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Poor women's reproductive health and family planning challenges and needs during the COVID-19 pandemic

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POOR WOMEN'S REPRODUCTIVE HEALTH AND FAMILY PLANNING CHALLENGES AND NEEDS DURING THE COVID-19 PANDEMIC

This research brief describes findings from the Population Council study **Reproductive Healthcare in the Time of COVID-19: Perspectives of Poor Women and Service Providers from Rahim Yar Khan, Punjab** with the support of the United Nations Population Fund (UNFPA).

The study conducted 164 interviews by telephone with beneficiaries of the Benazir Income Support Programme (BISP) in Rahim Yar Khan, Pakistan, previously surveyed in 2019, to determine how much those most vulnerable to the effects of COVID-19 know about the disease and its effects, in addition to understanding the pandemic's effects on their lives, including their mental health and well-being as well as their access to reproductive health (RH) and family planning (FP) services.

The Benazir Income Support Programme (BISP), begun in 2008, is Pakistan's primary social welfare initiative, providing cash payments to Pakistan's poorest women.

Three focus group discussions (FGDs) with 18 BISP recipients and 20 in-depth interviews (IDIs) with BISP recipients provided additional qualitative data.

The mean age of participants was 37, with a mean number of children of five. Most women (77%) interviewed had no formal education, while 15% had completed primary school, with only 8% having any secondary or higher education.

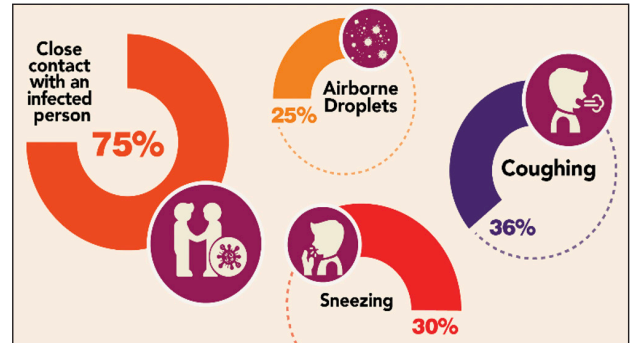
KNOWLEDGE OF COVID-19 AND PROTECTIVE MEASURES

Every woman who participated in this study was aware of the COVID-19 pandemic, and most, despite poverty and limited education, had some idea about the origins of the disease, how it spreads (Figure 1), its symptoms (Figure 2), and preventive measures (Figure 3).

Most respondents in the structured interviews know COVID-19 can spread through close contact with an infected person, while some knew it could be spread through droplets from coughing or sneezing. Avoidance of close contact was mentioned in most IDIs (15 of 20) and all FGDs (18 of 18). Overall, women knew relatively more about COVID prevention than symptoms or high risk groups and transmission of COVID-19.

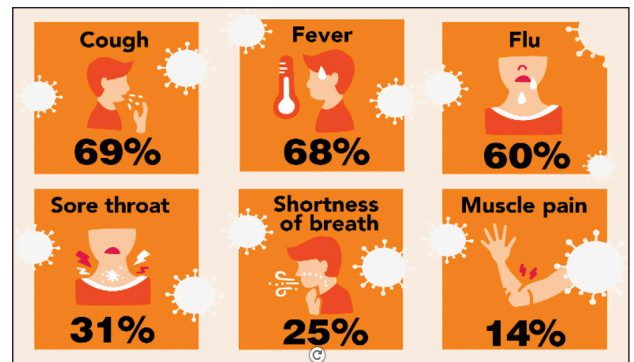
IDI and FGD participants were aware of the need for social distancing, keeping children indoors, avoiding crowds, and handwashing. They also suggested disinfecting clothes. Survey responses indicate that women were following these measures.

