

# **Impact of Covid-19 on the Need for and Access to Family Planning Among Nigerian Women: Secondary Analysis of an International Survey**

## **ABSTRACT**

During the lockdown, there was a disruption in the provision of and access to family planning (FP) services in developing countries due to the covid 19 pandemic.

**Aim:** This study examined the impact of covid-19 on the need for and access to family planning among Nigerian women and access to family planning among Nigerian women.

**Methods:** Secondary data was used and dataset was obtained from the COVID-19 Health Services Disruption Survey 2020 conducted by Institute for Health Metrics and Evaluation (IHME), Bill and Melinda Gates Foundation (BMGF) and Premise Data Corporation. Respondents were women between 15 - 49 years. Data were collected from 12, 354 respondents and 391 were from Nigeria. Variables were measured immediately before the pandemic and during the pandemic (December 2019 – June 2020). Analysis was done using the IBM Statistical Package for the Social Sciences (SPSS) version 26.

**Results:** 46.5% of the respondents were 25 years old or younger. The proportion of women who reported having a need for FP services decreased slightly pre and during the pandemic (12.0% to 11.3%) but it was not statistically significant. There was a 4.7% decrease in accessing FP services which was also not statistically significant.

**Conclusion:** In contrast to the expected effect of the pandemic, our study revealed a slight decrease in need for FP services. This could have been as a result of anxiety or psychological stress thereby reducing the urge for sex. We anticipate that there is likely to be a subsequent increase in the number of women who will require FP if there are more lockdowns and restrictions in the future.

*Keywords: [needs, access, family planning, Nigerian, women]*

## **1. INTRODUCTION**

The novel coronavirus that causes COVID-19 has spread rapidly since its emergence in 2019 and in March 2020, the World Health Organization declared it a global pandemic. Presently over 44 million people have been infected with the disease and over 1.1 million deaths have been recorded. The current fatality rate highlights how severe the pandemic has

been. As of Thursday, 9th September 2021, there have been almost 200,000 total cases and nearly 2600 deaths from COVID-19 in Nigeria. [1]

The increasing number of COVID-19 cases and deaths creates some difficulty in the healthcare system.[2] A WHO survey of 105 countries reported that as result of the COVID-19 pandemic, health-care services have been disrupted in 90% of the countries. Family planning services disruption was one of the most prevalent, with 68 percent of countries reporting service disruptions.[3] A variability was observed in the disruption of family planning services, notably provision of contraceptives spanning geographies in the early phases of the COVID-19 pandemic in sub-Saharan Africa.[4] This may be due to variations in health system readiness, as other nations, like Burkina Faso, took action to avert shortages of contraceptives by purchasing significant inventories.[5]

Additionally, survey results showed that COVID-19 has a direct impact on women's intentions to become pregnant. As a result of the epidemic, 34% of American women said they wished to delay getting pregnant or have fewer children.[6] The COVID-19 pandemic has an impact on women's need for family planning, as evidenced by data from Burkina Faso, Kenya, and the Democratic Republic of the Congo showing between 9% and 14% of women have changed their minds about becoming pregnant due to COVID-19 worries.[5] One projection even stated that there will be about 60 million fewer contraceptive users in the world.[7]

An estimated 51 million women may not have access to contemporary contraceptives if a high level of family planning service disruptions lasts for longer than a year, which might result in 15 million unwanted births and significantly raise maternal, neonatal, and child morbidity and death rates.[8-10] However, the Covid-19 pandemic affects the intentions of women concerning their fertility, it is important to make sure that potential or current users of family planning services continue to have access to a variety of voluntary family planning services, and that evidence-based advocacy and practices remain a priority in family planning programs.[11-13]

One major way the global Family Planning community is responding to the potential challenges that might be posed by the pandemic was the call to ensure that contraceptive services are constantly available and accessible.[9, 12-18] In nine Sub-Saharan nations, a research was conducted to evaluate how the epidemic affected the demand for and use of contraceptives using existing annual data on key reproductive health indicators.[19] Lagos state of Nigeria was the only state from the nation to have been included and findings therein may not be representative of the entire country.

