MEDICO RESEARCH CHRONICLES
ISSN NO. 2394-3971
DOI No. 10.26838/MEDRECH.2021.8.3.512
OPEN ACCESS
Contents available at www.medrech.com

SEXUAL AND REPRODUCTIVE HEALTH SERVICES DURING THE COVID-19 PANDEMIC: LESSONS LEARNED FROM NEPAL

Sangeeta Kaushal Mishra[1], T. Geetha Rana[2], Kisu Rawal[3]
[1] *Director, Paropakar Maternity and Women's Hospital, Kathmandu, Nepal*
[2] *Consultant Nicks Simons Institute, Kathmandu, Nepal*
[3] *Senior Research Fellow, Paropakar Maternity and Women's Hospital, Kathmandu, Nepal*

ARTICLE INFO

Article History
Received: April 2021
Accepted: May 2021
Keywords: COVID-19, Pandemic, Sexual Reproductive Health, Nepal

Corresponding author*
S. K. Mishra

ABSTRACT

REVIEW ARTICLE

The COVID-19 pandemic, one of the worst public health crisis of the century, has created severe health challenges. Since the announcement of nationwide lockdown in Nepal on March 24th, 2020, and yet another lockdown announced after the onslaught of the second wave, [1] it has had major detrimental effects on the sexual and reproductive health (SRH) of women in Nepal. Although health systems and service providers have adapted to the crisis and have continued to provide SRH services, there is a lot to be learned and improve from this pandemic.

INTRODUCTION

Since the declaration of the NOVEL coronavirus (SARS-CoV-2) causing COVID-19 as a pandemic, worldwide health systems, and hospitals have been overwhelmed. While the world is still learning to cope with this deadly viral infection, experience from previous humanitarian emergencies shows that when routine healthcare services are disrupted, the consequences can be catastrophic, especially for women and children who are disproportionately affected by the crisis. [2] Further maintaining continuity of healthcare services during the pandemic, is critical to prevent further increase in morbidity and mortality, due to other health conditions, and to protect the health system from being swamped. [3]

The first case of COVID-19 in Nepal was detected on Jan 23 2020 followed by a national lockdown just after 2 months of the first Covid-19 positive case. Since then, 32,3187 confirmed cases with 3279 deaths have been reported by April 30, 2021. [1,4] The scale of the COVID-19 outbreak has brought about changes, in the way Nepal's health system is responding, to continue service provision, while also restricting the spread of disease. Besides the health services being under extreme pressure, the nationwide lockdowns due to the COVID-19 pandemic have severely limited access to sexual and reproductive healthcare, including contraception and safe abortion care (SAC), which have historically been regarded as non-essential health services.[4] It is a known fact,

that despite pandemics, women and adolescent girls have to shoulder the burden of pregnancy, thus providing for continuity in access to comprehensive sexual and reproductive health (SRH) services is the utmost priority and accountability of governments. [5]

Since the legalization of abortion in Nepal in 2002, Nepal has seen dramatic progress in safe motherhood. Safe abortion services (SAS) have been expanded to all districts, and public health facilities are providing SAS free of cost [6]. Unsafe abortion is one of the most preventable causes of maternal mortality worldwide and any disruption in access to these services may lead to serious health consequences for women [6,7]. The Nepal Demographic Health Surveys (NDHS) indicates a steep decline in Pregnancy-Related Mortality (PRM) in Nepal from 539/100,000 live births in 1996 to 259 per 100,000 live births in 2016. The Maternal Mortality and Morbidity Study in 1998, reported the leading cause of hospital admission was abortion complications. The legalization of abortion in Nepal has contributed significantly to the reduction of maternal morbidity and mortality. [7,8]

The Millennium Development Goal report states, that Nepal partially met the MDG Goal 5- Improve Maternal Health, by the end of 2015. The report also suggested that the unfinished agendas, should be addressed in the planning and implementation of the Sustainable Development Goals [9]. Nepal has seen significant progress in maternal and neonatal survival over the past two decades. The major causes of this progress are an increase in coverage of antenatal care (ANC), institutional deliveries as well as deliveries attended by skilled birth attendants, use of the modern method of family planning, financial incentive programs, and increased investment and initiatives by the health sector and other related sectors.[10] The demand for family planning has increased from 61% in 1996 to 76% in 2016 and the unmet need for modern methods of family planning has declined from 32% in 1996 to 24% in 2016.[11] Well-designed and coordinated service delivery in SRH has had a direct impact on decreasing maternal, newborn, and child morbidity and mortality in Nepal. However, the recent COVID-19 pandemic has negatively affected the rollout of SRH services and threatens to unravel the gains achieved so far.

