

The need for research on reproductive decision-making in Africa

Saheed Akinmayowa Lawal and colleagues argue that RDM during COVID-19 may differ significantly to what it was before

The spread of COVID-19 globally has caused significant socio-economic, health, and technological disruptions. It is estimated that there will be a 10% decline over 12 months in the proportion of women receiving Sexual and Reproductive Health (SRH) services in low and middle-income countries, and these women are likely to have unintended pregnancies, with another 49 million women with an unmet need for contraception. Already, countries in sub-Saharan Africa are working to reduce a high maternal mortality. The reproductive decision-making (RDM) process during COVID-19 in SSA may differ significantly from what it was pre-COVID considering the limited supply of and access to SRH services, and the possibility of a largescale reproductive health crisis in the region. Hence, a case is made for an urgent need for research funding and studies on the dynamics of RDM in the time of COVID-19 in SSA.

There is a need for more studies to explore the changing nature of SRH decision-making among individuals in the time of COVID-19 in SSA which is inhabited by a high population of vulnerable and poor people.

Across the globe, the emergence and spread of coronavirus disease (COVID-19) has caused significant socio-economic, demographic and technological disruptions, especially in the global health domain. This fatal disease was first diagnosed in the city of Wuhan, China in December 2019,¹ as an epidemic. By March 2020, however, it had become a pandemic and was declared a pandemic and a matter of global emergency by the World Health Organization (WHO) due to its rapid spread through the developed and developing countries with about 118,000 cases in 114 countries and 4,291 deaths.² COVID-19 has spread to more than 100 countries with over a cumulative total of 195 million cases and over 4 million deaths across the globe.³ Initially, the spread of the virus was slow to hit SSA as the first case was recorded in Nigeria in late January 2020;⁴ as of 8 September 2020, the cumulative numbers of confirmed cases and deaths were over 1.3 million and 31,000 respectively in SSA,¹ and there was high expectation that the infection rate would skyrocket.⁵

Due to the pandemic, many countries have been forced into implementing various strict measures which included enforcing social and physical distancing, mandatory use of facemasks, ensuring movement restrictions and lockdown/closure of schools, businesses, restaurants, religious houses, markets, and borders to contain the spread of the virus.⁶ The rising cases of COVID-19 have plunged the health sectors in the less developed countries and sent many of them into panic mode due to the deplorable state of their health systems.⁷ This has affected the provision of essential reproductive health services,⁸ which may be because many of them have redirected their efforts towards combating the spread of COVID-19 in their domains.¹

SRH in a time of COVID-19

The COVID-19 pandemic caused a major disruption in the value and supply chain of SRH commodities;^{9,10} for instance, Marie Stopes International – one of the biggest suppliers of SRH commodities worldwide – was forced to discontinue their services at some of their clinics in some countries where they operated.¹¹ In South Africa, the rate of family planning use declined in the thick of the pandemic and few months before the outbreak of the virus.¹² On the other hand, many women's access to maternal and child care at health facilities has been restricted,¹³ while an increase in the costs of health services in some countries in SSA have been documented.^{14,15} These challenging situations might have negatively affected many women who may be in urgent need of SRH care.

According to estimates, the proportion of women accessing sexual and reproductive health care in low and middle-income countries (LMICs) will drop by 10% due to the pandemic, resulting in 49 million unwanted pregnancies, with these women being more likely to have unintended pregnancies in the next 12 months.¹⁶ This suggests that many sexually active young and adult women are at a high risk of unprotected sexual intercourse, non-use of contraceptives (for limiting and birth spacing), sexually transmitted infections (STIs) and above all unwanted pregnancies which may lead to unsafe abortion which in turn may lead to maternal morbidity and mortality.

Already, Africa accounts for about two-thirds of the world's pregnancy-related deaths.¹⁷ Many countries in this region are still working assiduously to stem the tide of maternal mortality (and child mortality) by devising ways to tackle some of the contributing factors, among which are gender equities and shortage of health professions.¹⁷ Also, during the first wave of the

Saheed Akinmayowa Lawal, B.Sc., M.Sc., PhD (Corresponding author) Department of Sociology, Olabisi Onabanjo University, Ago-Iwoye, Nigeria akinmayowa.lawal@oouagoiwoye.edu.ng and David Aduragbemi Okunlola, B.Sc., M.Sc. Department of Demography and Social Statistics, Obafemi Awolowo University, Ile-Ife, Nigeria



Courtesy of Margaret Fahnestock

virus in South Africa and since movement restriction in the Country, there was a 30% increase in maternal mortality.¹⁸ Thus, a lingering pandemic situation presents may interact with existing reproductive health challenges or generate new (different from those before the pandemic) that will wreak more havoc to the reproductive health of millions of women and people in SSA.

