PERFORMANCE MONITORING FOR ACTION

# GENDER & COVID-19: ACCESS TO HEALTH AND CONTRACEPTION

Access to health and contraceptive services among adolescents and young adults in Nairobi during the COVID-19 pandemic

November 2020

GENDER

## Why This Matters

- Global concern exists for disruption to a range of necessary health services in the COVID-19 pandemic.
- Evidence from recent epidemics shows substantial decreases in contraceptive use due to stock-outs, facility closures, and fear of accessing services.[1]
- COVID-19 projections estimate that 15 million additional unintended pregnancies could occur over one year if COVID-related service disruptions affected 10% of women in need of sexual and reproductive health (SRH) services in low- and middle-income countries.[2]
- Urban youth are more prone to rely on coital-dependent contraceptive methods, including condoms and emergency contraception, which may be more susceptible to COVID-related access and service disruptions and are less effective in preventing pregnancy.
- Prior to COVID-19, young women living in Nairobi's informal settlements experienced cost barriers to accessing sanitary pads[3]—loss of income is expected to exacerbate affordability issues, especially as households prioritize other basic needs.

### Spotlight on Gender Analysis

A gender analysis is critical, inclusive of gender-stratified quantitative analysis and attention to gendered social and economic power dynamics, norms, and underlying inequities.

## Understanding the Context

### Data from 2019 Baseline

- Over half (53%) of males and 37% of females aged 15-24 years living in Nairobi county were using a modern contraceptive method at baseline survey (June-August 2019).
- Coital-dependent methods were most common, specifically male condoms (91% among male users, 36% among female users).
- Youth most frequently accessed primary contraceptive methods from pharmacies (35.7%).

### COVID-19 Restrictions in Nairobi

- As of November 2, 2020, there were 55,877 COVID-19 cases and 1,013 confirmed COVID-related deaths in Kenya.[4]
- The first case of COVID-19 was detected on March 13, 2020.[5] School closures, national lockdown, and mandatory curfew immediately followed. As of October, mandatory curfews were relaxed and schools began to partially re-open.[6] However, a second wave of COVID-19 cases may result in a rollback of Kenya's reopening.[6]
- These restrictions, while essential to curbing the spread of COVID-19, could decrease access to essential health and SRH services.

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## Key Findings: Access to Health Services

- Fear of being infected with COVID-19 at health facilities was the primary difficulty in accessing any health service for both genders, though young men disproportionately reported difficulty accessing due to government restrictions.

**Attempted to access health services since COVID-19 restrictions began.**

**52.1%** YOUNG WOMEN

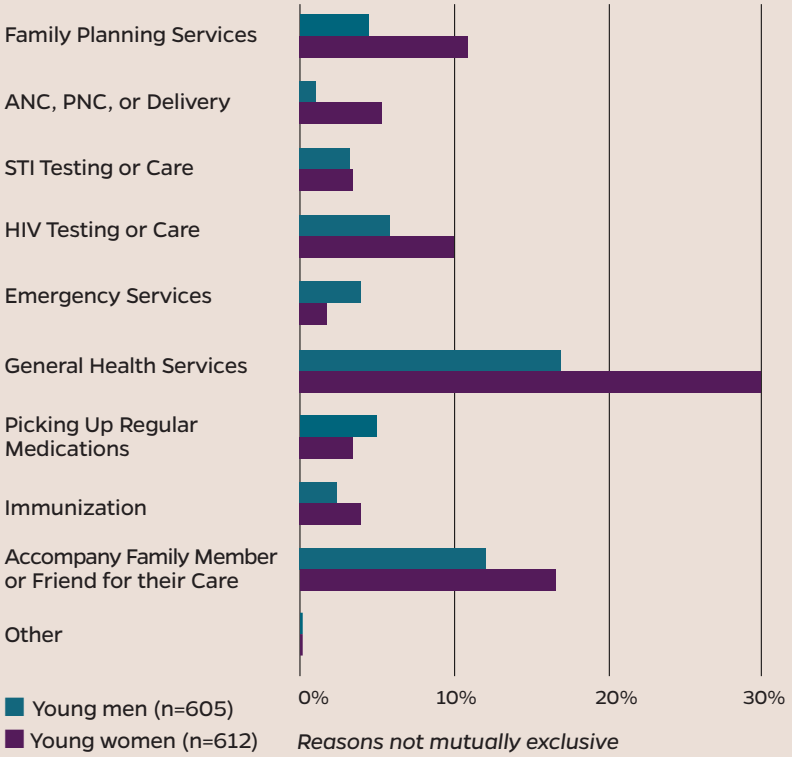
**32.2%** YOUNG MEN

**Young men reported difficulty accessing due to government restrictions:**

**13.0%** YOUNG WOMEN

**21.9%** YOUNG MEN

### Reasons Needed to Visit Health Facility since COVID-19 Restrictions




*Reasons not mutually exclusive*

## Key Findings: Contraceptive Disruptions

- Difficulty accessing contraception was common for current users of contraception.

