

# Accessibility and Utilization of Family Planning Services in Nigeria during the Coronavirus Disease-2019 Pandemic

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## Abstract

**Background:** Family planning services are an important aspect of reproductive health as it helps in the improvement of maternal health. During the coronavirus disease-2019 (COVID-19) pandemic, several measures were taken by the Nigerian government to control the virus, which included restriction of movements including curfews and lockdown. **Aim:** This article is a review of the impact of the COVID-19 pandemic on the accessibility of family planning services in Nigeria. **Materials and Methods:** This is a narrative review of articles related to the accessibility of family planning services during the COVID-19 pandemic. The literature search was done using Medline, Google Scholar, and PubMed. The keywords used for searching for the literature were COVID-19 and family planning services in Nigeria. The literature search review was done from June 2020 to November 2021. **Results:** The study found both supply- and demand-side service disruptions. There was a disruption in the supply chain management system, affecting the production and distribution of family planning commodities. The demand-side issues were because of the lockdown measures on health seeking behaviour, absence, and increased cost of transportation. **Conclusion:** Accessing and utilizing various contraceptive methods were disrupted by the COVID-19 pandemic. This is due to several factors including the restriction of movements put in place by the Nigerian government to control the pandemic. The improvement of the use of various pregnancy preventive strategies has the potential to reduce poverty. It is imperative to develop adaptive systems to provide ongoing contraceptive services, by implementing innovations to sustain demand and supply of family planning services during pandemics.

**Keywords:** Coronavirus disease-2019, family planning, hospital services

## INTRODUCTION

There is an increase in the number of women who die from pregnancy-related problems and also children who lose their lives before their first birthday worldwide; this is worse in developing countries.<sup>[1-3]</sup> Nigeria has attained the woeful record of being one of the most dangerous countries in the world to give birth, with a maternal mortality ratio of 576/100,000 live births, the neonatal mortality rate of 39 deaths/1000 live births, and a contraceptive prevalence rate (CPR) of 17%.<sup>[4,5]</sup> It is estimated that about 18% of women worldwide die from illnesses that can be preventable during pregnancy and delivery.<sup>[1]</sup>

When a couple decides to consciously restrict and practice child spacing using various contraceptive methods, this is

known as family planning.<sup>[5]</sup> It is on record that family planning use plays a role in reducing maternal mortality.<sup>[6]</sup> It is a cheap intervention method for the improvement of the outcome of both child and women's health.<sup>[1]</sup> This happens by reducing the number of deliveries, and as such, reducing the number of women that die when giving birth. Family planning affords

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the woman the benefits of reducing unwanted pregnancy, unsafe abortion, pregnancy complications, and childbirth complications.<sup>[6]</sup> In sub-Saharan Africa including Nigeria, there is a reduction in the availability and utilization of birth-control methods.<sup>[5]</sup>

The coronavirus disease-2019 (COVID-19) pandemic has worsened the accessibility to medical services including family planning services. Access to services has worsened both geographically due to the various forms of restriction on movement and economically due to the loss of income and means of livelihood.

Geographic access has two components: one is the availability; this is linked to the location of the facility. The second component is readiness; this scrutinise various intervention services available by the facility such as birth control, child, and maternal health.<sup>[7]</sup> The use of short message reminders for clients' retention is a possible strategy to improve the utilization of child spacing methods. The effectiveness of the strategy remains in doubt during the COVID-19 pandemic.

Birth control services allow women and couples the opportunity of child spacing, leading to an improvement in both the health of the woman and the child.<sup>[8]</sup> The Sustainable Development Goals 3 aims to improve access to modern contraceptives through the utilization of reproductive health.<sup>[9]</sup> Inability to access these services increases the likelihood of unplanned pregnancies, which could have far-reaching effects on the woman, her family, and the society at large.

## MATERIALS AND METHODS

This is a review article that accesses family planning services during the COVID-19 pandemic in Nigeria. A literature search was done to get studies that have been done on the subject matter. The search was done through the search engines such as PubMed, Google Scholar, African journal online (AJOL), and Medline. This article reviewed narratively articles relevant to accessibility and utilization of family planning commodities in the course of the COVID-19 pandemic.

## RESULTS

The pandemic caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has led to a wide range of health services disruptions. Specifically, some of the reported challenges posed by the COVID-19 pandemic in assessing family planning services were inability to leave home for healthcare centres due to enforcement of lockdown, absence of transportation, increased cost of transportation, compulsory wearing of facemask at the healthcare centers, and being afraid of contracting COVID-19 from other patients or workers at the facilities.<sup>[10,11]</sup>

The various studies from the articles reviewed highlighted the importance of family planning services. There were few studies on the use of the various family planning methods during the COVID-19 pandemic. From the various studies, family planning in Nigeria is affected by traditional and

religious beliefs and norms. This worsened with the pandemic. The various restrictions in movement during the first wave of the COVID-19 pandemic affected the accessibility of birth control services.

