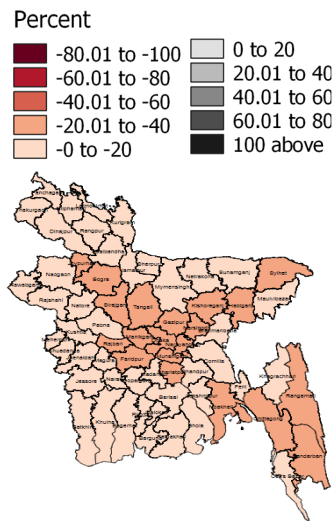
Changes, from February through April, and comparisons to July 2020

District trends for each method were also analyzed. To capture immediate trends at the onset of COVID-19 and lockdowns, service statistics for February, immediately preceding COVID-19, were compared with April 2020, the period immediately following the initial lockdown. For longer-term trends, February 2020 service statistics were compared with July 2020, when lockdowns had ceased. This section presents a series of district maps illustrating the differences during both of these periods for FP services and use.

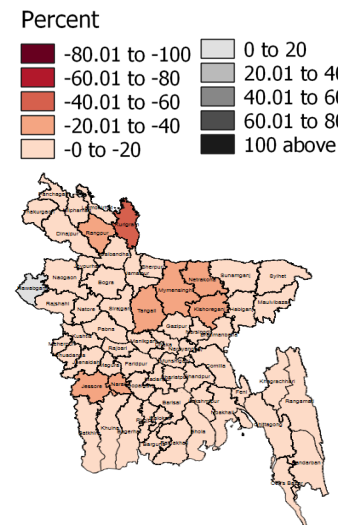
Short-Acting Methods: Distribution of oral contraceptive pills declined as much as 20% in most districts in April, immediately following the lockdown, from February (map 1a). In 20 districts, mostly those neighboring Dhaka as well as Chattogram, distribution declined as much as 40%. Although these districts had improved in July, when data were compared to February (map 1b), seven districts—Jashore, Kishoreganj, Mymensingh, Netrokona, Narail, Rangpur, and Tangail—had continued reductions of as much as 40%, while Kurigram district saw overall reductions of up to 60% in July. Only one district, Chapainawabganj, had increased oral contraceptive distribution—by one percent—by July.

Condom and injectable contraception distribution declined nationwide in April, after the lockdown, with declines as large as 40% in over two thirds of the country, and in six districts declines were as high as 60% (maps 2a and 3a).

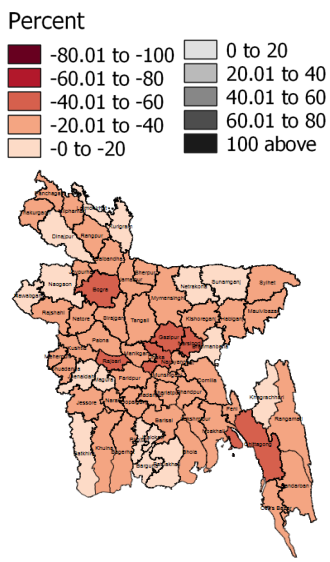
Both methods improved slightly by July. Four districts—Barguna, Chuadanga, Chapainawabganj, and Meherpur—experienced increases as much as 20% in condom distribution, from February, while two districts, Chapainawabganj and Natore, had comparable increases for injectables (map 3b). Meanwhile, in six districts injectables decreased by as much as 40%, with similar figures for condom distribution in 10 districts, compared to February, indicating major disruptions over a longer period (maps 2b and 3b).



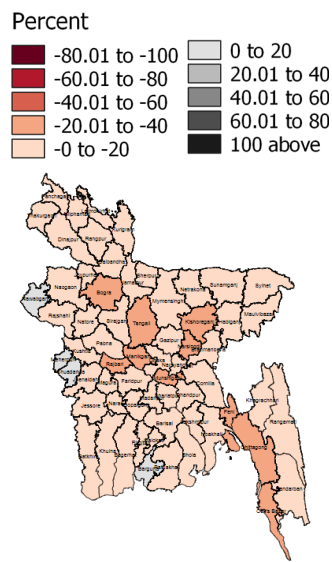
1a: oral contraceptive pill February vs April 2020



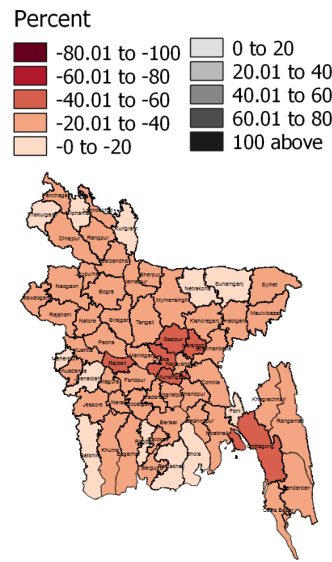
1b: oral contraceptive pill February vs July 2020