FIGURE 1. Respondents' knowledge of COVID-19 transmission (n=164)



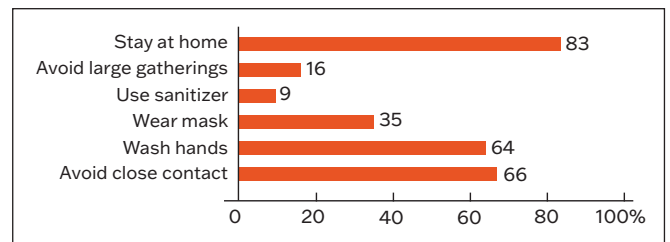
*Multiple responses allowed

FIGURE 2. COVID-19 symptoms cited by respondents (n=164)



*Multiple responses allowed

FIGURE 3. COVID-19 preventive measures mentioned by respondents (n=164)



*Multiple responses allowed

KEY ADVERSE EFFECTS OF COVID ON THE LIVES OF WOMEN



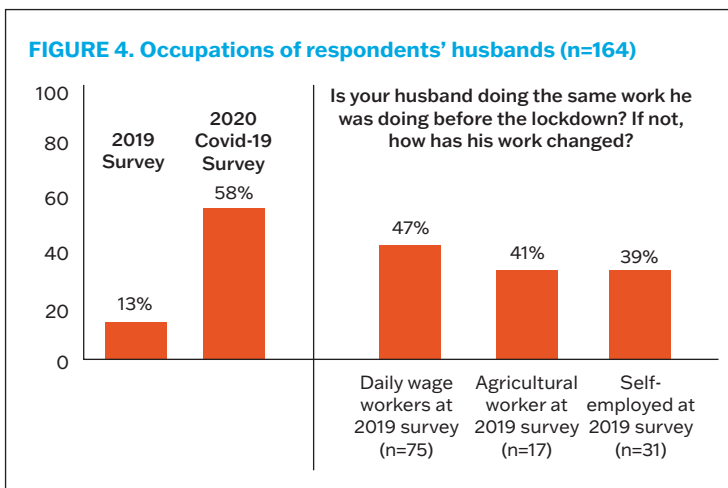
ECONOMIC EFFECTS

While COVID-19 has introduced challenges for people in all segments of society, BISP beneficiaries face greater challenges because their problems are compounded by poverty. Most of the women surveyed, and their husbands, had lost their jobs. Comparison of data from the 2019 survey shows an increase in unemployment among the 164 women's husbands, from 13% to 58%, due to the lockdown (Figure 4). The primary reason for this significant rise in unemployment is the closure of businesses due to lockdowns.

“Due to this lockdown, businesses have ended. Those who were laborers cannot earn either. People are stuck at home...it is now hard to survive.”—FGD respondent

According to these women, the lockdown has pushed them into extreme poverty, with even basic needs hard to meet. In addition, school-aged children are now disengaged from educational activities, and parents are concerned, and even worried about its effects on their behavior.

“Widows are getting rations, but where should the safed posh [those who do not generally take charity] go? All those who have lost work are poor—do we have to kill our husbands to fill our stomachs?”—IDI respondent



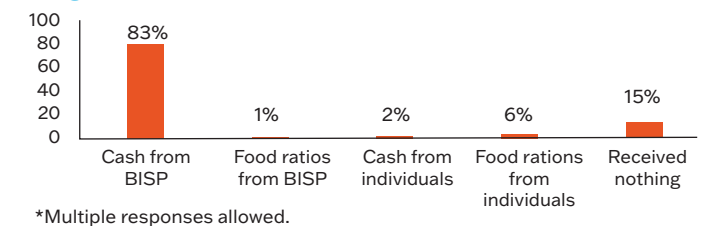
¹ Women or their husbands who had passports for work travel or *umrah* (pilgrimage) were graduated from BISP by the government.