As at the time of this study, no study has been conducted to determine the country-wide effects of the pandemic on the need for and access to FP. An assessment of the effects of the pandemic on these determinants of FP use is needed to inform evidence-based response. We therefore sought to determine these effects using existing data from a multinational smart-phone based survey.

By evaluating the demand for family planning services among Nigerian women before and during the COVID-19 pandemic and identifying variations in the proportion of need, this study aims to ascertain the influence of COVID-19 on the need for and access to family planning services among Nigerian women. To investigate changes in the percentage of Nigerian women who have trouble getting family planning services both before and after the COVID-19 outbreak.

Additionally, the study will examine the impact of sociodemographic variations on shifts in the demand for and accessibility of family planning during the COVID-19 epidemic.

## **2. METHODOLOGY**

### **2.1 Study Design**

The Institute for Health Metrics and Evaluation (IHME), the Bill and Melinda Gates Foundation (BMGF), and Premise Data Corporation performed the COVID-19 Health Services Disruption Survey 2020, which served as the source of the data for this study. The poll was carried out utilizing the smartphone-based Premise data gathering technology in 76 countries, including Nigeria. The specific dataset utilized was the Premise Women's Health COVID-19 Health Services Disruption Survey 2020 for Nigeria. The study concentrated on changes in the risk of gender-based violence and the degree of interruption to family planning and reproductive health services.

### **2.2 Population and Sample**

Members of the general public who identified as women and were aged 15 to 49 made up the survey's respondents. Target quotas were assigned to nations based mostly on the size of their respective Premise user networks. 12,354 respondents gave information, including 391 from Nigeria.

### **2.3 Data collection instruments**

The method of quota sampling was used. Premise, a smartphone application that allows for global data collecting, was used to find participants for the study. The study recruited Premise network users who met the inclusion requirements and gave their consent. To enlist respondents, Premise used engagement initiatives and focused advertising.

### **2.4 Data Analysis**

Analysis was done using the IBM Statistical Package for the Social Sciences (SPSS) version 26. We ran descriptive analysis on the socio-demographic characteristics knowledge and reported these in a table. We calculated the proportions of respondents who had a 'Need for Family planning' and 'Difficulty in accessing Family Planning Services' before the pandemic and during the pandemic and then estimated the change in these proportions between the two periods. Statistical significance of these changes in proportion was determined using 95% of Confidence Intervals

### 3. RESULTS AND DISCUSSION

#### 3.1 Results

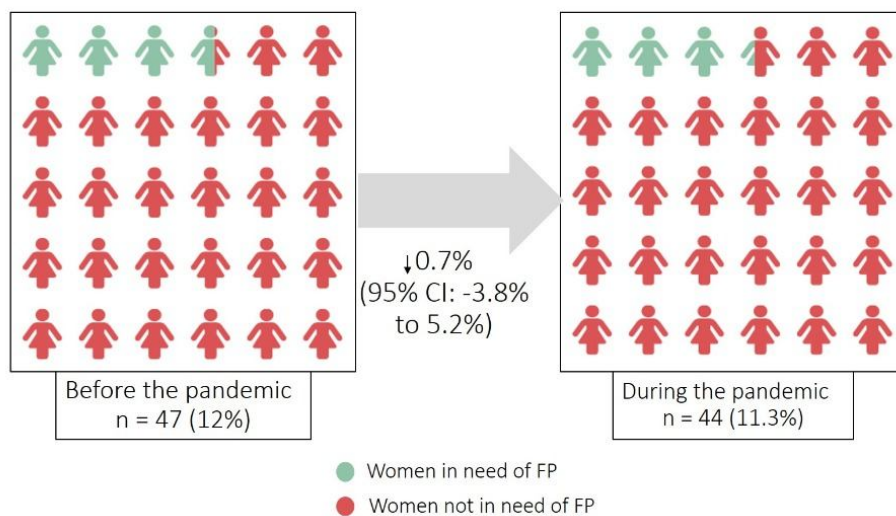
The sociodemographic Characteristics are presented in Table 1. Approximately 46.5% of the respondents were 25 years old or younger while 8.2% were between 36-45 years old. In terms of finances, 54.5% were classified as having good financial status. A large percentage (70.2%) had a Tertiary education and above. Those not currently working were 57.3% of the total respondents. Also, 76.5% lived in Peri-Urban/Urban areas as compared to 23.5% in the rural areas. Yoruba speaking tribes formed the majority (35.3%) of the ethnic groups and 57.8% of all respondents were Christians.