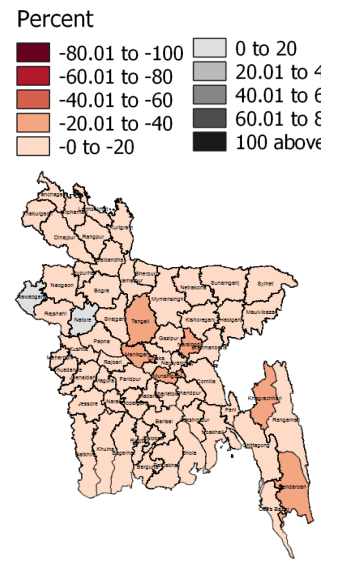
2a: Condoms February vs April 2020



2b: Condoms February vs July 2020



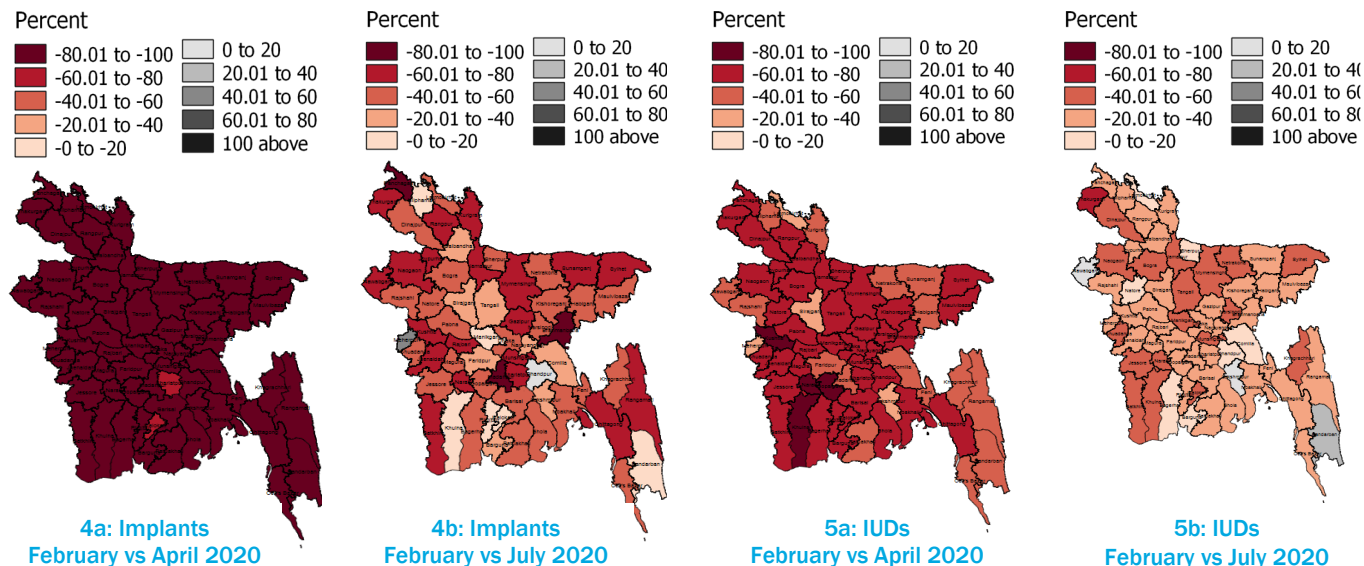
3a: Injectables February vs April 2020



3b: Injectables February vs July 2020

Long-Acting and Reversible Methods: Distribution and provision of **implants** immediately after lockdown was severely constrained from February to April (map 4a), with 62 of 64 districts revealing declines of 80% to 100%. Gradual recovery occurred in half the country by July, but a large number of districts (three fourths) continued declines of greater than 40% over the longer time period (map 4b).

IUD provision also declined markedly after the lockdown (map 5a), but in lesser magnitude than implants, between 40% and 80%. In July, slight recovery had begun in some districts, but with no drastic changes nationwide, with 20% to 40% declines persisting in most districts through July, compared to pre-lockdown (map 5b).



Discussion and Conclusions

Clear and sustained short- and mid-term disruptions in FP service and provision are evident following the COVID-19 lockdowns. LARCs appear to be more severely affected, with severe, immediate impacts on implant and IUD provision. Shorter-acting methods fared better, with declines of smaller magnitude and recovering by July to near pre-lockdown levels in many parts of the country.

COVID-19 related disruptions may be related to:

- Restricted mobility of clients due to lockdown, and
- Disruptions in contraceptive supplies combined with insufficient qualified personnel to distribute FP methods.

Recommendations

The abrupt disruption of Bangladesh's FP services could result in increased unintended or unplanned pregnancies, with impacts on the country's birth rate. Recommendations to help restore FP services to normal levels include:

- **Resume outreach (door-to-door services)** by providers with FP methods, employing appropriate COVID-19 protection measures, for sustained FP access.
- Returning services to normal, or positive trends, may require **interventions** that restore trust among communities and the health system, investments in human resources, and improved FP service provision quality during COVID-19.
- **Monitor and routinely analyze facility service statistics** to support MoHFW's identification of low-performing and slow recovery districts, for targeted actions to restore service delivery.
- **Dedicated research**, such as structured surveys and in-depth interviews with potential FP clients in particular, as well as FP service providers, is needed to assess couples' altered FP preferences during COVID-19, with supply and demand factors explored to understand barriers to contraceptive use during COVID-19, **in particular LARCs**.

Partnering with national health ministries and other government agencies in sub-Saharan Africa, South Asia, and Latin America, Population Council global and in-country scientists are conducting COVID-19 public health and social science research to produce relevant and timely evidence to support policymakers in controlling the spread of coronavirus, evaluating the effectiveness of prevention and mitigation measures, and assessing longer-term health, social and economic effects of the pandemic.

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