Sexual and Reproductive Health and Rights and COVID-19

Noel Likalamu recounts the challenges for SRHR in Kajiado County, Kenya

On 11 March 2020, the World Health Organization declared the new coronavirus a global pandemic and called for government action to halt the spread of the virus. The first case in Kenya was confirmed two days later in Kajiado County. The confirmation of additional cases led the Kenyan government to introduce measures and directives to reduce the spread of coronavirus in the country that included suspension of all international flights, closure of all learning institutions, lockdown of the most affected counties, dusk-to-dawn curfews and restrictions placed on all public gatherings.

Kajiado County is located in the southern part of Kenya with a population of over 1.1 million. It borders Nairobi County to the north-east, Narok County to the west, Nakuru and Kiambu Counties to the north, Taita Taveta County to the south-east, Machakos and Makueni Counties to the north-east and east respectively, and the Republic of Tanzania to the south. Kajiado has five Sub County Hospitals (Loitokitok, Ngong, Ongata, Rongai and Kitengela); 17 health centres and 80 dispensaries run by the county government. In addition, the county is served by six private hospitals, 13 nursing homes, seven private health centres, 27 dispensaries and 101 clinics which are variously run by private health providers, faith-based organisations, community-based organisations and other non-government organisations. The county has 92 community health units registered, 73 of which are active. The doctor to population ratio is 1:26,094, the public health staff to population ratio 1:7,619, and nurse to population ratio 1:1,068.

Kajiado County has realised limited gains in the delivery Sexual and Reproductive Health (SRH) and Maternal and Child Health (MCH) services to women, adolescents and children – services that health facilities are mandated to provide. With the spread of COVID-19, it is critical that women, girls, young people and other vulnerable groups continue to have access to care.

However, since the beginning of COVID-19, routine maternal services in Kajiado County have come under threat because of competing tasks in the health facilities where more energy has been focused on COVID-19. Some of the effects on delivery of Sexual and Reproductive Health Rights (SRHR) include: reduced access to family planning services; increased sexual and gender-based violence; increased child marriages; increased teenage pregnancies; female genital mutilation and other harmful cultural practices; higher risk of increase of maternal and perinatal mortality due to reduced access to SRH services caused by restriction of movement due to current lockdown or curfews imposed by the government and fear of contracting the virus; and increased maternal mortality due to home deliveries caused by curfews.

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Table 1. Demographics for Kajiado County (2020)

Description	Population segment (est.)	County projected population
Total population in county		1,117,846
Total number of households		316,179
Children under 1 year (12 months)	3.70%	41,360
Children under 5 years (60 months)	17%	190,034
Under 15-year population	42%	469,495
Women of child bearing age (15–49 years)	24%	268,283
Estimated number of pregnant women	3.80%	42,478
Estimated number of deliveries	3.80%	42,478
Estimated live births	3.70%	41,360
Total number of adolescent (15–24)	20.60%	230,276
Adults (25–59)	30%	335,354
Elderly (60+)	3.50%	39,125

Human resource factors

The greatest human resource challenges that Kajiado County and other counties have encountered since the onset of COVID-19 has been the management of the already inadequate health workforce. The total of health care workers assigned to handle COVID-19 in the country stands at 5,984 with the majority being nurses. This has put a strain on the already existing gaps in human resource in the county. As a result there is need to pay special attention on the reproductive health, maternal, adolescent and child needs.

Infrastructural constraints

The challenge in the facilities is inadequate space to offer SRH/MCH services. Social distancing is the new normal in all working spaces, leaving health facilities with no option but to change the space available. The county has had to set up make-shift structures, but space is still inadequate and may not offer the privacy required during the service provision. The effect of this is that it has reduced the flow of the clients to the health facilities across the county.

Maternal and neonatal mortalities

The night curfew effected by the government made transport more difficult to access, especially in rural areas, and caused problems for women going into labour at night. Perinatal deaths have increased recently and this is expected to continue if no interventions are put in place.

Skilled deliveries in a health facility have been on an upward trend since 2017. In 2018, 57% of the expectant women delivered with the help of a skilled health worker at a health facility, increasing to 67% in 2019. However, a significant number of women still prefer to deliver in the community, often with support from a Traditional Birth Attendant. Post-natal care has been affected as only 22% of women who delivered at the health facility attended at least one post-natal clinic within six weeks. This poses a major challenge especially for monitoring the mother and the baby post-delivery. Recent data has confirmed that more women only seek child immunisation without necessarily seeking services for family planning and PNC services despite the fact that this services can be provided at the same time as immunisation in clinics across the county.

Family planning

There has been a reduction in the use of family planning (FP) services among adolescents. The 15–19 age bracket appears to be having difficulty in accessing FP compared to the 20–24 age group. This correlates with increased teenage and adolescent pregnancy, which went up from 29% in 2018 to 34% in 2019, although early indications are that the 2020 figure will be lower, perhaps because of higher access to services during the pandemic.

Sexual and gender-based violence

Sexual and gender-based violence has been on the increase during the pandemic, fuelled by socio-economic factors. SGBV has been a contributing factor to the increase in teenage and adolescent pregnancies in Kajiado. The cases are however not reported in the facilities as the perpetrators are known to the family and they decide to settle the cases within the community.

Conclusion

The main challenges observed during this COVID-19 period include: an inadequate number of trained and skilled healthcare workers in case management, infection prevention and control and response; suboptimal contact tracing, leading to reporting delays of cases to the emergency obstetric care; and inadequate supply of personal protective equipment. The shortage of testing kits, nasopharyngeal swabs and transport media, and high costs of private lab testing may affect expanded testing. There is a concern on lack of healthcare capacity to handle a large outbreak due to scarcity of ventilators and intensive care facilities.

Lack of public compliance to social distancing restrictions (by defying curfew, escaping from quarantine facilities and refusing to wear facemasks) affects the efforts to suppress community transmission. There is also stigmatisation of infected but recovered people and loss of income due to closure of businesses. Poor disposal of facemasks and other personal items has the potential of accelerating the spread of COVID-19 in the country.

References

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