

DOI: <https://dx.doi.org/10.18203/2320-1770.ijrcog20211504>

Original Research Article

Abortion and contraception practices in COVID-19 era

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Received: 09 February 2021

Revised: 01 April 2021

Accepted: 03 April 2021

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ABSTRACT

Background: To protect the gains made in sexual and reproductive health in over the past several decades, care for childbearing women and newborn infant's needs to continue during the pandemic. The provision of safe abortion and contraceptive services remains critical. When staff and services are under extreme stress there is a real risk of increasing avoidable harm. Aim and objectives were to determine the effect of COVID-19 on accessibility and acceptance of contraception and safe abortion care services.

Methods: Questionnaire survey was Done among 500 women in 6 months from April to September 2020, on availability and utilization of safe abortion and contraception services during lock down in covid time from patients getting treatment by Department of Obstetrics and Gynecology, Muzaffarnagar Medical College and health care workers (paramedics and others staff) of reproductive age group working in the institute.

Results: Majority (56%) of women were in the age group of 20-30 years. 70% of women have access to contraception at present while it was reduced to 60% during lockdown. Most commonly used method was barrier method (70%) followed by OCP's which they could avail maximum from pharmacy (40%). 65% of women had access to post delivery and post abortion contraception with most common method adopted being injectables, in 3% cases IUCD was inserted, 1% ligation with LSCS. Among them 42 cases were covid positive who underwent caesarean section and adopted contraception thereafter with tubal ligation in 2 cases. In this study 32% of women had unwanted pregnancy, among them 35% underwent surgical abortion 61% medical abortion and 4% continued pregnancy.

Conclusions: The COVID-19 pandemic has impacted safe abortion and contraception services. Unwanted pregnancy increased to 32%. 62% subjects claimed for accessibility at government centre and door to door by health worker.

Keywords: Abortion, Contraception, COVID-19 pandemic, Sexual and reproductive health, Unwanted pregnancy

INTRODUCTION

In Wuhan China, the first COVID-19 patient was reported in the end of the December 2019 and then spread rapidly all over the world.¹ COVID-19 is considered as a third kind of corona virus causing severe pneumonia, the first two virus which causes severe pneumonia are severe acute respiratory syndrome coronavirus (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS-CoV). No area of healthcare and other is immune to the impact of COVID-19.²⁻⁴

The sexual and reproductive health (SRH) has affected by Covid-19 pandemic worldwide in positive and negative ways. Home isolation led to decreased SRH services due to fears of contracting the virus, partner violence report increased, and there is reduced contraception and safe abortion in some health care settings.⁵

Reproductive health services like abortion and contraception have reduced globally. In 114 low and middle income countries including India 47 million women will not be able to use contraception and this

would result in 7 million unintended pregnancies as per technical note of UNFPA.⁶

According to a study, In India, approximately 15.6 million abortions happen annually, out of which 73% are through drugs accessed outside facilities, 16% in private health services, 6% in public health facilities and 5% through traditional unsafe methods.⁷

As we all know unsafe abortion is the leading cause of maternal mortality. World Health Organization has classified abortions safe and unsafe as: Abortion is safe when the abortions are done by the trained person with a proper method recommended by WHO. In these, subjects use tablets (medical abortion) or a simple outpatient procedure at a facility with required infrastructure. Abortion is unsafe, when the procedure is done either by untrained or unskilled persons, less safe when the abortion done by drugs outside a health facility after buying with a chemist. In India, it is estimated that about 73% of abortion are less safe.

Family planning programmes impact women's health by providing universal access to sexual and reproductive healthcare services and counselling information. FP also has far-reaching benefits which transcend health, impacting all 17 sustainable development goals (SDGs). A women's access to her chosen planning method strongly aligns with gender equality. Birth spacing can have great implications on health, as an example, reduction in malnutrition (goal 2) and long-term physiological condition (goal 3) for the mother and also the child.⁸

It has become a challenge to ensure continuity of reproductive health care to women and girls in this era of pandemic. Hence the aim of this study was to determine the effect of COVID-19 on contraception and safe abortion care services at Muzaffarnagar Medical College and Associated Hospital.

METHODS

The present study was carried out in the Department of Obstetrics and Gynecology, Muzaffarnagar Medical College and Associated Hospital Muzaffarnagar from April 2020 to September 2020. Total 500 women of reproductive age group were selected for this study. Questionnaire survey was done to know about status of accessibility and acceptance of safe abortion and contraceptive services during lock down from patients getting treatment by department of Obstetrics and Gynecology Muzaffarnagar Medical College and health care workers (paramedics and others staff) of reproductive age group working in the institute.

Source of data

Tele OPD patients, covid positive patients of (Obstetrics and Gynecology Department), healthcare workers

(paramedics and others) working in the institute at Muzaffarnagar Medical College and Hospital, Muzaffarnagar.

Statistical analysis

The data was entered into the Microsoft excel and the statistical analysis was performed by statistical software SPSS version 21.0. The quantitative (numerical variables) were present in the form of mean and SD and the qualitative (categorical variables) were present in the form of frequency and percentage. The student t test was used for comparing the mean values between the 2 groups whereas chi-square test was applied for comparing the frequency. The p value was considered to be significant when less than 0.05.

RESULTS

Six months data (April-September) 2020 were collected for this study. Safe abortion and contraception services during six months of the pandemic were assessed. Majority of women were in the age group of 20-30 years (56%), 24% women in the age group of 31-35 years and 20% in the age group of 36-40 years. Out of 500 studied participants, 250 were below 8th standard, 125 were educated till 12th and 125 were graduate and above. 300 women were house wife, 125 were health workers and 75 are other field workers (Table 1).