## Family planning services in Nigeria, accessibility and utilization

Family planning service forms an essential aspect of women's health, especially its impact on maternal morbidity and mortality leading to a better outcome of child health.<sup>[12]</sup> The United nations population fund (UNFPA) stated that "access to safe, voluntary family planning is a human right and that family planning is central to gender equality and womens empowerment as key factors in reducing poverty."<sup>[13]</sup> Contraception is essential in decreasing maternal mortality by providing significant protection for women by preventing unintended pregnancies that often result in unsafe abortions.<sup>[14,15]</sup>

Family planning services in countries with high birth rates such as Nigeria have the potential to reduce poverty and hunger.<sup>[16]</sup> Access to family planning services is vital to the health and future of females, leading to safe motherhood. The ability to plan the number and spacing of births increases the likelihood of positive health outcomes.<sup>[17]</sup>

However, in developing regions, an estimated 218 million women who want to avoid pregnancy are not using safe and effective family planning methods due to a lack of information or services and lack of partners or community support.<sup>[13]</sup>

In Nigeria, family planning services are often delivered in clinics and their utilization is low when compared to the high fertility and population growth rate in Africa and Nigeria.<sup>[18]</sup> A 2018 National Demographic and Household Survey reported a 17% CPR among married women (15 to 49 years of age) with only 12% users of modern contraceptive methods, higher among the sexually active unmarried women (37%) with 38% using a modern method.<sup>[19]</sup> Despite the increase in the use of modern methods of contraception, there is a discrepancy between rural and urban areas in the access and use of family planning services.<sup>[20]</sup> Despite the high level of knowledge and awareness about family planning services in Nigeria, most women still do not use the services, resulting in a high level of unmet need.<sup>[21,22]</sup> The decline in the utilization of family planning services was found to be due to the myths and misinformation or unconfirmed information passed within social networks, fear of complications, lack of understanding of methods, and fear of opposition from the husbands as seen in several studies conducted in Nigeria and some parts of Sub-Saharan Africa.<sup>[23-26]</sup>

Family planning is paramount in improving maternal and child health and building economic growth in a developing country, most especially in Nigeria. Continuous education, accessibility to safe family planning services in both the rural and urban areas, and good perception on the use of the service with male involvement would help in a long way to increase its utilization with a favourable outcome.

### Impact of the coronavirus disease-2019 pandemic on the accessibility and utilization of family planning services in Nigeria

The impact of the COVID-19 pandemic on general health services across the nation could be short term or long term, as 56% of healthcare workers confirmed that essential healthcare services were affected by it and approximately 57% reported some form of interruption in family planning services delivery.<sup>[27]</sup> As one of the basic essential Reproductive, Maternal, Neonatal and Child Health (RMNCH) services, family planning services which are vital to health care and human rights were no doubt disrupted by the COVID-19 pandemic. Specifically, some of the reported challenges posed by the COVID-19 pandemic in assessing family planning services were inability to leave home for health-care centers due to enforcement of lockdown, absence of transportation, increased cost of transportation, mandatory use of facemask at the healthcare centres, and fear of contracting COVID-19 from other patients or workers at the facilities.<sup>[10,11]</sup>

Other challenges noted to impede the access of women to sexual and reproductive health and rights, (SRHR), earlier in the onset of the pandemic were the disruption in the production and supply of family planning commodities, diversion of staff and resources to other urgent clinical care, and closure of facilities including travel restrictions.<sup>[28]</sup> Furthermore, a big data analysis showed an increase in search terms related to pregnancy and abortion at the onset of COVID-19 lockdown in Nigeria. This could suggest that girls and women may have had less control over accessing family planning services, leading to a greater concern about being pregnant and having a child during the period. Furthermore, indirect impacts by the pandemic disrupting seeking and use of family planning services include the change in healthcare-seeking behaviour, loss of income and revenue, loss of support groups, increased exposure to gender-based violence, increased poverty, and household burden. All of these cumulatively pose a great risk to the physical and psychological health of girls, women, and in extension, to the general populace that benefits directly or indirectly from the access to and use of family planning services.<sup>[29,30]</sup>

Although there was a slight decrease in the number of primary healthcare centres (PHCs) opened to offer essential SRHR services during the outbreak of COVID-19, largely, most were functional across some states in the country to attend to these services. Despite the opening of more PHCs for family planning and other essential SRHR services during the COVID-19 pandemic lockdown, there was still a significant reduction in utilization of services by clients. This was due to challenges associated with service implementation such as low demand for services by clients and stock-outs (as experienced by the healthcare workers), harassment by the law enforcement agents, hoodlums, and limited operation due to curfew during the lockdown.

