Original Article

Abortion Services Utilization at KAHS during COVID-19 Lockdown

Rajiv Shah1[1], Subi Basnyat[2], Prem Prasad Panta[3]

[1] Assistant professor, [2]Lecturer Department of Obstetrics and Gynecology, Karnali Academy of Health Sciences, Jumla, [3]Associate professor, Department of Community Medicine and Public Health, Karnali Academy of Health Sciences, Jumla.

Corresponding Author: Dr Rajiv Shah, E- mail- rjvshaj512@gmail.com

Abstract:

Background: Accessibility to the contraception and safe abortion services has been severely compromised by the COVID-19 pandemic and ensuing lockdown measures. It has been estimated the most impacted population are the vulnerable female of lesser developed countries. We have no data at present regarding the utilization of abortion services during lockdown. So, by this study we want to know how the COVID-19 pandemic impacted abortion services utilization has at our center.

Methods: This is a descriptive cross-sectional study conducted at Karnali Academy of Health Sciences. The data were collected from the hospital records of Maternal and Child Health clinic and maternity ward. Census sampling was used. Data entry were done in excel and analyzed using SPSS 16 version. Frequencies and percentages were used for descriptive analysis.

Results: During the study period of nine months, a total of one hundred and ninety eight cases had come to the centre for safe abortion care services. During the non-lockdown period there were about 41 cases in the 4 months period, about 10.25 cases per month was. And in the lock down period there were about 157 women in 5 months, which was in average 31.4 cases per month. First trimester abortion cases was 5.75 cases per month during the non-lockdown period and 19 during the lockdown period.

Conclusion: There was a sharp increase in the cases of abortion during the lockdown by about three times. So the concerned authority should specially focus on the contraceptive accessibility of the couples during the lockdown period. Also the services delivery related to the reproductive health should be kept in high priority and should be made available even during the lockdown.

Keywords: Abortion, contraceptives, first trimester abortion, post abortion care, second trimester abortion

Access this article Online	Article Info.
Quick Response (QR) Code	How to cite this article in Vancouver Style?
	Shah R, Basnyat S, Panta PP. Abortion Services Utilization at KAHS during COVID-19 Lockdown. Journal of Karnali Academy of Health Sciences. 2020; 3(COVID-19 Special Issue)
	Source of Support: Self **Conflict of Interest**: None
	Received: 10 September 2020 **Accepted**: 19 November 2020 **Published Online**: 20 November 2020

INTRODUCTION

Access to the safe abortion services is one the most important aspect of female reproductive health. COVID-19 which was first reported in December, 2019, has become a global pandemic and spread to almost all the countries resulting in strict lockdown. Safe abortion services and contraception are not accessible globally due to these lockdown measures.[1, 2] According to Marie Stopes International prediction, the COVID pandemic would result in about 9.5 million women and girls losing access to safe abortion services and contraception in 2020. This could result in 2.7 million unwanted pregnancies and an additional 11000 maternal deaths.[3] It is anticipated that at the time of social distancing, working from home, strict lockdown, the couples are more likely to increase the time dedicated to intercourse. Add to this the inaccessibility of appropriate contraceptive measures, this could lead to millions of unintended pregnancies, many unsafe abortions and many additional maternal deaths.[4]

The situation in Nepal is no different. And in particular in a place like Jumla, where these services are not regularly accessible, this would mean more unsafe abortions and maternal deaths. At the time of pandemic, Karnali Academy of Health Sciences (KAHS) was one of the very few institutions in the province providing these services uninterrupted. The females of the most vulnerable area is disproportionately affected, especially their right to reproductive services accessibility has been severely compromised, more so in the lesser developed country. Many of the service delivery sites are not able to deliver services, and the few centers which delivers such services has seen a spike in the number of cases. This has also resulted in females presenting late and consequently more second trimester abortions. So, we conducted this study to access the impact of the COVID 19 lockdown on the utilization of the abortion services at our center. This would help us to recommend to the concerned authority to take the necessary steps to mitigate the impact.