Impact of the Covid-19 pandemic on SRH in Nepal

From Jan 1 to May 30, 2020, data collected from nine hospitals in Nepal showed institutional childbirth reduced more than half during the lockdown, with increases in institutional stillbirth rate and neonatal mortality, and decreases in quality of care. Some behaviors improved, notably hand hygiene in general and keeping the baby in skin-to-skin contact with their mothers. An urgent need exists to protect access to high-quality intrapartum care and prevent excess deaths for the most vulnerable health system users during this pandemic period. [12]

The data from the largest maternity hospital in Nepal shows a decline of 32.6% in outpatient attendance in 2020 as compared to 2019. Similarly, a decline of 34.4% was noted in the utilization of safe abortion services and a decline of 40% was observed in the use of the modern method of family planning. 1.8% reduction in hospital deliveries was found in 2020 as compared to 2019 which is in contradiction to the yearly increasing trend of deliveries at this hospital.[13] It is noteworthy that this is a tertiary care center situated in the capital city of Kathmandu which is relatively accessible. If the same rate of reduction is extrapolated to another geographically less accessible hospital, the trend seems dangerous with grave health consequences.

The pandemic has not only limited access to health care services, but it has also resulted in unemployment and loss of income which further aggravates the situation. In

Nepal, 90.5 % of women work mostly in the informal sector [14] and during this pandemic have been disproportionately affected. This has increased the vulnerability of these women for unwanted pregnancy, limited choice in contraception, and increased risk of gender-based violence. This calls for the government to strengthen the social protection measures as well as the health sector's responsibility to ensure–regular access to these public health services, more than ever before.

CONCLUSIONS AND RECOMMENDATIONS

1. A Sexual and Reproductive Health (SRH) representative should have a central seat at the table in COVID-19 response coordination teams. Lessons from the previous outbreak have taught us that incorporating the voices of women and those most affected by the disease within preparedness, policies, and response practices are impactful. [15]
2. Availability of reproductive health services especially maternity care, safe abortion services, and family planning should be ensured. This means that the staff providing these services should not be diverted to COVID-19 related care. This is particularly important as all these services are time-sensitive and need skilled staff. Any disruption in regular services would have serious health consequences for women. [16]
3. Adequate personal protective equipment is essential not just for protecting healthcare workers, but is also vital for containing the spread of the disease and to increase the confidence of health care staff. When healthcare facilities are feared as potential sources for contracting infection, they are avoided. Adequate information about infection prevention measures taken by the health care facilities in countering Covid -19 spread, and for keeping clients safe, should be communicated. This will help in building confidence and trust, about the safety of services provided at the facility. [15,16]
4. No patient should be turned away from a health facility, without the required consultation and service, that the woman is seeking. Maternity and reproductive health services should be planned in a way to minimize delays in accessing and receiving care by the clients. Any disruption of reproductive health services will cause a loss of confidence in those seeking services.
5. Alternate models of care and services should be explored. Telemedicine and regular telephonic (audio/ video) consultations are good options for a continuum of care. Home-based self-care model for safe abortion and family planning services should be explored and expanded. [17]
6. Consistent and constant messaging is essential for women and their families to seek early advice which will help them to make timely decisions and avoid delays. This is particularly important for women in quarantine, isolation, and with reduced transport facilities in the context of lockdowns or otherwise. Women developing complications during pregnancy, labor, and delivery need emergency care, and a late presentation can have serious consequences. Messaging should be provided by extensive use of mass media via various platforms, to reach the target population.
7. Information and communication materials regarding reproductive health and Covid-19, should be contextualized and use local language and dialects. In the changing context of the pandemic, messages may need revision, based on the most recent evidence. [18] These health messages should be targeted to secure appropriate behavior change

among women and families to seek safe, timed, and appropriate care.

8. Country specific SRH guidelines should be formulated for the COVID-19 context, involving experts in all relevant fields, for example, the Interim Guideline for RMNCAH and minimal initial service package (MISP) for reproductive health in the context of COVID -19, guides in planning for good quality services during the COVID-19 pandemic [19].
9. Government should ensure sexual reproductive health as a priority and should take measures that there is a regular supply of SRH commodities, during the pandemic [17,19]. Supply chains and logistics should be planned and maintained. Effective coordination and communication between all the levels of government (central, state, and local level) of governments should be established for smooth delivery of both RH commodities and services.
10. Women of reproductive age should be prioritized for Covid-19 vaccination. Vaccines should be offered to pregnant and breastfeeding women based on the emerging evidence and the most updated guidelines. [20]