Furthermore, the limited provision of personal protective equipment (gloves and protective gowns), basic amenities (such

as water and toilet), and other incentives that would motivate them to optimize services for clients during the pandemic were contributory.<sup>[28]</sup> Some healthcare providers did not feel safe enough to work.<sup>[28]</sup> Furthermore, in a telephone survey conducted to assess the impact of COVID-19 on healthcare services among community residents, 20.6% (from Ibadan) and 37% (from Lagos) reported having difficulty in accessing family planning services.<sup>[27]</sup>

On utilization of family planning services and other RMNCH services, further investigation before and after the lockdown, reviewed weekly at PHCs, showed that there was a reduction by 30%–50% in the utilization of family planning and the other services when compared to the pre-COVID era.<sup>[28]</sup> Similarly, statistics from a tertiary healthcare facility in Northern Nigeria showed a pronounced reduction intra-COVID in the use of family planning services at clinics, where they recorded a 50% decrease in April 2020 and a 72% decrease in May 2020, as compared to data from the same months in 2019.<sup>[11]</sup> However, a report by the Global Financing Facility in Nigeria reported a decrease of 10% in April and 15% in May 2020 in the utilization of family planning services with up to 67% of the survey respondents (aged 15–24) continuing as nonusers of family planning in a southern state (Lagos). Whereas, in the north (Kano), about 4% altogether stopped the use of family planning with up to 80% of the women and girls (aged 15–24) remaining as nonusers of any family planning method.<sup>[30]</sup> Although it is worthy of note that the service utilization for family planning and most of the other reproductive, maternal, neonatal, and child health services had a visible surge after the lockdown.<sup>[28]</sup>

Another impact of COVID-19 on the family planning use and accessibility is the limitation of evidence. This is because most evidence gathered during the initial phase of the outbreak and lockdown period were gotten from rapid response phone surveys with several non-probability sampling techniques due to the peculiarity of the pandemic. These phone surveys (as a means of data collation for research) are not fully representative as they exclude girls and women who do not have phones.

The other means available for evidence and data collation were public and community health resources and Health Management Information Systems (HMISs) among others. The onset of the COVID-19 pandemic did not only disrupt the access and utilization of family planning services, but it also stagnated improvements that were made over time the reproductive, maternal, neonatal and child health (RMNCH).<sup>[11,30,31]</sup>

### Possible solutions to ameliorate the impact of the coronavirus disease-2019 pandemic on family planning services in Nigeria

Generally, the outbreak of COVID-19 stagnated the progress made over time in the reproductive, maternal, neonatal and child health (RMNCH) sector in Nigeria. Also, with significant disruption in the access and utilization of



family planning services, which is a core component of the RMNCH.

The COVID-19 pandemic has shown the importance of an adaptive and resilient health system toward facing the challenges posed by health emergencies and the need for the maintenance of pre-pandemic healthcare. Hence, more representative and high-level research is needed in Nigeria (across every population with a special interest in vulnerable, hard-to-reach groups). It is necessary to adopt the innovative methods of contraceptive service delivery such as self-care and telemedicine approaches after adapting them to local context. There is also a need for investment in proper data collation and interventions. This will allow contextual approaches in tackling the present and future impact of COVID-19 family planning services and the reproductive maternal, neonatal, and child health sector as a whole.<sup>[11,30,31]</sup>

A further recommendation to health authorities across various facilities is to work with major stakeholders in the provision of family planning services. This includes donors, policy-makers, program coordinators, communities, and healthcare workers to adopt new innovative approaches toward providing routine family planning services. This is essential in the delivery of maternal, neonatal, and child health services during the COVID-19 era. Similarly, health promotion, communication and information via traditional media, mass media, digital platforms, and other means for community engagement with functional referral services can be used as strategies for these essential services.<sup>[27,31,32]</sup>

Another means of a solution is the use of task shifting and sharing among healthcare workers to provide family planning in the communities. Family planning services can be incooperated in community outreach programme with standard infection prevention and control protocols in place. These could be useful for providing access to hard-to-reach areas to provide family planning services in such locality to people who require it. Furthermore, the integration of telemedicine into the activities and service provision of healthcare workers and health facilities would help in providing quality and timely family planning service that is available and access.<sup>[27]</sup>

It is important to effectively tackle the impact of the COVID-19 pandemic on the delivery of family planning services. These considerations by all stakeholders include economic, political, sociocultural, and contextual factors, such as culturally appropriate and locally fashioned approaches to access family planning services during the COVID-19 pandemic. More constructive nondraconian COVID-19 protocols and guidelines are required with incentivised advocacy for COVID-19 vaccination.<sup>[11]</sup> These measures are crucial for sustaining a resilient health system and ameliorating the impact of the COVID-19 pandemic on family planning services in Nigeria.

## CONCLUSION

Family planning services in Nigeria are still challenged with acceptability, This can be due to the impact of religion and socio cultural background. The COVID-19 pandemic has caused a lot of adverse impacts on women's health concerning access and utilization of family planning services. Restriction of movements was one of the strategies put in place to control the pandemic. This has harmed the accessibility of family planning services.

Improving access to and utilization of family planning services has the potential to reduce poverty, hunger, and build economic growth in a developing country, most especially in Nigeria. It is paramount in improving maternal and child health. Continuous education, accessibility to safe family planning services in both the rural and urban areas, and good perception on the use of the service with male involvement would help in a long way to increase demand and utilization of family planning services. It is imperative to develop adaptive systems to provide ongoing contraceptive services, by implementing innovations in preparedness and response in real time.

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## Conflicts of interest

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