MATERIALS AND METHODS

It was a cross-sectional study which was conducted at KAHS teaching Hospital, Jumla. The ethical approval was taken from the IRC of KAHS prior to the study. The data were collected from the hospital records. The type of sampling technique we applied was census sampling. It was collected from the hospital records of Maternal and Child Health clinic and Maternity ward with the help of a pro forma. At our institute the first trimester abortion services is provided through MCH clinic and 2nd trimester abortion services and post abortion care services is provided through maternity ward. So, all the clients who had come for safe abortion care services were included from the hospital records in MCH and maternity ward. The data entry was done in the excel sheet and the analysis was done using SPSS 16 software. Frequencies and percentages were used as the descriptive tool in our study.

RESULTS

During the study period of nine months, a total of one hundred and ninety eight cases had come to our center for safe abortion care services. The lockdown period was from the month of Chaitra (March/April) and the month before that was non-lockdown period. So, the data was taken for four months prior to lockdown and five months during the lockdown period (Table 1).

Table No 1: Details of patients seeking safe abortion care services during the non-lockdown and lockdown period

Lockdown			Weeks of Gestation			Total
			First Trimester	Second Trimester	Abortion complications	
Non-lockdown period	Service Delivered Month	Mangshir	7	0	6	13
		Poush	6	1	4	11
		Magh	8	0	5	13
		Falgun	2	0	2	4
	Total		23	1	17	41
Lockdown Period	Service Delivered Month	Chaitra	17	5	9	31
		Baisakh	27	4	8	39
		Jyestha	21	4	8	33
		Ashadh	11	2	10	23
		Shrawan	19	5	7	31
	Total		95	20	42	157
Total			118	21	59	198

Table No 2: Average Cases per month during non-lockdown and lockdown period

Type of service delivered	Average cases per month during the Non-lockdown period	Average cases per month during the Lockdown period
First trimester abortion	5.75	19
Second trimester abortion	0.25	4
Post-abortion care facility	4.25	8.4
Total	10.25	31.4

Table 2 showed that during the non-lockdown period we had about 41 cases in the 4 months period and which was about 10.25 cases per month. And in the lock down period we had provided services to about 157 women in 5 months, which was in average 31.4 cases per month. First trimester abortion cases was 5.75 cases per month during the non-lockdown period and 19 during the lockdown period. Similarly, second trimester abortion cases were about 0.25 per month during the non-lockdown period and 4 per month during the lockdown period. Clients seeking post-abortion care facilities during non-lockdown period was 4.25 per month and 8.4 per month during the lockdown period (Table 2).

Figure 1 showed that monthly number of service delivered monthly. As we can see the number of cases seeking abortion services has increased from the month of Chaitra, from

which government of Nepal announced the lockdown.