**34.6%** Young women

**40.4%** Young men

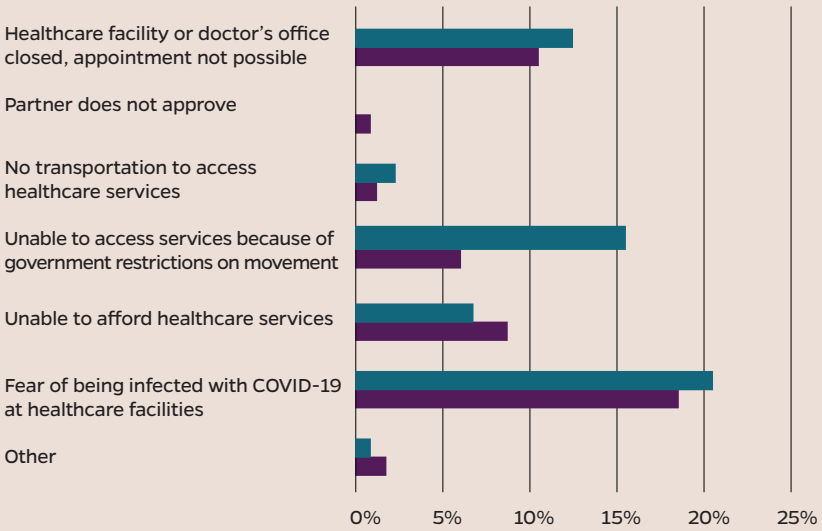
- Fear of being infected at health facilities was the greatest disruption for both genders.

**18.7%** Young women

**20.7%** Young men

- Difficulty accessing contraception was most likely to occur for current users of coital-dependent methods, who are already at increased risk of unintended pregnancy.

### Disruptions to Contraception Since COVID-19 Restrictions




*Reasons not mutually exclusive*
*Among users of contraception at follow-up*



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# Key Findings: Contraceptive Disruptions

## Experienced Any Difficulty Accessing Contraception

**35%** YOUNG WOMEN

**40%** YOUNG MEN

Access to condoms, both due to stockouts and money constraints, was a key issue discussed within focus group discussions (FGDs):

> So you find like that... 50 shillings to go to buy [a] condom [but] **you find that also to get job is hard at the moment. So, that 50 [shillings] you will think of food [rather] than [a] condom.**
> *– 22-year-old male FGD participant*

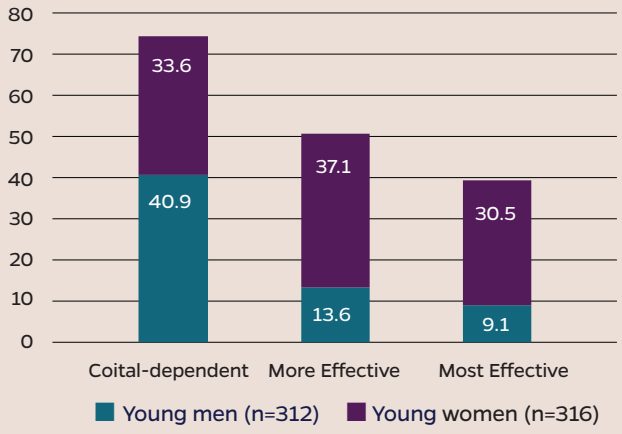
Fear of infection remained a key barrier to accessing SRH services specifically:

> **Most right now that were using [contraception] fear to go to hospital**, why? You can go to the hospital you [will] be tested and be told you have Corona, you [will] be told to go to quarantine. No one wants to go to quarantine.
> *– 23-year-old female FGD participant*

While accessing more effective methods was not particularly problematic for young women already using these methods, young women reported difficulty accessing adequate counseling:

> [I] have been having some discussions with young women and young girls, who had previously received a contraceptive service and especially LARC services. During that period of lock down, they were experiencing side effects, and **because of the restrictions in movement they were unable to access further counseling on side effects which they were experiencing.**
> *– 30-35 year-old male Officer at Contraceptive service provider*

## Difficulty Accessing Contraception by Method Efficacy

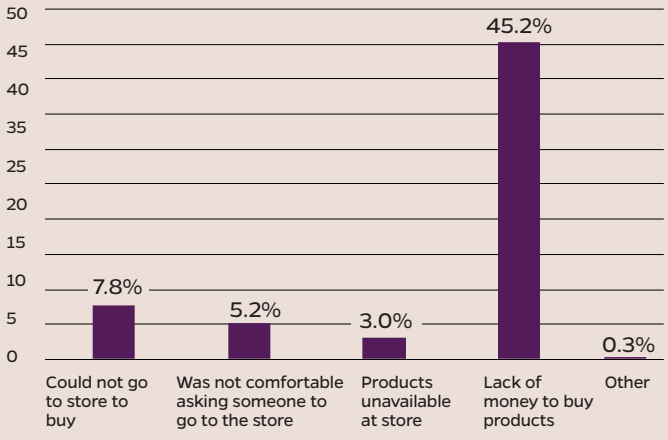



*Among users of contraception at follow-up*

*Method Effectiveness: Coital-dependent=Emergency contraception, male condom, female condom; More Effective=Injectables, oral contraceptive pills; Most effective: Implant, IUD*

## Barriers Accessing Menstrual Hygiene, Among Young Women (n=612)

Over half of young women (52%) experienced disruptions to accessing menstrual hygiene products since the start of COVID-19 restricts, with cost indicated as the primary barrier.




*Reasons not mutually exclusive*



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Faced with restricted household income due to COVID-19, menstrual hygiene products were not considered essential needs:

> You find jobs have been terminated and then adolescent girls have been challenged as you can find **like in slums most of them are dependent on those NGOs [nongovernmental organizations] to get pads [sanitary towels]**, but you find right now they are suffering a lot because most of them [NGOs] have been closed.
> *– 17-year-old female FGD participant*

## Action Steps

- Pandemic-related disruptions to sexual and reproductive health include those to contraception as well as menstrual hygiene, creating clear risks for young women.
- Media campaigns should balance safety measures while guiding youth to continue to access essentials services.
- Contraceptive services can be reallocated to easier to access points of provision, including pharmacies and over-the-counter services, to support youth and combat fears of seeking formal services. Pharmacies are essential for ensuring young women and young men's continued access to coital-dependent methods, specifically male condoms.
- Quality contraceptive counseling in the midst of COVID-19 is necessary for youth to select their preferred contraceptive methods and be informed of potential side effects.
- Access to low-cost menstrual hygiene products for young women remains a key priority.

### Methods

In 2019, Performance Monitoring for Action (PMA) Agile carried out a Youth Respondent-Driven Sampling Survey (YRDSS) among adolescents and youth ages 15-24 (N=1357, male N=690 and female N=664) in Nairobi, Kenya between June and August. In 2020, a fully remote follow-up study was conducted with the study cohort (now ages 16-26) to track changes in contraceptive dynamics, and assess the gendered impact of COVID-19. The quantitative surveys were conducted by phone in two distinct sessions to limit participant burden: YRDSS Follow-up (N=1223, male N=610 and female N=613) and Gender/COVID-19 Survey (N=1217, male N=605 and female N=612). Sampling weights accommodate the RDS study design, post-estimation adjustment and non-response adjustment. Virtual qualitative methods included focus group discussions (FGDs) with unmarried youth ages 15-24 (N=64, over 8 groups), FGDs with youth-serving stakeholders (N=32, over 4 groups), and key informant interviews with higher-level stakeholders (N=12). Data collection was conducted from August to October 2020.

### Suggested Citation

PMA Agile/Gender & ICRHK. [Brief Title]. 2020. Baltimore, Maryland, USA: Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins University Bloomberg School of Public Health.

### References

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[2] 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;46:73–6.

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[6] Yusuf M. Voices of America. "Kenya Sees New Surge of Coronavirus After Easing Restrictions." https://www.voanews.com/COVID-19-pandemic/kenya-sees-new-surge-coronavirus-after-easing-restrictions Accessed Oct 19, 2020.



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