Table 1: Demographics study of all the participants.

Variables	No. of the subjects	Percentage	
Age (years)	20-30	280	56
	31-35	120	24
	36-40	100	20
Education status	<8 th	250	50
	Till 12 th	125	25
	Graduate and above	125	25
Occupation	Housewife	300	60
	Health worker	125	25
	Other field worker	75	15

Table 2: Showing the number of contraception users.

At present	350	70%
Before march	330	73%
During lockdown	310	62%

62% of the total participants had accessibility to contraception during lockdown (Table 2). Majority of women availed from government hospital (36%), 32% were from pharmacy, 26% from Asha and ANM and 8% from private hospital (Table 3). 70% women were adopted barrier contraception method, 14% injectables,

12% OCPs, 3% IUCD and 1% adopted sterilization (Table 4).

Table 3: Showing the site of accessibility of contraception during lockdown.

Site	Number	Percentage
ASHA, ANM	81	26
Pharmacy	93	32
Government hospital	111	36
Private hospital	25	8

Table 4: Represent adopted method of contraception among participants.

Methods	Number	Percentage
Barrier method	217	70
OCP'S	37	12
Injectables	43	14
IUCD	10	3
Sterilization	3	1

Table 5: Showing use of contraception adoption post-delivery and abortion.

Contraception used	Number	Percentage
Yes	325	65
No	175	35

Table 6: Post-delivery and abortion method of contraception.

Methods	Number	Percentage
PPIUCD	32	10
Injectables	130	40
POP'S	32	10
LAM	113	35
Sterilization	13	4

65% of women had access to post delivery and post abortion contraception with most common method adopted being injectables (40%), in 3% cases IUCD was inserted, 1% ligation with LSCS (Tables 5 and 6). There were 32% women having unwanted pregnancies (Table 7). Among all the studied women, 61% underwent medical abortion, 35% ended up with surgical abortion and 4% continued their pregnancy (Table 8). Among all the 500 women, 42 cases were COVID positive who underwent caesarean section and adopted contraception thereafter with tubal ligation in 2 cases.

Table 7: Showing the unwanted pregnancy among studied subjects.

Unwanted pregnancy	Number	Percentage
Yes	160	32
No	340	68

Table 8: Showing the outcome of unwanted pregnancy.

Outcome	Number	Percentage
Medical abortion	98	61
Surgical abortion	56	35
Continued pregnancy	6	4

DISCUSSION

In the present study, the majority (56%) of women were in the age group of 20-30 years. 70% of women have access to contraception at present while it was reduced to 60% during lockdown. Most commonly used method was barrier method (70%) followed by OCP's which they could avail maximum from pharmacy (40%). 65% of women had access to post delivery and post abortion contraception with most common method adopted being injectables, in 3% cases IUCD was inserted, 1% ligation with LSCS. Among them 42 cases were covid positive who underwent caesarean section and adopted contraception thereafter with tubal ligation in 2 cases.

In the present study, 32% of women had unwanted pregnancy, among them 35% underwent surgical abortion 61% medical abortion and 4% continued pregnancy. 62% subjects claimed for accessibility at government centre and door to door by health worker.

During pandemic, contraception and abortion services were available but there was difficulty in accessibility due to lockdown. In our study, there were decrease in the use of contraception up to 60% during six months and also there is reduction in the safe abortion care during that period. Adoption of contraception post-delivery and abortion accounted for 65% and 32% had unwanted pregnancy. Postpartum and post-abortion family planning are strongly considered essential during the pandemic, especially as one can use the opportunity to provide care while the patient is already in a health facility.

A similar study was conducted by Bateson et al in the United States (US), Canada, UK, France, Australia, Scandinavia, China, South Africa and Nepal and predictions were made about higher rates of unintended pregnancy, unsafe abortion. Some countries have been able to maintain LARC access through brief procedural visits with appropriate personal protective equipment (PPE) following a virtual consultation.⁹

Abortion regulations in England, Scotland and Wales now allow home administration of both mifepristone and misoprostol supported by telemedicine, while regulatory changes have extended the upper gestational limit from 9 to 10 weeks in Finland, to 12 weeks in Scotland and from 7 to 9 weeks in France.¹⁰

A study performed by Belay et al, in Ethiopia from March to May 2020 concluded that the number of deliveries, safe abortion, post abortion family planning

and postpartum family planning reduced by 27.6%, 16.4%, 40.5% and 66.7% respectively.¹¹

Number of public sector facilities for routine health management information system (HIMS) decreased all over India from December 2019 to March 2020. The secondary health care facilities provided by district hospital reduced by 32% and primary health facility near the community reduced by 14%.¹²

As per the government of India, the injectable contraception dose decreased by 36%, intrauterine device (IUD) by 21% in the same duration. The decrease in the safe abortion was reduced to 28%. Distribution of combined oral pill cycles and condom pieces were similarly reduced by 15% and 23%, respectively.¹³

The usefulness of the study may be limited because the area of collection of the data is narrow. Also collecting data from the patient during tele OPD may be limited.

CONCLUSION

The COVID-19 pandemic has impacted safe abortion and contraception services. Though both contraception and abortion services were available but there was extreme difficulty in accessibility due to restrictions of lockdown. Though abortion care and contraceptive services during the pandemic was prioritized by government from very beginning, but unwanted pregnancy increased. Additionally, health care providers should be reoriented; resources and staff must be maintained to ensure continuation of the service amid COVID-19 pandemic.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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Cite this article as: Maheshwari B, Manchanda GS, Sharma P, Setiya T. Abortion and contraception practices in COVID-19 era. *Int J Reprod Contracept Obstet Gynecol* 2021;10:1874-7.