Listening to Women

Impact of COVID-19 on Abortion Services in India (Delhi)

A qualitative study conducted after the first phase lockdown in 2020
Study Period: October to December 2020

In a world trying to cope with a pandemic with unprecedented speed of spread, the health systems of individual countries in the throes of complete breakdown had a far-reaching impact on people's lives. Marie Stopes International's study in August 2020 estimated that a staggering 90 per cent or 9.2 lakh women in India requiring abortion services could not access them between January and June 2020 because of the stringent COVID-19 lockdown.[1] Medical abortion through digital counselling and support has been advocated as a safe alternative, but in countries like India it is not included in the list of services permitted through telemedicine and legal stipulations continue to come in the way of this approach. Moreover, just before the lockdown a study with 1,500 chemists, showed acute shortages in the availability of medical abortion drugs in various states.[2]

As governments with single-minded focus tried to contain the pandemic, the collateral damage done to the reproductive health of the most vulnerable sections of the population such as marginalised women were completely overlooked. There was a need to explore, understand and document women's need for and experiences with accessing reproductive services, especially time-sensitive, highly stigmatized, and misunderstood abortion services. This research stemmed from the anecdotal experiences reported by CommonHealth members related to women's struggle to meet their abortion service needs during the pandemic.

The YP Foundation (TYPF): In 2002 TYPF was established as a voluntary group for youth-led social change dialogue and action. The organisation facilitates young people's feminist and rights-based leadership on issues of health equity, gender justice, sexuality rights, and social justice.

1 Resilience, Adaptation and Action: MSI's Response to COVID-19 - The survey recorded responses of 1,000 women aged 16-50 in India on their experiences and awareness of sexual and reproductive healthcare before and during the COVID-19 pandemic. https://www.msichoices.org/resources/resilience-adaptation-and-action-msis-response-to-COVID-19/?&subjectMatter=&resource=&year=&keyword

2 http://www.frhsi.org.in/pdf/FRHS%20India%20Study-Availability%20of%20MA%20drugs%20across%206%20Indian%20States.pdf

Need for the Study

The YP Foundation (TYPF) conducted this exploratory study in Delhi for CommonHealth. They aimed to explore and document women's, especially of vulnerable women's:

- need for contraceptive, abortion, and maternal care services;
- access to contraceptive, abortion, and maternal care services; and
- experiences with services during the COVID-19 pandemic and consequent countrywide lockdown and changes in health system priorities.

The Methodology

Qualitative methods like in-depth interviews were conducted on a purposive sample based on the willingness and ability of respondents to provide information. Study participants included: women in the reproductive age group in urban slums of Delhi where the TYPF worked through its on-ground partners and who relied on government health services; Medical Officers (MOs) and doctors from the government and private sector; frontline service providers such as Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs); chemists; Government officers and grassroots level non-government organization (NGO) or community-based organization (CBO) or civil society organization (CSO) staff. A total of 15 interviews were conducted in northeast Delhi: five with women and ten with service providers, including government officers and CSO/NGO staff.

Process: Interview guides for each type of respondent were developed, and translated into Hindi, the local language. The proposal, consent form and interview guidelines were passed after rigorous scrutiny through the SAHAJ Institutional Ethical Committee. Girls/women above 18 years seeking reproductive services were identified in consultation with local service providers and field staff of TYPF and with the prior consent of these girls/women. Selected team members of TYPF were provided online training in qualitative research, study purpose, methodology along with COVID-19 related training. Interviews were all telephonic. Interview notes were transcribed in the local language, Hindi and entered in English in Excel. Data were analysed for emerging patterns and themes.

Key Findings

Increasing vulnerabilities: The respondents' narratives indicate how the loss of income impacted health-seeking priorities during the lockdown. Many women revealed that during lockdown their finances were affected and some had to take loans or borrow money under whose effects they were still struggling.

> *In the initial stages of lockdown, we faced a lot of problems. My husband lost his job, we had no food, children couldn't go to school, we couldn't even step out of the house. I also fell ill. I got pregnant and had a baby. I had no access to medicine and had to get operated on in a private clinic. We haven't been able to pay our rent till now.*
>
> - Married woman

Most reported low autonomy and decision making in matters related to their health and well-being. The fertility decisions were largely those of husbands/men and elders in the family. Women had limited or no control over their mobility and resources. These vulnerabilities got exacerbated during the government-imposed lockdowns, curfews, and mobility restrictions. Women with health issues had limited or no access to services and transportation, especially in the initial phase.

I cannot tell my partner to use a condom. I do not know about contraception and where it can be accessed. I do not know much about them. I mostly stay at home. I know that there is a dispensary in the area but I do not go there. My partner brings abortion pills for me in case I get pregnant and we want to abort it.

- Married woman

There was no work. I was 1.5 or 2.5 months pregnant when there was a complication in my pregnancy…..We had to take a loan to afford services in a private clinic. Since there is no work even now, I have still not been able to pay back my debt.

- Married woman

Increased reproductive health needs: Women's need for reproductive health services increased during the pandemic. Women who reported being pregnant stated that the pregnancy was unwanted and unplanned. Most lacked access to abortion services and contraceptives or it was too expensive during this period and thus, conceived due to lack of services and unavailability of contraceptives.