REFERENCES

1. Covid-19 Pandemic in Nepal-Wikipedia: https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Nepal, Accessed on 28th April 2021
2. Kumar M, Daly M, Plecker ED, Jamet C, McRae M, Markham A et al. Now is the time: a call for increased access to contraception and safe abortion care during the COVID-19 pandemic. BMJ Glob Health 2020;5(7): e003175. doi:10.1136/bmjgh-2020-003175
3. Dr. Sangeeta Mishra (2020)'Maintain sexual and reproductive health services during pandemic' *The Himalayan Times*: 27th May, Available at: https://thehimalayantimes.com/opinion/maintain-sexual-and-reproductive-health-services-during-pandemic. (Accessed:15th April,2021)
4. Ministry of Health and Population (2021) Covid-19- Dashboard, Available at https://covid19.mohp.gov.np (Accessed: May 2, 2021).
5. World Health Organisation, PMNCH| Routine newborn care during COVID-19. WHO, Available at https://www.who.int/pmnch/covid-19/toolkits/maternal-newborn/routine-newborn-care/en/(Accessed on 22nd April,2021).
6. Rogers C., Sapkota S., Tako A, et al. Abortion in Nepal: perspectives of a cross-section of sexual and reproductive health and rights professionals. BMC Women's Health 19, 40 (2019). https://doi.org/10.1186/s12905-019-0734-1
7. Pradhan A, Subedi B K, Barnett S, Sharma S K, Puri M, Poudel P, et al. 2010, Nepal Maternal Mortality and Morbidity Study2008/2009, Family Health Division, Department of Health Services, Ministry of Health and Population, Kathmandu, Nepal Available at: http://nnfsp.gov.np/PublicationFiles/aaef7977-9196-44d5-b173-14bb1cce4683.pdf
8. Pant P D, Suvedi BK, Pradhan A, Houlton L, Matthew Z, Maskey M. 2008. Improvements in Maternal Health in Nepal: Further Analysis of 2006. Nepal Demographic and Health Survey. DHS Further Analysis Reports No. 54. Calverton, Maryland, USA: Macro International. Available at: https://dhsprogram.com/pubs/pdf/FA54/FA54.pdf
9. United Nations Population Fund: Nepal and the Millennium Development Goals: Final Status Report 2000-2015,12 Mar,

2017. Available at, https://www.np.undp.org/content/nepal/en/home/library/mdg/mdg-status-report-2016.html
10. World Health Organisation, Success Factors for Women's and Children's Health – WHO, Nepal. Available at, https://www.who.int/pmnch/knowledge/publications/nepal_country_report.pdf
11. Ministry of Health and Population, Nepal; New ERA; and ICF. 2017.Nepal Demographic and Health Survey 2016.Kathmandu, Nepal: Ministry of Health, Nepal. Available at, https://www.dhsprogram.com/pubs/pdf/FR336/FR336.pdf
12. KC A, Gurung R, Kinney M V, Sunny A K, Moinuddin M, Basnet O et al Effect of the COVID-19 pandemic response on intrapartum care, stillbirth, and neonatal mortality outcomes in Nepal: a prospective observational study. Lan2020; 8: e1273-81 Available at; https://doi.org/10.1016/S2214-109X(20)30345-4
13. Mishra S. Rana G, Adhikary S P, Paudel S, Sah P. Impact of COVID-19 Pandemic on safe abortion and Family Planning services at a tertiary care women's Hospital in Nepal. Int J Reprod Contracept Obstet Gynecol, 2021;10 (6)
14. Central Bureau of Statistics (2019) Report on the Nepal Labour Force Survey, 2017/18/ Central Bureau of Statistics, Nepal. Available at https://nepalindata.com/media/resources/items/20/bNLFS-III_Final-Report.pdf
15. United nations Population Fund (June 2020) Reproductive, Maternal, New-born and Adolescent Health During Pandemics: Lessons Learned for Practical Guidance. UNFPA/WCARO, Available at: https://wcaro.unfpa.org/en/publications/reproductive-maternal-newborn-and-adolescent-health-during-pandemics-lessons-learned
16. Black, B. & McKay, G. (2020). Covid-19 and reproductive health: What can we learn from previous epidemics? BMJ Opinion. Available at: https://blogs.bmj.com/bmj/2020/03/19/covid-19-and-reproductive-health-what-can-we-learn-from-previous-epidemics
17. World Health organisation 2020.Continuing essential Sexual, Reproductive, Maternal, Neonatal, Child and Adolescent Health services during COVID-19 pandemic Practical Considerations. WHO Regional office for South East Asia. Available at: https://apps.who.int/iris/rest/bitstreams/1278406/retrieve
18. World Health Organisation (2021) COVID-19 Strategic Preparedness and response plan: Operational Planning guideline. WHO/WHE/2021.03. Available at: https://www.who.int/docs/default-source/coronaviruse/situational-updates/who-operational-plan-2021-v2.pdf?sfvrsn=8fa75f6b_3
19. United Nations Population Fund 2020.Interim guidance for Reproductive, Maternal, New born and Child Health Services in Covid-19 Pandemic. Available at:https://nepal.unfpa.org/en/publications/interim-guidance-reproductive-maternal-newborn-and-child-health-services-covid-19
20. International Federation of Obstetrics and Gynaecology. COVID-19 Vaccination for Pregnant and Breastfeeding Women https://www.figo.org/covid-19-vaccination-pregnant-and-breastfeeding-women