Government Support Is Crucial, But Not Enough

Most respondents received emergency cash transfers from the government (Figure 5) that enabled them to buy essentials and repay loans. Recipients were relieved, but uncertain whether such payments were advances of BISP support or a discrete payment to assist them during the lockdown. Some respondents—15%—had not yet received any payment, and expressed feelings of exclusion and helplessness.¹

“The situation of this country is bad. We don't know what will happen next. From the 12,000 rupees that the government gave us, we are using as little as possible to save...for later.”—IDI respondent

FIGURE 5. Cash or food rations from BISP or any other source during lockdown (n=164)*



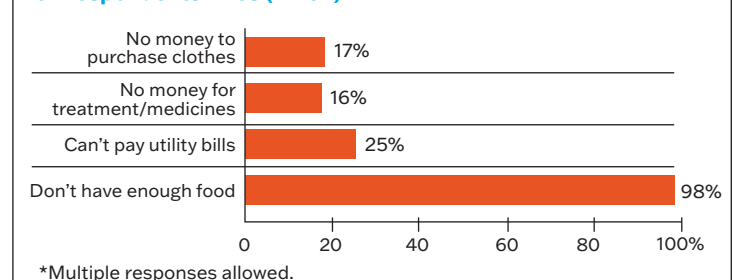
FOOD INSECURITY

Nearly all women were distressed by declining food availability due to loss of work and income. Women were worried about the effects on their children's health, in addition to the lack of economic resources for other necessary expenses (Figure 6).

“We used to occasionally buy fruit or milk. Now, we are living on water. Sometimes we cook vegetables, and other times, we just eat roti.”—FGD respondent

“The children are becoming weak. When we took them to the doctor, he said they are not eating enough, which is causing iron deficiency...”—IDI respondent

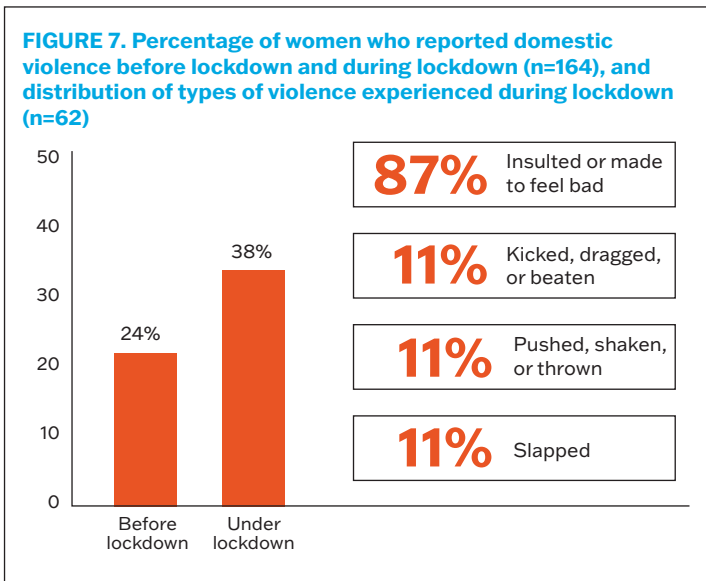
FIGURE 6. Distribution of the effects of lockdown on respondents' lives (n=164)*



DOMESTIC VIOLENCE

Unemployment and food insecurity increased friction between spouses, with concomitant violence at home. One third of women reported violence early in the lockdown situation. Most women experiencing domestic violence reported humiliation and insults, but in a few cases physical violence also transpired, with the perpetrators almost always a woman’s husband (Figure 7).

“When the food in the house runs out and there is nothing left to eat, the children turn to me for money, and I ask my husband. This leads to quarrels. If this lockdown goes on, we might come to blows.”—FGD respondent