Studies in other non-SSA countries have observed the desire to postpone pregnancy among women due to fears, worries and the socio-economic challenges triggered by the pandemic,^{9,19} but the situation is still unclear in many SSA countries despite recent (but few) studies in Ethiopia,²⁰ Kenya and Burkina Faso²¹ on the topsy-turvy situation caused by the COVID-19 in health sectors and its effect on contraceptive and other SRH areas. The pandemic in SSA may promote the uptake of unsafe abortion methods and procurement of unsafe abortion service providers by women. Considering the limited access to antenatal care at health facilities, many pregnant women may decide to deliver their babies at home or in other places in unsafe environments or patronise quack doctors and nurses, and many of those who survive the delivery process may lose out on important post-natal care. If these go on, more life-threatening medical conditions may emerge which may overburden and weaken the already weak health systems in SSA. This may threaten many African governments' efforts to achieve the health-related among other sustainable development goals (SDG).²²

On the other hand, the COVID-19 pandemic has contributed to spousal violence, as observed in Nigeria.²³ A prolonged occurrence of this may affect women's pregnancy wantedness, the need for contraceptives as well as abortion decisions. Yet, there is a need to further understand the magnitude of spousal and gender violence and how it has shaped couples'

reproductive intentions and decisions.

Again, there is a paucity of studies on the SRH issues in SSA prominent among which is the socio-behavioural and economic issues,²⁴ it is highly necessary to examine the reproductive decision-making pathways among adolescents, girls, women and couples during COVID-19. Also, there is already a clarion call for intervention in the SRH domain in SSA^{24,25} while a recent study has outlined emerging areas of focus.²⁴ This suggests that there is consensus among scholars in SSA concerning the urgent need to generate empirical evidence on SRH in SSA to forestall a possible future (large-scale) outbreak of SRH problems in the region. This will go a long way to ensure that the achievements in SRH for many years is not completely reversed²⁶ because the achievements are being reversed by the pandemic.²⁷ In light of this, more studies in reproductive health (in SSA) should prioritise the following areas that will shed more light on the reproductive decision-making of individuals (especially women) during COVID-19:

- Availability, accessibility, cost and affordability of sexual and reproductive health commodities and services
- Sexual, pregnancy and fertility desire and decision
- Demand for contraception, unmet need and improvised contraceptive methods
- Sources of information of contraceptive and abortion services among women and their effects on their contraceptive and abortion decision
- Dynamics in the abortion decision-making
- Prevalence of induced abortion and unsafe abortion
- Demand for post-abortion care needs and access
- Barriers to health facilities and their effects on access to pre-natal, care during delivery and post-natal care
- Prevalence of spousal violence against women and its influence on pregnancy desire, contraceptive uptake and abortion decision-making.



Conclusion

Amid the ongoing COVID-19 pandemic, there is a need to explore the changing nature of sexual and reproductive health decision-making among individuals, especially in SSA where a high population of vulnerable and poor people reside. This period of pandemics offers the opportunity to explore the social and behavioural dynamics and complexities that shape reproductive decision-making. This will be needed to forecast and strategically plan for the possible short- and long-term reproductive health problems in SSA countries.

Acknowledgements

The research reported in this publication was supported by the Fogarty International Center and National Institute of Mental Health, of the National Institutes of Health under Award Number D43 TW010543. The content is solely the responsibility of the author and does not necessarily represent the official views of the National Institutes of Health.

References

1. Charles C, Amoah E, Kourouma K, Bahamondes L, Cecatti J, Osman N, et al. The SARS-CoV-2 pandemic scenario in Africa-What should be done to address pregnant women needs? A commentary. *Authorea Prepr.* 2020;
2. WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020 [Internet]. [cited 2021 Jul 29]. Available from: <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>
3. WHO Coronavirus Disease (COVID-19) Dashboard | WHO Coronavirus Disease (COVID-19) Dashboard [Internet]. [cited 2020 Oct 30]. Available from: <https://covid19.who.int/>
4. Adepoju P. Nigeria responds to COVID-19; first case detected in sub-Saharan Africa. *Nat Med.* 2020;NA-NA.
5. Lancet T. COVID-19: learning from experience. *Lancet Lond Engl.* 2020;395(10229):1011.
6. Andersen KG, Rambaut A, Lipkin WI, Holmes EC, Garry RF. The proximal origin of SARS-CoV-2. *Nat Med.* 2020;26(4):450–2.
7. Cousins S. COVID-19 has “devastating” effect on women and girls. *The Lancet.* 2020;396(10247):301–2.
8. Bolarinwa OA, Ahinkorah BO, Seidu A-A, Ameyaw EK, Saeed BQ, Hagan JE, et al. Mapping Evidence of Impacts of COVID-19 Outbreak on Sexual and Reproductive Health: A Scoping Review. In: *Healthcare. Multidisciplinary Digital Publishing Institute;* 2021. p. 436.