<b>Table 1: Sociodemographic Characteristics (N=391)</b>		
<b>Age</b>		
25 years and below	182	46.5
26 to 35 years old	177	45.3
36 to 45 years old	32	8.2
<b>Financial Status</b>		
Poor	178	45.5
Good	213	54.5
<b>Highest Level of Education (n=376)</b>		
Below tertiary education	112	29.8
Tertiary education and above	264	70.2
<b>Employment Status</b>		
Currently working	167	42.7
Not currently working	224	57.3
<b>Geographical region</b>		
Rural	92	23.5

Peri-Urban/Urban	299	76.5
<b>Ethnicity (n=375)</b>		
Yoruba	138	35.3
Igbo	72	18.4
Hausa	65	16.6
Others	100	25.6
<b>Religion (n=390)</b>		
Christianity	226	57.8
Muslim	164	41.9

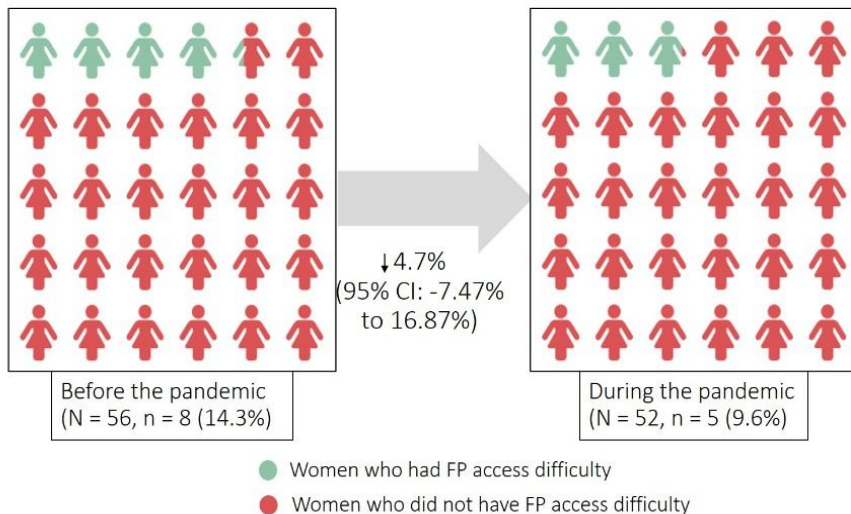
Figure 1 shows the change in the need for Family Planning among women before and during the pandemic. The proportion of women who reported having a need for FP services was 12.0% before the COVID-19 pandemic and 11.3% during the pandemic. There was a slight decrease of 0.7% which was not statistically significant.

Figure 1: Women in need of FP (N=391)



The change in the proportion of women who had FP access difficulty before and during the pandemic are represented in Figure 2. Before the pandemic, 14.3% of women who sought FP services had difficulty in accessing FP services whereas 9.6% of them had difficulty accessing service during the pandemic. There was a 4.7% decrease which was also not statistically significant.

Figure 2: Women who had FP access difficulty`



The changes in need for family planning for the different socio-demographic groups are presented in Table 2. There was a similar decrease ranging from 0.4% to 1.1% in need for family planning in most of the socio-demographic groups as in the total sample population. For respondents who were currently working, the decrease was more pronounced at 2.4%, a slight increase in the need for family planning was observed in women who were not currently working and there was no change in the need for family planning in women aged 36 - 45 years. None of the changes were statistically significant at 95% CI.