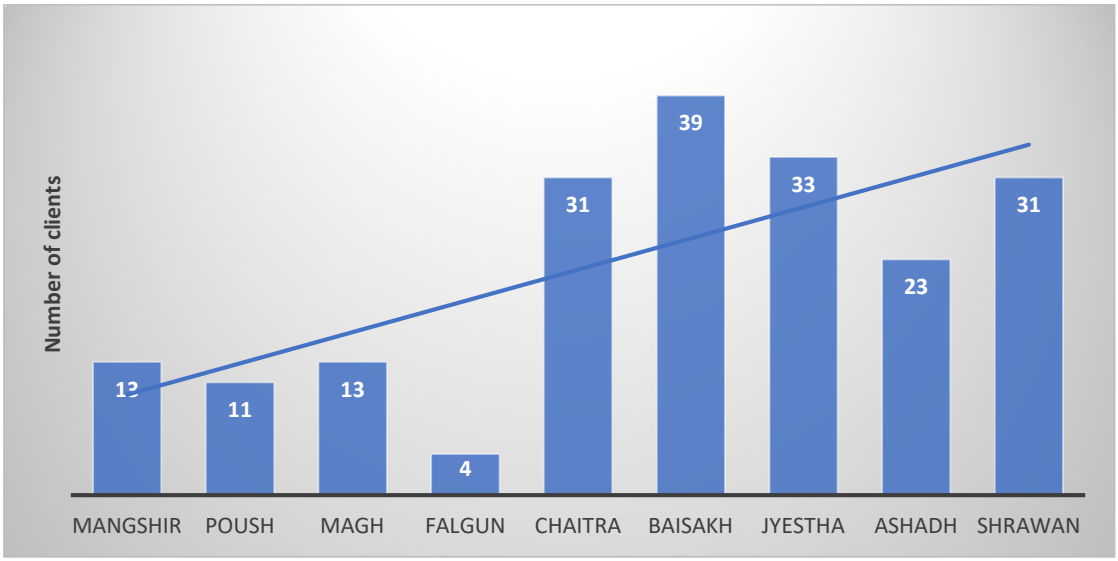

Figure 1: Month-wise service delivered

DISCUSSION

The WHO declared COVID-19 as a global pandemic on March 11, 2020. Due to this pandemic many countries imposed strict lockdown and social distancing measures. All the non-essential services were halted. Though WHO has classified reproductive health care as an essential service, [5] it is practically not the case in many low income countries. The previous experiences of the pandemics shows their impact on sexual and reproductive rights goes unnoticed because it occurs due to indirect effect of the pandemics such as strained health services and disrupted supply chain.[5] Reproductive and sexual health care may be difficult to access or may be completely neglected, and supply of contraceptives and safe abortion facilities could be disrupted.[6, 7]This situation has disproportionately affected girls and women.[8, 9]This is more so in the third world countries like Nepal. In Liberia, Sierra Leone and Guinea a sharp decline in the family planning visits and contraceptive use were reported during the Ebola outbreak and 6 months post outbreak in those regions.[10, 11] The study published in Lancet by Timothy Roberton et al suggests widespread disruption in health-system delivery especially more in low income countries. They estimate a large surge in maternal and child deaths, about 8.3% to 38.6 % increase in maternal deaths per month.[12] A study in Turkey showed that the frequency of sexual intercourse increased during the COVID 19 lockdown as compared to the pre-lockdown period.[13]This indirectly supports the increased number of unwanted pregnancies. Similarly, the pandemic has also caused the scale down in the reproductive health services like contraceptives and abortion services in many areas.[14] According to a study by Riley et al the countrywide lockdown in India and Nepal had forced the closure of most of the large facilities.[15] Similarly Sandoiu estimated that more than 18 million would lose the access to the regular supply of contraceptives

in the Carribean and Latin America due to the pandemic.[16]

It has been estimated that about 10% decrease in the contraceptive use would result in 15,401,000 unintended pregnancies in the low resource countries.[15]Marie Stopes international predicts about additional 1.3 million unintended pregnancies, and additional 5000 maternal deaths in the 37 countries they work in.[15, 17-19]

Even in Nepal, the geographically challenging areas like that of Karnali Province will be impacted more. This situation has definitely impacted the service delivery in many centers. So, on one hand we have areas which has to offer limited services or no services at all with regards to reproductive health. As, discussed previously this lack of access to reproductive services may lead to increased maternal mortality, child mortality and many unwanted pregnancies. The few centers which provide the reproductive services like safe abortion services is definitely going to see an increase in the service seekers. Our results shows exactly the same picture. Our data shows the spike in the cases of number of clients seeking abortion services, in all categories i.e. first trimester, second trimester and post abortion care services.

So, during the pandemic situations the sexual and reproductive health should be given a top priority. We can use alternate methods to provide such services like, through outreach services, by home visit by the frontline health-workers.[11, 20]

CONCLUSION

There was a sharp increase in the cases of abortion during the lockdown by about three times. The service delivery of contraceptives and abortion services has been impacted by COVID-19 pandemic and the ensuing lockdown to control it. There has been increase in the number of unintended pregnancies resulting in increase in the number of clients seeking safe abortion services. So the concerned authority should specially focus on the contraceptive accessibility of the couples during the lockdown period. Also the services delivery related to the reproductive health should be kept in high priority and should be made available even during the lockdown.

Acknowledgements: I would like to thank Dr Harihar Devkota for his help in completing this research. I would also like to thank all the staffs in the Maternal and Child Health Clinic and the Maternity Ward for recording the data in a timely and comprehensive way.

REFERENCES

1. Adelekan T, Mihretu B, Mapanga W, Nqeketo S, Chauke L, Dwane Z et al: Early Effects of the COVID-19 Pandemic on Family Planning Utilisation and Termination of Pregnancy Services in Gauteng, South Africa: March–April 2020. Wits Journal of Clinical Medicine, 2020, 2(2) 145–152 http://dx.doi.org/10.18772/26180197.2020.v2n2a7
2. United Nations Population Fund. Sexual and reproductive health and rights: modern contraceptives and other medical supply needs, including for COVID-19 prevention, protection and response. [Internet]. 2020. Available from: https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_Preparedness_and_Response_-UNFPA_Interim_Technical_Briefs_Contraceptices_and_Medical_Supplies_23_March.pdf.