9. Li G, Tang D, Song B, Wang C, Qunshan S, Xu C, et al. Impact of the COVID-19 Pandemic on Partner Relationships and Sexual and Reproductive Health: Cross-Sectional, Online Survey Study. *J Med Internet Res.* 2020 Aug 6;22(8):e20961.
10. Naurin E, Markstedt E, Stolle D, Enström D, Wallin A, Andreasson I, et al. Pregnant under the pressure of a pandemic: a large-scale longitudinal survey before and during the COVID-19 outbreak. *Eur J Public Health.* 2021;31(1):7–13.
11. Emma S. Pandemic puts reproductive health care out of reach for millions, new data shows [Internet]. *Pandemic puts reproductive health care out of reach for millions, new data shows.* 2020 [cited 2021 May 25]. Available from: <https://www.devex.com/news/sponsored/pandemic-puts-reproductive-health-care-out-of-reach-for-millions-new-data-shows-97954>
12. Adelekan T, Mihretu B, Mapanga W, Nqeketo S, Chauke L, Dwane Z, et al. Early effects of the COVID-19 pandemic on family planning utilisation and termination of pregnancy services in Gauteng, South Africa: March–April 2020. *Wits J Clin Med.* 2020;2(2):145–52.
13. Mongbo Y, Sombié I, Dao B, Johnson EA, Ouédraogo L, Tall F, et al. Maintaining continuity of essential reproductive, maternal, neonatal, child and adolescent health services during the COVID-19 pandemic in Francophone West Africa. *Afr J Reprod Health.* 2021;25(2):76–85.
14. Adesunkanmi AO, Ubom AE, Olasehinde O, Fasubaa OB, Ijarotimi OA, Adesunkanmi ARK, et al. Impact of COVID-19 on the cost of surgical and obstetric care: experience from a Nigerian teaching hospital and a review of the Nigerian situation. *Pan Afr Med J.* 2020;37(Suppl 1):15.
15. Banke-Thomas A, Makwe CC, Balogun M, Afolabi BB, Alex-Nwangwu TA, Ameh CA. Utilization cost of maternity services for childbirth among pregnant women with coronavirus disease 2019 in Nigeria's epicenter. *Int J Gynaecol Obstet Off Organ Int Fed Gynaecol Obstet.* 2021 Feb;152(2):242–8.
16. Riley T, Sully E, Ahmed Z, Biddlecom A. Estimates of the potential impact of the COVID-19 pandemic on sexual and reproductive health in low-and middle-income countries. *Int Perspect Sex Reprod Health.* 2020;46:46.
17. Yaya S, Anjorin SS, Adedini SA. Disparities in pregnancy-related deaths: spatial and Bayesian network analyses of maternal mortality ratio in 54 African countries. *BMJ Glob Health.* 2021;6(2):e004233.
18. Soma-Pillay P, Moodley J, Pattinson R, Fawcus S, Gebhardt S, Niit R. The effect of the first wave of Covid-19 on use of maternal and reproductive health services and maternal deaths in South Africa. In: *Obstetrics and Gynaecology Forum.* In House Publications; 2020. p. 38–46.
19. Lindberg LD, VandeVusse A, Mueller J, Kirstein M. Early impacts of the COVID-19 pandemic: Findings from the 2020 Guttmacher Survey of Reproductive Health Experiences. *N Y NY Guttmacher Inst.* 2020;10(2020.31482).
20. Tolu: Effect of Covid-19 pandemic on safe abortion... - Google Scholar [Internet]. [cited 2021 Jul 29]. Available from: https://scholar.google.com/scholar_lookup?author=L+Belay&author=T+Huris&author=F+Abbas&title=Effect+of+Covid-19+pandemic+on+safe+abortion+and+contraceptive+services+and+mitigation+measures%3A+a+case+study+from+a+tertiary+facility+in+Ethiopia&publication_year=2020&journal=Ethiop+J+Reprod+Heal&volume=12
21. Karp C, Wood SN, Guiella G, Gichangi P, Bell SO, Anglweicz P, et al. Contraceptive dynamics during COVID-19 in sub-Saharan Africa: longitudinal evidence from Burkina Faso and Kenya. *BMJ Sex Reprod Health.* 2021;
22. Govender D, Naidoo S, Taylor M. Don't Let Sexual and Reproductive Health become Collateral Damage in the Face of the COVID-19 Pandemic: A Public Health Perspective. *Afr J Reprod Health.* 2020;24(2):56–63.
23. Oguntayo R, O. Popoola A, S. Opayemi R, R. Faworaja O, O. Olaseni A. SPOUSAL VIOLENCE IN THE ERA OF COVID-19 LOCKDOWN: THE IMPLICATION OF SOCIOECONOMIC DISTRESS AND CONTEXTUAL FACTORS. *Ilorin J Econ Policy [Internet].* 2020;7(3):51–60. Available from: <https://EconPapers.repec.org/RePEc:ris:ilojep:0036>
24. Ahonsi B. A Research Agenda on the Sexual and Reproductive Health Dimensions of the COVID-19 Pandemic in Africa. *Afr J Reprod Health.* 2020 Mar;24(1):22–5.
25. Addae EA. COVID-19 pandemic and adolescent health and well-being in sub-Saharan Africa: Who cares? *Int J Health Plann Manage.* 2020;
26. Oyediran KA, Makinde OA, Adelakin O. The role of telemedicine in addressing access to sexual and reproductive health services in sub-Saharan Africa during the COVID-19 pandemic. *Afr J Reprod Health.* 2020;24(2):49–55.
27. Eghtessadi R, Mukandavire Z, Mutenherwa F, Cuadros D, Musuka G. Safeguarding gains in the sexual and reproductive health and AIDS response amidst COVID-19: The role of African civil society. *Int J Infect Dis.* 2020;100:286–91.