Due to the unavailability of condoms, I got pregnant. We decided to abort the pregnancy. We already have three children.

- Married woman

NGO personnel, service providers and women in the area corroborated this increased demand for services and difficulties in accessing those.

The demand for abortion has increased. We are observing in the field that most pregnant women do not want children. They say that they did not want a child but had to give birth because they did not get abortion services. They did not get abortion pills either because the chemist facilities were closed. The demand for abortion has increased because earlier, most husbands left home for work but they were home during the lockdown. The rate of pregnancy has increased during this period.

- NGO personnel

There has been an increase in the demand for contraceptives such as Chaya pills and abortion pills. Several pregnant women have taken abortion pills. There is a greater demand for abortion among women who lack the support of their families.

- ANM

The demand for sanitary pads, pregnancy kits, contraceptives, abortion pills, has increased in this period. There has been no change in the prices of these products. GTB is the only government facility in the area that provided abortion services. But it has now been converted into a COVID facility and abortion services have stopped. Demand for these services has considerably increased during the lockdown.

- Chemist

Overwhelmed and ill-prepared/ill-equipped health system: The situation of health system in Delhi was compromised and overburdened as resources, infrastructure and personnel were dedicated to COVID-19. Interviewed government service providers talked about the changes and challenges in carrying out their job despite overburdening, staff shortage and inadequate supplies of protective equipment. Almost all MOs reported a drastic drop in the out-patients department (OPD) turnout. This was a result of the suspension of public transport facilities, curbs on movement and women refrained from visiting health facilities due to fear of COVID-19 exposure.

Though the Ministry of Health and Family Welfare had affirmed maternal health services including abortion services as essential services in mid-April 2020 and all government service providers across states claimed that there was no significant change in reproductive health facilities and that all services were provided by them, women contradicted them and said that reproductive services were not available in the initial phase.

The doctors at the government hospital turned me away when I was in such a severe condition. They should at least provide basic facilities. Even women who had to get deliveries were thrown out of the hospital to make space for Corona patients. Some women were in very poor condition.

- Married woman

Because of the COVID pandemic, the government hospital in this area has been converted into a COVID facility. Government hospitals are overcrowded, and pregnant women are being turned away. The hospitals are not attending to women's health needs.

- ANM

Moreover, abortion services have been stopped in government hospitals during COVID. Some women say that they were denied abortion service in the government hospital and were asked for Rs. 20,000 in the private facility. They could not afford an abortion. All the women who got pregnant during the lockdown are 5 or 6 months into their pregnancy and can't get an abortion now. They are having to give birth now. A lot of women have three children now.

- NGO personnel

Women usually approached the health facilities through the ASHA worker or other frontline workers. But most women reported a lack of accessibility due to lack of transport and non-availability of health services. During the lockdown period, the ASHA/ANM were unavailable for most women. Women reported that they had a bad experience when seeking contraceptive services, and as service providers were missing, they did not know what to do.

It was a wanted pregnancy. I was one and a half months pregnant when there was a complication in my pregnancy. I experienced bleeding. I had no other choice but to abort the child. In the government hospital, I sat outside for two days even when I was experiencing bleeding. I did not receive any service in the dispensary. They referred me to the General Hospital where I had to visit for more than a week and still got no service. The doctors at the government hospital clearly denied providing me abortion service even when I was writhing in pain in front of them. I was scared that I might get infected during the complication and finally decided to take a loan to go for private abortion. I also called ASHA didi who told me that she was attending a marriage and told me to get an abortion in a private facility. We spent Rs.20,000 on this abortion by taking a loan including medicines and are still under debt.

- Married woman

There is only one hospital that provides abortion services. Apart from this, there are private nursing homes that people prefer because government workers do not pay much attention to abortion cases. They pressurise women to get sterilised or operated on for Copper-T.

- NGO personnel

The doctors and staff at government hospitals should be more considerate towards women. When I went there and was in so much pain, no one even looked at me. The ASHA also advised me to go to a private clinic even when there was a lockdown and we were already in so much loss.

- Married woman

Lack of resources and training: Unlike other states where the study was also conducted, service providers reported that they received necessary resources like sanitisers, masks, gloves, oximeters, and other safety equipment from the government. Many service providers said they did not receive any training to handle the changes during COVID but some stated that they were prepared for such circumstances through their regular training or they could approach doctors to get information.

The supply chain of pregnancy kits was also affected. Chemists alluded to increased demand for pregnancy kits. Several service providers such as MOs, ASHA/ANM, and chemists reiterated the shortage in the availability of modern contraception due to the imposed curbs. The main reasons for the gap in the services as pointed out by the providers and the chemists were the breakdown of the supply chain for drugs and commodities, redeployment of facilities and staff for COVID-19 care, lack of transport, restricted mobility, and fear of police.

