

Women's experiences with family planning access and use during COVID-19 in Nepal

Results from February 2021 – January 2022

Background

Since COVID-19 was declared a global pandemic by the World Health Organization in March 2020, governments around the globe have been forced to balance infection control with other public health priorities, including family planning. The continuity of family planning programs faces a range of potential challenges, including disruptions to the health system, efforts to minimize travel and human interaction, and people's fear of infection while obtaining healthcare. Programs may also be challenged differently at various points in time given fluctuations in COVID-19 caseloads and national response strategies. Monitoring the potential effects of these factors on family planning access and use over time is important for making informed decisions at the country-level to support continued access to family planning. We partnered with Viamo, a global social enterprise specializing in use of digital technology, to document women's experiences accessing and using family planning during the pandemic in Malawi, Nepal, Niger, and Uganda. This brief reports findings from Nepal.

Design

We conducted an observational, prospective cohort study with women ages 18 to 49. Eligible women were recruited through [Viamo's](#) 3-2-1 service. When Viamo subscribers called into the service, they were asked to complete a short phone survey through interactive voice response (IVR). The initial survey gathered information on current family planning use, pregnancy, reasons for unintended pregnancies, and fertility intentions. The subset of women who were likely in need of contraception (defined as current users of modern, non-permanent contraception, and women who did not want to get pregnant within two years of the survey but were not using a modern method) were recruited for a follow-up panel survey, which consisted of three rounds, spaced four months apart. The surveys took place between February 2021 and January 2022. Pre-COVID-19 behaviors were retrospectively documented in the first round, and all rounds collected data on current behaviors. The assessment collected information on unintended pregnancies, contraceptive use, method choice, and barriers to family planning use and access. Women who reported becoming pregnant or switching to permanent contraception were not recontacted in subsequent rounds.

All data were analyzed descriptively for each round. The results represent the experiences of women in the sample and are not nationally representative. The study design is not intended to support direct quantitative comparisons between rounds, but rather to highlight women's experiences and potential challenges with family planning access and use at each round. Longitudinal comparisons must be made cautiously because of attrition in the sample.

Findings

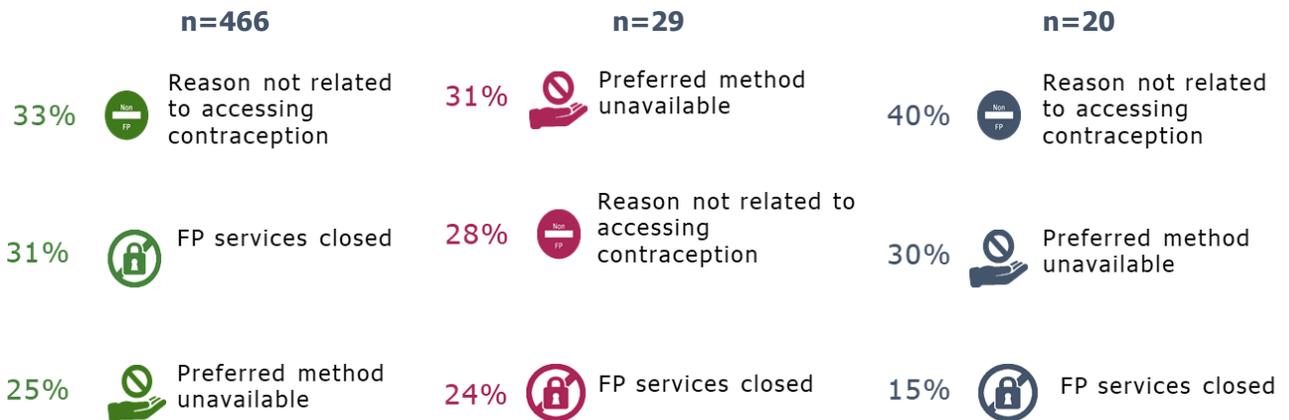
A total of 6,776 women completed the initial survey in Nepal. Among them, 4,108 were eligible for the panel survey. Altogether, 1,468 women were surveyed in round 1, 743 in round 2, and 681 in round 3. 70% of participants in the initial survey and 62% of participants in round 1 were women 18-24 years.