Novel Coronavirus COVID-19

FOR: HEALTHCARE WORKERS Protecting yourself at work from COVID-19



Follow the guidance of your healthcare facility management and talk to your colleagues about agreed COVID-19 safety procedures



When entering a room with a suspected or confirmed COVID-19 patient, put on:

- disposable gloves
- a clean, long-sleeve gown
- medical mask that covers your mouth and nose
- eye protection such as goggles

Remember

Personal protective equipment should be changed between use and for each different patient. If using single-use personal protective equipment (e.g. single-use masks, gloves, face shields) dispose in a waste bin with a lid and wash your hands thoroughly. Anything single-use cannot be reused or sterilized!



Boots and coverall suits are not required



If performing an aerosol-generating procedure, such as intubation, use a particulate respirator such as an N95 – do a seal check



Remember

Don't touch your eyes, nose or mouth with gloves or bare hands until proper hand hygiene has been performed.



If you start coughing, sneezing or develop fever after you have provided care, report your illness immediately to the concerned authority and follow their advice



My 5 Moments for Hand Hygiene

Use alcohol-based hand rub or wash hands with soap and water:

1. Before touching a patient
2. Before engaging in clean/aseptic procedures
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings



Facebook Twitter YouTube

WHO COVID-19 infographics for health workers and administrators

See more at www.who.int/teams/risk-communication/health-workers-and-administrators



Novel Coronavirus COVID-19

FOR: HEALTHCARE FACILITY MANAGEMENT Managing patients with suspected or confirmed COVID-19 at your healthcare facility

Staff should wear appropriate personal protective equipment when screening patients at the triage station. Provide medical masks to all patients presenting with flu-like symptoms or reporting possible COVID-19 infection. Remind all patients to use good respiratory and hand hygiene.

Managing Placement



- Immediately isolate suspected and confirmed cases
- To reduce stress and anxiety, explain to patients what you do and why you do it
- If possible, place patients in single rooms
- Suspected and confirmed cases should be kept separate
- Maintain at least 1-metre distance between all patients
- Do not put more than one patient in a single hospital bed

Managing the Environment



- Limit the movement of patients within the health center to reduce potential infection throughout the healthcare facility
- If a patient needs to be moved, plan the move ahead: all staff and visitors who come into direct contact with the patient should wear personal protective equipment
- Perform regular environmental cleaning and disinfection
- Maintain good ventilation – if possible open doors and windows

Managing Visitors



- Limit the number of visitors per patient
- All visitors should wear the required personal protective equipment and their visits should be recorded



Facebook Twitter YouTube



Novel Coronavirus COVID-19

FOR: HEALTHCARE FACILITY MANAGEMENT Preparing for COVID-19 at your healthcare facility

Have a triage station at the healthcare facility entrance, prior to any waiting area, to screen patients for COVID-19. This limits potential infection throughout the health care center.

Post information, like posters and flyers, that remind patients and visitors to practice good respiratory and hand hygiene.



Have alcohol-based hand rub or soap and water handwashing stations readily available for the use of healthcare workers, patients and visitors.

Be alert for anyone that may have symptoms such as cough, fever, shortness of breath, and difficulty breathing.

Protect your workforce

Be ready! Ensure your healthcare and triage workers:

- Are trained on the importance, selection and proper use of personal protective equipment
- Are trained to spot symptoms of a potential COVID-19 infection and offer a medical mask to suspected cases
- Know the case definition and have a decision flow diagram available and accessible for reference at the triage station
- Isolate a suspected case promptly
- Perform hand hygiene frequently



Facebook Twitter YouTube