Due to the unavailability of condoms, I got pregnant. We decided to abort the pregnancy. We already have three children. I first took the abortion pill that I got from a chemist, but it failed. So, I got an ultrasound, arranged for money and as per the doctor's advice underwent a surgical abortion at a private clinic. Government facilities weren't providing usual services due to the overburden of COVID-19 patients and I wasn't even allowed to go inside the hospital.

- Married woman

Demand for abortion pills increased during the lockdown. They are bought mostly by women. However, because of the lockdown, a lot of women were not directly going to chemists because they feared harassment at the hands of the police.

- Chemist

Steps taken by women: Despite unwanted pregnancies, some women had to go for abortion services. Some took pills without medical advice or bore the heavy expenses of a private hospital, while others just continued with their pregnancy. Women's health needs become the first and major casualty of economic constraints and systemic breakdown. The women reiterated the key role that front line service providers like the ASHA and ANM play and strongly advocated for their services as well abortion and contraceptive services to be continued under all circumstances. Women echoed the need for counselling support, good behaviour, and consideration of their needs, especially during such times. Other stakeholders reiterated these issues as well.

Any women take abortion pills from a chemist on their own. Most chemists and fake doctors are not qualified enough to prescribe these pills to women during pregnancy.

- ANM

Women from poor families are the most affected. During this pandemic, issues of women's health have become even more hidden and women who are getting their periods late by 10-15 days are taking abortion pills from chemists to prevent unwanted pregnancies without consulting a doctor. This has adverse impacts on the health of some women leading to excessive vaginal bleeding and weakness. Women have mostly gone to private facilities for health services. In the 4-month lockdown, they had to book their own private vehicles in the absence of public transport to visit these facilities. There has been a spike in home deliveries as the government hospitals are not providing delivery services to pregnant women due to COVID cases.

- NGO personnel

I had two pregnancies during the lockdown and my first pregnancy resulted in a miscarriage. At that time, I faced a lot of problems. The government hospitals were not providing any services and I had immense pain and had to go to a private clinic for treatment. I am 2-months pregnant now, with my second child. My husband's and family's work were also severely hit. So, I have to continue. I have no option.

- Married woman

Role of NGOs: NGOs across the state responded to the needs of the women by adopting different strategies. Initially, many NGO personnel found it difficult to reach their field areas due to strict measures implemented especially in metropolitan cities like Delhi. Eventually, they were allowed to travel by showing proper organization identity cards and informing the police that they were service providers. With initial access cut-off, the teams slowly formed groups telephonically or via mobiles. While most NGOs /CBOs conducted awareness camps and meetings and established help desks to inform the community about COVID prevention and availability of services, some of them also provided hygiene supplies and food. These organizations often played a critical role in coordinating with ASHAs, Anganwadi workers to establish support mechanisms in the community for immediate referrals and with MOs directly to provide relevant information and facilitate services through the public health facilities. They were quick to identify/assess the gaps and challenges and tried to inform the government officials as well as directly help the community wherever possible.

> *There is an urgent need to pay attention to pregnant women since they are not getting adequate nutritious food and services. We want that the provision of nutritious food in Anganwadis to be continued like before. Our government has not been able to take care of women's reproductive health. So, we had to help*
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> - NGO personnel

> *In the early months of COVID-19, we did not have access to any information. We slowly formed groups and had meetings with women on the phone. Because of the poor economic condition of the people, we were trying our hardest to provide meals and rations to people in need.*
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> - NGO personnel

Limitations of the study: There were difficulties in reaching out to some respondents, especially the government sector service providers since they were preoccupied with pandemic management. Findings cannot be interpreted as representative of the community/area or statistically valid as sampling for interviews was purposive. However, they do provide valuable insights into women's experiences of seeking abortion services at the time of the pandemic.

Lessons for the government health delivery system

The COVID-19 pandemic was undoubtedly unprecedented and caught the health system unawares, unprepared, and overburdened. Their COVID engagement hampered outreach activities such as contraceptive distribution, IEC counselling, commodity supply and referral. The need for localised, affordable, legal, and safe abortion services during the pandemic situation was evident, rather higher than ever because of the inaccessibility of contraceptive services and the increased potential for both unwanted and unplanned pregnancies.

NGOs working locally at the community level with the women also articulated the need for a strong institutional support system for women to ensure that their health needs are met even in a crisis situation. Thus, a system that is impervious to any systemic

crises needs to be conceptualized and established. Given that NGOs have the reach and rapport with the most marginalized groups, co-opting them during these situations should be part of such contingency health plans.

Interactions with different stakeholders brought out three critical lessons for uninterrupted service delivery to the community. Firstly, a continuation of routine and essential reproductive health services has to be ensured irrespective of prevailing health crises. Secondly, the frontline workers who are the first point of contact and a critical source of information, support and reproductive health related commodity supplies in the community have to be spared from long term deployment for such work. And finally, a consistent supply of commodities (contraceptives, sanitary napkins, pregnancy test kits) has to be ensured through the establishment of local depots.

In times of crisis like COVID-19, it is important that sexual and reproductive health, and rights (SRHR), particularly abortion services are prioritised as they are time-sensitive. The absence of these services, increase women's vulnerability manifold. Prioritising services and safeguarding support services in this area thus becomes a necessity.

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