PREGNANCIES ATTRIBUTED TO COVID

In the first round, 27% of respondents who reported being pregnant indicated their pregnancy was unplanned or mistimed due to COVID-19. Subsequently, in rounds 2 and 3, 28%, and 25% of women reporting a pregnancy since the previous round (four months prior) indicated this was an unplanned or mistimed pregnancy due to COVID.

Among women with unintended pregnancies who reported that the pandemic had affected their ability to delay or avoid getting pregnant, reasons unrelated to accessing contraception, family planning service closures, and unavailability of preferred methods were consistently reported as the three main challenges.

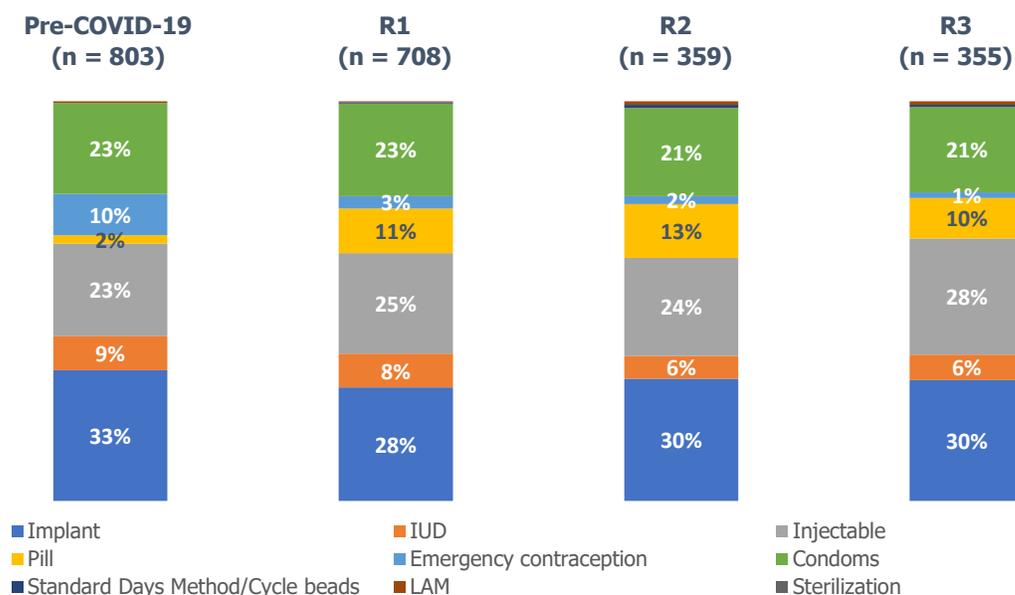
Figure 1: Main reason for attributing pregnancy to COVID-19 among women with unintended pregnancies who reported COVID-19 affected their ability to delay or avoid pregnancy



MODERN METHOD MIX

Figure 2 shows the modern method mix among non-permanent contraceptive users at each time point. The proportion of modern method users reporting use of long-acting reversible contraception was highest prior to the beginning of the pandemic, compared to each of the three rounds of the panel survey.

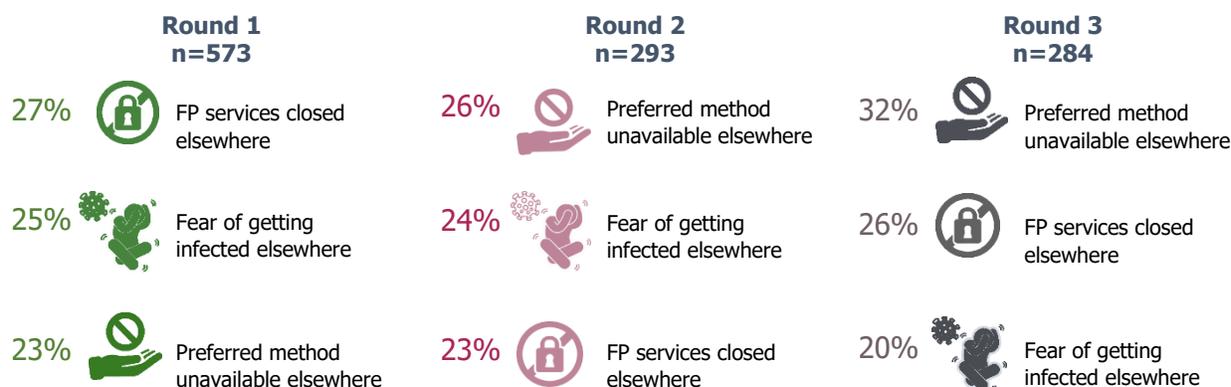
Figure 2: Modern method mix among non-permanent contraceptive users



SOURCE OF SUPPLY

Public sector facilities were the main source of supply for modern methods (other than LAM) before the pandemic and across time points after the beginning of the pandemic among women who had last obtained/resupplied their method since the previous round (or since the beginning of the pandemic for the first round).

