

Commentary Article

Covid-19 Pandemic and Impact On India's FP2020 Goals: Estimates and Reality

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Abstract

Family planning is now viewed as a developmental behavior. It not only improves maternal and infant health but also is directly linked to the overall well-being of the family. India has a high unmet need and the use of modern contraceptives is not satisfactory though it has improved a lot currently. Achieving the FP 2020 goals an important activity of the government. Covid 19 pandemic has stood as a barrier in family planning

service delivery. Experts voiced concerns about rising unwanted pregnancies, unsafe abortions during the pandemic, and the rise of maternal and infant mortality during the post covid period due to falls in contraceptive services. Perceived thoughts and reality is discussed.

Keywords: Lockdown; Sterilization; IUCDs; HMIS; Oral pills; DMPA; FP2020; India; Covid-19 pandemic

Introduction

The government of India imposed a nationwide lockdown immediately following Covid -19 pandemic declaration by the World Health Organization (WHO) in March 2020 [1,2]. The lockdown was stringently followed in all parts of the country to halt the transmission of SARS-Cov-2. Like other programs and services, the family planning program also faced underperformance during the lockdown period. Different experts and various organizations have predicted a fall of family planning services during the Covid-19 pandemic around the world. Family planning not only improves women and child health but also reduces the population, both of which are very important in a country like India. India is a committed country to improve maternal and child health and significantly invest in reproductive and child health programs. India is also a partner of the FP2020 initiative, which is a global platform for enhancing family planning services. India committed to a significant improvement in family planning services by the year 2020 but the Covid-19 pandemic came as a barrier in achieving the goals. India is a vast country in terms of geography and population. A 1% change in family planning service has significant changes in other parameters. Here an attempt is made to discuss whether predictions have a reality in terms of the impact of covid pandemic in family planning and finding solution to bridge the gap.

Predictions

United Nations expressed high concerns around the world that the family planning services will be greatly impacted by the current Covid-19 pandemic. The situation in low middle-income countries (LMIC) with a poor health system may worsen beyond imagination [3]. **Foundation for Reproductive Health Services India** reported that in the best-case scenario of the Covid 19 crisis 24.55 million couples would not be able to access contraceptives in 2020 [4]. **UNFPA** has predicted that 47 million women in 114 low-middle income countries will be unable to use modern methods of contraceptives if average lockdown or Covid-19 related disruption continues for 6 months [5]. Guttmacher estimated that a 10% proportional decline in the use of short and long-acting reversible contraceptive methods in LMICs [6]. Reduced access would result in an additional 49 million women with an unmet need for modern contraceptives and an additional 15 million unintended pregnancies over a year. This would result in an additional 28,000 maternal deaths and

168,000 newborn deaths. NFHS-4(15-16) reported that in India, the modern contraceptive prevalence rate (mCPR) is 48% and 12.9% of women have an unmet need for family planning [7]. India committed to add 48 million new users in family planning by 2020 and sustain family planning services to 100 million women following the London family Planning summit in 2012. The report stated that for achieving these target country's mCPR should be as high as 63.7% [8]. Which is surely impacted by the recent Covid-19 pandemic crisis in the country.

Reality

Available HMIS data in the Government of India shows a 68% decline in sterilization performance during April-June 2020 compared to the corresponding period of 2019 [9]. The decline is in the range of 19% -90% across the different states of the country. The Intrauterine contraceptive devices (IUCDs) service also dipped significantly during the lockdown period to the tune of 25% but the range is 5%-79% across the states. There is a 13% decline in the Combined hormonal Pill distribution and 23 states and Union Territories reported a decline of combined pill distribution in the tune of 2% to 62%. Condom distribution declined by 19% during the 3 months lockdown period. 30 states and Union Territories (UT) have reported a decline in condom distribution. The decline of Depot Medroxy Progesterone Acetate (DMPA) 1st dose was 58% in India during the 1st three months of lockdown. 27 states and UTs have recorded a decline of DMPA 1st dose performance. So, there is an actual reduction of 422579 sterilizations, 305384 IUCDs, 1225950 cycles of Oral pills, 41819 pieces of emergency pills, 14007503 pieces of Condoms, and 132163 of DMPA 1st dose in just 3 months lockdown during the Covid-19 crisis. These reductions in family planning services mean increasing the unmet need in family planning, reduction in mCPR, increased unplanned pregnancies, a surge in maternal, and infant mortality in India. As of 2020, 136,881,000 Women are using modern contraceptives in India which is less than commitment. The report also suggests that by the year 2019-20, India has added 18563502.2 additional users in the family planning program against committed 4.8 million new users by 2020 [10].

Discussions and Recommendations

During the covid lockdown, millions of laborers went back to their homes and started living with the family. Those married must be an increased level of sexual activities during the lockdown period. Preventing

unwanted pregnancies was also one of the concerns of the Government. Sustaining contraceptive supplied was a challenge during the lock period. The government of India and other organizations including the World Health Organization (WHO) have issued directives for sustaining family planning services during the lockdown period. All the states and UTs are working to sustain at least postpartum IUCDs and Injectable contraceptives services even during the lockdown period as delivery services are continued in the health facilities. All family planning supplies and commodities are stockpiled at the state, district, and facility level to ensure contraceptive security even during the nationwide lockdown. The contributory factor for low performance in family planning services is attributed to poor transport facility during the lockdown, fear of covid-19 infection, conversion of hospitals to the covid care center, etc. The evidence suggests a delay in achieving FP2020 goals during the Covid-19 pandemic. The Government of India shall prioritize certain activities during the post-covid period to increase the momentum of family planning services in the country. All pending training in family planning should be completed as soon as possible and effort should be directed to operationalize a greater number of operation theatres for male and female sterilization regularly and routinely to reduce the backload. The Injectable contraceptives shall be rolled out to the health sub-center level for increasing access to the community. All family planning training shall be completed to create a pool of competent providers. The Contraceptives supplied shall be regularized up the ASHA level through the rollout of the online logistics management system. India, already have a strong service delivery system for family planning up to the doorstep level, will come up with new strategies and plan to fill the gap of family planning services in a short period.

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