

DOI: <https://dx.doi.org/10.18203/2320-1770.ijrcog20211176>

Letter to the Editor

## Impact of COVID-19 pandemic on women reproductive health and family planning services

Sir,

Globally, women and adolescents health in the reproductive age group are heavily affected during the ongoing coronavirus disease - 2019 (COVID-19) pandemic.<sup>1</sup> Contraception shortage across the world.<sup>2</sup> Sustainable development goal, target 3.7 is “to ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education and integration of reproductive health into national strategies and programmes.”<sup>3</sup> The demand of health workers and supply chain are affected and impacted the availability and accessibility to the sexual and reproductive health.<sup>4</sup>

The United Nations Population Fund (UNFPA) report highlighted the COVID related disruption around 47 million women in 114 low and medium countries unable to use modern contraceptives. Additionally the 2 million for every 3 month lockdown period unable to use modern contraceptives. Projection about the 7 million unintended pregnancies.<sup>5</sup> The coronavirus pandemic induced the nationwide lockdown and suspension of public transportation since the 25 March 2020 restricted access to the family planning services in India.<sup>6</sup> However guideline of Ministry of Health and Family Welfare recommended the continuation of reproductive health services.<sup>6</sup> Health Management Information System (HIMS) data shows the 57 lakhs intra uterine contraceptive devices, 35 lakhs sterilization, and 18 lakhs injectable contraceptives services were provided by the Indian health system.<sup>7</sup> Access to these services were compromised to large extent due to suspended services. Many family planning clinics either are shutdown or converted into the COVID-19 wards. People are invested the money in contraceptives, lead to the unmet need of contraception and unsafe abortion. The decline of the contraceptive usage by permanent method 15% and long acting IUCD 17% in the best case. In worst case permanent method 26% and 30% long acting IUCD. The decline in short term method, condoms, oral contraceptive pills and emergency pills in best and worst case scenario 14% and 18-20% respectively.<sup>8</sup>

FRHS India’s recommendation suggested to manage the adverse impact improving the readiness of public and private health systems to meet the surge in demand for FP and abortion services. Developing and disseminating changes to clinical services delivery protocols in light of COVID-19 and procuring required supplies, consumables,

and drugs. Ensuring availability of MA drugs at chemist by advising states to remove unnecessary barriers on its sale. Expand contraceptives choice by introducing Implants in public sector. Remove restriction on advertising of OTC contraceptives particularly ECPs and condoms. Strengthening the involvement of social marketing organizations by addressing challenges and mitigating losses incurred by them. If proactive measures are not taken, the significant gains made by India in population stabilization and reducing maternal mortality could be compromised.<sup>8</sup> Utilization of alternative models to reach the beneficiaries by home visits with personal protective equipment. Health system preparedness to provide the unmet need of the family planning to reduce the mortality and morbidity additionally unwanted pregnancies. Telemedicine for the contraception and family planning services. Many health providers are using the telehealth opportunities and technology to made access the services to the needy.<sup>9,10</sup> Pharmacists are also are in the front foot to deliver the services under the family planning and contraception.<sup>10</sup> Global pandemic due to COVID-19 is one of the greatest health challenges in human history. The identification of effective health care delivery services are urgently concern especially for the national program concern. The women reproductive health and family planning services are the important all time.

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### REFERENCES

1. Wenham C, Smith J, Morgan R, Gender and COVID-19 Working Group. COVID-19: the gendered impacts of the outbreak. *Lancet.* 2020;395(10227):846-8.
2. Purdy C. Opinion: how will COVID-19 affect global access to contraceptives—and what can we do about it? *Devex.* Available at: <https://www.devex.com/news/opinion-how-will-covid-19-affect-global-access-to-contraceptives-and-what-can-we-do-about-it-96745>. Accessed on: 15 December 2020.

3. WHO. Maintaining the essential health services: operational guidelines for COVID19 context. Available at: <https://www.who.int/publications/item/WHO-2019-nCoV-essential-health-services-2020.1>. Accessed on: 15 December 2020.
4. Mukasa B, Ali M, Farron M, de Weerd RV. Contraception supply chain challenges: a review of evidence from low- and middle-income countries. *Eur J Contracept Reprod Health Care.* 2017;22(5):384-90.
5. Interim Technical Note. Impact of the COVID-19 pandemic on family planning and ending gender-based violence, female genital mutilation and child marriage. Pandemic threatens achievement of the Transformative Results committed to by UNFPA. By UNFPA, with contributions from Avenir Health, Johns Hopkins University (USA) and Victoria University (Australia). Available at: [www.unfpa.org/resources/impact-covid-19-pandemicfamily-planning-and-ending-gender-based-violence-femalegenital](http://www.unfpa.org/resources/impact-covid-19-pandemicfamily-planning-and-ending-gender-based-violence-femalegenital). Accessed on: 15 December 2020.
6. Guidance Note on provision of Reproductive, Maternal, Newborn, child, Adolescent Health Plus Nutrition (RMNCAH+N) Services during and post COVID pandemic. Available at: <https://www.mohfw.gov.in/pdf/GuidanceNoteonProvisionofessentialRMNCAHNServices24052020.pdf>. Accessed on: 15 December 2020.
7. Data Reporting Status All India level data, 2019–2020. Standard reports. Health Management Information System (HMIS). Ministry of Health & Family Welfare, Government of India. Available at: [https://nrhmmis.nic.in/hmisreports/frmstandard\\_reports.aspx](https://nrhmmis.nic.in/hmisreports/frmstandard_reports.aspx). Accessed on: 15 December 2020.
8. Policy brief. Impact of COVID 19 on India's Family Planning Program. 2020. Available at: <https://health.economicstimes.indiatimes.com/news/policy/covid-19-impact-family-planning-program-to-take-a-15-23-hit-in-2020/75639300>. Accessed on 15 December 2020.
9. Thompson TA, Sonalkar S, Butler JL, Grossman D. Telemedicine for Family Planning: A Scoping Review. *Obstet Gynecol Clin North Am.* 2020;47(2):287-316.
10. Ensuring access to family planning services during COVID-19: A summary of CDC's Family Planning recommendation for healthcare providers. Available at: <https://www.cdc.gov/reproductivehealth/contraception/covid-19-family-planning-services.html>. Accessed on: 17 December 2020.

**Cite this article as:** Taywade M, Pradhan RP. Impact of COVID-19 pandemic on women reproductive health and family planning services. *Int J Reprod Contracept Obstet Gynecol* 2021;10:1757-8.