Socio-demographic categories	Change in need for contraceptive	95% Confidence Interval
<b>Age</b>		
Under 25	1.10%	-3.46% to 5.66%
26-35	0.50%	-3.79% to 4.79%

36 – 45	0.00%	-5.09% to 5.09%
<b>Financial Status</b>		
Poor	0.60%	-4.14% to 5.34%
Good	0.90%	-3.37% to 5.17%
<b>Highest level of education (n = 376)</b>		
Below tertiary education	0.90%	-3.44% to 5.24%
Tertiary education and above	0.40%	-4.29% to 5.09%
<b>Employment Status</b>		
Currently working	2.40%	-2.15% to 6.95%
Not currently working	-0.40%	-4.85% to 4.05%
<b>Geographic region</b>		
Rural	1.10%	-4.15% to 6.35%
Peri-Urban/Urban	0.70%	-3.51% to 4.91%

In Table 3, the changes in family planning access difficulty for the different socio-demographic groups. The proportion of women reporting difficulty in access to FP marginally reduced for most groups. For women below the age of 25 years, the decreased difficulty in accessing FP services was much larger at 11.5%. Women currently working and women between the ages of 26 and 35 years had a marginal rise in the proportion of women who experienced difficulty in accessing FP. (0.01% and 0.50% respectively).

<b>Table 3: Sociodemographic differences of change in FP access difficulty</b>	
Socio-demographic categories	Change in FP access difficulty
<b>Age</b>	
Under 25	11.5%

26-35	-0.50%
36 – 45	0.00%
<b>Financial Status</b>	
Poor	0.10%
Good	0.00%
<b>Highest level of education</b>	
Below tertiary education	0.14%
Tertiary education and above	0.02%
<b>Employment Status</b>	
Currently working	-0.01%
Not currently working	0.10%
<b>Geographic region</b>	
Rural	0.11%
Peri-Urban/Urban	0.02%

### 3.2 Discussion

The proportion of women who reported having a need for family planning both before and during the pandemic was much lower than was reported in a global study where it was reported that over half of women of reproductive age had a need for family planning.[20] This difference might be due to higher need for family planning in developed countries. A similar study to ours however reported the proportion of women with need for family planning before the pandemic to be as high as 74.5% and was even higher during the pandemic.[21] However, the respondents of this study were mostly older with most of them being between the ages of 35 and 49 years while only a small fraction of those in our study were above 35 years. Furthermore, the need for family planning was objectively assessed in this study while it was self-reported in our study.

In contrast to the expected effect of the pandemic on the need for family planning, [22, 23] our study revealed a slight decrease in need for family planning services during the covid-19 pandemic. There was a 5.8% increase in the need for

family planning services in Lagos and in other African countries. [23-25] Again, this may be explained by the higher average age of the respondents in this study. The reduction in need for family planning in our study could have been as a result of anxiety or psychological stress thereby reducing the urge for sex and the perceived need for FP.

Our study also found an unexpected decrease in the proportion of women who experienced difficulty assessing family planning. Previous studies revealed an increased difficulty with access to family services.[26] which are in contrast to our study. The slight decrease in need for family planning cut across all socio-demographic groups except among women who were not in employment. The need for family planning increased slightly in contrast to the employed who showed a higher decrease in the need for family planning services than in any other socio-demographic groups. The need for family planning reduced with increasing age and increasing educational level in Lagos. [27] The small sample size of the dataset used may be responsible for the difference in findings.

#### 4. CONCLUSION

The findings from our study suggests that despite the slight decrease in the number of women reporting a need for FP and in the number of women who had difficulty in accessing FP during the pandemic, there is likely to be a subsequent increase in the number of women who will require FP if there are more lockdowns and restrictions in the future. The onus is on the government to prepare for the possible increase in demand for FP as has been recommended by experts in the field.

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