DECREASED ACCESS TO REPRODUCTIVE HEALTH SERVICES

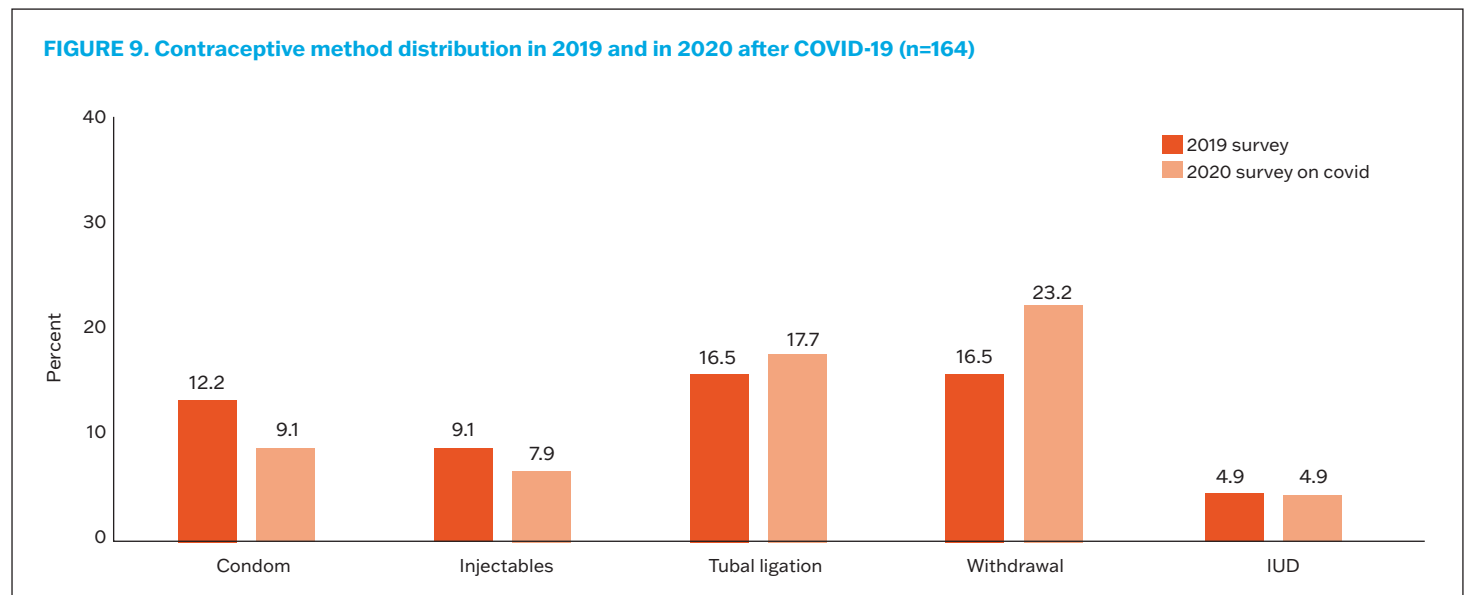
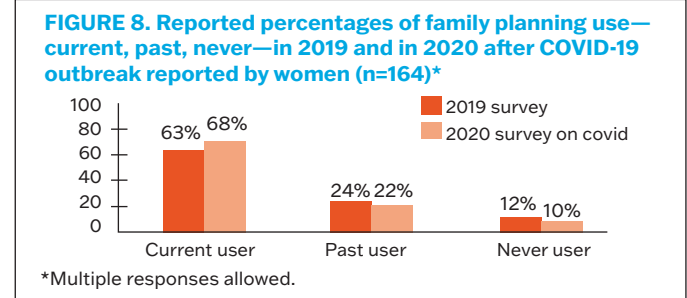
Women are concerned about their RH needs during the lockdown. At the time of the 2019 survey, 63% of these 164 women were using contraceptives, and in 2020, 68% were current users (Figure 8).

During qualitative discussions, women expressed desire to avoid pregnancy due to their current circumstances, and comparisons of current contraceptive method use to 2019 show that the lockdown forced some women to switch from modern short-term methods to less reliable traditional methods (Figure 9). Qualitative findings suggest that the primary reasons are financial constraints as well as the suspension lady health workers’ home services.

Pregnant women also face serious problems in accessing RH services at public hospitals. Reportedly, many doctors are declining to admit or properly examine obstetric patients.