Figure 3: Main reason for choice of supply by round



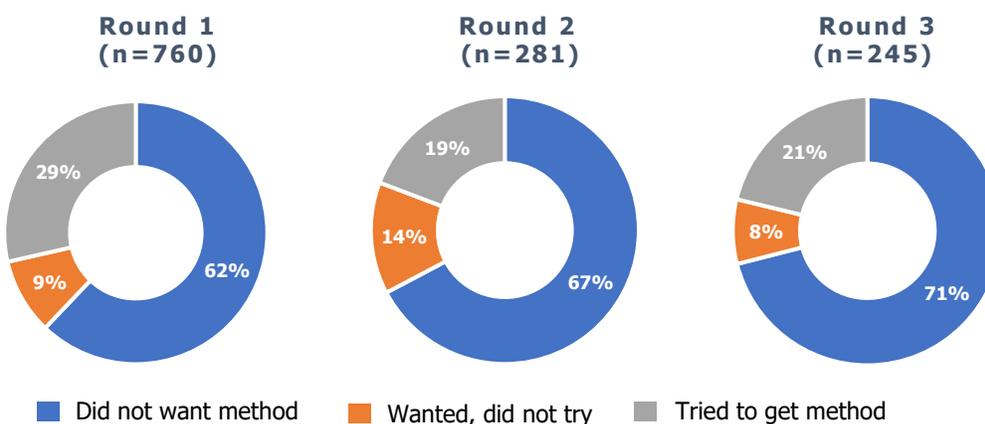
METHOD CHOICE

In all three rounds, approximately nine out of ten modern method users who had last obtained/resupplied their method since the previous round (or since the beginning of the pandemic for the first round) reported they had obtained their preferred method. For the remaining ten percent of women, the main reported reason for not obtaining their preferred methods in all three rounds was that their preferred method was unavailable.

BARRIERS TO FP USE

Among respondents who were not using a modern method at each time point, the survey categorized women as a) not wanting to use a method at all, b) wanting to use but not having tried to obtain a method, or c) wanting to use and having tried unsuccessfully to obtain a method. More than 60% of non-users at each round had not wanted to use a method. Among women who reported having tried to obtain a method, the main reported challenge across time points was unavailability of their preferred method. Among the smaller proportion of women who wanted a method but did not try to obtain one, the main reported reason for not seeking a method was fear of getting infected while seeking services.

Figure 4: Desire to use method among current non-users of modern contraception



Conclusion

This longitudinal assessment conducted one year into the pandemic in Nepal offers an opportunity to understand women's experiences with family planning during COVID-19. While the study sample is not representative, the data suggest that the pandemic led to unintended pregnancies among some women and that some women also encountered challenges accessing services. Over a quarter of the women we interviewed who reported pregnancies said that the pandemic had affected their ability to delay or avoid getting pregnant. Unavailability of one's preferred method was consistently reported as a challenge across rounds in relation to unintended pregnancies, choice of where to supply methods, being able to obtain one's preferred method, and as a reason for non-use among non-users who tried obtaining a method. Service closures were a reason for unintended pregnancies and for choosing source of supply. On the demand side, fear of getting infected while seeking care



affected choice of source of supply among users and was a barrier to use among non-users who had not tried obtaining a method despite wanting to use one.

The barriers that emerged from this assessment may point at a combination of pre-existing areas in need of strengthening in the health system and factors specific to COVID-19 or response strategies. This documentation of clients' experiences with family planning services during the COVID-19 pandemic provides an opportunity to supplement other data sources to reflect on strategies for improving preparedness and increasing resilience to future crises.

Key implications

- To be added by stakeholders
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