3. Cousins S. COVID-19 has "devastating" effect on women and girls. The Lancet. 2020;396(10247):301-2. https://doi.org/10.1016/S0140-6736(20)31679-2
4. Short M, Bitzer J, Rowlands S. Testing times. Eur J ConraceptReprod Heal Care. 2020;25:1–2. https://doi.org/10.1080/13625187.2020.1754036
5. World Health Organization, COVID-19: operational guidance for maintaining essential health services during an outbreak, 2020, https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak.
6. Available from: https://beyondthepill.ucsf.edu/sites/beyondthepill.ucsf.edu/files/UCSF%20BtP%20COVID19%20Resources%203-31-20%20%28003%29.pdf.
7. Contraception and COVID-19. Disrupted supply and access. Available from https://www.ippf.org/blogs/contraception-and-covid-19-disrupted-supply-and-access.
8. Hussein J. COVID-19: what implications for sexual and reproductive health and rights globally? Sex Reprod Health Matters. 2020;28(1):1746065. https://doi.org/10.1080/26410397.2020.1746065
9. Wenham C, Smith J, Morgan R. COVID-19: the gendered impacts of the outbreak. Lancet. 2020;395:846–848. https://doi.org/10.1016/s0140-6736(20)30526-2
10. Bietsch K, Williamson J, Reeves M. Family planning during and after the West African Ebola crisis. Stud Family Planning. 2020; 51(1):71–86. https://doi.org/10.1111/sifp.12110
11. Camara BS, Delamou A, Diro E, Beavogui A, El Ayadi AM, Sidibe S, et al. Effect of the 2014/2015 Ebola outbreak on reproductive health services in a rural district of Guinea: an ecological study. Trans R Soc Trop Med Hyg. 2017;111(1):22-29. https://doi.org/10.1093/trstmh/trx009
12. Roberton T, Carter ED, Chou VB, Stegmuller AR, Jackson BD, Tam Y et al. Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. Lancet Glob Health. 2020;8(7):e901-e908. https://doi.org/10.1016/ S2214-109X(20)30229-1.
13. Yuksel B, Ozgor F. Effect of the COVID-19 pandemic on female sexual behavior. Int J Gynaecol Obstet. 2020;150(1):98-102. https://doi.org/10.1002/ijgo.13193.
14. International Planned Parenthood Federation. COVID-19 pandemic cuts access to sexual and reproductive healthcare for women around the world, 2020. https://www.ippf.org/news/covid-19-pandemic-cuts-access-sexual-and-reproduc tive-healthcare-women-around-world.
15. Riley T, Sully E, Ahmed Z, Biddlecom A. Estimates of the potential impact of the COVID-19 pandemic on sexual and reproductive health in low-and middle-income countries. Int Perspect Sex Reprod Health. 2020;46:46. https://doi.org/10.1363/46e9020
16. Sandoiu, A. (2020). How COVID-10 affects women's sexual and reproductive health. Medical News Today. Available from https://www.medicalnewstoday.com/articles/how-covid-19-affectswomens-sexual-and-reproductive-health
17. Church K, Gassner J, and Elliott M. Sexual and Reproductive Health Matters 2020;28(1):1–3 2. https://doi.org/10.1080/26410397.2020.1773163
18. Marie Stopes International. Methodology for calculating the impact of COVID-19. London: Marie Stopes International; 2020; Available from: https://www.mariestopes.org/resources/methodology-for-calculatingimpact-of-covid-19/. 7.
19. Marie Stopes International. Our response to the Covid crisis. 2020. Available from: https://www.mariestopes.org/covid-19.
20. Hall KS, Samari G, Garbers S, Casey SE, Diallo DD, Orcutt M et al. Centring sexual and reproductive health and justice in the global COVID-19 response. Lancet. 2020;395(10231):1175-1177. https://doi.org/10.1016/s0140-6736(20)30801-1