“We are avoiding each other during this lockdown.... don’t go near each other because there is no source of condoms since the LHW is not visiting...we are short of money too.”—IDI respondent

“My sister-in-law was pregnant. We took her for delivery to the civil hospital. The doctors did not pay any attention to her and did not check her properly... we took her to a private hospital. By the time we got there, her child had died. We lost both money and the baby...”—FGD respondent



PSYCHOLOGICAL STRESS

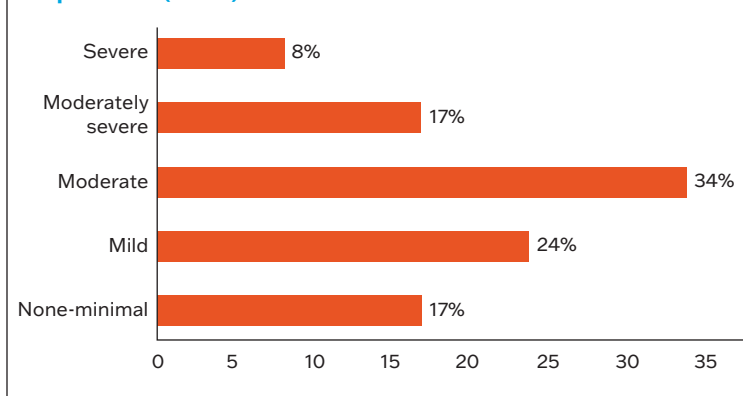
These unremitting challenges naturally create psychological stress for women. To assess women's stress, a widely tested assessment tool, Patient Health Questionnaire-9,² with nine statements indicating levels of stress, was applied during questions about women's routines and behavior within the past two weeks. For every statement, at least one third of women responded affirmatively, with much higher proportions for some, especially fatigue, depression, and sleep disturbance (Table 1).

In measuring individual psychological scores, only 17% of respondents had no or minimal levels of stress, whereas 34% expressed moderate levels and 17% revealed moderately severe levels of stress (Figure 10).

TABLE 1. Percentage of respondents affirming stress symptoms included in psychological assessment statements (n=164)

Stress Indicator	% of women affirming
Little interest or pleasure in doing things	68%
Feeling down, depressed, or hopeless	84%
Trouble falling or staying asleep, or sleeping too much	71%
Feeling tired or having little energy	82%
Poor appetite or overeating	59%
Feeling bad about self, or like a failure, or having let self or family down	59%
Trouble concentrating on normal routine activities	57%
Moving or speaking noticeably slowly, or being unusually fidgety or restless	35%
Thoughts of being better off dead, or hurting oneself	39%

TABLE 10. Distribution of psychological stress levels among respondents (n=164)



² The depression module of the Patient Health Questionnaire-9 (PHQ-9) is a widely used depression screening instrument in nonpsychiatric settings. Manea, L., Gilbody, S. and McMillan, D., 2015. A diagnostic meta-analysis of the Patient Health Questionnaire-9 (PHQ-9) algorithm scoring method as a screen for depression. *General hospital psychiatry*, 37(1), pp.67-75.

RECOMMENDATIONS

- Broadcast public service messages on TV with accurate information to dispel misconceptions and myths among households about reproductive health and child health issues.** Publicize helplines established to support families, and educate viewers on how to contact trained doctors by telephone for advice for reproductive health issues. Provide information about operational health facilities that can be visited by women and couples for reproductive health services.
- Provide immediate additional income support and nutrition packages** to all eligible beneficiaries, to help meet poor families' basic food needs, with support either in the form of ration packages or vouchers. In addition to helping address food insecurity, it will help reduce child malnutrition.
- Provide parents an emergency educational subsidy** for school fees, or for community or home tuition fees, so children can continue lessons. School administrators should liaise with the postal system to arrange home delivery and exchange of study materials and homework lessons between students and teachers.
- To restore access to reproductive health and general health services, Population Welfare Department facilities should reopen and community health services should resume.** This is crucial for not only addressing couples' unmet family planning needs but contributing as well to efforts in raising awareness of COVID-19. Including reproductive health and maternal health within essential services, in cases of emergency situations, should be a focus of intense advocacy efforts with the government and relevant decision-makers.
- Use mHealth or telemedicine to minimize patient access issues.** Toll-free telephone numbers to service providers should be disseminated by community health workers for contacting doctors for advice on reproductive health and general health needs.