Listening to Women

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

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

CommonHealth

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 the time-sensitive, highly stigmatised 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.

Society for Health Alternatives (SAHAJ) founded in 1984 in Vadodara, SAHAJ focuses on social accountability and citizenship building for children, adolescents, and women in sectors of Health and Education.

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

SAHAJ conducted this exploratory study in Gujarat 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 where SAHAJ worked and who relied on government health services; Medical Officers (MOs) and doctors from the government and private sector; frontline service provider such as Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs); chemists; and grassroots level non-government organization (NGO) or community-based organization (CBO) or civil society organization (CSO) staff. A total of 13 interviews were conducted in Vadodara district: five with women and eight with service providers and CSO/NGO staff.

Process: Interview guides for each type of respondent were developed, and translated into Gujarati, 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 and with the prior consent of these girls/women. Selected SAHAJ team members were provided online training in qualitative research, study purpose, methodology along with COVID-19 related training. Interviews were telephonic, as well as in–person in full compliance with COVID-19 precautionary protocol for the field area. Interview notes were transcribed in the local language and entered in English in Excel. Data were analysed for emerging patterns and themes.

Key Findings

Increasing vulnerabilities: The respondents' narratives explicitly indicate how the loss of livelihood and income intensified vulnerabilities and impacted health-seeking priorities during the lockdown. Most women revealed they managed their household as well as health related expenses during the lockdown period through their savings or relied on other house members for money or took loans. Almost all also reported low autonomy and decision making in matters related to their health and well-being even during normal times. The fertility decisions are largely those of elders in the family and husbands / men. These women had limited or no control over their mobility and resources. These vulnerabilities got exacerbated during the government imposed lockdowns, curfews, and mobility restrictions.

Unchanged health needs: Women's need for reproductive health services remained the same as before the pandemic. However, women who reported being pregnant stated that the pregnancy was unwanted and unplanned. Many had lacked access to contraceptives during this period and had conceived. Chemists reported that demand for pregnancy kits increased during the lockdown. According to a few service providers, there was no significant difference in the demand for abortion services during the lockdown. NGO personnel and women in their area corroborated this.

Usually, 3-4 MTP cases come per month and in COVID lockdown times, it was around 2-3 cases. So not much difference in the demands of the abortion services. Mostly newlywed women, women with complications and unmarried adolescents come for abortion.

- Medical Officer

Overwhelmed health system: The situation of the health system in Gujarat was comparatively better as compared to other states where this study was also conducted. COVID-19 related workload increased. Interviewed government service providers talked in detail about the changes and challenges in carrying out their job despite overburdening, staff shortage and inadequate supplies of protective equipment. Private hospitals, particularly those run by charitable trusts claimed minimal impact. Some private hospitals confirmed that footfall in the out-patient department (OPD) dropped, though the services were not shut down. 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. According to the respondents, hospitals were asked not to admit pregnant women without major complications.

COVID had affected clinical work... OPD had gone down, deliveries were also less. This can be because of difficulty in transportation or fear of COVID. Earlier 80-100 patients for gynaec related services and 200-250 patients for OPD used to come.

- Medical Officer

Mamta divas was stopped because of which pregnant women didn't get the services during lockdown. All hospitals were asked not to allow pregnant women in early stage pregnancy and without complications. Only those in the last trimester came for the services.

- ASHA

During the lockdown period, although outreach services such as the Village Health and Nutrition Day (VHND) were suspended, the ASHA/ANM visited and provided the services at home. Women who needed counselling were counselled using mobile phones and followed up through ASHA/ANMs. Some women reported that there were shortages of commodities such as the availability of condoms with ASHAs in their area. After the lockdown was lifted, government outreach services were regular according to the service providers. Some women, however, had a different story to tell. They reported the continued unavailability of community-level services, especially contraceptive information. The service providers corroborated this.

During lockdown, we did not get condoms. I learnt about safe period and withdrawal method from the NGO ben and used that during the lockdown. ASHA also did not have stock and the earlier ones she had were also over. So, we used the safe period and withdrawal methods till lockdown. After that, it was available.

- Married woman

Sale of contraceptives, pregnancy testing kits reduced, especially during lockdown. We do not keep abortion pills as that is illegal but sale of I-pills also reduced….. During lockdown, the demand was less as mostly girls/women bought it and they did not come out of the house. So fewer sales but the stock was there.

- Chemist

Chemists reported that they had enough stock of condoms and contraceptive pills (as they take less space and demand had reduced). They reported that they did not keep abortion pills, but kept contraceptive pills. Also that sales reduced during lockdown because girls/women did not come out to purchase these during the lockdown.

Steps taken by women: Despite unwanted pregnancies, few women came for abortion services. Some took pills without medical advice 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 to be continued under all circumstances. Women echoed the need for counselling support during such times.

I do not have much idea about abortion services. After the beti bachao (Save the girl child) program, there was a ban on such drugs. But I have heard, some still keep. Misoprostol is used but it is illegal now.

- Chemist

Abortion services are accessible to all sections of society, but the female should be above 18 years of age or if the girl is the rape victim. No abortion service is available if you get pregnant by having pre-marital sex.

- ASHA

Lack of awareness amongst stakeholders: Clarity on abortion-related services and abortion pills was lacking amongst chemists and ASHAs who are the first point of contact with the health system for women with health needs. Misunderstood government campaigns and lack of information on sexual and reproductive health knowledge play an important role in service provision.

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 it. 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 and centralising support services in this area thus becomes a necessity.

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